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THE MAKING OF THE MODERN FEMALE GENDER:
THE POLITICS OF GENDER IN REPRODUCTIVE PRACTICES IN KOREA

by

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B.A. (Ewha Womens University) 1980
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DISSERTATION

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To My Parents

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**The Making of the Modern Female Gender:
The Politics of Gender in Reproductive Practices in Korea**

Eun-Shil Kim

ABSTRACT

This dissertation is about how the modernization discourse created the new experience of female gender in Korean society. Particular I focus on the medico-political control of women's bodies through medicine as one of the most critical effects of a modernization project. For this inquiry, I study the lives of two groups of women in a city in Seoul's metropolitan area, middle-class women and working-class women.

Chapter 2 deals with middle-class women's experience of "the modern" through the new space of "apartment culture" in which housewives were engineering and creating the life style of the urban middle-class. In chapter 3, I describe the way in which middle-class women's bodies become a medical subject and how institutional powers such as the cultural ideology of women's "proper" conduct, the in-law family, the traditional medico-religious belief of pregnancy, educational and medical knowledge clash over the social relations of women's marriage, sexuality and pregnancy. In chapter 4, I discuss working-class women's experience of Korean modernization through their spatial migration from the rural community to the factory and to the

urban poor district. I also describe their way of achieving the status of adult womanhood and how the hegemony of Western medicine is incorporated into their reproductive bodies particularly in comparison to middle-class women's experiences. Chapter 5 is about the bio-politics of the state's family-planning policy. I ask whether the practice of women's control over their reproductive bodies erodes the power structure of gender relations in women's lives.

My research shows that through the process of modernization, differentiated socio-economic classes were formed and people in each class began to have different experiences in daily life. Depending on women's class position, therefore, women's gender agency is differently constituted. However, the cultural discourses about "sameness" among women are discursively operating to mask the differentiation of women's construction of gender subjectivity, forcing women to experience their gender as the real and factual through their bodily practices of reproduction.

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Abbreviations

FP	Family Planning
IUD	Intrauterine Device
KIHSA	Korean Institute of Health and Social Affairs
KIPH	Korean Institute of Population and Health
OB & GYN	Obstetrics and Gynecology
TFR	Total Fertility Rate

Glossary of Korean Terms

In this glossary, my interpretation of Korean terms to English is based on this dissertation context. For some words, I put literal translations in parentheses.

alaso haera	It is up to you. Or it is at your discretion.
botongyocho	average or typical women
bulwanjen imshin	abnormal (incomplete) pregnancy
che	folk disease category of digestion disorder
chejil	physical constitution
chinjeong	(women's) natal family
chosinhada	proper
Deugndai	lighthouse
dol	the cerebation of one-year-old birthday
donggo	co-habitation
gachungr'raye Zunchik	working rules of family ceremonies
Gocheung apart	highrise apartments
gochu	penis (pepper)
jamji	vulva

Jugong apart	apartments built by the Korean Housing Cooperation
jungsancheung	middle-class
hakbul	level of education
hamyontoenda	it can be done or we can do it
honki	nubility, marriageable age
hwa pyo'ng	fire disease
hyundaijek	the modern
hyundaisik	the modern way
Kangnam	South Seoul (the South of Han river)
Kongsuni	factory girls
ko'nturida	men make love to women
mom	body
momu'l zuda	women make love to men
mosida	serve or take care of elders
mot paeiwo'tda	low education
munwaha	the cultural (culture)
nam	outsiders or others
neung	the cold (coldness)

nowon	a brand name of spermicide foam tablet
oppa	older brother
piim	contraception
poong	bodily sensation of the wind or drift
pumo chalmot manada	having the wrong parents or having poor parents
pyung	a unit of area (= 3.945sq)
Samauel Undong	New Village Movement
samsin halmoni	three birth grandmothers (goddess)
sancho'ngwanri	prenatal care
sanhuzori (or sanhuwanri)	post-partum care
sanhupoong	drift sensation after childbirth
songchunginun sol ipu'l mo'ko'yahanda	birds of a feather flock together
sokdowiban	premarital pregnancy (speed violation)
sumin	populace
sunchinhada	innocent
ssi	a suffix to address or refer to someone formally by using this term after their names (Mr., Miss, Mrs, or Ms)
tancho'ngghan momkachim	proper conduct

taekyo

fetus education

twipuli

**gatherings after formal
meetings**

uri

we or us

uristikgu

our family

yocha

women

yahak

night school

**Part I. The Medico-political Discourse of Modernity
and Women's Bodies**

I know no woman - virgin, mother, lesbian, married, celibate -whether she earns her keep as a housewife, a cocktail waitress, or a scanner of brain waves - for whom her body is not a fundamental problem: its clouded meanings, its fertility, its desire ...[T]here is for the first time today a possibility of converting our physicality into both knowledge and power. (Adrienne Rich 1986:284)

Chapter I. Introduction: Writing One's Own Culture as a Practice

One of these is the apparently simple idea that women are as intrinsically human as men, that neither women nor men are merely the enlargement of a contact sheet of genetic encoding, biological givens. Experience shapes us, randomness shapes us, the stars and weather, our own accommodations, and rebellions, above all, the social order around us. (Adrienne Rich 1986:xv)

(But) when it comes to producing anthropological discourse in the forms of description, analysis, and theoretical conclusions, the same ethnographers will often forget or disavow their experiences of coevalness with the people they studied. (...) coevalness aims at recognizing contemporality as the condition for truly dialectical confrontation between persons as well as societies. (Johannes Fabian 1983: 33,155)

Before I came to the United States to study for my Ph.D., my grandmother took me to a spot near her house in Cheju Island and implored me to get married. She said, "A woman needs a husband and a son even though she is good enough to make it on her own. A husband is a kind of defense for a woman. Everyone looks down at a woman who is living alone without a dependable man. If you haven't given birth to even one child, you will not have anyone to trust and you will eventually become lonely. A husband is essentially a stranger to a wife; you can't even trust your husband unless you have given him an offspring. Women can't be treated as a whole person if they have not given birth. The best thing for a woman to do is to marry a good, wealthy man and give birth to a child. All other things are secondary for women." My grandmother was 78 years old, sick, and very weak. It was

hard for her to walk and to talk to me, as she was short of breath. She sighed a lot, talked slowly, and did not say much even though I asked her many questions about her life with great anthropological curiosity. However, her agenda was clear. She sought to persuade me to marry before I went to the United States because she thought she might die before I returned (and in fact, she did die).

My grandmother was infertile throughout her life. She had moved into my grandfather's house when my father's mother died, almost 35 years ago. I had found out that she was my father's step-mother when I was in junior-high because my father and my uncles did not emotionally accept her as their mother even though almost twenty years had passed since she moved into their family. My grandmother's first marriage failed because she could not give birth. After that, she had lived with another man and made a fortune with that man's help before she came to my family. She experienced the kind of life an infertile woman goes through in Korean society with resentment. She was afraid that if I didn't get married, I might have a life similar to hers -- insecure, lonely and without achieving real membership in a family. She didn't think that she could trust any of her step-children, including my father. Thus, she always worried about her death, particularly about who would perform her ancestral ceremonies and sweep her grave. She believed in the power of money and the therapeutic

efficacy of shamanic ghosts that she had served all her life. She was an enthusiastic client of several big Cheju shamans. She had kept her property separate from that of my grandfather's since she had moved in. Since the oldest son should serve the spirits of legitimate ancestors, she had chosen the youngest uncle as her major heir. It was he who would observe her ancestral ceremony and sweep her grave because a youngest son does not have obligations to his ancestors. She left all her property to the youngest uncle to perform ancestral services after her death.

To acquire a personhood, my grandmother argued, a woman must engage with the in-law family through sons born from her own body. Without sons, a woman would not have a social and cultural channel for connecting with any institutional relations. My grandmother used to say to her daughters-in-law that a woman should not voice her sufferings but should bury them in her heart; that is a woman's virtue. She told me that she could not speak loudly because she had hwa pyo'ng (fire disease: see chapter 4). This disease, which squeezed and burned her heart and generated inner hot energy, was caused by a dual agony of having been born an infertile woman and thinking about her fate of nothingness in this world after her death. She often sought medical services, visited clinics, and was frequently hospitalized. Sometime doctors recommended that she be discharged from hospitals when my grandmother wanted to stay in the

hospital. Although she did not trust Western physicians, she trusted them more than she trusted her step-children and their wives. She had some ideas that Western medicine itself was more trustworthy than family members who were not born from her own body because drugs had an impersonal and objective substance that could save her when she was in trouble. However, she thought her own physical constitution was better suited to the care of shamans and ghosts, because they could hear and understand the problems that earthly affairs caused her. She held several big shamanic rituals every year, and put the best food for ghosts in the corners of her modern two-story, solar-energy-powered house.

I tried to explain my feminism to my grandmother, telling her that my life would be different from hers. However, my grandmother told me that even though the world is changing, all women's lives are essentially the same because a woman does not have a penis. No matter what women achieve, women cannot help depending on men in order to have a "correct" life. The next day, my grandmother decided to take me to her shaman. She woke me up at dawn and took me out without saying much. She told her shaman that her granddaughter was planning to go far away without getting married and asked her for advice. The shaman, who looked at me and smiled, said to her, "Your grand-daughter has a strong fate, and she will not have any problems in a foreign land. In addition, there is no sign of marriage in her fate

in the next couple of years." After hearing this advice, my grandmother stopped mentioning marriage.

My grandmother's experience of an insecure, vulnerable and resented identity in Korean society was common for women who were infertile. They could not achieve women's social personhood, because it was the performance of the successive assigned roles of chaste woman, devoted wife, and dedicated mother that endowed a woman with a social being. Only through the identity of wife and mother could a woman of my grandmother's generation incorporate a woman's selfhood, which was located socially and spatially within "the inner room of the household (Kendall and Peterson:1983)" and bring it into the outer social arena, achieving what might be called the "truth" of being born a woman. In my grandmother's experience of her life, there was no distinction between sex and gender; living as a woman meant being born as a woman. Women's infertility was an abnormal manifestation of her sex/gender; Therefore, her life could not have legitimacy at a biological and social level.

Not only women themselves, such as my grandmother, but also most Korean men, believe that nature made men and women different and the culture and sexual division of labor were the products of accommodating to the immutable differences of Nature (Eisenstein 1988:59; cf.Irigaray 1985). It is nature that defines the woman by her sexual difference and this natural truth is clearly and factually realized when

the woman's body is pregnant. The pregnant female body, as one and the same as the mother's body, is to define female sex as "different" from the male body. The women's reproductive capacity -- a woman as the maternal-feminine (Whitford 1991:7) -- is a way to obtain social membership in the female gender and to achieve a woman's agency (Ong 1990; Strathern 1987) in Korean culture within which the women's experience is justified and interpreted meaningfully in terms of the social relations of phallogentric social order.

However, the difference in the female body is understood as being unequal in everyday life. When I had conducted my fieldwork in rural Korea in 1984-1986, I had seen so many women who were fertile and suffered from their reproductive capacity through frequent pregnancies, childbirths, miscarriages and abortions. These women indeed wanted to control their reproductive capacities and their bodies. They did not want to be infertile but they did not want to have many pregnancies as their bodies allowed. The women considered their consecutive pregnancies to be the karma effects of being born women. Men's lives, on the other hand, were not affected directly by their biological condition.

In Korean society, there have been social and cultural

discourses¹ that treated sex and gender as one and the same, creating an exclusive axiomatic truth; that is, a woman's body is not a man's body and they occupy different spheres. Therefore, the historical and cultural experience of women's lives simply tends to be reduced to women's biological condition in which a woman has a reproductive capacity; in this capacity, women's "factual" and "real" gender has been inscribed. Women's lives, in a general sense, mean maternal lives, signifying that the biological practices of reproduction are the essence of female gender (cf: Eisenstein 1989; Petchesky 1989; Gordon 1977; Martin 1987).

When I met many old women in the rural areas in the

¹ My use of the term "discourse" and its operational application originates from Foucault (1978 [1991: 53-61]). The language, spoken and written, is the condition of discourse, and the study of discourse is the awareness that power is constructed in and through language, embodying the positions and standpoints from which people speak and the institutions which prompted to speak (Macdonell 1986) and creating subversive powers. Regarding the study of discourse, Foucault said (1991[1968]:60-61), "I do not question discourses about their silently intended meanings, but about the fact and the conditions of their manifest appearance; not about the contents which they may conceal, but about the transformations which they have effected; not about the sense preserved within them like a perpetual origin, but about the field where they co-exist, reside and disappear. It is a question of an analysis of the discourses in the dimension of their exteriority. From this there follow three consequences: (1) To treat discourse not as a theme of reviving commentary, but as a monument to be described in its intrinsic configuration. (2) To investigate not the laws of construction of discourse, as is done by those who use structural methods, but its conditions of existence. (3) To relate the discourse not to a thought, mind or subject which engendered it, but to *the practical field in which it is deployed*" (my emphasis). I am also indebted to Macdonell (1986) regarding the understanding of (Althusser's) ideology in discourses and to Eisenstein's somewhat flat definition of discourse (Eisenstein 1988:10-11).

mid-1980s, they had welcomed the government policy of family planning, which had been executed as a modernization project. Regarding my previous meetings with rural Korean women, my inquiry was a feminist anthropological one in which the idea of "the modern" challenged the idea of the "naturalness" and "sameness" of female gender. Further, I wanted to know how the modern was incorporated into women's understanding of their reproductive bodies. Since the Korean government launched its modernization project in the 1960s, new modern biopowers (Foucault 1980: 140-143; 1991[1978]:98-104)² have begun to intervene in organizing people's experiences of everyday life. Particularly the state-initiated family-planning policy, which has been a crucial part of the Korean modernization project, exercised what Foucault has termed "biopower" on the population, implementing an idea of the "modern" that includes control, regulation and planning of women's reproductive practices. I situated the Korean family-planning policy, which was the first formal discourse that separated women's sexuality from reproduction in Korean culture, as an important momentum in organizing women's experience of their bodies in a rapidly industrializing and "modernizing" urban environment.

² The term "biopower" designates forms of power exercised over persons specifically in so far as they are thought of as living beings; a politics concerned with subjects as members of a population, in which issues of individual sexual and reproductive conduct interconnect with issues of national policy and power. (Gordon 1991:5; Foucault 1980)

- - -

I returned to Korea in 1990 to carry out my fieldwork. Its subject was, how the political campaign of family planning and medical interventions in pregnancy and contraception had re-organized women's experience of their reproductive bodies into the "modern" arrangement of gender relations in Korean culture. I thought this research project could show "the modern" way of experiencing Korean female gender through reproductive body practices. As soon as I mentioned my project, (particularly the word "family planning"), many scholars (mainly male social scientists) and male graduate students dropped their interest in my study. They wondered how women's reproduction, which has already been considerably controlled by the state's policy, could be a good dissertation topic. They thought I could write my dissertation quickly and easily by summarizing existing family- planning literature in Korean. Some scholars mentioned that I could find many research reports on the cultural factors that underlay non-compliance with contraception, and on the successful acceptance of family-planning policy since the 1960s. I tried to say that I was not going to study compliance issues with respect to contraception but gender politics; however, some scholars added that family-planning policy was no longer necessary because Korean couples did not want to have more than two children. They delivered the message clearly that women's

reproductive problems were solved and this kind of study was outdated in Korea; however, some students who went to get their doctoral degrees in the United States repeated this kind of study because American professors on the dissertation committee did not know the Korean situation. Or, some American professors regarded foreign students' study of their own societies as just a case study written in English that added to related existing literature.

In addition, some Korean male graduate students mentioned that studying my own culture was an easy choice but out-of-date. They implied that it was an old practice in which Korean anthropologists followed in the steps of Western anthropologists to study Korean culture, treating Korean culture as Other. However, more recently, Korean anthropologists had begun to do "authentic" anthropology which studied non-Korean cultures as Western anthropologists study other cultures. (I wondered if these students mentioned the same concerns to their male senior colleagues who had done fieldwork in Korean society). From the connotation that studying the other culture is the way of authentically practicing anthropology, the students' suggestion sounded like an effort to "modernize" Korean anthropology (cf: Marcus and Fischer 1986; Clifford and Marcus 1986) by putting themselves in the position of Western anthropologists who sanctioned an ideological process in which relations between the West and its Other,

between anthropology and its object, were conceived not only as entailing difference, but distance in space and time (Fabian 1983:147).

- - -

Writing about one's own culture in another cultural context in a foreign language creates many theoretical and moral conflicts with respect to what and for whom I am writing. I -- as an anthropology student who has studied and read many ethnographies about non-Western societies written by Western anthropologists -- am always afraid that my ethnography of my own culture would add another case study of non-Western societies from a Western mimic perspective (cf: Bhabha 1984). Many Western anthropologists and non-Western scholars, including me, understand experiential "coevalness" or "contemporality" with people beyond our own cultural and national boundaries in the late capitalist world (Jameson 1984; Harvey 1989). But the experience of simultaneity has been denied in the practice of writing culture by the situating of subject peoples in a different time and space by many Western anthropologists (Fabian 1983:33). This kind of Western anthropologists' practice has also been mimicked by native scholars who are writing of their own culture, putting their own societies within a reinvented frame of Western knowledge.

For many Korean scholars, the problematization of women's everyday life, focusing on reproduction, was not

taken seriously as research. Everyday life, it was assumed, might be a subject for foreign scholars who are not familiar with Korean culture, so that they could write about everyday life with curiosity. Many Koreans seemed to think that writing about everyday life by a Korean for Koreans was pointless because they thought that they knew what it looked like and what was normal and natural. However, they might think it possible if I wrote for foreigners who did not know about Korean culture.

I partly write this dissertation about culturally "natural" and yet invisible and never-articulated Korean women's experiences -- particularly genuinely female experiences of reproduction -- for Koreans. I do so as a cultural critique. I show how the "natural" state of women's lives is an historical and cultural construction, and how the "natural" state of gender relations is a political state (Butler and Scott 1992). In order to make this dissertation a cultural critique, I use two techniques; one is the critical strategy of defamiliarization (Marcus and Fischer 1986:137); I describe familiar reality by relativizing taken-for-granted facts. By presenting these familiar everyday-life narratives by Korean women who have been "Other" and never formally voiced their private bodily experiences, I intend to create effects that can derive from switching positions from the other to the subject in Korean culture. Korean women in this dissertation position

themselves as the subject and speak their experiences. Defamiliarization is related to another technique which is the "antagonism of strategies" (Foucault 1982:211): As Foucault has said, "to find out what our society means by sanity, perhaps we should investigate what is happening in the field of insanity (Foucault 1982:211)," I want to write about women's experience to show discursive phallogocentric power in Korean culture rather than analyzing patriarchal social system from the point of view of its internal rationality.

- - -

I conducted my fieldwork from August 1990 to July 1991 in a city, Namyang, which neighbored Seoul. Namyang was located in the middle of the most notoriously crowded metropolitan subway line between Seoul and Incheon. Namyang was one of Seoul's many satellite cities; a byproduct of rapid urbanization and industrialization. Among the many satellite cities, Namyang was the most rapidly and explosively populated. It became the most densely populated city in the Metropolitan area in 1990. The first visible characteristics of the city were its crowds of people, cars and buildings. The entrance and exit of the subway to Seoul was packed to the limit in the morning and in the evening, so that everybody complained that there were too many people in Korea to be accommodated in the small land. People in the packed subway factually experienced the truth of one of the

catchy-phrases of the family planning slogans; "limit having children and decrease population for the society and for the family."

Namyang was mainly a fruit cultivation area but along with industrialization in the 1970s it had been changing into a factory area, accommodating many workers who migrated from rural areas. In addition, the population explosion and the high price of housing in Seoul had pushed many young couples to make their homes in outskirts cities near Seoul like Namyang. As a result, the population of the city in 1990 was about 650,000 and the movement rate of the population was as high as 66% in 1988. One survey done by a social scientist team in a university within the city showed that the population of Namyang city was mainly composed of middle-class people pushed out by Seoul and workers who had migrated from rural areas.³ In general, the population of the city was young, so that 82.5% of the total population was under 39 years old in 1989; 82.2% of the total households were nuclear families, comprising husband, wife and their children (S. J. Lee 1989:2).

I met two groups of women in Namyang: one was a group of middle-class women who were living in apartment complexes; the other group were working-class women who had

³ A survey showed that the population distribution of occupations in Namyang city was self-employed (27.0%), professional and engineering (5.5%), administrative and managerial (8.1%), clerical (25.5%), factory worker (28.2%), and others (5.6%) (S.J. Lee 1982:2).

been factory workers. Most of these women were working in factories during my fieldwork. At the first meeting, my informants and I talked about their children. In many cases, the women seemed to expect me to comment on their concerns because I was doing doctoral studies. My status in a Ph.D program created a lot of power for me in dealing with my informants in field research whether or not I intended. My standing as a Korean woman also made it possible to practice a certain kind of authority in collecting data within a Korean cultural context in which academic capital was very much respected.

The nature of ethnographic information is absolutely related to the politics of a fieldworker and a subject people. It is, thus, necessary to present the standpoint of the ethnographer to socially situate ethnographic information. Ethnography is the description of the anthropologist, who defines the way in which people spoke for themselves during fieldwork. Thus, the whole ethnography is in control of the information that the anthropologist collected. The trend of reflexivity in writing culture, which decodes and contextualizes the way in which our informants' everyday life is transformed into ethnographic data, has become critical to the exploration of the way anthropological knowledge is produced and made (Clifford and Marcus 1986; Kondo 1989).

Reflexivity, however, consolidates the authority of the

ethnographer through his/her practice of knowledge/power in which informants' voices are legitimized by being written down and transformed into the text by an author (Scott 1992). Reflexivity often reduces the anthropologist's moral burden in controlling the whole procedures of collecting data, but I feel sometimes that reflexivity trivializes and personalizes what is really told by people (Marcia-Lees et al 1989).

When I first contacted my potential informants, I was presented as a woman who was in a graduate program in America. One group of women (see Chapter 2.B) was to discuss a book assigned to them to read in advance of the meeting. The book was You whom I lost, a kind of autobiographical story about a woman's devoted love to her disabled fiance. The women exchanged their feelings about the book by saying, "As a woman I have sympathy for her", or "I wonder whether I could love my husband as she did" or "She is so pure and good", or "She is a really poor woman so I cried a lot." This kind of comments were all provided by the women themselves. I was expected to give some comment about their discussion. However, I was much more curious about them and wanted to know what kind of ideas they had about themselves and other women's lives. Thus, in order to prompt them to speak, I switched my position from a commentator to an inquirer by raising the questions with respect to their reading: "Is she a desirable woman? What is a good woman in

our society?" They did not say anything; they merely looked at me. And I began to ask them about the woman's character in You whom I lost in terms of her passivity, life-long obligation to a man, using another man to marry simply in order be free from her family pressure instead of confronting her family's resistance to the disabled fiance, her idea of virginity and social naivete, etc. These women in the meeting told me that they had never thought about these issues and did not read the book with this kind of perspective. They read the woman's story as an other's story which had nothing to do with their real lives. They liked the way I presented the woman's character and they thought my ideas came from my background of education. However, at the same time, they came to wonder how I could understand the woman's complicated feelings and sexuality issues when I was single and had never been married.

Doing fieldwork in my own culture entailed many expectations of an unmarried woman. My position as a single woman, doing a Ph.D in the United States, and having knowledge about women's bodies, gave my married women informants ambivalent feelings about me. However, my informants continuously tried to find the cultural and female sameness in me.

Throughout my fieldwork my status as an unmarried woman was the target of my female informants' concern. "Why is she single? and "how could she know many things about married

life and how could she understand getting pregnant and child-birth?" One informant told me that they gossiped about why I was single by guessing that I might have had a heartbreaking experience or I might have a boy friend in the United States. Unmarried women who are supposed to get married eventually are expected to be innocent about sexuality and women's bodily functions regardless of how old the women are. This is normal in the Korean cultural sense. Unmarried college professors in their mid-thirties, women labor activists, as well as just-married middle-class women, all insisted that they did not know anything about women's bodies and sexuality. Before they regraded me as a fieldworker, these women saw me as a Korean woman who had to be culturally the same as they were; if I had been a foreign anthropologist, their expectation and their curiosity would have been very different. They might have tried to find out how different the fieldworker was from them and they might have tried to present themselves as a different Other. They wanted to know me to confirm the extent to which I was similar to them and the extent to which they were the same as I.

In this context, to reveal my personal position to my informants seemed to be a sword in either hand. If I were naive about women's bodily experiences, how could they trust my sensitivity and tell their stories to me? On the other hand, if I were "experienced," I would be categorized

differently, as contravening ideological and moral standards, at least in public. In order to overcome these women's doubts and concerns, I developed a "yes and no" strategy to switch the position of the interrogated from me to them. When they asked me some questions, I asked them back the same questions in a way that would problematize their views and question them as if we were playing language games. For example, when they asked me why I did not get married, I asked them why they thought I had to get married. Why did they think I had a heartbreaking experience? What did they get through marriage? What did married women think about unmarried women's lives? Rather than listening to my story, they focused on themselves and talked about their stories even though some women wondered why I asked these questions for which everybody knew clear answers. Some women felt that speaking out their ideas about the issues was awkward. This kind of switching their concerns about me back to them created a tremendous effect of controlling informants and maintaining the power of an interviewer. At the same time, this effect haunted me with a demoralizing and sorry feeling about whether I was manipulating my informants for my own sake.

My presence generated a lot of different effects on women's responses to my questions and research topics. Many women told me that they were glad to have a chance to talk about their private and informal experiences in quasi-formal

settings. Many women had considered their private experiences of engaging in sexuality, pregnancy and contraception to be informal, trivial and feminine even though these events were the most critical events in their lives. Women were neither using the critical language about their situations nor resentful about presenting their lives. Instead, their narratives were full of rationalization, vitality, anger, and agency⁴ with respect to their lives, revealing ways of contesting Korean socio-cultural forces, such as the in-law family, husbands, motherhood, education, the state and medicine, with the aim of making sense of their experience. However, my informants' interpretative structure for their lives was closely related to the power relations of their position. I shared many experiences with these women as a Korean woman and at the same time, I looked at their lives from my own feminist standpoint, questioning their status of subjectivity which was deeply integrated to their families. My experience of fieldwork raises the very critical point of what is a culturally-specific feminist agenda independent from feminist issues that are discussed in Western societies. How does a culture acquire legitimacy

⁴ The agency in this dissertation means the Ong's notion of social agency in terms of 'how social effects are registered' in shifting fields of powers(1990:259). Her notion originates from Foucauldian view of subjects as materially constituted by power relations and always part of them (1980:98) and combined Strathern's reformulation that the question of agency goes beyond the independent actions of individual, focusing on the interests in terms of which they act (Strathern 1987:22,23).

in organizing differences in women's lives. Or should a feminist agenda be different by class, ethnicity, nationality, and so on according to women's positionality inter/intra-nationally? Is that what feminisms are to be?

Through interviews I found out that some women considered group meetings and sometimes personal interviews as a kind of therapeutic ritual through which their private, trivial, uncertain, undefinable, individual and unspoken bodily experiences could be transformed into social and political experiences. This was entirely possible because I was a Korean woman who was regarded by my informants as having emotional experiences similar to theirs or at least a cultural understanding of their experiences. With respect to this point, there were two different reactions. One group considered me to be a kind of spokesperson for their problems and for complaints about women's reproductive health policy and hospital treatment for female patients. They were pleased that they had a chance to understand their personal experience as being valuable enough to be important politically and socially. To some women, my position as an unmarried woman gave them an uncomfortable feeling that my status itself criticized women who remained at home. My presence as an unmarried female fieldworker itself influenced informants' way of understanding my questions and their way of narrating their stories. In this sense, the process of collecting data and doing fieldwork is, I

believe, the theoretical and political practice of the fieldworker.

Reading and organizing the data into ethnography is an anthropologist's power/knowledge practice. The Korean women whom I interviewed speak in my dissertation, but I make them speak in my own way within a constructed context (Spivak: 1988). My way of writing women's experiences is intended to create an effect of dismantling natural truth of what has passed for the making of the women's experience. In this sense, my way of writing ethnography is my own knowledge/power practice; that is, a creation of a space in which a Korean woman anthropology student could formulate her critique of Korean culture and be heard. In this, my discourse/practice of writing an ethnography expects to be a work of sapping the power of "phallogocentric" discourse (Irigaray 1985; Butler 1990; Weedon 1987).

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My anthropological inquiry in this dissertation is to explore how the institutions of biopower such as the state and medicine localize their power in women's bodies by making the "modern" female gender, and how women construct their experiences of "the modern" amidst clashes of "new" and "old" institutional relations of power, such as the Korean family system oriented toward in-laws versus the nuclear family-centered apartment complex and individual migration and factory life as workers: In addition, other

issues treated here are "naturalness" of female gender performance and women's education as symbolic capital for the "modern;" pregnancy as a family business versus institutionalization of prenatal care and childbirth and the state's campaigns of contraception. The discourse of "hyundaicho'k" (the modern) has been one of the most commonly-used languages in everyday settings in Korea since the state's modernization projects in the early 1960s. In Korean society, the state has initiated and organized modernization projects, including industrialization, creating all kinds of desires and images of "the modern." Modernization is the governmental or scholarly term while "the modern," "modern style" or "modern way" is people's way of referring to things or images of the "new," "Western style," "developed," "scientific and technological," "international." In this dissertation, I use modernity to comprise the implications of these commonly-used terms.

I, therefore, use modernity as an operational discourse for creating desire or power in every day life (Baudrillard 1987) or as a new mode of perception which developed as a result of the emergence of a modern, urban capitalism (Benjamin 1972 [in Callinicos 1989:150]), rather than referring to a certain social entity of "the modern."⁵

⁵ For example, Giddens explained modernity in terms of industrialism, capitalism, the emergence of nation/state (1991:14-17). Harvey also deal with modernity as certain characteristics in comparison to post-modernity (1989).

Foucault, in particular, identified an understanding of modernity as a field of power relations composed of both discursive and nondiscursive practices, which he called biotechnico-political (Rabinow 1989:8). In this dissertation, I focus on the medico-political control of women's bodies through medicine as one of the critical effects of a modernization project. I look upon Western medicine as a hegemonic combination of science and technology, which are the most critical forms of modern power, and as an infrastructure for the state's biopower practices.

In the following, Part II, which is my ethnography, I describe the way in which the Korean modernization process works to organize women's experience of their "modern" gender in Namyang, a city in Seoul's metropolitan area. I present the lives of two groups of women to show how women's class position contests the creation of discourse on female gender. One group is middle-class women and the other, working-class women. Chapter 2 deals with middle-class women's experience of "the modern" through the new space of collective housing -- apartment complexes -- which represent the rationalization, standardization, and homogenization of urban middle-class culture. I also describe how the urban middle-class life style in homogenous spatial structures contributes to maintaining and creating the discourse of women as a subject of "sameness." In chapter 3, I describe the way in which middle-class women's bodies become a

cultural and medical subject and how institutional powers such as the cultural ideology of women's "proper"⁶ conduct, the in-law family, the traditional medico-religious belief of pregnancy, modern education and medical knowledge and hospitals clash over the social relations of women's marriage, sexuality and pregnancy.

In chapter 4, I discuss working-class women's experience of Korean modernization through their spatial migration from the rural community to the factory and to the urban poor district. I also describe their way of achieving the status of adult woman and how the hegemony of Western medicine is incorporated into taking care of their reproductive bodies. I focus on their class differences from the middle-class women.

Chapter 5 is about the bio-politics of contraception. The medico-political discourse of the family-planning policy was executed as a policy of Korean modernization based on medical institutions as an infrastructure. I describe the state's way of deploying modern reproductive practices and raise the feminist question as to whether or not the practice of women's control over their reproductive bodies erodes the power structure of gender relations in women's lives. I also ask how it affects naturalizing and homogenizing discourses about the concept of female sex and

⁶ Irigaray has always insisted that the proper is phallogocentric, that woman can only be defined, essentialized, from the point of man (Whitford 1991:135).

Part II. The Making of Modern Female Gender:
Space, Class, and Women's Body

(The) making of the English working class is a study in an active process, which owes as much to agency as to conditioning. The working class did not rise like the sun at an appointed time. It was present at its own making. (E.P.Thompson 1966:9)

Language creates power by materializing images, meanings, and desires through associations with particular words. The discourse of "hyundaijek" (the modern) or "hyundaigik" (the modern way) in Korea carries the desire to achieve something different and better from the past. The discourse associates the modern with rationality, efficiency, wealth, urbanity, and big size, and since the 1960s these have been closely associated with Western styles. "The modern," which literally means the contemporary in Korean, is visually represented in elementary school-children's drawings and in the Korean government's posters advertizing economic development placed next to highrise apartment complexes and highrise factory chimneys. These constructs symbolize modernities, representing two different sides of well-known Korean economic growth. The apartment complexes are the newly emerged living space for the Jungsancheung (middle-class) which is seen as the beneficiary of modernization because their success is attributed to contribution to national development by their

education, hard work, etc. On the other hand, the factories are the production space of the working class whose labor is regarded as the material base of the economic development. At the same time, however, their living conditions are neglected, being perceived as a kind of by-product, backward and undeserving of the benefits of modernization.

In the following chapters I describe the way in which the discourse of modernization works as an operational power in the making of the "modern" experience of Korean women's lives in an urban city, Namyang. I describe the lives of two groups of women and examine the way in which the boundaries of the social relations of their class experience are constructed. One is the group of middle-class women, and the other one is working class. In the following chapter, I deal with the idea of spatial and temporal experience as critical references in constituting Korean women's historically specific class position. I met these women through two childcare organizations: One was a kindergarten for preschool children run by the YMCA, and the other was a nursery for working mothers (especially married factory workers) run by the Association of Women Workers. I describe and show the way in which the experience of the "modern" has been constructed by these two groups of women and how their class positions have constituted their experience of being women.

Chapter 2. Jungsancheung (Middle-Class) and Women in Apartment Complex

A. The new concept of Jungsancheung (middle-class) and the space of apartments

An apartment is not a kind of living space but a way of thinking. (Hyun Kim 1978)

Conspicuous in Seoul as well as in many cities in contemporary Korea are the complexes of highrise apartments. Apartments have been built since the end of the 1960s to accommodate a rapidly-increasing population triggered by urbanization and industrialization, and have become one of the most characteristic aspects of urban scenery in Korea. Apartments as living space were not so popular at first among Korean people, who did not have the experience of living in collective housing. However, in order to make apartments into convenient and efficient living spaces, the government as well as private construction companies have designed and created a new living environment surrounded by "modern" urban facilities including transportation, schools, shopping centers, and cultural resources. Since luxurious and spacious apartment complexes were built in the middle of the 1970s and early 1980s in the South of the Han river in Seoul (Kangnam), the residents in complexes of highrise apartment have been called jungsancheung, categorized as rich and well-educated people living in the modern style of

housing.

The jungsancheung is a new term created by social science scholars in the late 1970s, and has been popularized and disseminated by the mass media since the 1980s, referring to the newly emerged middle-class group, regarded as a product of the Korean industrialization of the last three decades. Jungsancheung is an ambiguous concept which connotes economically affluent and well-educated and is distinguished from sumin (populace). Jungsancheung's literal meaning is "middle-ranged group" defined in terms of owning property. It comprises the middle to middle-upper class. Some people think it means an economically well-to-do group, but for some it means a socio-cultural leading group or a politically influential opinion-making group.¹ An anthropologist, Ok-Pye Moon (1992:v), describes the jungsancheung as neither aristocracy nor upper class, but rather a social strata who enjoy stable economic status, good jobs, and relative autonomy. However, in everyday

¹ Regarding jungsancheung there have been many debates since the mid-1980s by scholars and journalists. The main issue was focused on the political role and political consciousness of jungsancheung in building Korean democracy. That was, how much does this so called middle-class want to change Korean society. (Sang-Jin Han, Wan-Sang Han 1987) The definition of jungsancheung varies according to scholars but KDI (Korean Development of Institute) published The Survey, Analysis and Policy Problems on Jungsancheung in which the jungsancheung was defined as follows: (1) having the subjective feeling of jungsancheung; (2) the monthly income should be higher, up to three times than the average urban household income; (3) higher education than middle school graduate; (4) having a job among self-employed, employer, or salaried worker. This survey estimated the size of this population to be 36% of urban residents. (1/9/1991, Seoul Daily News)

discourses many people shift their self position of class as jungsancheung or sumin depending on the situation. For example, when they talk to wealthier and higher status people, they describe themselves in political terms as sumin, implying that they are less privileged and less powerful than the people to whom they speak. But when they understand jungsancheung as a group of opinion-making public they identify themselves as jungsancheung. Therefore, some random national surveys show that more than 65% of those surveyed think themselves as jungsancheung. In reality I think the term works as a kind of socio-psychological category or socio-political rhetoric for many people. In everyday life it connotes the power of being better-off than average. Instead of exploring economic criteria in the definition of jungsancheung, I focus on how the lived experience of jungsancheung is constructed by women who live in modern apartment complexes. In addition, I describe what constitutes women's sense of where they belong.

The lives of jungsancheung are stereotypically portrayed as people who work in companies or as professionals and live with a wife and usually two children in apartment complexes. These portrayals permeate mass media including popular novels, all kinds of serial dramas on television, and films. The apartments use Western-style designs in bedrooms, kitchens, and bathrooms with doors. At the same time the apartment complexes symbolically represent

modernity through the rationalization of spatial economy and efficient management of collective consumptions such as housing, electric, gas, heating, parking lots and shopping centers. The construction companies advocate the Western style arrangement of apartment space for the economizing of movement and protection of privacy in the family. People say that it is much more convenient to live in an apartment because you can use hot water whenever you want, and because it is much safer than an individual home since it has only one front door for entrance. Therefore you can lock the door when you go out and the apartment guard will watch your apartment while you are gone. Privacy is pointed out as another convenience; people say that nobody bothers them as long as the entrance door is closed and people stay inside. In reality, everybody complains about neighbors' curiosities about everyone's life.

Women especially prefer apartments to independent homes because it is easier to manage the house chores, which are shared by managing companies. Capitalistic competition among commercial businesses located in the apartment complexes have created all kinds of goods and services to please clients who become habituated to them. For example, shopping centers in apartment complexes sell prepared groceries and ready-made food to save women's labor at home and deliver goods in response to telephone calls.

The general shortage of housing in the metropolitan

area of Seoul has combined with the apartment image of modernity, Westernity, efficiency, convenience and anonymity to promote the popularity of apartments. Throughout the 1980s, people's preference in housing has been changed to apartments and the price of apartments has become more expensive than the same size of individual homes (Boosung Kim 1992:4). In the late 1980s the popularity of apartments for living space as well as for investment reached its peak, and finally the government intervened to stabilize the prices and ownership of apartments. Today with the newly coined word of "apartment culture," the apartment represents a life style rather than a living space.

B. Jungsancheung (middle-class) women in Namyang for this study

Namyang, which is a neighboring satellite city to East Seoul, has been redeveloping as a bedroom community. When I conducted my field research from August 1990 to July 1991, large apartment complexes were being constructed according to 'The development of New City' by the Ministry of Construction. These apartments would be filled with middle-class people who would move from their current residence in Seoul. At the time of my fieldwork, Namyang was a mixed city, with traditional residential areas populated with individual homes, apartments and factories that were built during the urbanization at the end of the '70s and '80s.

In order to meet middle-class women I contacted the Namyang YMCA, which had organized and run a women's meeting called Deungdai (Lighthouse) since May 1990. Deungdai, that is composed of 50 small groups, is a self-governing housewives' group concerned with the improvement of consumption patterns in concert with the environmental movement. Each group has five to ten members who live near each other and meet once a week to buy organic agricultural products from rural producers, mediated by the Namyang YMCA. The meetings are guided by a YMCA staff person once a month. The members of Deungdai consist of mothers whose children attend a kindergarten² and an English class for elementary school children, and women who participate in educational programs such as 'Housewives Academy' at the YMCA.

I attended nine meetings of Deungdai and met approximately seventy married women. Interestingly out of the nine meetings, eight groups of women lived in collective housing complexes even though each complex was differentiated in rank by the size and its location.³ The

² This kindergarten is for the preschool children, five- to seven-years-old, run by the Namyang YMCA. More than half of the education of children in this program consisted of sports education. Many mothers prefer this program to other kindergartens, because the YMCA was supposed to be better than their neighborhood small kindergarten run privately. It cost 49,000 won a month (\$650) without adding other material and practice expenses.

³ The collective housing, usually called apart (apartment), is classified into three types. These included: (1) Gocheung apart (highrise apartment), consisting of more than 13 story apartments. Unlike Seoul, Namyang lacks these Gocheung aparts; (2) Jugong apart (built by Korean Housing Cooperation), composed of 5 story

class position of women in Deungdai, the Namyang YMCA secretary and YMCA members said, is the Jungsancheung although the class of women in Deungdai is not homogenous; it ranges from middle-upper to middle-lower class when husbands' occupation and household income are counted. It can also be determined through the size and location of their apartments of residence.

I categorized my informants as middle-class by their own definitions⁴ and their conditions of owning an apartment.⁵ As one teacher in the nursery for the children of working mothers said, mothers' consciousness is different

apartments, are built by the government. Each unit is less than 18 pyong (1 pyong: 3.945sq) in size; (3) Villa is the new style of collective housing, relatively inexpensive to buy and less profitable for investment compared to highrise apartments. Villa complex is composed of 3 story apartments and each unit is about 24-30 pyong in size. In Seoul there is a greater variety of villa-type apartments, some of them very luxurious and spacious. The residents of the different types of apartments in Namyang vary by class and age.

The YMCA secretary classifies roughly that women who lived in Jugong apartment might be in middle-low (18 pyong), and women in Wooseng highrise apartment (40-50 pyong) are upper-middle and upper class in Namyang. Besides class, there is an age factor; in general women who live in Jugong are younger (late twenties and early thirties) and women in Wooseng are older (in their forties).

⁴ Some people commented that the middle-class in Namyang are the people who were pushed out from Seoul; it means the Jungsancheung in Namyang are not the same class of Jungsancheung in Seoul because they cannot afford housing in Seoul and, in general are less educated than the Jungsancheung in Seoul. However, I do not take this kind of Seoul-oriented comment seriously because it usually meant the Jungsancheung in Seoul considers to be as a certain exclusive upper and upper-middle class.

⁵ The national survey conducted by KDI (Korean Development of Institute) shows that 34.6% of the urban population belong to jungsancheung and 71% of this population have their own houses. (January 9 1991, Chosun Ilbo)

according to their house or apartment ownership. Married women who have their own houses defined their status as middle-class and had the feeling of economic headway. All my informants lived in their own apartments. Kim Haeyoung who was a college graduate said to me in her small group meeting,

"We do not have many economic problems even though we do not have big money. The organic agricultural goods delivered by the YMCA are a little expensive compared to the goods in grocery markets. We are neither so poor that we have to buy cheaper goods just from daily markets, nor affluent that we can afford imported foods from big super-markets in big shopping centers and department stores everyday."

My informants described their position as middle-class and as having more social consciousness and responsibility than other middle-class women, for example in Seoul. Some women told me that they bought and ate Korean foods and used environmentally sensitive goods for national and social interests rather than their own economic interest. Some women wondered whether what they were doing was socially useful except for individual benefits from eating healthy food while richer people were not changing their behaviors because there were no social sanctions for eating foreign food. In addition, the government did not control the rapid increase of foreign agriculture goods in the Korean market.

However, the general impression was that they were participating in this meeting because of the institutional authority of the YMCA.

C. The new mode of middle-class women's lives: the standardization of wifehood and motherhood in apartments

Deungdai is a social network which my informants formed by their various affiliations with the YMCA and other groups in the physical vicinity of their residence. Through examining the way in which women understand their involvement in the YMCA meetings and with other women, I will elucidate who these women are and what constitutes their lives. I begin with a description of a typical YMCA meeting. In October 1990, I visited a small group of Deungdai. All the women were living in a Yernip complex called, Mido Villa, which was composed of several three-story Yernip apartments. The meeting was held in an apartment with two bedrooms, a living room, a kitchen and a bathroom. That is the typical structure of an apartment of 24 or 27 pyong. There were seven women ranging in age from late twenties to mid-thirties.

The meeting was ritualized, starting with lighting candles.⁶ First, everybody sat hand-in-hand, had a short

⁶ When I visited other groups, the same ritual procedure was observed. It was taught by a YMCA staff person when the meeting was first organized. There is a book about organizing the meetings including lighting candles, singing songs, and the way of presiding at a meeting. Each member is called a candle.

meditation time, and sang several folk songs together. Next, a woman recited the resolutions of Deungdai including community spirits and environmental concerns. The meeting proceeded in two parts; the first part was devoted to the discussion of the on-going agenda of not using imported foreign agricultural goods. The second part focused on the exchange of their feelings about the book they had all read.

Most of the women actively participated in the discussion and at the end one or two of the loudest voices resolved the meeting by inscribing them as a social body; stating that 'we' are Korean and housewives. Although some women did not agree with this kind of imposition, the representation of the so-called correct or righteous resolution in the meeting is very important to everybody. This is the norm for social agents.⁷ For example, some women talked about the difficulties of the policy of not eating or using imported goods. Many women agreed with the difficulties and one woman complained that the imported

⁷ Haejong Cho (1992) mentioned that Korean people do not want to give their opinions about whether the presented idea is right or wrong in public. Korean people discuss these things only in informal gatherings usually with drinks after the formal meeting (in Korean twipuli). Thus, in Korean culture an after-meeting is the real meeting in which different opinions, criticisms, and individual dissent are found. Only by participating in the informal meeting can people get the real sense of what is discussed and what is the real issue of the formal presentation. But attendance at this kind of meeting is limited by gender, age, etc. Many people in Korea, China, and sometimes Japan, when they were asked some questions about social issues, repeated similar answers manufactured by the formal authority, derived from the same context.

glassware, tapa, was so good, pretty, and cheap that there was no household without at least a piece of tapa glassware. Some women asked who could guarantee the safety of Korean agricultural products, because Korean farmers were told to use lots of agricultural chemicals to produce clean products for urban residents. And then one woman who had been brought up in the countryside and migrated to the metropolitan area began to criticize, stating that urban dwellers despised agricultural goods produced in Korea and preferred imported U.S. grapefruits and Sunkists oranges despite the trade imbalance between Korea and the United States of America. Some other women supported her by saying that Korean food produced in our land was better for Korean people's bodies than imported goods which had all kinds of preservatives. They added, "in terms of social concerns we are different from rich people living in the Kangnam area and preferring only expensive foreign foods to show off their wealth. All that these rich people wear and eat is from America, Western Europe, or Japan." The idea that Korean food is better for Korean bodies refers not to the physical well-being of individual bodies but rather to the body politics; the politically and morally correct, patriotic national body, culturally authentic body.

The discourse about the appropriateness between Korean and non-Korean appeared again in the second part of the discussion during which they discussed a book about

children's family education written by a foreign author but translated in Korean. All the women were very interested in children's education and actively discussed, complaining that this kind of book demanded a lot of parents. They were frustrated because they could not practice recommendations such as "treat children as independent persons," "respect children's pride and their questions and promote their curiosity", etc. Some women said that this kind of idea was too Western. All the women agreed, saying that treating a child as a person is not proper in the Korean social context.

All the mothers agreed that the mother's presence in the family is necessary and is most critical for the proper development of children's emotions; it is only the mother who can educate children in Korean society. One woman asked the YMCA staff member whether there were some behavioral differences between working mothers' children and full-time housewives' children. The YMCA staff member answered that based on her own observation about children in her kindergarten, emotional instability and distractedness were more easily found among children whose mothers had full-time jobs. She added that some people think that love of children is a matter of quality not quantity, but children need a certain quantity of love.

Song Meeja, a member of the meeting who quit her teaching job in junior middle school because of her newborn

baby, supported this teacher's idea and said that the mother was absolutely needed for children aged from one to three⁸. Then another woman who had a five-year old boy insisted that the mother's role was very important for the stable development of preschool children's emotions. Other woman said that children in primary school could not survive and study well in school without mothers' help. And another woman said that mothers' care for children in high school was absolutely needed because of the entrance exam for college. Therefore, the women concluded that the mother should be at home for children until they enter college. Not only traditional Korean culture but also modern social institutions, particularly the education system include mothers for their operations, reinforcing mothers' existing role.

However, many women pointed out that the issue was how to bring up and educate children at home now even though they knew that the role of the mother is absolutely important for children's well-being. They talked about their frustration with the technique of mothering in situations like the following; a daughter seemed to like her father too much and was jealous of her mother; a mother could not help with a child's homework; a child took after his father's behavior and treated his mother like his sister, etc. Some

⁸ In the Korean way of age counting, a baby is one-year old as soon as s/he is born.

women said that they were living in an age in which some professional knowledge such as child psychology was needed to manage a family. In that sense, many women regarded their participation in this meeting as a strategy to accommodate themselves to the changing society or to get some new information about everyday life from neighbors.

A few women considered their participation in the meeting as a kind of political activity. However, most women regarded their group as an informal neighbor meeting, enjoying the gatherings held after the formal meetings. At the end of the formal meeting, the hostess served some food such as cakes, fruits, and coffee. Some hostesses served so much food it was like a dinner party. Because the meeting was held at a different member's house every week, women saw and compared their living space with others' and exchanged information about newly bought household items, the management of husbands' and children's affairs such as tonic food for husbands and gifts or money for children's teachers in primary school, etc. They asked and exchanged things related to their role as managers and caretakers in the family rather than about themselves. When I asked some women about other members in their group, many women could not tell me other members' names, education background, or age. They usually addressed each other as the mother of her child, for example, "Eun-Shil's mother."

I attended eight such meetings. Some meetings were

tightly organized and others were looser gatherings. This kind of meeting with some formality did not seem strange to many women because they had already participated in many 'neighbor meetings' encouraged by the government or churches. The most frequent and dominant topic for the meetings was the importance of the mother's role as caretaker in the family.⁹ In addition, the most enjoyable side of this meeting to women was gathering and seeing other women's living spaces and being treated as visitors. Through the exchange of words they learned what is socially and culturally correct and the right practices of wifehood and motherhood in the rapidly changing modern city. But at the same time, they experienced what really constituted neighbors' living rooms and kitchens beyond what they had formally been told. Through these performances they were engaging in shaping and being shaped by the technique of caretaking and mothering and constructed the new female gender of jungsancheung in Namyang.

⁹ For many women these meetings were just a neighborly gathering to purchase everyday goods such as hot-pepper, salt, barley tea, apples, pears and grapes, and cabbages, eggs, seaweed and so on together via the YMCA. Unless there were the YMCA staff or outside visitors like me, they might omit the ritualistic procedure of their meeting. Formality, appearance, or social correctness is very important especially to nam (outsiders or others) distinguished from uri (we or us) in which we know each other well so that we do not observe such a routine formality. Especially women's relations are considered as informal rather than formal. However, this relationship is a kind of formality mediated and mobilized by an institution such as YMCA.

Each group of Deungdai is composed of women who are living in the same or similar size apartments because apartments are built in same or similar size units. This means that the apartments as living space control the socio-economic status of residents. In addition, the residents in an apartment are similar because of their economic affordability. The same size and design of spatial arrangements and very similar interior structure make people feel they are the same or similar. In addition, their personal conditions such as the duration of their marriages, the number of children, and the job of a full-time housewife with a breadwinner husband, also are similar.

The modernization of the life style symbolized by collective housing with nearly identical apartments and residents of similar economic status and age, shows the strong tendency toward standardization and homogenization of the life style of the middle-class in urban Korea. In addition, people who live in apartment complexes have many meetings such as the monthly neighboring meetings, building meetings of apartment residents, and mothers' associations in children's schools. These meetings, including deungdai, reinforce the homogenization of their life style by imitating, assimilating, and competing with each other through visiting and exchanging information about real estate, buying cars, furniture and utensils, the way of managing housekeeping affairs, and of pleasing and nurturing

husbands and children. However, this process of homogenization is not uni-directional but generates competition, conflict, and resistance.

D. The Making of middle-class female gender: Industrious, restless, and family-bounded agency

I had in-depth individual interviews with twenty-four women at their homes after the group interviews. When I asked their names and wrote down their telephone numbers, all the mothers gave their names as somebody's mother instead of their own name. Many women feel uncomfortable when they are addressed by their own name in personal relations. This partly comes from their gender position that a married woman is not an independent self, represented by her own name but at the same time comes from Korean cultural conventions in which people are addressed as their social position or social role by addressers. However, I used their own name when I called them for appointments.

Kim Inwha, thirty-five years old with two children (seven-year-old son and five-year-old daughter), was my first in-depth interviewee. When I visited her house, she was listening to an English cassette tape. Instead of turning off the tape, she let it play for a while and turned it off when I arrived at her home. She was not the only one; most of my informants in Deungdai were taking English conversation classes at the YMCA or other foreign language institutes. Speaking English is becoming a component of

urban middle-class culture. Some women said that they were studying English to catch up with the current society rather than for fun; many English words and some phrases are commonly used in everyday conversation. They also said that they would have many chances to make trips to foreign countries because Korean society is getting more internationalized. Others worried that their children would ignore mothers who did not know some English, which is taught in schools.

Thus, in order to be competent mothers and refined wives in contemporary Korean society, they were busy attending not only English class but also many meetings and lectures to learn skills such as pottery, driving, housewives' academy, music (playing the guitar, piano or singing classic songs), computer, exercise (bowling, jogging, or swimming) and at several social meetings such as Deungdai, Guiding Committee of Juvenile Delinquency, Mothers' Association in children's school or small group activities in churches. Of twenty-four women, only four women said that they were not participating in any other particular activities except gathering and chatting with friends. All the children were taking extra lessons such as painting, piano or violin, and home tutoring except three children who were just attending kindergarten. Women can go out of the apartment only when their husbands and children are out because their main job remains housekeeping and care

of family members. Therefore, these women were busy in managing all their activities while children and husbands did not demand their presence. Kim Inwha went out almost every day during the time when her husband was at work and children in kindergarten to attend housewives's academy¹⁰, a circle for reading books, Deungdai and the Mothers' Association.

Kim Inwha had been a member of Deungdai for eight months since its inception. She volunteered to be a leader of this meeting in order to find some change in her life because the job of taking care of children and housekeeping made her feel locked-in at home, causing stress, anxiety, migraine, and nausea. In addition, she said,

"I needed some social networks and supporting groups to learn and exchange information about daily life.

Because my husband and I migrated from Chunju, we did not have many relatives and school friends in the metropolitan area except for two alumni meetings a year and visiting kin in Chunju¹¹."

Many women like Kim Inwha came up with the meeting to solve their personal and emotional stress and meet friends. Many

¹⁰ This is a kind of educational program for housewives organized by the YWCA. This program includes several fields in which women's role is needed. The whole agenda is to strengthen and consolidate women's role as a wife and mother in a changing social context.

¹¹ Chunju is a provincial city, five or six hours away by express bus or train from Namyang.

women defined the meeting as "sound and healthy" with members who were worthy of association. Thus, many husbands liked or recommended that their wives attend this meeting because the members' husbands had similar social status. Kim Inwha's group, for example, was economically and socially homogenous because their husbands were working in a research institute, newspaper company, private companies, or as engineers. In effect, the very social nature of this kind of meeting, encourages women to be competitive with other women, but at the same time, forces them to be similar or homogenous, makes them aware of their way of life and helps them construct their lives in distinct and institutionalized ways. For example, in one group there was one woman whose apartment was rented. She voluntarily attended the meeting but soon stopped appearing, although she paid the monthly fee for the meeting, picking up organic agricultural goods. When other members asked why she did not participate in the meeting she said that she was busy. But other members understood that she did not appear because she could not stand other women's showing off their economic superiority. Lee Kyunghye in the same meeting said, "Some women try not to demonstrate the economic differences, but it naturally comes out when people exchange everyday life information. All meetings end up as gatherings of only people with similar living standards."

Kim Inwha, who was very motivated to do meaningful work

with other women and initiated the meeting by assigning books to read and set up plans to accomplish, realized that other women did not like her role as a leader. She said, "When I expressed my opinion, I sensed the atmosphere getting cool and other people kept silent, just looking at me." Some women said that they hate mothers who are self-righteous even though they may impart useful information. To them, participating in Deungdai is not a formal activity, but just a women's gathering. Some members said that they did not understand some women who are aggressive and try to behave in a superior way. That did not seem to them to be feminine. Yum Sukhee and Suh Wharan explained that there was always a strong competitive psychology among women, making them feel bad after meetings. Kim Inwha concluded, "interpersonal conflicts or competitions among women are the main and active reason why the women's group is not working so smoothly."

Most of my informants think that all women are naturally similar, by saying "as far as we are women." These women, whose prestige and status depend totally on their husbands' wealth and social status rather than their own conditions, would not recognize differences among women. Women's own characteristics such as education, beauty, or family background were not a subject for showing off or envy as much as those of their husbands or of their children. Women are not represented as themselves. Several informants

in the same context worried about whether their daughters would be smart and independent enough to live alone, which is not a normal or happy life for women. For them women are biological beings and at the same time members of a social entity. They see no discrepancy between sex and gender. The only mechanism which creates differences among women is status derived from marriage, which is not imbedded in women themselves but derived from men.

E. Contesting practices of "good wife and wise mother"

My informants are relatively younger compared to the national average of jungsancheung.¹² The age distribution of my informants is in Table 2.1. Wives are usually three or five years younger than husbands and the age range of differences between man and wife extended to ten years except for three couples of the same age. The two women of same-aged couples said that they tried to look young with make-up and hair styles because many people said that their husbands looked younger than they did. Women are said to get old earlier than men, so women feel they must make extra efforts not to lose their youthful attraction to the same-age husbands. In addition, the age difference enhances

¹² The average age of the urban jungsancheung householder is forty-three years old and average year of school is 13.6 years (high school graduate means 12-years school, technical college 14-year, college 16-year). 71.1% of all urban jungsancheung households have their own houses and 66% of them live in 11 to 30 pyong house (1/9/1991, Chosun Ilbo).

husbands' social superiority to women. Younger women respect their older husbands and their marriages will be stable. Ideally men should be older, get a better education, and come from a richer family than their wives. Age is one of the most critical indexes in creating social hierarchy in Korean culture.

Table 2.1. The couples' age distribution of middle-class informants

age	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	n=
wife	1	2		2	4	3	4	2	3				1		2			24
husband			1	1	4	4	2	1	3	1	1		2	1		3		24

Kim Inwha's husband was the same age as she was and worked as a researcher in a government Institute. She graduated from a provincial college. Her husband graduated from the same college and got a M.A. degree after marriage. They made a love marriage at the age of twenty-seven: they were urged by his mother to marry before her death even though her son was not ready to be responsible for a family. Thus, Kim Inwha became a teacher for a while to support her husband's university education for a master degree.

My informants started their married life in their late twenties as shown in Table 2.2. Marriage here means the cohabitation of a man and woman initiated through the social ritual of the wedding ceremony.¹³ Fourteen out of twenty-

¹³ Regarding the importance of the marriage ceremony, see chapter 4.

four women said that they contracted love marriages (yo'nae kyo'lhon) and ten said they had arranged marriages (chungmae kyo'lhon). The love marriage, however, does not mean the voluntary union of two adult individuals for love. Rather it refers to the way of meeting the spouse because love marriage for middle-class women still needs parents' permission. In some cases women had a hard time getting parents' recognition and needed a negotiation period until parents accepted their dating partners as children-in-law. Most love marriages go through more or less serious rituals of negotiation to demonstrate the power of family rights over the person concerned. Kim Sooyern's parents opposed her marriage first because her husband graduated from a provincial college. Kim Sooyern said that she persisted in marrying him because she was upset that her family seemed to think more about the prestige of her husband's college and their own reputation than about her happiness. She thought she was marrying up because she was only a high school graduate and did not consider herself pretty. Finally, Kim Sooyern's parents accepted the marriage, saying that the best man for their daughter was the man who loved her. In some cases where the men's parents opposed wife-to-be, couples adopted a strategy of getting pregnant and were finally accepted. A man who impregnates a woman is expected to show responsibility for her by getting married, even though in reality abortions are frequently performed and

many couples split up. The cultural logic of this practice is that a vessel (the traditional metaphor of a woman's body) is broken by a man's sexual intercourse; therefore, the broken body (sexually experienced woman) should be kept by the man who broke it.

Table 2.2. The women's age at marriage

age	21	22	23	24	25	26	27	28	29	30	31	32	33	n=
women		1	2		5	5	4	5	1	1				24

Middle-class women's age at marriage is related to their education level shown in Table 2.3. and their work experience after graduation (see education and age of working class women's cohabitation in chapter 4). Out of twenty-four informants, only three women were working outside households after marriage. However, most of them had jobs before their marriage; two women were middle school teachers; one was a nurse; two did secretarial work and five did clerical work in private companies; two were public service personnel; one did cosmetic sales and one ran a dress-making shop. The rest of them were at home, helping their mothers and waiting for marriage. Except for two school teachers and one-part time instructor in colleges, all the women quit their jobs immediately before their marriage. After marriage, many of my informants entered their husbands' family and performed their role as daughter-in-law. They cooked, washed clothes, and cleaned house for their in-law family including husbands' parents and

siblings, and sometimes grandparents. Then, one or two years later they began to live separately from their in-law families. Many husbands did not want their wives to have a full-time job but to stay at home. Yum Sukhee, who was thirty-two years old and a high school graduate, said,

"At marriage my husband wanted me to stay at home and to be a 'good wife and wise mother.' And I have lived what he wanted for six years but I realized a 'good wife and wise mother' is not a woman who stays at home today. Men are, these days, ambivalent toward their wives; they want women who take care of the family in the traditional way and at the same time help him by making extra money."

One school teacher, who still had a full-time job after marriage, had agreed with her husband to work until they had a baby, but she did not quit her work after she had given birth to a son, because her family could not be supported only by her husband's income and she felt some responsibility for her students. In addition, she also sensed that her husband might not really want her to quit the job, contrary to his words. Today, a wife's role does not appear to be bound within the home, but clear requirements for performing the role are lacking. For the newly institutionalizing middle-class in a highly mobile society like Korea, in order to maintain and improve their way of life, wives' informal networking to mobilize social

resources is important apart from a secure source of husbands' income. For that reason wives' education as social capital is also emphasized.

Table 2.3. The educational background of middle-class couples

man\wife	middle sch.	high school	college	graduate
middle sch				
high sch.	1	2		
college	2	5	10	1
graduate			3	

The most critical index marking middle-class status is the level of education and secondly, occupation determined by the education. Education has been the most visible and central criterion to categorize the population used by statistical and social surveys. Concerning questions such as why are you moving to Seoul or Kangnam (South Seoul), or why did you migrate to the United States of America, or why have you done such and such, Korean people usually answer that we did it for the children's education. Education is the most important symbolic capital on which people can rely in this knowledge and certificate demanding industrial, modern, and changing society. Education works as the ultimate income source, as well as a mechanism for transcending class boundaries and promoting socio-economic status during the last several decades in Korean society as Korean capitalism

has developed.¹⁴ However, the manner of using education as a symbolic capital is also differently constructed by gender.

In terms of women's level of education, many women said that they were high-school graduates, technical college graduates or college dropouts.¹⁵ Women used to say that they

¹⁴ Many statistics show a correlation between educational level and class. As Korean capitalism has developed since independence from Japanese colonialism and the Korean war, the most important channel of recruiting elites for government, business, cultural and ideological sectors has been through the institution of education, and gradually a new class formation has began to emerge. In order to get higher education, all people need to pass entrance examinations for colleges. Therefore, education is believed to be the fairest channel to improve, promote, and mobilize people's socio-economic status and class position.

¹⁵ Compared to other jungsancheung studies done by Okpyo Moon (1992 :57-103) or Eunhee Kim Yi (1990), my informants' education is much lower but the data is closer to the national average (see footnote 9). These studies focus on women in apartment complexes in the South of Seoul (Kangnam). Seventy-five percent of surveyed women in Moon's studies graduated from colleges and graduate schools. These studies are different from my study on middle-class women in situating middle-class women's agency in Korean society. The point of Moon's article is to examine the boundary and the activities of full-time housewives's social and familial role in the context of the maintenance and the reproduction of the Korean society. Moon's article is arguing that these jungsancheung women are actively contributing to the Korean economic development by performing their role divided by the sexual division of labor in Korean society. Eunhee Kim Yi's article also emphasizes the women's positive role in the family for the husband's work which should be understood as the men's moral commitment to the larger collectivity in Korean society where the collectivity comes before individuals. These studies, I think, give middle-class women the agency by assuming that women's active role in household is contributing to national development and the family, advocating housewives role which is different from but equivalent to men's social role. These studies focus on the intention and aims of women's roles rather than the role construction and its effects on women's subjectivity. In transforming women's "experiences" into the evidence of an anthropologist's argument, it is neglected that how women's narratives were established and how

tell who graduated from what level of schools by looking at their face or way of talking. However, Kim Inwha said that it was difficult to identify mothers' education because it was a kind of taboo to ask and at the same time college certificates did not reflect the performance of the housewifely role. In personal interviews, some of my informants told me that they feigned higher education before other people in order not to be ignored. These women have the idea that women's education does not have to have material powers outside the home but is a kind of social and cultural resource compared to men for whom education should be good, substantial, and necessary. Many people believed that in Korean society, women at least could change their lives through marriage even though they failed to get higher education. However, men's education could not be neglected because it affected men's entire life and their whole family. Thus, many women confessed that they were more relaxed about their daughters' education compared to sons' even though they treated their children equally. However, women whose education is not as high as their middle-class neighbors suffer in constructing and performing their female agency. Women's education is not a social and institutional

and in what ways women's experiences were constituted (cf. Jaggar 1983:377-389; Scott 1992). Korean middle-class women's narratives should be situated by social relations of the women such as class, gender, and the state development and their way of constructing subjectivity is different from women in other classes.

capital, but it carries enormous power in constructing new forms of female gender in modernization settings. Many women feel that now is a time when women should have their own personal time for self-realization, participating in social and cultural activities which are not necessarily related to making money. Thus, many women feel sorry or contemptuous for husbands or working mothers who are working to make money without enjoying "munhwa (the cultural)." ¹⁶

Many of my informants, particularly high school graduates who were not confident about themselves as mothers and wives in a rapidly changing urban area in 1990, attributed their incompetence to their lack of education. They said that contemporary society could not be understood without knowledge. Here, "knowledge" means institutionally certified knowledge, so that some college graduate women did not recognize high school graduate women's efforts to attend lectures and classes as a real education; that was, a kind

¹⁶ A professor's short column in a newspaper (The Korean Times 11/4/1992) carried the story of a garment factory girl who was an eighteen-year-old, middle school graduate, and attending a night high school after her work. But the point of this article was that she was spending a large part of her income learning how to play the piano. The article said that she thought playing the piano looked good and someday she wanted to play Mozart. She did not go to theaters around her factory because movies were not good enough to see and theaters were dirty. She did not like the popular songs that her friends liked because these songs were "culturally" low. She liked "the cultural." "The cultural," which were frequently mentioned in every day life in Korea, were understood as the image of somewhat distant, foreign and Western from the reality of everyday life. In this context, playing Mozart is considered more "cultural" than singing or listening to Korean popular songs.

of cultural activity. For many women, the standards which Korean society requires of individuals are changing in highly competitive settings. Thus, they were confused about how to educate their children, how to understand their husbands, how to make love better, and how to increase the family wealth, but it was difficult for them to tell these anxieties to other women. They knew other women were also vulnerable and not so candid about their problems, but this did not help them to console themselves about their own incompetence. That was the reason some women welcomed the chance to tell their stories and thought of me as a kind of psychologist or counsellor. These middle-class women were ready to go to institutions to solve their own problems. Cho Sukhyun, who graduated from middle school and married a college-graduate, son of a rich family, said,

"I was told to go to a beauty pageant when I was young. I was introduced to my husband and he courted me. I had confidence in my beauty although my family was poor. When I entered my in-law family after marriage, all his siblings and their spouses were college graduates but I did not feel any problems because my husband was nice and loved me very much and I performed my responsibility by taking care of my grandparents-in-law and parents-in-law. I, now I guess, might have been overwhelmed by all these people, so I did these things without any complaints. When we separated from the in-

law family and my grandfather-in-law gave us a large amount of money, I invested that money in real estate and earned a great fortune. And I thought a caring husband and money would be everything for a woman.

However, gradually I began to lose confidence when I met the wives of my husband's friends and other mothers as my children entered kindergarten. I felt I had no education. When my husband introduced me to other people, he pretended I was a high school graduate. As my children began to ask about some English and Chinese characters and I met some situations that needed my signature in Chinese, I faced great difficulties. I now pretend that I graduated from high school. Now I think a woman's level of education affects the relationship between husband and wife even though my husband understands and helps me a lot."

The other woman, Kim Sooyern, who graduated from high school, said that the most regretful thing in her life was not having gone to even a bad college. She had the feeling from other college-graduate mothers that they were better at educating children and making a relationship with their husbands and she felt that she could not catch up. When she put her level of education on her son's application form for the YMCA, she worried that her status as only a high school graduate might negatively affect teachers' perception of her son. On the other hand, college graduates like Song Meeja

and Park Meejeon were relatively comfortable about themselves in performing their roles by saying that the level of education for housewives was not as significant but women got along with similar education even in Deungdai. A college-graduate commented that women who were busy attending lectures or social activities were usually high school graduates in her apartment complex. Several women, who graduated from colleges in Seoul and whose reference groups were often their friends living in Seoul, were concerned about their children's education and wanted to move to Kangnam (the South of Han River in Seoul) to get a better education for them. To my informants in Namyang, Kangnam signified the real jungsancheung or affluent area with good schools and well-educated residents but at the same time Kangnam was an alien city with morally corrupt and extravagant real estate riches. Many of my middle-class informants in Namyang actually did not dream of moving to the Kangnam because they did not think it economically affordable.

In the most affluent group of Deungdai there were five women who were in their late thirties and two in their early forties, living in the most recently built highrise spacious apartments. These mothers were all college graduates and considered themselves as affluent people associating with the wives of doctors, lawyers, and business men in Namyang. They understood the psychology and anxiety of married women

in terms of women's age and their family life cycle. Two women were busy with their own social activities such as taking photographs and voluntary counselling in a civil organization while two women said that they were happy at home and proud of being born as women. These two women said that they never dreamed of being born as men who had to struggle in the outside world and felt sorry for women whose fate was so strong that they had to work outside for family and themselves. A woman in the middle position between out-going and indoor-keeping summarized women's lives as the following:

"No matter what we are spending our time outside or inside home now, we all have been going through similar lives. Up to the early thirties after marriage women are very busy with setting up the family, giving birth, and meeting the demands of young children; from the mid thirties women begin to know the value and enjoyment of a housewife as the family is getting socially and economically settled down. The husbands are busy in establishing their careers and the children are in school so women can have their own time. At the same time some anxieties come up, so many women come out of the house to have social activities or fun; women in their forties lose their interest in spending money or running around for fun or hobby and begin to feel life is in vain. Nowadays you cannot reach any women on the

telephone in the daytime. Every woman is busy and out of her mind trying to catch on time and to forget their age."

The most interesting point of these women's narratives about themselves and other women's lives was directed to the generality and homogeneity of being a woman despite the differences of women's education, socio-economic status, and life stage. Their references for the universality of women come from other women who are neighbors, friends, family members and sometimes socially known female celebrities. No matter what a woman is, the assumption is that her essence is performing her role of wife and mother: a woman should be feminine because a man and a woman are originally different. Actually many women showed hatred towards working mothers and some women recalled their mothers or mothers-in-law who had worked outside, stating that they were not feminine or motherly enough, and were aggressive, making their husbands dispirited. Next, my question is what divides women's world so clearly and sharply from men's world, what part of women's experiences constitutes women's commonality, and what kind of social and cultural forces select certain experiences as the most significant in perceiving their authentic gender.

F. Womanhood: Ultimately bounded within married reproductive bodies

All of my informants saw marriage as the most

important, critical rite of passage in their lives, remarking that a woman's real life starts after marriage particularly after giving birth to a child: depending on whom a woman marries, her life becomes different. Middle-class informants never questioned the necessity of marriage. Unmarried women after honki (nubility or marriageable age) were considered immature, strange and slightly abnormal, or were thought to have some physical or emotional problems in getting married. Thus, one of my informants said to me that they discussed why I was not married and thought I might have a serious unrealized love.

One of the most common comments on marriage was that marriage gave women mental stability. In addition, some informants said that they matured and got healthy after marriage, while they were always dependent on parents and brothers and physically weak with frequent headaches before marriage. Of course at the same time many women complained about their weakness and ill-health in terms of child birth after marriage; however, the discourse of gaining healthy bodies and a stable mentality is commonly mentioned not only by women themselves but by doctors and male elders. When unmarried nubile women go to clinics for unspecific symptoms, male doctors usually do not take their physical complaints seriously, telling them to marry and then all symptoms will disappear. When I asked women why they got married, they laughed at my absurd question and said that

they wanted to live a "normal life." Some women remain single but it is not seen as normal. Thus, a single woman can be celebrity, but people believe she might be left miserable and disregarded in her old age. That's the reason, people think, some celebrated single women got married in their old age.

Marriage is directly related to pregnancy. All the married women who I interviewed said that married women should have a child. This implies that giving birth to children is not elective but obligatory for married women. My informants said that there were no married couples who planned not to have babies. However, my informants did not plan their pregnancies at marriage, either, except Kim Inwha who was a middle school teacher when she married. Most of them got pregnant immediately and had so-called honeymoon babies. Women usually fixed marriage dates in the middle of their menstruation period to avoid menstruation before and after marriage ceremony. That tallied with ovulation period. Many women did not know about contraception and were expected to be sexually inexperienced, naive, and ignorant. Even women who did not want to have babies immediately and knew about contraception, could not discuss contraception before marriage lest their husbands become suspicious of their sexual experience. Sexual matters were in men's control at marriage and the opening and development of women's sexuality were left to husband. And these men

usually did not care about contraception at marriage. No middle-class informants mentioned abortions before marriage (although they may not have been telling the truth) even though in several cases marriage ceremonies were performed in a rush because of pregnancies (so called sokdowiban meaning 'speed violation'). Some women who had honeymoon babies were afraid that I might think they had premarital relations, and clarified this.

Thus, for middle-class married women who lived with their husbands after marriage, pregnancies were expected and considered to be natural events. In addition, there were very strong cultural, social, and psychological pressures for women to bear children. This pressure has to do with the idea that women are not physically able to have babies except during a certain age around the mid-twenties; therefore, they should finish having babies no later than age thirty, whereas men's ability to impregnate has no limit of age. Women who married in their late twenties or at thirty mentioned that they married so late that they wanted to have a baby as soon as possible. The pressure, conflicts, and supports from in-laws and natal families for middle-class women are interestingly manifested in the organization of their experience of everyday life, which is different from and contrasts with working class women (see chapter

4).¹⁷ A mother-in-law who wanted to have a grandson frequently asked a just-married daughter-in-law, "Is there any news?" A woman said that the first four months of married life felt like four years until she finally became pregnant. A mother-in-law, who encouraged her daughter-in-law to bear a son, said, "Do not worry, relax because I and your sister-in-law dreamed of pepper (the symbol of penis in Korea) for you." Another mother-in-law forced a woman to get an abortion because she got pregnant with twins, saying that it was a traditional omen of misfortune. In addition, mothers-in-law, who were the embodied power of in-law families, were participating in my informants' pregnancies in various ways because the reproduction of sons' and daughters-in-law belonged to the family; thus, some mothers-in-law bought Chinese tonic for fetuses; some urged their sons not to have vasectomies; some pressured couples to have more children, particularly a son; or some pressured their sons' girl friends or wives to abort their pregnancies for breakup or divorce.

Thus, once a married woman got pregnant, her reproductive body became a battlefield of identities as wife, daughter-in-law, and mother. Many women experienced the process of pregnancy and giving birth as a real

¹⁷ The story of Kim Inwha was mentioned earlier: Kim Inwha wanted to get married late because her future husband was a student at that time, so they could not economically afford married life. However her future mother-in-law, who had cancer, wanted them to get married before she died.

biological, cultural, and social rite of achieving womanhood. One woman said, "since I got pregnant and knew the pain of giving birth to a life, I have felt sorry for unmarried women's confidence, cheerfulness, and naivete because of their immaturity." The hegemonic discourse of being a real woman through pregnancy or giving birth represents the ultimate difference between men and women, confirming the anatomical differences.

Men and women are divided and strictly bounded from the beginning by biology. There is a strong implication underlying my informants' discourses that no matter what kind of lives and problems they and other women have, women are basically the same and cannot help escaping women's destiny as long as 'we' are women. Here again sex and gender become identical and cultural and social womanhood was reduced to biology. The legitimate, clear, intelligible, empirical common matrix originates from the fact that all women get married, pregnant, and finally become mothers. This female biological fact points out the sameness of womanhood. Because of this sameness women suffer from conflicts, frustrations, and uncertainties when they encounter other women's differences. In the following chapter, I explore why the discourse of women's bodies constructs the idea of sameness between gender and sex, reducing the female gender to female biology and denying the differences among women.

Chapter 3. Making Women's Reproduction a Sickness¹:

The Medicalization of Pregnancy and Childbirth

[But] for woman herself, she is always positioned within the corporeal significance of her material embodiment. She is placed, or 'naturalized,' within the endless mutations of femininity's masquerades. These symbolic representational demands plot the real dimensions through which her life is lived, understood, and hence truly fathomed in its actual significance. (Kirby 1982:20)

In this chapter I discuss the way in which Korean middle-class women's pregnancies are socially organized and experienced as the factual truth of being a woman. A woman who performs the rite of passage to female adulthood, (i.e. goes through the marriage ceremony) begins to live with her husband and gets pregnant immediately. Korean women, particularly unmarried women, are forced to display "proper" bodily conduct. The cultural idea of chosinhada or tancho'ngghan momkachim ("proper conduct") discursively disciplines and controls the social and physical boundaries of women's bodies in terms of their movements, location and exposure to knowledge. Ultimately ideological and bodily practices of sexuality are the subject of the 'proper feminine conduct.' In order to manifest "proper" and

¹ I am using Frankenberg and Young's definition of sickness which is focusing on the social process or the power which mediates between illness and disease (Frankenberg 1980, 1986: Young 1982). This concept of 'sickness' is different from the apolitical implication of Kleinman's explanatory model of sickness including two levels of clinical reality, illness and disease (1980: 72-73).

"innocent" femininity, women consciously or unconsciously resist even being informed about sexuality and the details of their reproductive physiology before marriage.

Many unmarried women refuse even to look at pictures showing women's sexual and reproductive organs and child birth in public, making comments like, "Ahyu! chingku'ro'wo' (Oh yugh and repulsive.)" Not only unmarried women prevent themselves from being exposed to sexual and reproductive knowledge, but married people (so-called "adults") also protect unmarried women from being contaminated by adult affairs. Sometimes unmarried women wanted to know what happened to married friends' bodies on the first night of their marriage, but these friends, after coming back from their honeymoon, told their unmarried friends: "You will get to know all about it when you get married. You could not understand it even if I told you." A number of women read women's magazines and books but some women told me that they came to understand what they read only after marriage. Unmarried women who had sexual and reproductive experiences before marriage did not regard their experience as legitimate so they could not talk about it to other people. Those experiences and the related problems were not discussed until their sexual/reproductive behavior was legitimized within the institution of marriage.

The discursive practices that emerge from Korean cultural ideology about unmarried women's chastity and

sexual innocence keep women from knowing their sexual and reproductive organs; such practices also construct "well brought-up" middle-class women's conduct and consciousness about their bodies. Instead of acquiring knowledge about their reproductive functions in advance of marriage, it is a virtue for women to say that they do not know anything. They usually say that I will get to know these things after marriage. In this case, marriage for a woman means that she receives the social permission, the right, and the obligation to have sex with her husband and to get pregnant. Many unmarried women expect that they will know "it (implying mainly sexuality related things)" naturally. They assume that their husbands know more about sexuality and women's bodies than women. This idea comes from the cultural assumption that men's sexual desire is innate, so the men have experienced "yocha (women; or sleeping with women)" before the marriage ceremony. However, some of my informants found that their husbands did not know any more about sex and women's bodies than they themselves did after marriage. The women, who expected their husbands would guide and take care of their sexual relations and contraception, come to depend on medical doctors, popular books and women's magazines to solve their problems.

In this chapter, I describe the way in which women's pregnancies are institutionalized and how the hegemony of Western medicine on women's bodies invades the existing

social relations of pregnant women in the Korean family. I also delineate the ways in which pregnant women themselves experience their gender position in obstetrical settings where women are treated as an anatomical category of human being. By doing so, I explore the way in which women locate their factual and bodily experiences of reproduction in constructing their ideas of what it is to be a woman. That is, I address how women's biology and the ideas about female gender are constituted in Korean middle-class women's lives.

A. Married Bodies: From Cultural Surveillance on Unmarried Women's Sexuality to Social Pressure on Married Women's Pregnancy

(1) Innocent and modest maiden

At marriage, women's youth and innocence are highly valued as the most important virtues for a bride-to-be. It is believed in Korea that men and women should get married at honki (the marriageable age, which for women is their early to mid-twenties and for men, in their late twenties) in order to settle down and have a baby. Honki is taken seriously especially for women mainly because it is assumed that women's physical ability to bear healthy children is at peak capacity in their twenties but young women's virtues of innocence and modesty are also considered important because women's innocence is proportionate to age. It is said that less-informed women are better at marriage. The definition of what "less informed" means is not clear but implies an

innocence about men and the sphere of men that is related to sexuality, public activities and worldly affairs. A woman out of honki is considered to have too strong an ego to be a meek part of the in-law family. Oh Insook, who had an arranged marriage at the age of twenty-two, was told by her husband after marriage that he liked her at the first meeting because she looked so sunchinhada (innocent). The virtue of innocence was presented as very important by the women I interviewed. Many of my informants said that their husbands liked them because they were good women who displayed the virtue of sunchinhada and had good hearts. Most of my informants had married in their mid-twenties and some in their late twenties except for two women who had married at the age of thirty. Most became pregnant immediately after marriage. These women began their stories by emphasizing how innocent they were when they married. They focused in particular on their lack of knowledge about women's reproductive physiology. Most of my informants, except for two who had been registered nurses, told me that they did not know anything except the "fact" that women got pregnant if they slept with men. Some women who said that they had had knowledge of women's physiology, (i.e., understood the function of menstruation, the ovulation cycle, the location of the womb and the vagina before marriage), had derived their knowledge from a home economics class in high school, novels, women's magazines, friends, or

older sisters. However, one former registered nurse, Na Hyunmee, commented concerning these women's narrations that she did not believe that the knowledge that many women gleaned from a high school class could be operational when women got married. She added that the information and knowledge were not practical and realistic enough for unmarried women to understand the effects of sexual relations upon women's bodies.

Consciously or unconsciously women felt that even knowing much about the working of women's bodies would violate the cultural demand for unmarried women's innocence. Many people, especially men, look unfavourably upon women who have much sexual or reproductive knowledge by thinking of them as "experienced," which means "polluted." Women, especially unmarried women, are not supposed to have knowledge of sexuality and reproduction. In addition, unmarried women are not expected to go to OB & GYN clinics because it is believed that only women who have had sexual relations with men have business going to OB & GYN clinics. Only one informant in my research mentioned that she had been to an OB & GYN clinic before marriage. Her mother had taken her to the clinic to treat her menstrual irregularity and weak health. Usually in Korea when unmarried daughters have the problem of menstrual irregularity or have severe premenstrual pain, mothers go to a Chinese herb clinic and buy some herbal medicine for their daughters.

In everyday discourse, a woman's body, "mom," usually refers to a sexually-specified female body, i.e. a woman's sexuality. The cultural gaze on women's bodies focuses on the management and control of women's sexualized bodies. One of my informants, Kim Hyunsuk, said that when her husband kissed her during dating in the mid-1970s she thought she had to marry him. Another woman insisted that she and her future husband did not even hold hands during dating until they decided to get married. Therefore, at an ideological level, when a woman had sexual relations with a man, the expression: "I gave everything (or my body) to him so he should be responsible for me" is powerful. It is still an effective discourse in binding relationships between men and women even though premarital sexuality is becoming a visible practice in Korean society in the early 1990s.

Even my married women informants still considered being sunchinhada (innocent) a very important female virtue. The women presented themselves as if their bodies did not belong to them and they did not have any sexual or reproductive knowledge. Ka Yunhee, who got pregnant before the marriage ceremony, said that it was her husband who sensed the change of her body and found out that she was pregnant even before she realized it herself. Park Moonwhan, like several other women, said, "I still do not know much about 'that kind of stuff' even after I gave birth to two children." Even Chun Kyoungok, a middle school teacher who married in 1987 and

regarded herself as an equal with her husband, said, "my husband was surprised at my pregnancy but he tried to be nice to me because it was he who impregnated me. Obviously he had to feel responsibility for it as a man." Chun Kyoungok had an arranged marriage and her husband and she did not discuss any contraception or reproductive plans before marriage.

Apart from the couples who had arranged-marriages, however, even many couples who had married for love did not discuss sexuality or contraception during dating or before marriage. Kim Hyunsuk said; "my husband and I saw each other for a while and married without talking or thinking much about love or fondness. Later I learned that many men and women had [sexual] relations during their dating period." Most of my informants recalled how sunchinhada they were; they had not known what happened between men and women when dating before marriage. These women assumed that their husbands would know more about women's bodies but were surprised to realize that their husbands did not know more than they did, and some husbands knew less than the women. Although many women worried and confronted problems after marriage, women's naivete was still recommended as the highest virtue for women before marriage. The fact that women had experienced premarital sex or a pregnancy and knew

about "that stuff" was considered shameful.²

Some women who had sexual relations before marriage felt strong cultural and social forces that regulated and stigmatized their experiences by pushing them into a rushed marriage ceremony. Song Meeja got married in the fourth month of her pregnancy. She explained her situation in the following way:

I always pursued 'love' and thought 'love' was everything for marriage. I committed sokdoweeban³ (getting pregnant premaritally), and married when I was a junior in college. I had knowledge about the ovulation cycle and was careful about the menstrual cycle but did not use any contraceptives and got pregnant. At first, I had not thought about pregnancy but felt something strange about my body and went to an OB & GYN clinic for a pregnancy test. The doctor, who misinterpreted the result of the test, told me that I was not pregnant. I was relieved and forgot about my body. If the doctor did not make an error in diagnosis,

² One mother in her early forties said with puzzlement, "The world has changed a lot. When I had my menarche, I felt shame and sinfulness and I could not tell my parents, not knowing the exact function of it but feeling that I was not what I had been. But my twelve-year-old daughter asked me why she had not had menarche yet, worrying whether she might not have a baby." This mother, Choi Soonyoung, wondered whether her daughter knew what she was talking about, implying that she was such a naive and innocent girl.

³ The literal meaning of sokdoweeban is speed violation when driving. It is a kind of slang referring to pregnancies before marriage ceremony, the metaphoric meaning that they go too fast.

I might have had an abortion immediately and would not have had a hard life like this. I missed my period for two months and I went to a big hospital and found out that I was in the fourth month of pregnancy. I thought it was a little late to have an abortion and I had heard that I might be left infertile through all my life if I aborted the first pregnancy. So I decided to marry my boy friend.

My middle-class informants did not talk about sexual relations and abortions before marriage as much as working-class mothers did (see chapter 4). Some class differences in the passage through life as a virgin are noticeable when comparing middle-class women in apartment complexes and working-class women in a poor district. The middle-class women were more protected from going out with men freely than working-class women because the middle-class women attended schools, worked in offices from nine to five and lived with their families until they married (see working-class women's situation in chapter 4). Therefore, middle-class women have a greater chance of adhering to and practicing the ideology of women's "proper bodily conducts." However, I do not regard the middle-class women's life stories as an indicator of greater conservativeness in dating and premarital sexual activity than working-class women. Instead, I understand the women's narratives of "naivete and innocence" as part of the discourse of middle-

class women's femininity, whether these stories were factual or not. In addition, many married women extended the discourse of modest conduct to apply to their married state. Ka Yunhee, who had a child and used a vaginal pill spermicide (nowon), which had been the most widely advertised commercial contraceptives for the 1980s in Korea, said, "I still do not know exactly where my womb and vagina is and when my ovulation period is." The cultural paradigm of "innocent and asexual" unmarried women and virtuous middle-class wives in Korean society positions Ka Yunhee and other middle-class women's way of narrating their experiences.

Here, what I am concerned with is not the matter of the truth of their stories, but the effect of culturally-regulated narratives of "proper" female conduct upon the social relations that pertain to women's bodies. That is, I wish to explore what happens when these women have gone through sexual and reproductive experiences before and after the marriage ceremony. I will also discuss how the women understand and deal with their female anatomic specificity while they are still innocent and uninformed about their bodies. In the following, I address the women's way of understanding the institutional powers deployed with respect to their sexualized and reproductive bodies after marriage. These powers are mediated through the women's prior bodies which are culturally regulated "young," "innocent," and at

the same time "vulnerable" and "fertile" maiden bodies.

(2) Pregnant bellies: Married bodies and sexed bodies

An unmarried woman's pregnancy is socially and culturally unacceptable and even unthinkable. The social stigma and the outlawing of premarital pregnancy are reflected in a Korean maxim used in absurd situations: "alas! you behave like a pregnant maiden who has even something to say!" Pregnancy outside marriage is directly associated with illegitimate bodily conduct. Therefore, women's pregnancies are culturally and socially recognized only when founded within marriage, which legitimizes women's sex practices. Three of my middle-class informants who had premarital pregnancies went through their wedding ceremonies before their pregnancies were visible to other people. Thus, the marriage ceremony for an already pregnant woman was intended to fend off the gaze that rendered a woman's sexed body illegitimate. The marriage ceremony lets the man who impregnated the woman secure her pregnant body. Recently many people say that the society is changing to the extent that couples can have premarital sexual relations if they conduct their marriage ceremony before the belly becomes visible to other people.

Getting pregnant for married women is considered normal and natural. Most of my informants conceived a baby during their honeymoon. Among my informants only one person, Kim

Inwha, said that she used a contraceptive during the honeymoon trip. Yum Sukhee's husband did not expect to have a baby right after marriage and said that his wife seemed to marry him to get pregnant as her belly was getting bigger with nausea and morning sickness. However, Yum Sukhee, like many other women, accepted her enlarging belly as expected and natural for a married woman without feeling either shame or excitement. Na Hyunmee, the former registered nurse who married at the age of thirty, also said that she accepted her pregnancy as natural; she wanted to have a baby as soon as possible because of her old age. Most of the women expected getting pregnant and being a mother as a given identity or a role attached to the institution of marriage. Pregnancy is the bodily ritual that elevates their status to adulthood and makes them enter into the real women's world on an equal footing with other matrons. Lee Kisuk said that she loved the feeling of her first pregnancy and felt excited to have a baby in her body. At the same time she felt satisfied that she had done as other women had done. To these women, the institutionalized self-as-married-woman was the most important identity in organizing their lives. Thus, regardless of their experiential selves, as soon as they got pregnant, they began to practice the institutional behaviors of expectant mothers. Oh Insook, for example, was preparing cloth diapers for her fetus by buying white cloth, sewing it by hand carefully and boiling it to sterilize the diapers

and make them whiter.

This image of married women is radically different from the image that the married women had in their maiden days. Most of my informants, before marriage, wondered why pregnant women did not stay at home. They felt that pregnant women did not have any sense of shame and honor in showing their swollen bellies in public. Here, when unmarried women mentioned the sense of shame and honor, they were not concerned directly with the body shape of pregnancy but with sex which marks the borderline between innocent maidens and adult women. Park Meejeon felt ashamed in front of her father, brothers and other older male relatives when she became pregnant the first time and wondered how other women dealt with other people's (especially men's) eyes upon their swollen bellies. Kim Hyunsuk said, "at finding out that I was pregnant, I was full of joy but in another sense I felt embarrassed by the evidence that I had a (sexual) relation with a man." These women's embarrassment and shame came from the interrelationship between marriage, sexuality and pregnancy for women: their innocent and asexual bodies had been transformed into married and sexual bodies and sexuality was verified to society through their pregnancies. The married women's bodies, which were supposed to be unsexed before marriage, were now considered to be sexed and belonging to real yocha (women). Many of the women recalled their conflicted feelings at being a married woman during

their first pregnancy; on the one hand, they felt the security and achievement of adult status, but on the other, they felt embarrassment at their status of having sex.

However, the institution of marriage shaped women's experience of pregnancy as a matter of natural fact and as a social progression in their life cycle, leaving their innocent maiden sentiment behind. Nam Jungsoon said that after marriage she came to understand married women because she also had to go out with a pregnant body. However she did not feel ashamed of it because pregnancy was not an especially strange event but part of on-going, everyday life for a married woman. Not only did marriage legitimize women's sex, but also pregnancy provided evidence that the marriage was socially institutionalized. Marriage, sexuality and reproduction are intertwined with each other as organic components of the institution of marriage for women in Korea.

My informants took their institutional selves for granted and did not find a discrepancy and contradiction between their experiential bodies and their social selves. Very few women mentioned feelings of conflict with respect to their bodies in marriage, sexuality, and reproduction. Only one school teacher, Chun Kyoungok, who had an unwanted pregnancy, said that she could not accept the changes in her body, such as swelling breasts, severe vomiting, nausea, and the intolerance of any strong smell. She regretted having

the baby with a husband whom she did not actually know well.

Compared with a woman who stayed at home as a housewife, a woman who was working in the public sphere experienced strong and critical social and cultural distinctions between an unmarried woman's body and a married woman's body. The working women felt radically and qualitatively different treatment after marriage. Now her body was expected to be married, sexed and pregnant. For a full-time housewife, pregnancy was expected and secured in marriage, despite the gaze upon her loss of innocence. However, the woman who was in the public sphere experienced a strong cultural regimentation and control of woman's body, reacting with a feeling of shame, perplexity and understanding of women's place in the society. Kim Inwha, who was a teacher in a middle school in a provincial city at the time of her marriage in 1983, said

I was ashamed and afraid of getting pregnant at that time and could not imagine that I could go to school with my pregnant belly. Right after I came back to school from a one-week vacation for my honeymoon, I was very conscious of my bodily conduct and always wondered how girls, other male colleagues, and my boss, a vice principal of my school, looked at me from behind. For the first and the second-grade girls in middle school, it was a big event that an unmarried female teacher got married. I sensed the girls' attitudes toward me had

changed before and after my marriage. They admired and loved their unmarried female teachers, who symbolized a sort of chastity, purity, and disinterested compassion for students, but after marriage the image descended into that of a kind of private individual who was sexually contaminated and diverted attention to private affairs, focusing on her husband and children. Married women are considered to be occupied with their family concerns rather than with social and public interests. When I decided upon my marriage, I could not tell my students, worrying that I would hurt them. But students always knew everything in advance. After marriage I felt that the girls were looking at my belly and I was afraid of what they were talking about with each other behind my back. Already-married female teachers were not the subject of this kind of gaze, but the change in status of unmarried female teachers to the married state was the subject of their surveillance. I was also very conscious of whether or not some changes in my body might be visible. But after the fifth or sixth month, I decided not to be nervous about my body any more as I become accustomed to the identity of married woman through associating with married female teachers. Another school teacher in Seoul, Chun Kyoungok, was very nervous when she realized that she was carrying a honeymoon baby. She felt ashamed, imagining that other

people thought of her as stupid and careless about her body. She also became disturbed about the possibility that other people might think she got pregnant before the marriage ceremony. Her boss, a vice principal, remarked that she had better plan the pregnancy after she adjusted herself to her new work environment. It was her first teaching job.

Pregnant women who worked in public settings strongly sensed the silent investigative gaze about their private lives. These women felt that their individualities disappeared but the identity of married women were transacted in all situations after they married. Female bodies visible in public should properly be unmarried since many Korean people think that it is good for women to work before marriage just as an "experience." The proper location of married women is supposed to be at home. Some upper middle-class informants living in Gocheung Usung Apart commented that married women could work outside to develop their own interests after their children grow up. Choi Unkyung said, "I have pity for pregnant women working in banks or schools. How much money could they make by neglecting all their housework, carrying a belly like a mountain in a public place?" Married women, particularly pregnant women at work, were considered to be culturally improper and socially misplaced.

Song Meeja, who was pregnant as a junior in college, said that she got nervous about her body and wore a corset

and binder to hide her belly as her belly started to get bigger. Two of my informants who were teachers said that they were always thinking about whether they had to quit their job or not because they could not be good at both housework and work. They identified themselves as a married woman, wife and mother and their concerns about their position were deeply embedded in the family, although they imagined that people blamed them not only for neglecting the role of wife and mother but also the role of teacher. The social forces which pushed married and pregnant women into a domestic sphere practiced discursively to make women look at themselves not as individuals but as the representation of the social body within marriage. Therefore, some women -- who wanted to retain their individuality while they trafficked between private and public spheres and carried pregnant bodies -- encountered unwelcome gazes upon their pregnant bellies in the public sphere. These women felt embarrassed, ashamed, and improper.⁴

⁴ Pregnancy and child birth constrain women's participation in the public sphere. In general, women's participation in public sphere is not considered an independent work or career but just as a complementary income source or for 'personal development (Eunhee Kim Yi 1990:35).' Even for professional women, pregnancy is not easy to handle in the public sphere. Kyung-Mi Joo's article, 'A study on the System of Exclusion of Female Members from the Profession: A Case Study on Medical Doctors (1992: 175) describes the strong pressure for female interns and residents not to get pregnant during their training period. These women's pregnancies were seen as being selfish behavior. However, when these women wanted to be employed in hospitals as specialists, the female doctors who were married and mothers, with one or two children, were preferred (Joo does not describe the reason but it happens as a rule.). Therefore, Joo said that female doctors need some guts

My informants, who were shaped by the cultural discourse of "proper modest women," entered into marriage, during which their bodies were entitled to have the function of sexuality and reproduction. They accepted their pregnancies as the natural and necessary part of their identity as married women. In the following section, I show how ideas about modernization prevalent in everyday life and the hegemony of Western medicine in dealing scientifically with human bodies have constructed the definition of "healthy" and "normal" babies and have institutionalized women's pregnancies and childbirth, putting pregnancies into the sick role in need of medical care.

B. Medicalizing Pregnancies: From Liminality to Sick Role

(1) Married bodies and fertile bodies: From Mothers-in-law to medical control

Conflicts and frequent interactions with in-law families were commonly reported by middle-class women. These aspects of the women's everyday lives differed conspicuously from the lives of Yaksan working mothers. Kim Inwha's mother-in-law put pressure on her to have a baby. Meanwhile, she used several contraceptives for thirteen months because she had to keep her job in order to make a living and to support her husband's graduate studies. The mother-in-law

to marry and get pregnant, ignoring others' criticism in the second or third year of residency.

became suspicious that she might be infertile, which she indicated by asking what was the matter with her when other women who had gotten married later than she had already given birth. Kim Inwha decided to get pregnant as a filial duty to her parents-in-law and hence stopped using condoms. Then, she got symptoms of vomiting and nausea, and went to an OB & GYN clinic to confirm her pregnancy. But it turned out to be a spurious pregnancy.

After marriage (marriage literally means "entering into in-law families") women felt uncomfortable about their position and their continuous negotiations with mothers-in-law with respect to housework responsibility, sharing concerns about their husbands and their children's education, etc. This kind of conflict became more intense when the women entered into the in-law family and lived with them. Recently, young Korean women have preferred not to marry the first son, who is supposed to take care of his parents. Many middle-class women simply do not wish to live with parents-in-law and take over all housekeeping work in the in-law family. In general, when a newly-married daughter-in-law enters into an in-law family to live with them, a mother-in-law shifts all housekeeping work on to the daughter-in-law, except in some cases where daughters-in-law are full-time workers outside. Therefore, my informants who had lived with their in-law families recalled with resentment the excessive housework and its effects upon

their pregnancies and babies. Kim Youngmee said,

As soon as I got married, I entered into my husband's family. There were parents-in-law, my husband's unmarried four sisters and one brother. The house was an expanded and improved one in Japanese colonial style, with coal briquettes for heating. I had to change 12 coal briquettes a day in winter. Every morning I had to make several lunch boxes for the four sisters-in-law and one brother-in-law, wash their clothes, clean up the house. My mother-in-law gave all the housekeeping work to me. On top of that, the status of daughter-in-law made me so nervous and drove me into depression. Thus, not only physical labor but also psychological stress influenced the growth of the fetus in me, to the point that a doctor asked me whether I had a hard job working outside when I went to the doctor for prenatal check-ups. The doctor said that he could sense the fetus had "hardened" because the fetus was under the same pressure that I was under. He recommended that I take some rest. Around that time, my weight was 39kg.

Another informant stated that she had been given injections for smooth delivery; since the third month of her pregnancy, the fetus had been "hardened" like a stone. She said that she gave birth to a premature baby of 2.2 kg, a circumstance that was caused by her hard life in the in-law

family. Those women who had just gotten pregnant felt bad at discovering that the mothers-in-law, who wished so much for babies, did not treat their daughters-in-law's pregnancies as a body condition that required special care and help. Kim Youngmee said,

I got strong implicit and explicit pressures to bear a child from the in-law family. I got pregnant three or four months after my marriage. But I felt as if it had taken three or four years because my mother-in-law was so anxious to hear that I was pregnant. She sounded out whether I was pregnant in various ways, so I became very nervous, longing for a baby. I thought she really wanted to have a grandchild. However, my mother-in-law's attitude changed when I got pregnant. She treated my pregnancy as so normal, did not help with any housework, and seemed to feel at ease with me. In contrast, she was a little bit constrained before my pregnancy.

As soon as a woman was married, she was pressured to get pregnant right after marriage to show her fertility. The woman was greeted with: "No good news has come yet?" or "You look like you have good news, right?" from both families, acquaintances, and friends. However, the daughter-in-law realized that all they wished for was the baby for her husband's family and their concern was not for her physical discomfort, weariness or well-being. Many women felt that

in-law family members were not concerned with their health and anxieties. Oh Insook described the contradictory attitudes of mothers-in-law who showed strong preoccupation with pregnancy but did not help with housework and treated the sufferings of their daughters-in-law as pain that an adult woman deserved. Oh Insook said,

My husband was the youngest in his family, but we lived with (actually served: mosida) his parents. My parents-in-law said to me that they would take care of us for 6 months to teach me their family tradition. Even though six months passed, they did not let us set up a new household. I served them for four years. I really wanted to move out of my parents-in-law's house even if we had to rent a room on monthly payment. [In Korea, "room on monthly payment" means a hand-to-mouth living or poor.]⁵ My father-in-law is rich, so if we move out against his will, it means that we will not inherit his property. At that time, I did not really care about inheritance and property; I simply wanted to live with our own family (urisikgu). But my husband, who is always a good son to his parents, said to me to wait for a little time, adding that being nice is good for everybody. He did not want to hurt his old father's feelings. My mother-in-law was sometimes very nice and bought a big carp so that she could feed me its soup

⁵ []: by author

when she heard about my first pregnancy. That soup is supposed to be good for morning sickness. However, she did not do any physical work, so when I got pregnant with my second child, I fainted from the overwork involved in doing housework and from loss of appetite because of morning sickness. My husband told me to make oxtail soup and eat it for nourishment but how could I make it by myself and eat it in the in-law family. My natal father was angry, telling me to come home but I could not go to my natal home in order to take a rest. By the ninth month, I was so weak that I could not go to the bathroom by myself. My second child was 2.5 kg at birth. I worry that my second child might have a bad personality because of my nervousness and malnutrition during pregnancy.

When a woman entered the in-law family, she experienced many conflicts and frustration, especially with mothers-in-law, who cared first about their sons and thought of their daughters-in-law as the sons' dependents. For a middle-class family, mothers are the direct agent in the lineality of the family, so the mothers-in-law's concerns about offspring are exerted directly upon daughters-in-law. The conflicts and tensions between the patrilineal system and newly married women are represented as conflicts between women (the wives of their sons) and women (mothers-in-law) instead of between women and male members of the family. At the same time,

through the life of the in-law family, the women experienced and embodied the socially inferior status of women and the necessity for married women to bear a son. That is the reason, many women said, why they cried when they gave birth to daughters in hospitals. They said that instinctively they felt that their daughters would have the same destiny as they had had (see the following section 4 in this chapter). Many women also mentioned that they did not understand their mothers-in-law's attachment to and control over their sons until they had had sons and reared them. Under a strong patriarchal family system, women gradually internalized and began to practice the existing hierarchy of the gender system within the family (see the following section 4). The narratives offered by women who felt anger toward their mothers-in-law because they did not pay much attention to their pregnant bodies are specific to the middle-class in urban areas in 1990. The working-class women's stories, in which their husbands are the only available caregivers during their pregnancies, display a different pictures of family relations (see chapter 4).

Today, family life in Korea is becoming centered on the nuclear family, composed of wife, husband and children. Many women said that it was a comfortable and efficient way to live with their families of procreation as urisikgu (our family). Ka Yunhee did not want to visit her in-law family, saying that seeing them created more problems and conflicts.

Living in the same house is important in defining the boundary of uristikqu. For many people, uristikqu meant a family living together. Thus, many of my informants did not consider their in-law family as their uristikqu if they lived separately. These women's wish to live with only their families was so strong that one informant said that she quit her work because she could not stand living with her mother-in-law, who was living with them just to take care of her baby, at her husband's request. She decided to stay at home; therefore, the mother-in-law moved to the first son's house. The conflict between mothers-in-law and daughters-in-law is one of the classic and much discussed family problems in Korea. It is commonly said in Korea that women do not like anything attached to the prefix of "in-law" no matter what it is. A Chinese doctor, Dr. Lee, said that he saw many women who had hwa pyo'ng (fire disease)⁶ caused by conflicts

⁶ Dr. Lee said to me, "hwa pyo'ng is a symptom similar to depression in Western medicine." He prescribed the medicine which is effective in clearing the circulation system for these visiting women. Concerning the conflicts between mothers-in-law and daughters-in-law, he commented that the more money mothers-in-law had, the happier relations daughters-in-law had with mothers-in-law. I think Dr. Lee's comment is based on mothers-in-law who might be his patients in an urban setting because hwa pyo'ng patients are usually in their forties or fifties. If he takes daughters-in-law's position, the situation may be reversed.

Concerning fire disease, Kleinman explained Chinese huo-ch'i as a somatic illness in the Western medical category of depression in the Chinese cultural context. Kleinman's point is that huo-ch'i is the cultural patterning of symptoms of depression (1980:141-145). Dr. Lee's explanation is almost the same as Kleinman's even though Dr. Lee mentioned that Chinese medicine was a completely different system from the Western medicine. However, he was quite confused about this issue, often explaining the Chinese medicine with the Western medical terminology and category.

with mothers-in-law.

Cho Sukhyun also said that she had a still-born baby and a miscarriage due to hard work and tension from her in-law family. Her grandfather-in-law, who let his second son see another woman to have a son, told Cho Sukhyun at the bride's first greeting of the elders-in-law after the marriage ceremony that the most critical role of a daughter-in-law was to give birth to a son for the lineality of the in-law family. She said,

I had a still birth for my first pregnancy. I worked too much during my pregnancy because I lived with my in-law family, including my husband's grandparents, parents and his siblings in the countryside. Around the due date, I told my grandmother-in-law that I was feeling labor but the grandmother said that such light labor was far from the pain of childbirth. I endured the pain because I had never experienced child birth while she had done so before. Finally, I could not stand it and rushed to the clinics. My husband and I went to three clinics because doctors were hesitant to let me in their clinics. A doctor told us that the baby in my body had already given up its milk cord and died. I was carrying a dead baby for over a week. After the still birth, I wished so much to go to my natal family but my parents-in-law never told me to go to my natal family and take a rest. How could I ask for it as a

woman who was in charge of all the meals and housekeeping? The elders-in-law did not pay much attention to me as if the still birth were my fault and I had lost their offspring. I did not have enough care after the still birth. My second pregnancy miscarried but instead of consoling me my grandmother-in-law told me that daughters-in-law in other families gave birth easily, saying that she had fun at her friends' feasts for the first birthday of their grandchildren. My grandfather-in-law, however, bought Chinese herb tonic to nourish my body.

Pregnancy in Korea, as in most traditional societies, has been a great concern for the in-law family and has been considered a ritual state (Kitzinger 1978:66; Turner 1967) through which married women become incorporated into their husbands' family and would thus be an (ancestral) spirit in that family after death. Pregnancy is the substantial link between the woman and the in-law family. Therefore, even the woman's natal family is looking forward to hearing about her pregnancy, which can substantiate and authorize their daughter's marriage. When women first got pregnant, they would be in a liminal state because the pregnant woman was in 'in-between' the in-law family and her natal family, and no longer a virgin but not yet a fully-proven adult woman, a mother. In this context, elder women in the in-law family regarded their daughter-in-law's pregnancy as a kind of

bodily ritual through which she was incorporated into their social body. The elders also tried to control and discipline the newly-recruited woman in their own way, mixing their empirical experiences with the medico-religious system of women's reproduction.

However, through the national campaign of modernization -- particularly the family planning policy that has emphasized stopping fertility -- Western medicine has become hegemonic in dealing with women's reproduction. In addition, this hegemonic Western medicine combined with urbanization and migration that dislocate migrants from the community or extended families, has resulted in the medico-religious system for the care of women's bodies being replaced by institutionalized Western medical practices. Thus, the pregnant woman's body, which has been in the ritual state of liminality taken care of by elders, is put into the sick role, thereby eroding the cultural authority of older generations in Western medical hospitals. Not only during pregnancy but also at childbirth, the women experienced conflicts with mothers-in-law. At the same time, Western medicine-oriented care for women's bodies has diminished mothers-in-law's involvement in prenatal care and childbirth because Western medical doctors do not attend to mothers-in-law's experiences. (see more in the following section 3). Most of my informants took care of their pregnant bodies by depending upon Western medicine, such as OB & GYN hospitals,

and reading books and magazines written by Western medical practitioners. Consultation with and information from the older generation including mothers or mothers-in-law were getting less significant.

(2) Prenatal care: Pregnancy as a sickness

Many people regard a woman's pregnancy as a normal process but the woman's pregnant body is becoming institutionalized in the Western medical clinics or hospitals. Currently the pregnancy is the subject of medical measurements of normality/abnormality rather than being dealt with by the medico-religious system, except with some practices of taekyo (fetus education) to bring up "right" and "virtuous" mind of fetus. In order to educate their fetuses, expectant mothers control their thinking, seeing, eating, and acting, and discipline their bodily conducts during pregnancy. However, recently women are informed about taekyo not by the elder women in the family but by commercial pregnancy manuals, and the purpose and the content of taekyo are also changing from emphasis on the constitution of moral nature for fetus to the formation of "normal body" by controlling women's behaviors which cause deformity such as alcohol, smoking, drug, coffee, and so on.

The biological state of pregnancy itself does not lead to women's bodies being put in the sick role but the pregnancy as a sickness reflects the contested social and

political relations of women's bodies. Song Meeja, who was a college student and had a premarital pregnancy, could not go to the clinic for prenatal care because she was ashamed of sokdowiban (speed violation: slang meaning premarital pregnancy) combined with financial difficulties. In this section, I describe the ways in which women's pregnant bodies, medicine, socio-cultural ideas about female gender and cultural practices regarding women's reproduction are intertwined in constructing urban middle-class women's concept of prenatal care.

Oh Insook wanted to do her best for her baby when she found out she was pregnant. First, she wanted the medical care that other women provided for their babies. Like Oh Insook, many middle-class women wanted to do the best for their fetuses but they did not know what was the best except the standards that other people had set. Most of my informants said that they wanted to have only a few children; therefore, they worried about how to have "healthy" and "normal" babies. The most frequent discourse about their fetuses regarded "healthiness" and "normality." Of all the things a mother could do, the medical care was believed to be the most obvious, standardized, and visible measurement of the state of "health" and "normality." Therefore, as soon as the middle-class women got pregnant, they sought the help of a Western medical OB & GYN specialist so as to confirm their pregnancies and to be able

to give birth to a healthy baby. In addition, they read books and magazine articles on pregnancy, which were handed down from mothers to daughters in a traditional society. [see chapter 4 in which Yaksan working mothers depended for their advice about their pregnancy upon kin, friends, and neighbors but not on books.]

As more than half of my middle-class informants did, Cho Sukhyun went to a female OB & GYN once every month after her pregnancy was confirmed. She said that her clinic did not have an ultrasound machine but she had heard the sound of her baby's heart beating. Most of the women mentioned that they got regular prenatal care; some since the pregnancy was confirmed; some after the sixth month; some every week during the last two months. No middle-class woman in my research visited OB & GYNs less than two times for prenatal care. Depending on whether they went to big hospitals or local OB & GYN clinics, services women received for prenatal care differed but mostly women were interested in and counted on measurements such as ultrasound, fetus monitoring, or perhaps an amniocentesis test to detect the chromosomal abnormalities in the fetus.⁷

The prenatal care automatically meant medical check-ups, particularly associated with hospital or clinic-

⁷ Regarding prenatal care, the national survey shows that 97.6% of first births in the urban area and 95.5% in the rural area received prenatal care, but the data do not indicate the frequency of prenatal care. The survey also shows that the more education women had, the more prenatal care women got. (KIPH 1989:150)

specific services based on new high-technology measurements and internal examinations. Few women mentioned their routine tests, such as weight measurement, position of the fetus, haemoglobin counts, other test of blood, and urine test for sugar protein. Women's main concerns focused on the 'normality' or 'health' of fetuses: therefore, the most sophisticated technology to check the state of the fetus was enthusiastically embraced. So, ultrasound was the most conspicuously, frequently, and positively mentioned while vaginal examination was mentioned with much discomfort. When women visited clinics, they always wanted to know whether the clinics had the ultrasound.⁸ Most women trusted the standardized results of medical technologies more than doctors' vaginal examination or physical check-ups to know the "normality" of fetuses. Many people thought that the state of "health" and "normality" had to be something visible through numbers or pictures. Therefore, even local clinics were expected to have ultrasound equipment to meet patients' expectations. A midwife in a poor district complained that even "poor" women wanted to take ultrasound pictures when they visited the midwife's clinic. During my fieldwork, several newspapers carried reports complaining

⁸ Some OB & GYNs said that these days most OB & GYNs in local clinics had ultrasound machines because patients do not trust doctors not equipped with the ultrasound. However, many doctors in their forties or fifties were not formally trained to read the picture of ultrasound, therefore, sometimes they misread the picture even though they participated in university hospitals workshops on ultrasound.

that the ultrasound in some clinics was just a kind of demonstration machine to patients. One newspaper reported that the ultrasound in several Health Centers in Seoul was dealt with by nurses, so that a nurse did not even find out about the death of a fetus: She just told a pregnant woman to come back for another check-up next month (Hankyerae, 6/19/91).

Nine women out of twenty four attended general hospitals or big OB & GYN specialized hospitals for prenatal care, and fifteen women got prenatal check-ups from the local OB & GYN clinics. The big hospitals were preferred because general hospitals have been thought to provide good quality medical services, with sophisticated high-technology facilities, famous doctors, and a clean hygienic environment. In addition, the medical services were well-administered and packaged, so women who did not know what was best for them could get services without difficulties.

However, at the experiential level, many women felt uncomfortable and humiliated even though they were seeking medical services for their fetuses. Particularly they thought that their vagina examination was uncomfortable and irritating, adding that some women miscarried because of an internal examination at the early period of pregnancy.⁹ The

⁹ Medical doctors actually have different opinions about vagina examinations. Some female doctors said that there are tendencies not to examine women's vaginas because check-ups for fetuses can be done using various equipment. However, one midwife in a working-class district said that many babies were born with eye diseases

most dominant feeling that women had on vaginal examination was shame. Women's irritation, shame and shyness about the internal examination was related to the cultural idea of women's sexual and reproductive organs. The women were caught in a contradictory feeling at the OB & GYN clinics, which derived from cultural imperatives that women's sexual and reproductive organs are associated with the "dirty," "filthy"¹⁰ and "secretive" and the norm that women's bodies should be presented as clean, innocent, and modest. Therefore, it made women feel embarrassment, shame, and vulnerability to show the women's reproductive organs to other people for examination and treatment, violating the

because women had infections in their vaginas but doctors did not examine their vaginas. These women told her that women complained about itching during their visits for prenatal care, but doctors did not inspect their vaginas. One male university hospital doctor told me that he usually did internal examinations at the second visit and before the estimated date of child birth. He said, "it is important for Korean women's vaginas to be examined in the early period of their pregnancies to check for any gynecological problems because usually Korean women have never visited the gynecological clinics before getting pregnant. All the medical doctors did not agree that the internal examination could lead to miscarriage.

¹⁰ During fieldwork, my friend and I had a chance to witness the cultural construction of the image of female genitals. When I visited her, her daughter, three and half years old, was just taken from the baby-sitter who was her in-law aunt in her early sixties living nearby. My friend, a professor in a university, said that her daughter began to despise other girls and pretended she was a boy, refusing to wear a skirt and wanting to attend children's martial class. When three of us (my friend, her husband and myself) were talking, the daughter suddenly ran to us and touched her mother's groin, frowning and saying that her and her mother's jamji (vulva) was dirty and smelly. However, she said that her father's gochu (pepper) was all right, imitating old grannies' behavior of picking up the gochu and putting into her mouth. It happened in an instant. My friend worried that she behaved like her aunt with whom the daughter stayed all day long.

sanctuary of women's bodies. It also made women feel that they were exposing 'it (women mentioned their genitals as "lower part" or "it"),' neglecting all aspects of themselves and becoming nothing but a pregnant womb in OB & GYN clinics. Thus, many women wanted to see female doctors rather than male doctors.

Chun Kyoungok looked for a female doctor to confirm her pregnancy because she wanted to ask a doctor of the same sex about the change of her body. However, she realized that the doctor was very cool and impersonal, treating her just as a patient in a professional way. After her pregnancy was confirmed, she moved to a male OB & GYN to whom she was introduced by her acquaintance. Like Chun Kyoungok, many women were disappointed that female doctors were not as sensitive to female problems as they had expected. They found out that male and female doctors were almost the same in treating patients but some mothers said that women doctors were less kind and less competent than male doctors. After alternative visits to male and female doctors, many women were not so concerned with their modesty in choosing a doctor. They found out that the issue was not the sex of the doctor but his or her competence. Women totally depended on doctors to find out what was good for women in hospitals; therefore, doctors' competence was the most important factor that they had to consider.

However, the women's way of negotiating modesty and

privacy with respect to their bodies in medical settings was somewhat different depending on their economic status, educational level and age. In general, the more affluent, the more educated, and the older the women were, the less bothered they were by being objectified in medical settings. The mothers in Gocheung Usung Apart (who were in their early forties and were among the most well-educated and affluent of my informants) mentioned that they regarded doctors as just professionals; thus, these women did not put much personal feelings into their relations with doctors. They felt comfortable just by being an object with doctors because they went to the hospital just to know about their bodies. These women said that doctors were looking at cases, not female naked bodies; thus, they actually did not mind whether doctors were female or male. These women were buying medical knowledge from medical professionals and their femininity had nothing to do with the sex of physicians.¹¹ They thought they were nothing but a patient. However, they added that it was actually their husbands who minded the sex of doctors because their husbands did not like their wives to show their naked bodies -- especially "that" part -- to other men, even to doctors.

¹¹ People had different feelings when they were in medical settings; some people were overwhelmed by the authority and the expensive price of medical knowledge. On the other hand, some people thought of doctors especially in local clinics as a kind of merchant of medical knowledge. One woman asked a nurse in a clinic how many customers visited recently and the nurse corrected by pointing out that they were not customers but patients.

However, some women were strongly sensitive about their presence as women in medical settings. Ka Yunhee, a high school graduate who had worked in a dressmaking shop, said that she really minded seeing a male OB & GYN, adding that her husband also did not let her see a male doctor. Once when she went to the clinic, her female doctor went on vacation and a male doctor was filling her place so she came back without an examination. Ka Yunhee thought that it was disgusting for men to see women's "there." She had heard that one male OB & GYN doctor drank liquor every day to forget the sickening feeling of what he saw during his work day. Ka Yunhee thought that men and women were the same in terms of doctors' competence, but men and women were different in their feeling toward patients of their own gender; neither doctors could objectify a woman as a simple patient, nor could patients look at a doctor as just a professional. Ka Yunhee stated, therefore, that women doctors understood female problems in a more sensitive way. Lee Kisuk, a high school graduate who had worked in a foreign company and got monthly prenatal check-ups, said that regardless of whether doctors were male or female, she felt uncomfortable with a physical examination of her vagina. Thus, she quit the regular visit to the clinic for the last two months before childbirth. She thought that the touching examination was not necessary and she could feel a physical abnormality in her body by herself if she had a

real problem. On the other hand, she trusted medical technologies which could tell how the baby was in her womb. Another high school graduate, Suh Wharan, who worked in a company, had the same idea as Lee Kisuk but she did not stop visiting doctors and took regular prenatal check-ups. These expectant mothers were worried about whether they were capable of giving birth to a healthy baby without medical help because they were not confident that they were doing the "right" things for their fetuses. Therefore, they clung to hospitals. According to the negotiable power that women had, however, women's attitudes toward medical doctors were different. The more they were aware of medical power as a knowledge profession, the more women objectified their bodies as patients separated from their femininity.

Apart from women's bodily experiences of being objects, women in medical settings experienced institutional forces that made them feel helpless objects or cases because they got pregnant but did not know about their bodies. Pregnant women visited OB & GYN clinics or hospitals with a lot of questions. However, these women's meetings with OB & GYN specialists were usually not satisfactory. They were poorly informed not only about the development of their babies but also about the results of the tests they had taken. Seeing the rushed medical personnel and other pregnant women waiting their turns, they came to think that they should not bother doctors by taking their time. Furthermore, they were

overwhelmed by medical personnel's air of authority; these medical people were armed with knowledge about human bodies, so that the women felt they were asking "naive and stupid" questions, proving how ignorant they were. Doctors scribbled in English¹² about what they asked and reported the result of tests the women took in English. The doctors' attitude totally depersonalized the women and treated female bodies as simply a carrier of a fetus. They went through a psychologically-uncomfortable process; then, the doctor finally told them, "everything is fine and normal," or "take more rest," or "be careful, do not hold heavy stuff." Pregnant women were not expecting something wrong but felt that they were treated lightly and their pregnant bodies were not taken seriously. When an informant asked the meaning of the ultrasound record that she had taken, a doctor said with an irritated voice that this baby did not have a deformity; it had two hands, two ears, etc. Instead of relief, she felt embarrassed and stupid as if her ignorance offended the doctor.

Not all women put up with their discomfort in medical settings. Some women stopped visiting doctors because they were disappointed with doctors' services; or they felt humiliation at being treated as things; or some felt discomfort at the vaginal examination. Like Lee Kisook, some

¹² In Korean medical schools, texts and references are in English. Therefore, medical doctors use English for patients' records and prescriptions to pharmacists.

women simply stopped seeing doctors after a few visits until they were ready for childbirth, thinking that the doctor was not doing anything for them and the abnormality could be sensed by their bodies. In another way, they tried to seek scientific information about pregnancies by themselves at home rather than depending on knowledge from elder women relatives, friends, or acquaintances. In fact, most of the women read books, particularly commercial books called "encyclopedia about pregnancy, child birth, and child rearing." The middle-class women relied heavily on these books which had been published under the names of famous physicians. Actually, the publishing companies wrote the books and borrowed the famous physicians' names. Regarding these books, Dr. Han, like many OB & GYN specialists, criticized the books for not being scientific but including lots of traditional superstitious beliefs about pregnancies. She insisted that many women's complaints about prenatal care in hospitals derived from the women's incorrect knowledge, which was written in these books. Even though these books were clothed in so called "modern" practices, such as recommending hospital-oriented Western medical care, she said, the content of these books actually combined a lot of medico-religious ideas about pregnancy, such as limiting women's movement and emphasizing taboos on food and certain emotions. Kim Inwha said,

I did not go to the clinic until the eighth month of my

pregnancy except for the test of pregnancy. I felt uncomfortable to be examining my 'low part' [vagina], and I did not have time, either. [She was a teacher.] Instead, I did prenatal care by myself, depending upon a book about pregnancy and childbirth. I observed the food taboo that the book described, avoiding pungent food, badly shaped food, and strangely shaped fish. During the last two months before delivery I attended prenatal care every week but a doctor did not say anything was wrong. At childbirth, though, the same doctor told me that I needed a c-section because the position of the fetus was abnormal. I could not help avoiding a hospital delivery but I do not think doctors know everything.

These books usually collected all kinds of information about pregnancy. Therefore, they are full of contradictions and an eclectic array of Western, Chinese and folk medicines. However, whether women dropped out of prenatal care or not, they read the books seriously and implemented the advice given in the books. Kim Inwha was doubtful about her doctor's medical practices. Cho Sukhyun also was very angry when she had a still birth because she had visited a female OB & GYN every month during her pregnancy. However, these women, like many other women, had never complained to doctors or clinics and talked with other women in public about their disappointment at prenatal medical services, or

their feeling of discomfort. They went to other clinics or gave up going to doctors, relying instead on self-care based on popular books, including traditional medico-religious taboos. The knowledge of women's bodies is monopolized by medical institutions and this type of commercial books. Therefore, the medical institutions and those information channels have determined what is good for women and fetuses. The women's counter discourse against hospitals was to mobilize the cultural practices of "proper" female conduct or the cultural notion of "naturalness" of human bodily function including pregnancy. The cultural discourse of "proper" conduct removed women's pregnancies from the hegemony of Western OB & GYN practices and the discourse of "naturalness" caused lots of confusion in relation to "scientific" medical technology.

Along with a strong belief in the scientific efficacy of Western medical knowledge and technologies, the discourse of the "natural" with respect to health is also prevalent in Korean society, creating some scepticism about the intervention of medical technology on human bodies. Many people believed that the natural was best for the bodies, meaning that the less artificial the intervention was, the better it was for the body. Nam Jungsoon was not comfortable with medicine or hospitals even though she trusted Western medical knowledge and its efficacy in taking care of her pregnancy. She said,

I was scared of taking medicine and of my body being touched by the 'knife' [the 'knife' is commonly used as the symbol of medical instruments in Korea]. Therefore, I did not get prenatal care until the estimated date of birth was approaching. Even at the time of my first pregnancy in 1985 most women got regular prenatal care from OB & GYN clinics but I had some resistance feelings against hospitals. Thus, I bought books about pregnancy and child rearing and cared for my pregnant body according to what the book said. However, I always wanted to ask doctors whether I was doing the right things for my baby.

This kind of cultural or psychological resistance toward Western medical intervention in bodies with feelings of awe toward medical authority was always emergent and was also found in people's attitudes toward the practices of sterilization and vasectomy (see chapter 5). Many people in Korea had a psychological resistance against taking medicine, having operations, and subjecting their bodies to medical equipment simply because, people said, this was not natural.¹³ Fear usually also came from the combination of

¹³ This idea of "naturalness" can be interpreted in many ways. The most common meaning, which is prevalent in everyday discourse, leaving things as they have been and is in opposition to tampering with the existing state. This idea is deeply related to folk and traditional concepts of "health and harmony." A Korean style yoga master and a Chinese doctor explained naturalness in the following way: The body is a self-sufficient whole in which all the parts of a human body are organically integrated so that an intervention in a part of the body disrupts its harmony and hurts the capacity of

ideas about naturalness with anxieties about malpractice. Park Moonwhan said that during her pregnancy she got regular prenatal care but she did not want to take the ultrasound or the amniotic fluid test because she feared that it might hurt her fetus and lead to miscarriage. Another mother, Lee Sunja said,

Apart from the embarrassment and discomfort, I did not want to have an internal examination during my pregnancy. I had heard from one of my church friends that the internal examination caused more problems than it helped. For example, one of my friends felt terrible pain after visiting an OB & GYN clinic for a test of cervical cancer and found out in another clinic that she had gotten inflamed because the test had injured her vagina. Thus, I took care of my pregnancy by myself until the last month before child birth.

In order to be a good and adequate mother of a few children, all the middle-class mothers strived to do their best for their fetuses by mobilizing medical and medico-religious resources because no one was sure of how to give birth to a "healthy" and "normal" baby. However, whether these middle-class women stopped seeing medical doctors or not, these women's way of dealing with their pregnant bodies manifested how Western medicine had achieved hegemony over

self-healing and self-accommodation. Therefore, Chinese medicine works to help the restoration of the equilibrium of wholeness.

women's reproduction. Traditional medico-religious practices concerning women's pregnancies emerged sporadically as cultural practices embedded in everyday life settings, but the Western medical care was institutionally presented as the legitimate and "correct" modern practice of pregnancy. The items of government surveys about prenatal care also deal with only Western medical tests such as, blood, urine, haemoglobin, weight, venereal disease, hepatitis, and ultrasound (KIPH:165). Sancho'nkwanri (prenatal care) meant a medical check-up in Western medical institutions.

Since the 1960s, there have been strong social forces in institutionalizing women's pregnancies as sickness. First, the successful national family planning policy emphasis on a few but precious children has constituted a kind of reproductive norm. The policy has been accompanied by a forceful deployment of standardized biomedical scores about healthy babies for almost three decades through government and civil channels. The family planning policy described in chapter 5 has been executed by depending on the Western medical system. Western medicine has been the main infrastructure of bureaucratic health policy and the main institution for national health. Through these processes of emphasizing Western medicine, the hospital became the symbol of the only legitimate and authorized institution that could manage the concept of health. Thus, to produce a healthy baby, women became the object of medical attention

voluntarily and involuntarily, transforming themselves into patients in the same way as anyone who was ill or suffered from a disease.¹⁴

Secondly, through the legitimated channel of television and newspapers, a high-technology-oriented medical knowledge with respect to reproductive and fetal health was introduced by creating and regulating people's need. Western medicine's monopoly on the knowledge of the human body was commercialized in the name of science and technology without any criticism, encouraging and normalizing the dependence of human bodies on technological imperatives. On the other hand, some Chinese medicine was introduced as a home-remedy or self-therapy, focusing on food intake and bodily conduct. When I did my fieldwork from 1989 to 1990, two television shows on health were broadcast every morning on two television stations out of three. Usually, the guests, who were medical doctors in university hospitals, explained common but new, "modern" health problems or diseases, in accordance with requests by viewers and introduced new technologies for the management of these problems, including high-tech fetal tests and therapies, osteoporosis, in vitro

¹⁴ In addition, there was a strong modernization discourse concerning bio-politics among former family planning experts. During my fieldwork some health policy professionals were preparing to propose a compulsory prenatal care policy and birth-certificate system authorized by medical personnel as the next national program for reproductive health. Because the family planning policy has achieved its goal of reducing the number of children in a family, their organization needed a new program suitable to a new age.

fertilization, etc. Many women got their information through these channels. A university OB & GYN doctor, Dr. Lee, said that once a health problem had been aired by a certain doctor, the next day the hospital at which the doctor was working was packed with patients complaining about the health problems on the show. Therefore, he said that the departments of public relations in hospitals were competing with each other to put their doctors on the program. Among my informants very few women mentioned their subjective experiences during their pregnancies. Their concerns mainly focused on "correct" behavior or the best care to produce a "healthy and normal" baby. The discourse of "healthy and normal" is not an experiential issue to pregnant women but is defined by bio-medical scores measured in medical institutions. In this kind of context, not only pregnant women themselves but also their female elders and husbands became powerless, subject to hospitals, because they did not have any means to know about what was going on in women's bodies.

(3) Hospital delivery: The lonely and chilly experience of childbirth

Childbirth is a social and cultural act. Many women understand the birth of a child as the consummation of the marriage institution rather than the product of two individuals' sexual union. Through childbirth, the ultimate gender position of women is achieved; i.e. motherhood. Child

birth defines the woman's identity in a new way, affecting the interrelationship not only of husband and wife but of the members of the kinship and descent groups with which both are aligned. Some people think that the birth process is biological, so that women's bodies accommodate naturally to the requirements of childbirth. However, the physiological processes of childbirth operate within a cultural context which constitutes and shapes the social relations that affect childbirth. In this section, I describe middle-class women's experience of childbirth in medical institutions and explore the ways in which women situate their gender position through interacting with medical practitioners and interpreting reproduction. In addition, I discuss medical practitioners' modes of understanding their female patient.

All the middle-class women that I interviewed gave birth to their children at OB & GYN clinics or hospitals, where they were attended by doctors. Before the due date, the women prepared to go to the hospital for labor by cleaning up the house and cooking food that husbands and other family members would eat in the women's absence. Oh Insook, who lived with her in-law family when she had her first child birth, said,

On the day that my labor started, my mother-in-law did not seem to take it seriously even though I told her I was feeling cramps and oozing amniotic fluid. My

mother-in-law treated it as insignificant and went out for lunch with my sister-in-law. Even in the morning of that day, I cooked lunch for my husband and his friends. I felt something heavy in the lower part of my body and leaked something from "there." I cooked dinner for the family, boiled dish towels, and cleaned the kitchen to prepare for my absence of several days. And then, I went to a hospital for labor and stayed with other laboring women in the maternity ward because a doctor sent away my mother-in-law and husband by saying that it would take time so family attendants had better go home. The mother-in-law went home, taking my husband. I cried in the hospital: I was so lonely and scared at night. My husband and the mother-in-law came back in the morning. I went through a long and painful labor by myself.

In order to give birth, women usually went to the same hospitals or clinic where they had received their prenatal care but many middle-class women had chosen general hospitals for childbirth because many women thought that big hospitals were safer for delivery with their high-tech facilities in case of emergency. Dr. Han, who was an OB & GYN specialist in one of the biggest and most expensive OB & GYN hospitals in Seoul and a columnist on women's health in a newspaper, said, "All deliveries are basically dangerous because childbirth is basically uncertain and unpredictable.

Therefore, even a woman who has received prenatal care until the last month can have risks at childbirth." All the doctors whom I interviewed, whether they were female or male, or worked in a university hospital or a community hospital, said that childbirth is not a disease but an absolutely critical stage during which doctors are needed. Given this powerful and prevalent medical discourse combined with women's worries about delivering a "healthy and normal" baby, many women had the idea that the bigger the hospital was, the better and safer for birthing.¹⁵ Women prefer general or big OB & GYN hospitals to local OB & GYN clinics for childbirth. Women who had given birth in big hospitals and local clinic said that they were disappointed with the clinic with its poor facilities and services. Lee Kisook said,

For my second child, I went to a local clinic for prenatal care and delivery because I thought the local clinic might give more personal care to patients.

However, I found later that the general hospital was

¹⁵ The national survey shows that 92.9% of the last births since 1983 were delivered in medical institutions (including general hospitals, private clinics, midwifery clinics and the government maternal and child health center) in urban areas and 73.3% in rural areas (KIPH 1989:172). Giving birth in medical institutions has been highly recommended by government health professionals as a policy of family health and the Korean government built maternal and child health centers in rural areas in the early 1980s to provide maternal and child health services. These institutions have mainly served as the place for childbirth, with midwifery nurses or public health doctors in attendance.

better because they knew what was needed for women and provided services in advance before I realized I wanted them and requested them. On the other hand, the local clinic did not provide any services unless I requested them. I thought the local clinic would be more sensitive to post-partum care right after delivery but I was wrong.

However, Dr. Han complained that many women who had never gotten prenatal care from her hospital came there to give birth without having any previous records there because the delivery fee was the same as in local clinics and her hospital had more sophisticated facilities. She said that the hospital did not welcome the women whose delivery was covered by medical insurance because the hospital did not get any economic benefits from those deliveries if they were normal. Several OB & GYN doctors including Dr. Han stated that the price for delivery was not realistic. It was so cheap because the government fixed the price to encourage pregnant women to give birth in medical institutions as a kind of backup policy for family planning and maternal health policy. The fixed price was the reason that local clinics refused child deliveries. One private clinician in Seoul closed his delivery services because he could not maintain the maternity ward, equipment and personal necessities for childbirth by collecting the insurance price. He said that the finance was just balanced when

thirty cases of childbirth a month were delivered in his clinic, but the cases were decreasing with less than thirty cases of delivery a month due to the success of the family planning policy. In addition, nurses avoided bloody obstetric work in private clinics. The private doctor still provided abortions and prenatal care which were not covered by medical insurance. Many women still gave birth to their children in local clinics but there was a trend toward private clinicians avoiding complicated services covered by medical insurance. This kind of doctor's reaction for economic reasons countered the government's policy on medical insurance, which had been the only control mechanism on the practices of the Korean medical profession since the late 1970s. Dr. Han criticized the government policy of ensuring that women were treated cheaply in hospitals by fixing the low price of childbirth. The high rate of caesarean sections in big hospitals, she said, was a kind of doctor's defense mechanism in dealing with women whose pregnancy histories were unknown to these doctors.

Hyun Sunghee said that going to an OB & GYN hospital was shameful but staying at the hospital for childbirth was worse. She was lying on the bed in an obstetric ward in a university hospital. The next morning, a head doctor came in with young interns and residents. He interrogated her while touching, showing and pointing at her lower part to the other medical staff. She felt terrible, realizing that it

was not her pain but only her laboring body as an experimental case that was the doctors' concern. Another woman said that she was suffering from a hard labor and an intern came and put his fingers into her vagina to check the opening of her womb without saying anything. She said, "He did not even seem to wash his hands. I did not say anything to him even though I worried about infection. I just felt ashamed of being a woman and thought I was being treated like a puppy." The women who had a childbirth in general hospitals thought that the quality of medical services would be good in big hospitals but the bigger and more organized hospitals were, the more impersonal and object-like treatment the women would get. At the same time, they always added that it seemed to be inevitable because the large places were dealing with so many patients.

The big hospitals are usually associated with the power of "modern scientific" medicine; they represent specialization, efficiency, impersonality, and expensive medical services. On top of that, all the procedures for receiving commoditized medical services are compartmentalized, from waiting in the waiting room for one's turn, registration, laboratory tests, physical examinations, payments, etc. People move from one place to another to buy a commodity of medical treatment. This is the image of organized "modern" hospitals, in which a patient

also is akin to a moving commodity on an assembly line.¹⁶ Therefore, many women felt themselves to be a case in big hospitals and realized that they were controlled by many rules which left scant room for their spontaneity. Nam Jungsoon said,

I gave birth to my first child in a general hospital because of the safety and better delivery care. The nurse and doctor were kind, so I wanted to go to that hospital again, but general hospitals do not allow children to come up to the wards. I do not know why, maybe hospitals think that children might get infected or make noise and bother other patients. I could not take my son to the maternity ward. My natal mother had to be with me at childbirth and my husband was at work; therefore, I did not have anyone who could take care of my son during my hospitalization. Thus, I chose a local clinic for my second birth. I had already known that

¹⁶ The doctors' jokes about abortion patients represent a critical aspect of the commodification of patients in hospital settings. Some male OB & GYNs in local clinics, where the operation of abortion is considered the main source of income, commented that women's pregnant bellies just appear to be a different price to them depending on the month of pregnancy. Since the introduction of a medical insurance system in which price is controlled by the state and the commodification of patients is codified and consolidated, doctors' comment on patients as commodity becomes a part of everyday discourse. Some patients complained that local pediatric clinics or internal medicine clinics did not want to see patients with complication, but just referred them to big hospitals because they are just counting patients according to cost-effectiveness. In the same context, local OB & GYN clinics avoid delivering babies because deliveries take a long time and demand doctors' labor but are cheap, being covered by medical insurance.

the local clinic was not as good as the general hospital in terms of facilities and services even though the rules were much looser than general hospitals. Sometimes, this kind of looseness was convenient for married women. But the services were so unorganized. When I felt that the baby was coming out at night, a doctor was not even available because he was not in the clinic at night. There was a nurse available but I cried out for a real doctor.

Many women did not mention directly about the difference of medical fees between local clinics and "big" hospitals. Because of the high-tech oriented medical services, however, another of the women's clear associations with big hospitals had to do with money. Even though the quasi-national system of universal medical insurance started in 1991, many people still thought that the medical fee was expensive, particularly in "big" hospitals.¹⁷ At childbirth, except for normal delivery, many cases in the obstetric ward were not covered by medical insurance. Ka Yunhee said,

I chose a general hospital in order to have circumcision for a son in case the baby was a boy. I

¹⁷ Since the introduction of universal medical insurance system in 1991, the medical institutions are divided into three categories of primary, secondary and tertiary sectors. There are no organic inter-referral systems yet, but when patients visit the secondary or the tertiary hospitals without the recommendation from the primary clinics, they pay more. However, many people are not concerned about this and go to "big" hospitals.

have heard that local clinics did not provide circumcision. I got a quickening injection as soon as I got to the hospital fifteen days after the due date, and I drank a cup of castor oil, which my mother-in-law had brought for me to open my womb. I got another injection to promote birth the next morning. An intern told me that my womb had burst because of the quickening injection. And my mother-in-law and husband wanted me to get a c-section and asked the doctors for it. The hospital wanted us to prepay the money for the operation. While waiting for my husband to bring money for the deposit, my womb suddenly opened fully. I gave birth to a son but he did not get circumcized because it should have been done within 24 hours after birth, but we missed it.

The hospital environment overwhelmed women and their families with its power of knowledge of human bodies, its impersonal organization, and its expensive medical fees, which they could not figure out even though they saw itemized bills.

As soon as women got to the hospital for birth, they changed their clothes and lay on a bed to get a quickening injection. From that moment, they became patients who had to obey the hospital staff. These women in labor experienced fear and worries as to whether they could give birth to a normal baby. At the same time, they were in a panic,

wondering whether they could survive after birth; they felt that they might be dead. It was usually mothers-in-law who expressed resistance against the dominant and impersonal hospital organization.

Oh Insook's mother-in-law fed her raw eggs continuously to get the baby out of her body smoothly and massaged her belly, praying to Shamsin halmoni (three legendary goddesses who are believed to govern childbirth). The rubbing lessened her pain and she asked her mother-in-law to continue but the nurse came and said to her mother-in-law to stop because it slowed the process of dilation. This mother-in-law was angry at the hospital because she thought this kind of traditional care was not harmful to a woman in labor at all. Right after delivery, the mother-in-law wanted to take her daughter-in-law's placenta; she insisted that there was a rumor that hospitals sold all the women's placenta to pharmaceutical or cosmetic companies, so she wanted to bury her daughter-in-law's placenta at home by herself. She was so persistent that the hospital finally gave it to her.

Mothers-in-law's resistance could be found in some cases of c-section, as well. Oh Such's mother-in-law was angry when her daughter-in-law needed a c-section because of the incorrect position of baby and said,

A c-section is not necessary. If it is needed, that's because the doctors do not want to take the painstaking work and they want to make more money, as well. In the

old days even a midwife was enough to handle a case like hers without any complication. But these days, younger women think the more money they spend, the better and healthier a baby they will have.

However, the daughter-in-law said, "What else could I do except have a c-section when a doctor told me that he could not guarantee a safe delivery by vagina?" Many mothers-in-law hated c-sections whose cost was high and was not covered by medical insurance. Daughters-in-law, who were caregivers to new-born babies and husbands, also took a longer time to recover their health following c-sections. In addition, Oh Whaja's mother-in-law was angry with the bureaucratized and such medical system which did not take seriously her empirical knowledge and wisdom, or her role as a family elder. She felt powerless in handling her grandchild's birth, feeling that the doctors treated her as an ignorant old woman. Mothers-in-law in this kind of situation blamed their daughters-in-law first, but "scientific" medicine discouraged them from being involved in childbirth. Chun Kyoungok's mother-in-law was not happy either, as she indicated by saying that natural delivery was good for both a baby and a mother when she heard that her daughter-in-law had a hard labor. But she accepted the doctor's recommendation for a c-section when the doctor showed her Chun Kyoungok's pelvic x-ray picture; the doctor explained that her pelvic was smaller than that of the average Korean

woman and the baby's head was bigger than that of other babies. Here, the reason for c-section was scientific and medical, not a personal or empirical issue.

One third of my informants gave birth by caesarean section.¹⁸ The women had a c-section, mainly because of the abnormal position of their babies and the woman's small pelvis. In addition, most of the women believed and were told by doctors that once they gave birth to a child by c-section, the next birth had to be done by c-section. Dr. Suh from a university hospital said that this was not always true, adding that his wife gave birth a second time by normal delivery although she had a c-section for her first birth. Kim Inwha had a c-section because a doctor told her that she had a 20 percent chance of a normal delivery, commenting that the ultrasound record showed that the position of the baby was wrong. The doctor said to Kim Inwha that the decision as to whether to have a c-section or not was up to her; the same doctor had told her that everything was fine when she had an internal pelvic exam several days before her admission for delivery. Actually when doctors recommended a c-section and provided some reasons, women became desperate and accepted the operation almost 100

¹⁸ This is higher than the national average. The national survey shows that 13.4% of the last birth of women in urban areas and 7.7% in rural areas were delivered by c-section. (KIPF 1989:175) However, when I worked as a researcher in a hospital in Seoul, the data in 1986 showed that more than 30% of all births in that hospital were done by c-section.

percent of the time. When Kim Inwha decided to have a c-section, therefore, it was not her own decision because the decision had already been made by the doctors; doctors' opinions and decisions about women's bodies came to have absolute power in the childbirth settings.

As women in labor came to be powerless and depended on the medical staff in hospitals, they wanted to be good patients whom doctors and nurses liked. Instead of criticizing the impersonal atmosphere of medical settings, many women said how cooperative and good a patient they had been. Being a tolerant and considerate patient is the demonstration of how cultivated and considerate and therefore virtuously feminine the woman is. Nam Jungsoon said,

I saw many screaming mothers in the delivery room and sensed that doctors did not like those women even though the doctors did not directly complain to them. Some women who cried out so impatiently and loudly actually affected the doctors' practices. I think that kind of patients' attitude irritated the doctors' temper. I did not scream much even though I had a hard labor with a big baby, who weighed as much as 3.9kg. Nurses were very kind to me because I was so patient and did not demand much.

Oh Insook also said how tolerant she was, putting up with a pain that made her faint, feeling as if the air was

yellow. Oh Insook stated, "I did not scream much, so a doctor and the nurses said that I would have a son because I was a very good patient." The medical staff controlled women's compliance by infantilizing them, as if it were up to the medical people to give or take the son whom most of the women wanted to have. When the women went to hospitals or clinics, they tried to do their best not to bother the doctors or nurses, or sometimes tried to please them by following their rules and depending on them.

Medical staff usually ignored and did not respond to women's complaints. Lee Kisook said, "At first when I got to a clinic with my amniotic waters breaking, a nurse put her whole hand into my womb and tried to take out the baby. I felt deadly pain and screamed, but the nurse did not care about my scream. I was crying loudly and finally a doctor came and managed it." No women heard an apology from medical professionals for what they did to patients. When female patients questioned whether something was medically wrong, doctors sometimes answered them with technical terms in English, which the woman could not understand, or doctors gave them meaningless or even misleading information. Kim Hyunjoo, who carefully studied reproductive physiology and the reproductive organs during her pregnancy, was lying on the delivery table in a university hospital, and asked, "How much has dilated?" No answers were given even though there were several interns and residents around the delivery

table. She asked it again. Then a doctor answered, "it is four twenty." She said that she was not asking about the time but about her dilation and one doctor with an irritated voice said, "We are watching it. Do not worry. It is our job, not yours." Instead of answering women's questions about obstetric procedures or the status of their bodies, doctors definitively and authoritatively asserted that they knew what was going on in the women's bodies. They implied that it was useless to inform the women because it was doctors, anyway, who handled and managed the situation. Many doctors cited the Korean maxim that "knowledge is disease (ignorance is bliss)," teasing the women with the comment; "if you know so much, what is the use of doctors?"

Kim Hyunjoo was angry, embarrassed and frustrated but she kept silent after hearing a doctor's irritated voice. Its effect reaffirmed the doctors' power and her powerlessness, and at the same time made her worry about whether these doctors hated her and would not care for her well. The doctors' cool response raised her anxiety and made her put herself in the doctors' control by showing more dependence on them. Obstetricians were perplexed and irritated by patients who were inquisitive and did not fit the stereotype of the good patient. Dr. Yang recalled, "When I was a resident in a university hospital, we (doctors and nurses) exchanged whispers about assertive patients in the maternity ward, such as "avoid so and so. She is a

troublemaker." Many women mentioned that they witnessed some women's complaints being intentionally neglected in the maternity ward by nurses and doctors. It was as if they were being made an example to other female patients to show how they could be treated if they were labelled "troublemakers."

When the women were admitted into obstetric wards, they encountered medical professionals' ideas about appropriate attitudes and behaviors for female patients. A woman told me that her doctor, who was a very kind single man and held her hand like a family member, said that she should not scream if possible. She recalled how sweet the doctor was in advising her how to behave. As this scene showed, the doctor who was in charge of women's childbirth and bodily pain got the special position regardless of his age and marital status, being a dominant partner in defining a patient's role. Patients who suffered from pain were in need of medical help because of their condition and were ready to be subordinated to and tamed by medical providers. Thus, the doctor already had hegemony over the body in pain by the mere fact that the patient came to a hospital.¹⁹ In

¹⁹ My concept of hegemony, here, came from Gramsci (Forgacs ed.1988; Moufee ed. 1978; Femia 1981[1988]). The concept of hegemony is the essential idea of Gramsci's political theory to discuss the mechanism of maintenance and transformation of bourgeois society; in short, how a certain historical stance of capitalist society can exist, how the bourgeois power domination is organized into a concrete historical reality and the society can move into the next stage. Power domination in Gramsci is exercised through two dimensions; one is practiced through coercion by the state apparatus; the other one is embodied and performed by the "intellectual and moral leadership" through education, religion,

medicine, family ideology, etc., which is called civil society by Gramsci. Hegemony refers to the latter. For Gramsci the state, which is concretely represented as the ultimate historical form of hegemony (the unity of moment of superstructure and infrastructure, moment of force and consent, and economic-political and ethico-political moment) is the instrument for adapting civil society to the economic structure based on consent. Consent in hegemonic domination is revealed as a form of active acceptance of the dominant ideology constructed in the economic base of the ruling group. Therefore, "the hegemonic domination is not limited to matters of direct political control by the state but seeks to describe a more general predominance which includes a particular way of seeing the world and ourselves and others are not just intellectual but political facts, expressed over a range from institutions to relationships and consciousness. It is an integral form of class rule which exists not only in political and economic institutions and relationships but also in active forms of experience and consciousness predominant practice and consciousness (Williams 1976, 1983:145)."

In order to understand how the body is incorporated into the hegemony of Western medicine in Korea, I use the concept of Gramsci's hegemony in the sense that the social basis of conviction (consent) can be reduced neither to interests nor to the forlorn attempt to separate truth from ideology, but can be approached by seeing historically how effects of truth are produced within a historical reality. I understand the existence of corporeality of the body is the basis of medical institutions and the hegemony of a certain medical system in a society is the result of political-economic transformation. The body in trouble (the body in pain), regardless of whether it is from a physical or socio-cultural origin, is bound up with the practice of medical power through its institutional domination because of its knowledge on the body, as well as people's consent by its internal necessity of the troubled body's corporeality.

In medical anthropological scholarship, discussions of the concept of hegemony are attempted by several anthropologists (Taussig 1987; Frankenberg 1988; Kaufman 1988; Morsy 1988; Singer, Davison and Gerdes 1988; Binsbergen 1988). However, most of these works understand the hegemony as institutional domination, emphasizing the social legitimation and the functional integration of Western medicine to existing social structures. However, Frankenberg understands medicine as an institution of civil society; that is, the ethico-political institution of a dominant mode of production (1981). In addition, he emphasizes patients' experiences as the way of understanding social contradictions such as the role of organic intellectuals for the revolutionary change of a social system (1988).

I found a similarity between my application of hegemony and Taussig's argument about terror (1987). He deals with terror as a physiological state as well as a social one whose special features

addition, when the asymmetrical relation between doctor and patient was activated in an actual setting, it mobilized and combined with other power relations embedded in everyday cultural practice. Thus, when a woman in labor came to the hospital, she brought with her existing social and cultural views of women in medical need and entered into the power boundary of male-gendered medical profession.

The different power positions of the doctor and female patient in labor reflected the way in which women in the maternity ward were treated. The dominant position of doctors was achieved through the exclusive institutionalization of their medical knowledge and their male gender domination of the medical profession; it means not only that male doctors are dominant in the medical profession but also the socio-cultural nature of the medical profession and knowledge are constructed in a masculine way. In the same context, the female doctor is also engendered male at work.²⁰ Therefore, the hegemonic position of the doctor, combined with strong patriarchal relations in

allow it to serve as the mediator par excellence of colonial hegemony (1987:5). I understand that the medical and political hegemony over the body and the creation of the certain form of a subjectivity about the body are possible by the fact that the body is corporeal and vulnerable to pain.

²⁰ Ko Sunok talked about doctors in this way: "I am comfortable with female doctors in asking about female problems as they are the same sex but I want to see male doctors in the case of child birth or operation. This might be a bias but female doctors seem to make more mistakes than male doctors because women are usually weaker than men.

medicine, work synergically to treat women as private and informal beings who do not have an independent social personhood and become like infants. In this context, the woman is supposed to be a "good patient." That is, she has to be quiet, polite, appreciative of what is being done to help her, quick to respond to instructions and able to comprehend and remember what she is told without requiring to have the information repeated. She has to be passive.

Actually, it is passivity which the medical setting enforces on the women as their "appropriate role." Through this passive role the women's beings were inscribed as a "thing" or a "case" during their experience of giving birth. Many women in the delivery room were lying silently, listening to doctors' talk about them. Comments might include: "Hey, Dr. Lee. How many have you pulled out today?" Or, referring to some woman; "look at that big bulky body. Such a woman can produce a baby easily." Many women recalled how much they hated nurses who were chatting and giggling with each other nearby, ignoring the women's pain in labor. Kim Youngmee's mother-in-law fought with a nurse who fell asleep next to her daughter-in-law, who was screaming for help. Women complained about nurses more than about doctors. Women thought that nurses were women like themselves and as lower-status professionals they should be kinder, more humane, and more sensitive towards female patients.

The most common feeling in lying-in wards for almost

all the informants was that the room was chilly. Many women said that they could vividly remember how cold the obstetric ward was and how overwhelmed they were at their first childbirth, wondering whether they could put on their shoes again and go back to their own homes. Kim Inwha said that it was so cold that she had her husband bring clothes and put on several layers of clothing to warm herself. It was so cold that her left leg became paralyzed. In the maternity ward, some women encouraged each other, exchanging information, because in general hospitals, medical staff never gave attention or voluntarily helped the women. The women had to ask for help. However, the women in maternity wards were trapped by being in need of help but at the same time wanting to be a good patient who did not bother the medical staff. Amidst strangers, a woman felt that she suffered so much in giving birth and in being treated as a sub-human in the hospital for no reason other than that she was born a woman. They said that at childbirth they realized why people were sorry to give birth to daughters. People were sorry not just for the sex of girls but for the life that girls would go through.

Another dominant feeling that the women had in the obstetric ward was loneliness. Family members, particularly their husbands, were powerless during the hospital delivery. In Korea, husbands were excluded from the procedure of prenatal care and child birth. Getting pregnant and giving

birth are considered women's business including mothers-in-law and natal mothers. Lee Eunyoung, who wanted her husband to stay with her during her labor in a local clinic, asked a nurse whether she could take her husband to a birthing room. The nurse was shocked and said to her,

How could you think such a thing without shame? Do you want to show your naked and delivering body to your husband? What a shameless and disgusting idea you have! I do not understand persons like you who want to show dirty and animal-like behavior to their husbands.

This nurse's reaction derived from the idea that male and female worlds are different and should be kept separate. The pregnant woman's body is in a category of phenomena which are exclusively feminine. Traditionally the order of the universe or the world is clearly divided and separated between the feminine and the masculine, and some ideas or behaviors which cross into the space of separation cause "chaos" and "pollution." In current discourse, such crossing of boundaries is regarded as the "pathological" or "abnormal."

When I asked Dr. Yang why the hospital did not allow husbands to be in the delivery room, she said that there were no strict rules about it. However, she said that doctors might be nervous treating women in labor if the husbands were around. Dr. Yang said that doctors in general hated having pregnant women's "significant other" around

them during medical practices. She said,

Doctors have an idea that the more objectified patients are, the more confident they are in handling patients. There is a so-called VIP syndrome for doctors. That is, doctors easily make a mistake with patients who are referred through the courtesy of superior hospital staff. The doctors try to do more for these patients, so they become too nervous and too sensitive to take care of their problems and their feelings at the same time. By doing so, they might lose their attentiveness and make some mistakes. Therefore, the more we exclude our feelings from patients, the better medical services we can provide to patients. I, as an individual, do not think the objectification of a patient is a big problem.²¹

²¹ Taussig (1980) explains this process of exclusion of women's experience of illness from the dominant medical discourse with the concept of reification -- a concept originating with Georg Lukacs (1971[1922]): in Western society the commodity mode of production dominates the social order and creates a situation in which human beings and their experiences are constructed as dehistoricized objects-in-themselves in the capitalist social formation. Lukacs describes that the capitalist system breaks the processes of production and distribution down into smaller and more manageable units in the name of greater efficiency through the forces of a market system in which the labor of human beings becomes simply one more commodity. Therefore men become, in their relations to society and to each other, nothing more than commodities or things.

Taussig's point does not lie in the difference of their body concepts of a doctor and a patient, or a medical doctor's neglect of a patient's illness. Rather he points out the social or political process of externalizing or making 'thingness' of a patient's body to her and objectifying patient's body to a doctor. In terms of Taussig's reification, Young (1982:276) mentioned that "it is not clear exactly what Taussig means by reification since he does not distinguish this concept from forms of objectification which seem to be inevitable, namely the symbolic processes through

Dr. Yang's explanation tells a lot about why doctors hate patients' questions, through which patients want to have a voice as human beings. Allowing patients a voice confuses doctors and transgresses their separate worlds, invading an authority that is built by keeping distance from the ordinary world. In the same context, the husband's involvement can potentially cause confusion in the practicing doctors' power by introducing the husband's position of non-patient and male-gendered person.

Dr. Lee, an OB-GYN in a university hospital, explained more about the structural problem that led to the exclusion of family members from childbirth. He said that the most economical, efficient management of the Korean medical reality entailed seeing as many patients as quickly as possible within a limited time period. Husbands or other family members could not participate in childbirth mainly

which people objectify themselves in particular events, material things, and social relations, and which help constitute the cultural construction of reality in every society." Young argues that Taussig's analysis of how Western medicine mystifies sickness is both convincing and important, but his own epistemological claims are problematic. That is, that all knowledge of society and sickness is socially determined and that anthropologists cannot legitimately claim access to demystified facts. What they can claim is to critically examine the social conditions of knowledge production. Thus, Young argues that the term reification implies the anthropologist's self-consciousness, so that in this situation, the term of objectification is more appropriate. However, Taussig's concept of reification is acceptable for the discussion of patients' discourse in clinical settings in so far as I understand the reification which means the total transformation of the world into a sphere where relations among rational or conscious beings altogether cease and only relations among things are left.

for economic reasons; when husbands and family members attended the childbirth, the hospital had to take care of these visitors' demands and protect other women's privacy by not letting them see other women in childbirth. Dr. Lee strongly conveyed the cultural idea of privatized women's bodies in a family against other men or other families. On the other hand, Dr. Han said that it was not a simple issue to let husbands in the delivery room because of the possibility of infection and other hygienic problems. In addition, Dr. Han mentioned that her hospital had attempted to allow men to attend the birth but because of cultural customs women themselves did not want the husbands to see their birthing, and many men wanted to stay away from delivery.²² Most of the women felt they needed their husbands emotionally but no woman expected her husband to be able to help her in the ward, with the exception of one woman who had given birth to her first child in the United States. Instead, some women told me that they did not want their husbands to see the scene of childbirth, adding that they might be nervous and uncomfortable in the husbands' presence.

²² One immigrant Korean woman, who worked as a dry cleaner and had been in the U.S. for three years, told me that she could not understand how her white American brother-in-law could want her to see a television program of child birth. She commented, how could she watch it with a man?

**(4) The birthing experience:
Crying over a daughter's fate**

Oh Insook, who was so tolerant of her painful labor, finally gave birth to a son. She said, "I was relieved that I had a son. But before enjoying my delight, first I looked at him carefully to check whether he had ten fingers and ten toes in the normal way." Some women mentioned that they wanted to know whether the baby was normal (which means no physical impairment)²³ or not, but more women mentioned that their first concern was whether the baby was a son or a daughter. Most of the women wished to give birth to a son during their first pregnancy. Then they would be free from worry about the sex of the second baby or would stop having more babies. Sung Meekyung, who was pregnant during the interview, said that women (including herself) who wanted to have only one child had to give birth to a son. Otherwise they had to have the second baby. She stated, "I know it is a shame but to stop further pregnancies and to be free from the pressure of the in-law family and the husband's unspoken wish, I must deliver a son." Most of the women did not want to have more than two children; therefore, giving birth to a son was a matter of desperation for many women.

Women made tremendous efforts to bear sons by

²³ Women usually think of normality in terms of physical impairment. Dr. Lee said that women wanted to have perfect babies without any malformation or impairment. Therefore, when they know they have any problems of malformation of organs or physical appearance, they want to abort the babies rather than treat them.

practicing diet control, controlling the date of coitus, and taking medicine for conceiving a boy. And many women got abortions when they realized that their fetuses were girls after a test of the amniotic fluid, or after reading ultrasound pictures. In addition, many women sensed the sex of their fetuses themselves by observing the severity of their morning sickness, the shape of their swollen bellies, their cravings of appetite for certain foods such as fruit or meat, or by their dreams during pregnancies. Based on these cultural beliefs, some women identified the sex of their fetuses and at times aborted female babies. Park Moonwhan described her situation as follows:

I first gave birth to a daughter, which disappointed me because my husband wished to have a son. I wanted to have a son, too. When my natal mother told me that my husband seemed to be very disappointed, I felt guilty. Therefore, I tried to do my best to conceive a boy for my second pregnancy. I checked my temperature, took medicine imported from Japan for the conception of a boy and paid lots of attention to food intake: I made my husband drink milk a lot and I avoided having meat. When I felt that the fetus was a girl, I aborted my second pregnancy. When I was in my third pregnancy, I was so nervous about bearing another girl. I also felt like aborting my third pregnancy because my dreams and the shape of my belly seemed to predict it was a girl.

I suffered from worrying about the sex of my fetus throughout my entire third pregnancy. Finally, I gave birth to a son and many people said to me that the samshin halmuni (three birth goddesses) were touched by my efforts and gave me a son.

Like Park Moonwhan, some women described their experience of aborting female fetuses or considering an abortion after the test of amniotic fluid or after consulting with Chinese doctors. Kim Soonja worried about the sex of fetus and considered aborting her second pregnancy. At that time, her neighbor dreamed that a pig entered her house. This friend said that the dream was for her and the pig meant that she would give birth to a son. In order to have this dream, she would have to buy it. Thus, she paid 100 won (15 cents) for the dream and she felt sure of giving birth to a son. Finally she had a son. After giving birth to sons, these women's efforts were constructed as a kind of achievement or triumph.

Depending on whether women gave birth to a son or a daughter, the attitudes of hospital staff, including doctors and nurses, were different. When it was a son, they laughed loudly, shouting that it was a gochu (pepper) with congratulations. But in the case of a daughter, they just mentioned that it was a girl or sometimes greeted the women with congratulations without laughing or shouting. OB & GYN doctors told me that they felt sorry for women who gave

birth to daughters because some women cried and others seemed to be disappointed. Many women who gave birth to sons mentioned that their family members, such as husbands and mothers-in-law, gave medical staff gifts with gratitude. But women who gave birth to daughters did not mention gifts for doctors or nurses. Park Moonwhan said,

When I gave birth to my son (who was my second child), my husband was so happy that he ran into the delivery room and kissed me and gave some presents to the nurses, i.e. juices and stockings. His kiss became very famous in the hospital and nurses teased me a lot. I do not know how much I cried for being so happy that I gave birth to a son. I wished to have a son and I was really envious of women who have a son.

Kim Soonja was angry at women like Park Moonwhan. She described being sad at her first birth not because she gave birth to a daughter but because of the atmosphere of the maternity ward, where women who had sons were treated like winners or people of achievement and women who produced daughters were treated as invisible, as if their labor were of no use or wasteful. According to her, in a maternity ward, the groups of women with sons or daughters were clearly distinguished by the look on their face and the surrounding people's greetings and laughing. Suh Okyung's natal mother, who had consoled her daughter, sighed that the women having sons were insensitive to the women who had

given birth to daughters in the ward. Therefore, some women said that the environment made them cry for their daughters. One informant who gave birth to a second daughter said that she was so upset because she felt that she was crippled in not giving birth to the son that all the other women had.

However, many women explained that there was a different reason for crying at the birth of daughters. That is, they cried because they felt sorry for their daughters, who would have to go through all the sufferings of women -- particularly the pain of childbirth, which the mothers had just experienced. They insisted that they cried over the woman's fate that these daughters would live with; getting pregnant and going through pain at childbirth were regarded as the most essential parts of this fate. When I asked them why they did not think that their daughters might choose not to get pregnant, they replied that that was not "normal" or "absurd." Most of the women regarded women's pregnancy as part of the fate of being born a woman. At the same time, pain at labor was understood to be a punishment carried on as part of the essence of femininity. One of the most common discourses about women by the women themselves was, "women have so many sins; therefore, we have such pain at labor in addition to other sufferings." When I asked them what kind of sin women committed, they left their statements vague. Yet the idea that "women committed many sins" was commonly expressed. In particular, the comment about women's sin

became embodied when the women explained that childbirth pain was the cost of the sin.²⁴

When medicine is practiced in a specific cultural setting, the organization and delivery of medical services is manipulated by hegemonic cultural practices; at the same time, this hegemony reinforces and restructures existing practices. In terms of son preference, OB & GYN doctors are deeply involved in producing and reproducing people's need for the birth of a son. Not only are methods prescribed to conceive a male fetus, but male fetuses are selected through testing the amniotic fluid and reading ultra-sound pictures. (Dr. Lee commented that the reading technique of the ultrasound record for the sex of the fetus is well developed in Korea because of social needs.) In addition, the way in which medical staff treat patients reinforces son preference. The maternity ward, where women who give birth to sons were welcomed and congratulated and women who gave birth to daughters cried and were depressed, inscribed the birth of a son as the norm and reaffirmed the social value

²⁴ The discourse of female sin embodied through pain in labor is very common in women's narratives about their life experience. In this dissertation I do not focus on exploring the genealogy of this discourse, but this concept of sin was absent in traditional Korean cosmology until Western Christianity was introduced in the 18th or 19th century. The idea of the female sinful body is different from the Korean traditional idea of the polluted female body. Here, pollution has been described as 'matter out of place' (M. Douglas, Purity and Danger 1970) connoting the liminal position of pregnancy. The women's discourse of sin here seemed to relate to the influence of Western Christianity in which moral corruption of the character is endowed with a female body (Mieke Bal 1985).

of a son.

When I asked about their experiences of giving birth to a son or a daughter in group meetings, a leader of a meeting, Kim Soonja, said, "Fortunately all the members in this group have at least one son, so we can talk about it freely." In another group meeting, Cho Kyunghee, who had two daughters, said that she did not feel any need to have a son. Then Park Moonwhan teased her, saying "You can not say that because you do not know how different your life would be if you had a son." Another woman said that women who had only daughters were defensive about their position, persisting in saying they were fine without a son. Kim Kyunghee felt a very subtle but clear message when she attended this kind of meeting and talked about children; other women felt sorry for her because she lacked something necessary for women. At times, some women felt superior to her.

When women had a daughter as their first born, they felt sorry but thought that they had another chance. However, when they gave birth to two daughters, they felt strong spoken and unspoken pressures from the in-law family and from husbands. Kim Kyunghee said,

When my second child was a daughter, my mother-in-law did not show any excitement at the birth of my daughter, commenting 'anyhow you should have another pregnancy for a son, soon.' My father-in-law never

came to the hospital to see me and the baby, and my mother-in-law conveyed his dissatisfaction and his desire for a boy for the next pregnancy. As I was discharged from the hospital, I was sent to my natal family immediately and stayed there for one month.

When Kim Hyunsuk gave birth to a second daughter and wanted to stop having more children, her father-in-law displayed his anger at her by telling her husband to have a son even outside marriage. Therefore, she was determined to have a son and worried about the sex of the fetus during her whole pregnancy. Finally she gave birth to a son and her mother-in-law, who was sick, left her bed immediately and went to the hospital to see her grandson. Her father-in-law handed over mountainous land in his village to her husband. Kim Hyunsuk's husband used to tell her that he did not mind having only daughters but at the birth of a son, he was incredibly happy, running into the newborn ward to confirm that the baby had a real gochu (pepper). Another woman's father-in-law bowed to her natal parents when she gave birth to a son. Lee Kisuk said,

I did not think giving birth to a son was one of my duties as a daughter-in-law. But later I found that I would get in trouble if I gave birth to only daughters. My father-in-law came to the hospital and gave me a coral ring as a present one day after I gave birth to his grandson.

Some husbands's way of treating their wives at the birth of a son was very different from their treatment of the women at the birth of a daughter. Their happiness was so obvious that many women were shocked, being somewhat scared at what would happen if they did not have sons. These women said that they felt their husbands might see other women later unless they had a son. Like Park Moonwhan's husband, Kim Soonja's husband did not show any excitement after his first born was a daughter, but at the birth of a son, he gave presents to doctors and nurses, moved her from the ward to a private room, and comforted her by saying that he appreciated what she had done.

When women did not give birth to a son, who was the heir in the patrilineal family, they felt that they were not meeting their role in continuing the family line. Of the many things women had to do in the family, giving birth to a son was regarded as the most traditional and authentic role of the woman. When Oh Insook had a boy, she said,

I could not imagine how my father-in-law would have treated me if I did not give birth to a son as my first child. On hearing that I had delivered a son, he was so pleased that he ordered my mother-in-law and my husband to take me home quickly and not to go to the chinjeong (natal family). When I went back home a day after my delivery, my father-in-law made a welcoming situation in the house. For a week after childbirth, I felt that

I was being treated more as a real human-being than I had ever been since I was born. I was being served and cared for very well. I was so glad that I was born a woman at that time. Then, I was sent to my chinjeong (natal family) to take post-partum care, being free from all obligations in the in-law family.

Even women whose mothers had cherished the traditional values of maternal sacrifice and devotion and who had always considered themselves different from their mothers were not different in terms of son preference. They attributed their belief in the necessity of a son to the Korean cultural setting in which sons and daughters-in-law were morally, socially and economically responsible for parents. Daughters are supposed to take care of their parents-in-law first when both sets of parents are in need. Thus, some women decided to have a son even in their old age. Ko Sunok, who was forty-three years old in 1990, identified herself as an upper-class woman in Namyang. She said,

I have three daughters and one son. I gave birth to three daughters consecutively and was going to get sterilized. However, I changed my mind and made all kinds of efforts to have a son. When I saw my mother's family with only daughters, my grand-parents were not comfortable in their daughters' house, always being aware of their son-in-law. In addition, my aunts did not help their parents when they visited their natal

family, while they were devoted to their parents-in-law physically and economically. The world has been changing but I thought a son is absolutely necessary for old age, not just because of economic reasons but for psychological and social reasons. Finally I gave birth to a son at the age of 34. After that I had to do lots of work but I did not feel tired or frustrated. Giving birth to a son compensates for all things. One son is worth more than ten daughters.²⁵

Park Soomee, who was a friend of Ko Sunok, had three daughters and no son. She said,

I wanted to have a son because I felt guilty for not producing the successor for my in-law family and sorry for my father-in-law. In addition, I had some feelings of rivalry about why I could not have a son as most other women had. Thus, I attempted to test the amniotic fluid during my pregnancy in order to know the sex of the fetus. But finally I got that pregnancy aborted without testing for the sex because I thought that having only daughters might be God's will. My husband's family and I are Christian. My father-in-law and my husband told me that they felt really fine with daughters.

Ko Sunok replied to Park Soomee that women who do not have a

²⁵ Ko Sunok's remark is the exact opposite statement of the government's campaign on family planning, " Well-reared a daughter is worthier than ten sons."

son console themselves by saying that they are satisfied with their daughters, but that was merely a way of self-soothing. Ko Sunok concluded, " a son is absolutely necessary in our society." She offered so many stories about women being desperate to have a son. One rich dentist in Namyang recently had a son even though his wife was 43 years old. The husband threatened his wife that otherwise he wanted to see other woman to have a son. A twenty-seven-year-old college-graduate informant also said,

If I had given birth to a son on my first pregnancy, I could have gotten sterilized and continued my graduate studies. But I gave birth to a daughter, so I had to get pregnant again for a son. My husband is the oldest son; therefore my parents-in-law expect me to give birth to a son despite their not mentioning their wish clearly. I also decided that I, as a married woman, had better have a son instead of going back to my graduate studies.

The women who had a son after having daughters, like Ko Sunok, Kim Hyunsuk and Park Moonwhan, showed conspicuously different attitudes towards sons and fully enjoyed the cultural value ascribed to sons. Park Moonwhan said,

All my sons's behaviors amuse me a lot. I spend so many hours a day just watching his behavior, which is so lovely. If I did not have a son, I would live without confidence in life, with suspicions about my husband's

fidelity, etc. I really appreciate having a son. My son, who is five years old, imitates his father's authoritative behaviors, ignoring my and his sister's opinions. I do not like my husband's authoritative attitudes, but I like and love to see my son's cute authoritarian gestures. That behavior gives me the feeling of reassurance and trust of him.

These attitudes of son preference tended to reproduce existing gender relations from the moment of birth, securing the identity of women in marriage.²⁶ Women who had sons said that a female baby was easier to deliver than a male baby because male baby's bones have already been firmly constructed. For these women, the social difference of male and female was sensed bodily from the beginning of the birth and the fundamental difference of male and female was experienced in rearing them. Therefore, women who gave birth to daughters felt that their daughters' female fate was determined by the birth. Here, the female anatomy and the social construction of female gender are intermingled with each other in women's experiences and merged into a category of women. One mother complained that she was rearing her daughters in a "modern" way, emphasizing independence and sexual equality, but her daughter might have the same fate as hers because the mothers who were rearing sons took care

²⁶ The sex ratio of children who were supposed to enter elementary schools in 1993 was 100(m):91.8(f) (1/1/93 Korea Times).

of their sons in the traditional way.

Table 3.1. The sex order of middle-class women's children

sex	s	d	ss	dd	sd	ds	dds	ddd	dddd
NO.	6	2	3	2	6	2	1	1	1

(s:son, d:daughter, n=24)

(5) Women's ill health and the lack of post-partum care

In Korea, it is common sense to believe that the health of married women is closely related to the care of women's bodies after delivery of a child (sanhuzori). Many of my informants complained about their ill-health, stating that their health status deteriorated because sanhuzori (post-partum care) was neglected. Many women mentioned that sanhuzori is absolutely needed for Korean women. In Korea, a story is widely told that immediately after childbirth American women take a shower -- usually, a cold shower which is said to be for the dramatic effects. The story is quoted to demonstrate the authenticity and difference of Korean women's bodily constitution compared with Western women. The implication of the anecdote is that Korean cultural practices for post-delivery are appropriate for and relevant to Korean women.²⁷ Many women stated that they did not

²⁷ When women mentioned about sanhuzori, it did not mean medical care in hospitals. They did not associate their concept of sanhuzori with their visits to doctors after childbirth. But in a survey by the government under the item of sanhukwanri, it was asking why you visited medical institutions (meant only Western medical institutions) after childbirth. 52.3% of women responded that they visited medical institutions; answer categories were that

believe the effect of sanhuzori but it was verified empirically. Oh Insook, who took a post-delivery rest with her natal family, said,

As I am getting into my thirties, I feel weak and achy over all parts of my body. All these aches, I think, are caused by my ill-care after childbirth. I gave birth to my two children in summer. It was hot but my natal mother insisted to me that I should keep my body warm, wearing socks and long sleeve shirts to prevent wind from entering my body. In addition, I should not take a bath or wash my hair for at least three weeks. Even though it was summer, she heated my room and let me sweat to purify my body after delivery. After childbirth women should cover themselves with a thick quilt over their bodies and let themselves perspire.²⁸

However, I am not a person who is calm and patient. The weather was so hot that I took a cold water shower and washed my hair without the knowledge of my family. I exposed my body to the cold (Neung)²⁹. This was a terrible mistake because cold is taboo for

first, doctors requested the visit when they were discharged from the maternity wards (36.5%); second, taking out the stitches (9.0%); third, bad physical condition (5.0%); etc. (1.8%)

²⁸ The perspiration is understood to be the most effective way of managing illness at home in Korean culture. When people catch a cold or have fever, it is said that it is good to get sleep and to perspire profusely and then, you will feel good.

²⁹ Sich (1983) described Neung as a Korean folk disease.

women in post-delivery. Even on the first day after birth, I was barefoot, walking along the hospital hall way while some old women looked at me in surprise and told me to wear socks. I did not pay attention to this advice which seemed to me to be traditional and a little bit superstitious. I have heard that American women take a cold water shower right after delivery but I have never heard that they have neung problems. Then, what is the relevance of this advice by older people? When I gave birth first to a son, my mother-in-law wiped my body with a hot towel. But when I had a daughter, she did not. That was another reason why I took a shower. Right after the shower, I felt a little dizzy but good. But now, three or four years later, I begin to feel drifting in my knees and congestion in my heart. Sometimes I feel a sharp racking pain in my chest when I breath. I went to the Western doctor first but he said to me to take a rest. I went to a Chinese medical doctor to consult with him about these symptoms, and he told me that they were caused by negligence in post-partum care. The doctor said that all the joints of our bodies are swollen when women are pregnant. After birth, therefore, women should be careful to make all joints return to their own original position. If women do not have enough post-partum care, they always feel sick and weak. The only way to cure

these symptoms is to get good post-partum care by giving birth to another baby. If possible, I want to have another baby to readjust my body by having good sanhuzori, which will cure my illness of feeling cold and having my knees drift and sore joints. But my husband got a vasectomy. I do not have any alternatives. I truly came to understand through my body what our older women mean by keeping your body warm.

Many families have traditionally sent their daughters-in-law to their chinjung (natal families) when the estimated date of child birth approached and let women have sanhuzori in their natal homes. The reason was that daughters-in-law were not entitled to be free from housekeeping work in their in-law families and could not take a rest to restore their physical well-being after childbirth. Not only at child birth but also during serious illness, women were sometimes sent to their natal families because daughters-in-law's sick role was not accepted or was not taken seriously in their husbands' families.³⁰ Daughters-in-law themselves did not

³⁰ This is very similar to what Margaret Lock describes concerning the experience of illness for a woman in Japan. She describes (1980:80); "rather than suffering the indignity and the unbearable sense of obligation incurred by being dependent on her husband's family, most young middle-class women, even today, opt to return to their own parents if they become more than mildly ill. It is only with their own mothers that they can escape normal social restrictions sufficiently to relax and recover. The same is true after childbirth, when it is usual for a young woman to return from the hospital to her own mother for a month or two; even when one is part of a nuclear family, this is the custom....At the

feel comfortable with being sick in their in-law families; they wanted to go to their own natal families to be cured. Many of my informants said that the traditional custom of going to their natal families after child-birth was "wise" and "good." Here, the underlying logic is that women who cannot provide the role of caretaker are a burden to their in-law families, disrupting the social relations of the family until these women themselves have daughters-in-law. Many women said that their husbands' illness was their responsibility but they did not think their illness was their husbands' or family's responsibility. Women felt sorry and guilty when they were sick. Women wanted to be cared for by their natal mothers when they gave birth to children because they felt that the sick role aspect of childbirth was not welcomed in in-law families as M. Lock described with respect to Japanese women's illness (1980:79-80).

Depending on the social relations of women, the sick role is differently regarded. Married daughters' illness in their natal families is taken seriously and the daughter is expected to be free from all family obligations, but daughters-in-law's illness in the same family is treated as considerately and seriously as the illness of married daughters. For married women, their natal family (chinjung) still means the place which provides rest and comfort

interpersonal and personal levels, therefore, responses to the occurrence of illness may vary, depending on whether the patient is male or female."

because daughters who have married-out are culturally expected to visit and take a rest while daughters-in-law are expected to provide all the services for these visiting sisters-in-law. Daughters-in-law cannot be exempted from their obligations in the in-law family. This is one reason why many women insisted that the son is absolutely needed in old age; taking care of the parent is an obligation for daughter-in-law but a matter of the heart for a daughter, rather than social responsibility. Therefore, there are some conflicts between married daughters and daughters-in-law when married daughters go to the natal families to take a rest. My informants said that it was comfortable and nice to be with their own family, cared for by their mothers and sisters-in-law even though they understood their sisters-in-law's unwillingness. Many of my informants complained about how their mothers-in-law were unfair in their differential treatment of their daughters and daughters-in-law who were in the same situation. But the mothers-in-law were concerned only about their daughters' health and ignored or treated their daughters-in-law's health lightly.

Oh Insook was sent to her natal family to take a rest after birth but she did not listen to her mother's advice because she thought she was "modern" enough to be different from the older generation of women. However, many women could not receive post-partum care because there was no one who could fill their role of housekeepers/caretakers in

their nuclear family. Even though middle-class women had natal mothers' or mothers-in-law's help for at least several days, many of my informants could not stay away from their roles for much longer. Lee Kisuk said,

When I gave birth to my son, my parents-in-law took me to their house and gave me good care. After having the second child, I did not receive good care because my husband and I were staying in a city away from both my natal and in-law families. My recent poor condition, I think, is attributable to the lack of post-partum care after the second birth. Now, I can understand what older women mean by "wind" on their knees. I know many women have said that women become healthy after child birth if they got good post-partum care.

Factors that also made it difficult to observe traditional post-partum care practices included spatial separation from the natal and in-law families because of urbanization and migration which made it difficult to find helpers except during two or three days of hospitalization for childbirth. Getting post-partum care was particularly difficult for women who gave priority to housekeeping and taking care of their husbands and children. The most frequent comment made by those women who did not have enough post-partum care was similar to what Ka Yunhee said, "I could not stay in bed ignoring what I had to do because I am not a person who is tolerant of mess and my husband's clumsy

housework." Therefore, many women complained that their ill-health which was caused by neglect of post-partum care, was attributable to the performance of their gender role in the family. They said that women should ideally take at least a one-month's rest to restore their bodies after childbirth but in reality few women could afford that kind of post-partum care.

As Oh Insook described it, women's feelings of ill-health related to childbirth are the bodily, experiential and empirical consequence of being born a woman. The women in my research understood childbirth as the most critical turning point in their lives. One of my informants told me that she felt sorry for unmarried women who had not had a baby because they did not understand what women's sufferings were like. The factual and bodily experience of childbirth inscribed in women what being a woman meant. The bodily feeling of pain and ill-health and the social relation of being a mother were empirical and factual no matter what stories women are told about them.

The married woman's sick role in Sanhuzori represents the social relations of women in the family in Korean culture, and their ill bodies tell of their gender-specific experience. However, compared with the sick role in pregnancy and childbirth, the women's sick role after delivery is not tangible and institutionalized in hegemonic Western medicine; rather, it is experiential and cultural.

The most common terms that women use to explain their symptoms and the etiology of ill-health after childbirth are the feelings of cold (neung) or of sour and wind (drift: poong). That is, if the body were exposed to or put in contact with cold things through washing the hair, not wearing socks, or touching cold water for house chores, the cold wind would enter into the body and make your bones and joints cold. For bodies damaged by child birth, women usually took Chinese medicine to recover. As Oh Insook mentioned, Chinese doctors recommended that women who damaged their health have another baby to restore their health to make sure they got good post-partum care. Song Meeja said,

My health has been damaged by four abortions and one childbirth. I felt weak with aches all over my body. I have heard from many women that my symptoms were caused by a lack of post-partum care. However, my health would get better if I had another baby and get good post-partum care this time. I decided to give birth again to regain my health and to show my commitment to my marriage. I thought I achieved these two goals by having my second baby.

Women's understanding of their health problems after child birth shows the way in which Western medicine, Chinese medicine and folk medicine have contestatory effects on female bodies and how medical hegemony is organized and

articulated with cultural practices.

Most of my informants depended on Western medical knowledge and professionals for pregnancy care and birth, but they referred their bodies after child birth to Chinese medicine or traditional empirical therapies. Women subjected their fetuses to Western medical technology in order to produce normal healthy babies. On the other hand, in order to maintain and restore their health, they subjected their bodies to Chinese or traditional practices. The way in which women perceived and mobilized Western medicine and Chinese and traditional folk therapies in managing their post-delivery bodies is aligned with the social relations of discourse concerning Western medicine, Chinese medicine and folk therapies in Korea. That is, Western medicine is represented as "scientific," "objective" and "effective" through the metaphors of production, operation, fixation and visibility; on the other hand, Chinese medicine and folk therapies are associated with the invisibility of its "subjective" and "promotional" efficacy through bodily experience. Here, the question is why the care of fetuses and children is predicated upon Western and modern practices and the care of mother's bodies after childbirth belongs to the traditional practices. Why have Korean cultural practices of post-partum care survived while many cultural practices for fetuses have come to be considered ineffective or at times superstitious?

Western medicine does not have any measures for post-partum care of women. Western medical OB & GYNs said that there were no particular diseases or symptoms after delivery except for some transitional physiological problems such as articular laxity or some arthralgia and myalgia. Western medicine does not deal with these problems seriously because women's bodies adjust their pregnant physiology to the state of non-pregnancy naturally and gradually. Dr. Yang explained that when women felt these physiological symptoms they immediately sensed them in the way that old women talked about drift (the sensation of entering the wind to the body). Dr. Yang also said that she felt the sensation in the same way when she gave birth to her second child because she had heard about those feelings before she experienced them. Her mother advised her not even to brush her teeth and wash her face to prevent her from getting an internal cold. However, Dr. Yang explained that people's complaints were ideological and the sanhupoong ("drift" sensation after childbirth) was a kind of psychosomatic symptom for housewives. She said, "we doctors do not have any language to describe and explain the physical symptoms that many married women complain about, attributing their ill-health to the lack of appropriate post-partum care." However, Chinese medicine, which has not paid much attention to prenatal care and childbirth, has emphasized post-partum care. In addition, Chinese medicine has a medical category

of sanhupoong and a way of caring for post-delivery bodies, sanhuzori (post-partum care). A Chinese doctor, Dr. Lee, said that the sanhuzori is the most important remedy in maintaining and restoring married women's health after childbirth.

The idea of women's damaged health as a result of the lack of post-partum care is very much related to the hegemony of medical discourses and the way in which medical practices articulate with Korean culture. What references do women mobilize to understand their experiences of bodily transformation from pregnancy to sanhupoong (post-delivery illnesses) and how do women select certain resources for prenatal care, delivery, and post-partum care? What makes them turn sometimes to scientific medicine and sometimes to Korean folk health measures? By going through pregnancy, women's bodies becomes the locus at which scientific and traditional health practices as well as cultural discourses of female gender are contested.

Chapter 4. Working-Class Mothers: Migration, Factories, and Motherhood

In this chapter, I explore working-class women's experience of the Korean state's modernization projects. Concurrently, I examine the achievement of female adulthood in industrialized urban settings. The previous section dealt with middle-class women's experience of modernity amidst the spatial rationality of apartment complexes, which entailed a standardization and homogenization of their life style. This chapter deals with working-class women's experience of modernity, amidst their spatial dislocation from village to urban factories; it traces the way in which they achieve a status of being a "real women" through donggo (co-habitation: living with a man) and pregnancy.

In order to interview women in a low-income group, I first sought to meet with several women in the Namyang Health Center on the assumption that women who were using the government health services came from low-income groups. I then visited their homes with their permission. However, these visits were logistically difficult because the women's residential areas were dispersed all over Namyang city or in nearby villages. In addition, some were suspicious that I might be affiliated with a government agency. The brevity of our acquaintance in the health center created difficulties in establishing rapport.

Before I visited the working-class women, I usually

made appointments for interviews by telephone as I did for the interviews with the middle-class women. However, the working-class women were relatively inhospitable to my telephone calls even though they had previously told me to call them up. Once I called a woman who had told me she had had six abortions. I told the woman who answered the phone that I would like to talk to Kim Soonja ssi (Miss or Mrs. Soonja Kim). The woman laughed loudly and said teasingly, "Don't make a joke." I was embarrassed but insisted that I would like to speak to Kim Soonja ssi. For almost two or three minutes, she yelled in amusement at me, saying, "Stop making me laugh. Who is this? Youngmee ('s mother) or Jongai ('s mother)? " I told her quickly, "I am the person whom you met at the Namyang Health Center several days ago." She seemed to be confused for a little while and then became very cool. Then, she said, "I am sorry. I have never heard my full name on the phone since I married and I did not expect anyone to call me using my full name in this way. So I thought some of my friends were making fun of me just for fun." And she refused to be interviewed because she said that she did not have anything particular to say to me.

This approach, in which I treated women as individuals, independent from their living context, did not work. It embarrassed them, leading them to act shy and reserved. They were not accustomed to identifying themselves as individuals, independent from their familial role of wife

and mother. Many women were confused by being formally addressed on the telephone with the use of ssi after their names. They are familiar with being addressed as someone's mother or someone's wife after marriage. When they worked in factories and companies, they were addressed simply as Miss Kim or Miss Lee. Addressing them with ssi made them feel funny and embarrassed. Thus, I altered the way I met working-class women. I wanted to meet them in a more personal, familial and community-oriented context in which their agency as mothers and wives would be acknowledged in their own everyday life settings.

The secretary of Namyang YMCA told me that there were several nurseries for low-income families and I was introduced to the personnel of a nursery run by the Association of Namyang Woman Workers. I did not intend to make a structured comparison of middle-class and working-class women's experience of exposure to "the modern." However, I thought that the kindergarten, run by the Namyang YMCA, and the nursery, run by the Association of Namyang Woman Workers, would provide a good context in which to see how working-class experiences of everyday life and maternal practices of their motherhood intersected to embody female gender in Korean society.

A. A Poor district where a man can live without a wife but cannot live without a pair of rain boots

The first time I visited the nursery located in the

Yaksan area in February 1991, I took a cab. As I came to the entrance way of the Yaksan area, the cab driver looked back at me, ready to complain, and asked where I was going. I requested that he drive me up into the Yaksan area. He said, "Look at the dirty, muddy one-way road. I cannot go further. My car will be messed up by that muddy road. You know, this is the dirtiest and poorest area in Namyang. This is the area where men can live without a wife but not without a pair of rain boots. What kind of business do you have here?" I got out of the cab and walked along the street to the nursery. The streets, or rather alleys, of this area were muddy and filled with black water from a briquette factory because the day before I visited the nursery it had rained.

When I walked along several alleys, I could see slate-roofed brick buildings behind cement walls, and could smell garbage, briquettes, sewage, human wastes, and some chemicals. (Later I realized the low buildings I passed were factories.) When I got to the nursery, I could see a colorful wall-painting of children playing, and smelled a strong stench of urine. The nursery had one big room for children with a tiny seesaw and a slide, a kitchen, a small room for the Association of Namyang Women Workers, and another room which was rented to a family. The toilet was located outside so that children used the toilet training nightchair in the nursery room. Nursery teachers cleaned up the waste by throwing it into a sewage drain in the front

yard.

There were fifteen children, whose ages ranged from three to six. The nursery -- which was built in 1989 by the Association of Namyang Women Workers with the assistance of German church (EZE) funds -- took care of children whose mothers were full-time workers at factories or employees in small businesses. The exceptions were two cases: a mother who was working with a sewing machine at home and a mother who had just given birth to an additional baby without any helpers.

These mothers' workplaces were mainly small factories with less than fifty employees, or in some cases, even less than ten. Usually the work conditions of these factories were terrible, with noise, dust, heat, and a bad smell. Thus, only married woman, whose skills were not very marketable but who needed money, would take jobs there. Big, clean factories prefer unmarried young women (cf: Ong 1987; Kim 1990): the unmarried women were considered more productive and easier to manage compared to married women, whose primary concerns are family, children, and housekeeping. These mothers wanted to find a job near their homes, so that they could meet their wifely and maternal obligations and leave work easily if an emergency came up at home. Therefore, the married women's workplaces were located within walking distance; but the conditions were terrible.

One of the nursery children's mothers, Meesuk's mother,

who had worked in an audio facilities factory, said that the workshop was so full of dust that she could see dust to almost a depth of a centimetre on her hair and shoulders in the afternoon. She quit that factory job because she could not stand the dust and noise. Juntae's mother, whose workshop produced kitchen sinks, said:

My factory building, which was built on an illegal site, was so shabby that it was too hot in summer and even in spring. There was almost no roof except for a very thin black- tarred rug. We were bathed in sweat. In addition, we used a lot of chemical glue, so that its smell paralyzed our noses. We rubbed wood with sandpaper and the whole room was full of dust.

Sometimes, some middle-aged women played with this dust by touching younger men's "lower part" (genital area), marking them with their dusted hands to tease the young.

Like other Korean workers, these mothers worked even on Saturday; thus, the nursery was also open until 5:30 PM on Saturday. Most of these mothers were working because their husband's income was not sufficient to support their family.

Jina's mother, a high school graduate, was staying at home as a full-time housewife and said that she was different from the women in the community. She said that she had worked as a secretary for a political party office and had dated reporters and political aspirants and came from a

middle-class family. She described the Yaksan area in this way:

My husband did not make money, so we moved into this area. This is a very poor neighborhood and all the women around here are working at factories. My daughter wondered why I did not work in a factory like her friends' mothers around here. Myself, I can't. I have never thought about working at the factory no matter what situation I am in. I cannot work at a factory to make money but I might work at a factory if I could work as an activist.¹ When I first moved in here, I found out that the women in this neighborhood were ignorant and did not have the concept of hygiene. They were watching their children play in the dirty water mixed with chemical dyes overflowing from the drain. I cannot associate with any neighbors closely even though I have lived here for two years.

Jina's mother proudly said that she did not have any close neighbor friends. For most women in poor areas, neighbor relations were the most important resource for

¹ Since the late '70s and the '80s many college students and college graduates had gone to factories and worked as workers to raise workers' class consciousness and to help them organize labor unions. This woman, who rented a room from the Association of Namyang Women Workers, saw many college-graduate labor activists and identified herself with these activists rather than with other working mothers in this area. She came to the office to smoke since many women activists came and smoked here. She said that she could not smoke at home because her husband regarded women's smoking as bad and immoral.

socio-economic survival (cf: Cho and Cho 1991). Jina's mother's ideas about the poor community reflected the general view of poor people in Korean society. Especially middle-class women regard married factory women as poor, ignorant and ugly. Jina's mother's distinction from other neighbor women came from her education, work background and her feminine capital of beauty, which had allowed her to associate with socio-economically promising men. She always dressed well and put on make-up, although she said that her husband wanted her to behave like his children's mother, not like a young beauty. Other neighbors commented that she was poor but never helped her husband by making supplementary money and she lacked a maternal instinct.

I met forty working mothers, including fifteen nursery children's mothers in the Yaksan area (see Table 4.1.). I chose twenty of these women for the purpose of collecting their life stories. When I asked the working women for interviews the first time, they always said that they did not have time to talk with me. They had to be home before their husbands arrived to cook and take care of their children. They added that even on weekends they did not have free time to meet me for laundry work and cleaning house. However, I was working as a volunteer teacher in the nursery and they had to meet me every evening when they came to take back their children. So we came to talk about their children's cute doings and problems. After talking with me

and seeing my relationship with their children in the nursery, they began to ask about me: Why had I come to the nursery and what did I want to know about them? Gradually, they invited me to stop by their houses after dinner. When I asked them about their married life and childbirth, and their experiences of factory work, they thought that the questions were easy and personal. They enjoyed their memories of dating men, of the early days of their donggo (cohabitation), and their pregnancies and contraception. However, they were curious about whether this kind of trivial personal information would contribute to my dissertation.

Table 4.1. The age distribution of the working-class couples

age	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43
F	1	3	2	2	2	7	5	5	6		2	1	1	2					1	
M				1	2	1	7	2	7	3	4	3	1	4		1		1	1	1

(F:wife, M: husband. n: F=40, M=39, one woman was a widow.)

My informants who had one or two children lived in a room with a tiny attached kitchen, whose rent was around 70,000 won (about \$100). A deposit was required of 500,000 won (\$700). Several families in this area shared houses that were built to contain several households. The inside of the house in this area was usually dark and cool, so even in summer they used the Korean style of heating, in which the underfloor was heated with a briquette to make the floor of

their rooms dry and warm at night. They took out the briquettes in the day time because they made their small space steam. When people were in their houses, they opened the door, so that outsiders could see the inside. This open-space living style, in which their everyday life was visible and audible to outsiders, was different from the closed space of middle-class apartment houses which were guarded by janitors. The front door was always locked in middle-class apartment houses. The open and interpenetrating housing in working-class districts did not guarantee safety from thieves; however, some studies in the early 1980s found out that this kind of living environment for rural migrants created a reciprocal and communal ethos that was similar to the rural community (E.S.Kim 1983). The women in 1991 said that even soy bean paste and hot pepper paste or clothes that had been washed were stolen and some women had almost been raped and tied up by thieves.

Yaksan was an area not well served by the urban infrastructure, which was apparent in the unpaved muddy alleys. It was said that people could not walk on the street with normal shoes on rainy days. This was not literally true, but the phrase expressed the underdevelopment and backwardness of this area compared to the other part of the city. Recently, to accommodate the increasing population in Seoul's metropolitan area, the central government decided to redevelop the Yaksan area into a residential district for

middle-class people. However, no action had yet been taken during my fieldwork in 1991. Thus, when I did my fieldwork in the Yaksan district, poor people's housing and small factories were crowded together and the housing in the Yaksan area was considered cheap, bad and dirty. Korean society had been successfully industrialized as the result of workers' hard labor, but workers were looked down upon as the poor, ignorant masses or as angry, violent protesters, as the television news sometimes showed. Thus, the image of the "muddy," "dirty," road of Yaksan encapsulated the image of the worker's poor living conditions, low social status and oil, dust-stained body, and it signified the exclusion of workers from the urban neatness and conveniences brought about by Korean development and modernization.

B. Migrant factory women and the Korean modernization

My first question, when I interviewed the working women at their homes, was when they had come to Seoul's metropolitan area. These working women usually did not tell me much about the early period of their factory lives after they had left their hometown. Even though I asked specifically about their factory lives before marriage, many women did not describe their experiences in detail. Usually they began their stories from the time they were dating their future husbands. Many women thought that their meaningful lives began after they met their future husbands

and lived with them. Juntae's mother began her story as follows:

I graduated from a night junior-high school, which was an annex of a textile company in Anyang [a city near Seoul]. At night, I went to this junior-high night school and in the daytime I worked at the factory. I came to this factory because the company allowed workers to attend the school at night. One and a half years later, I fainted in the factory because of anemia and I quit. I stayed at my sister's house for two years, taking care of her kids and helping her with housework. Then, I was employed by a small electronics factory and lived in the factory dormitory. I was quite popular with male workers and dated several men simultaneously. I was fond of talking and going about with men. My husband was one of those guys but I was not much interested in him. I ended up living with him because he appealed to my maternal instincts; women eventually give more attention to the weak. He loved me so much and was very jealous of other guys I was dating. I began to live with him at the age of twenty-one. It was much better and fun living together than living alone and at the same time it gave me lots of security.

Rural migrant girls who had worked in factories had been the main, critical labor force in achieving rapid

economic growth since Korea had launched its industrialization effort. Female workers were the most important in the labor intensive-manufacturing industries from the 1970s to the mid-1980s. They produced most of Korea's export goods, facilitating export-oriented high economic growth (S.K. Kim 1990: S.K Cho 1989). Between 1966 and 1985, female participation in the manufacturing labor force increased from 33.6% to 42.3%. The growing number of women involved in manufacturing has been an integral component of Korea's industrial accomplishment. By 1985, female workers comprised more than half the work force in electronics (51.5%), textiles (65.2%), and garment (77.8%) and rubber footwear manufacturing (63.6%).²

Almost all the women in Yaksan had the same experience of migrating, working in factories, and entering marriage through donggo (co-habitation). All the women, except for two mothers,³ were born in rural areas and migrated to metropolitan industrial zones in their teens, from the mid-'70s to the early '80s. They had experienced Korean modernization and industrialization through working in

² Industrialization was intensified beginning with the second economic development plan (1967-1971). Along with this, rapid migration and urbanization occurred. After the mid-1980s, many female workers from the manufacturing sector began to drain into the tertiary service sectors (S.K. Cho:1989). Female work participation in the total labor force increased gradually from 26.8% in 1960 to 39.9% in the 1970s and 64.7% in 1989. The data came from the Ministry of Labor in 1985.

³ One was born in and graduated from high school in Namyang city and the other woman in Seoul.

factories.⁴ With the exception of a very few who migrated with their families, most of these women migrated alone through their personal or familial networks and began their city life as factory workers in electronics, textile, glass, and sewing factories, or sometimes worked as bus conductors or service workers.

Most of my informants recalled their early impression of factories by noting how hard their work had been, how sleepy they had been at work, and how naive they had been in doing extra work without complaints and without any rewards when their supervisors or senior workers asked for it. Many women also recalled how fast the conveyer belts had moved and how busy and competitive they had been in achieving assigned jobs. One former garment-factory worker described the first scene that she had seen in her published notes:

The first day that I went to the factory, the sewing machine, which was operating very fast, was so impressive. In a wink of an eye the needle of a sewing machine stitched a female worker's finger while she was pushing clothes to the machine. I was shocked but other workers did not pay much attention to it. She handled the machine so that it would stitch backwards and

⁴ It is said that there are two peak ages at which women find their first jobs in factories, immediately after junior high school (aged 15 and 16) and after high school (aged 18 and 19). Kim's (1990:114) study shows that among her informants, 42% (284 women) took their first job at ages 15 to 16, and 35% (234 women) took their first job at ages 18 to 19.

picked her finger out. Then she applied sewing machine oil to her wounded finger, bandaged it with a scrap of cloth and resumed her work (Nodong Hyo'nsil kwa Nodong Undong 1984:23 [translated by the author]).

Factories were the symbol of Korean modernization and industrialization, and encapsulated the dream of future prosperity. Migrant female workers were told over and over that they were warriors on the industrial front. As is frequent in Korea, the project of industrializing the nation was metaphorized as a war against the old Korea, which had been stained by poverty.⁵ Exposed to ideological and physical regulations for increasing production, female workers were usually urged to feel that production was more urgent and socially important than anything else, including their individual well-being. Therefore, they could not interfere with the operation of the system of production by being absent because of their personal problems. One of the most common expressions I heard from my informants was; "I was sorry for the line leaders and my colleagues because I was sick and I could not go to work. I was afraid that their work would be in trouble because of my absence." Productive pressure in the factory structured female workers' moral

⁵ Metaphors of war were easily understood and accepted as signifying the urgency and importance of a task in the Korean cultural context. The Korean people's emotions toward war seemed to be related particularly to the experience of the Korean war and to the dominance of military culture under the military regime in the 1970s.

position on work. Through the state's narratives of a better future and a wealthier Korea, factory women became the subject of physical and ideological control by aggressive capitalist productivity. At the same time, their gender was incorporated into the productive sector, through the transformation of the women's cultural virtues of passivity, tolerance and willingness to obey authority into a work morality for women. The work ethos resulted in low pay, long working hours, and the idea of the factory first before the individual (cf: S.K. Kim 1991). Unmarried women workers went to work although they were sick or even had had abortions. Line leaders knew what had happened to women but still wanted them to appear at work. Hyunsuk's mother said,

The first time that I had an abortion, I called up my garment company the next day and said that I was sick. A line leader told me to come if it was not so terribly serious. My absence would interfere with the assigned target of production in his line. And I went to work just after I had taken medicine. I felt very ill and almost fainted at work. Other workers knew that I had had an abortion; they had sympathy for me in their minds but did not acknowledge it verbally. Everybody assumed that we had to come to work unless we were in a critical situation. When I realized that I was in my third month of another pregnancy, I called the manager in my factory and said that I could not make it that

day. At that time I went through a wedding ceremony and was formally married. The manager threatened me by saying that I should leave the factory if I did not come to work. I did not make it and quit the factory.

The experiences of forced control and production discipline at factory were rationalized with an ideology concerning the national historical necessity for and urgency of industrialization. At the same time, it carried the discourse of modernity, economic wealth and development by constructing workers' desire for getting out of poverty. In order to achieve this, primary emphasis was given on "collective" interests such as factories, nation, state, and government. The good of the collective body was socially constructed as being good for family and individuals' interests.

Until the mid-1980s, the spirit of hamyontoenda ("it can be done or we can do it") was the keyphrase of the Samauel Movement (New Village Movement). The catch-phrase was prominently displayed in every work setting, creating a kind of national ideology that enforced development and modernization under an export-oriented economy. The government campaign emphasized that Korea had a huge labor force but few material resources; therefore, Koreans' survival depended on the export of manufactured goods by using plenty of cheap labor. The spirit of hamyo'ntoenda or "we can do it" was an ideology to challenge workers's

productivity to exceed all limits in the work setting. Thus, the Samauel Movement in industrial settings was implanted to organize workers psychologically for production.

The Samauel Movement, which was begun in the early 1970s by the Korean government, was the most visible and well-executed modernization project nation-wide. Through this movement's campaign, all Korean people were exposed to the political and emotional discourse of modernization and social change. The Samauel Movement, which constructed Korean people's mindset as "productivity," emphasized that hard work and individual sacrifice was needed to realize national development. In order to achieve this aim, the government mobilized whole social institutions such as educational institutes, industrial companies, the governmental administrative apparatus, and civic organizations in the 1970s and the early 1980s. The movement focusing on change emphasized the difference between modernizing, industrializing, practical Korea and impoverished, irrational, superstitious, ostentatious old Korea. The achievements of this modernization project were powerfully demonstrated through such visible changes in rural areas as widened roads and a change in roofs from thatch to slate. Productivity in urban factories was visible in displays of big assembly lines and huge loads of products for export on ships. In addition, an effort was made to rationalize everyday life by establishing gachunge'raye

zunchik (working rules of familial ceremonies: L. Kendall 1993: unpublished) to eradicate inefficient and ostentatious traditional customs.

The government's discourse of modernization embodied in the Samauel Movement constructed a new structure of feeling (Williams 1977: 128-135) that underpinned productivity and development. Many women and men whom I interviewed in Yaksan dreamed of making money in cities and having freedom from familial obligations; thus, they wanted to come to urban areas. Through nation-wide modernization campaigns based on industrialization, factories in urban areas meant economic opportunity to them. As modernization implied, many people believed that the further things moved from the rural and traditional, the more developed, modern and better they were.

C. The Lack of symbolic capital for "the modern": Low education among working-class women

1. Women's low education and the inscription of poverty

The Yaksan women identified themselves as having "no learning" and "no money." However, the phrase "no learning" (low formal education) was mentioned more frequently as a way of representing their position in Korean society. The discourse of low education referred to their poor family background, which did not provide higher educational opportunities for them and at the same time, explained their present position of being working-class wives.

The narratives that most dramatically expressed the way in which their impoverished background had been inscribed in their lives was their memory of dropping out of school. Many women said that their families could not pay the tuition fees even for middle school. When these working women met me, my most impressive and attractive aspect was that I was carrying out my doctoral studies. They said, "how wonderful that you are studying so much (gongbu manihaeso elmana chonya)!" The image of extensive studying, which was another operational power for creating desires of the "modern," conveyed a free, independent, better life that was separated from their everyday life experience. They mentioned how frustrated and resentful they had been of their poor parents, and how many nights they had cried, pulling their bedclothes over their heads. Haesoon's mother said,

Instead of going to school, I was supposed to stay at home and help my mother with housework while my friends were still in school. I felt so ashamed and I could not stand the situation. Thus, I went up to Seoul and became a bus conductor because someone told me that this job would allow me to make more money than going to a factory. My life was determined by having poor parents (pumo chalmot manada)."

Pumo chalmot manada (meeting the wrong parents or having poor parents) was another comment made frequently as a means of explaining their present position. When I asked

the women what their lives had been like in their home villages, they just made categorical comments, such as "we were very poor so I had to go to a factory." Or, "nobody in my family was concerned about me, so I had to take care of myself." In limiting their number of children and practicing contraception, they emphasized the parental role of providing good care and making a high educational level possible for children. One of the traits that distinguished these young mothers from their own mothers was their own consciousness of being socio-economically equipped for motherhood. Many women remembered their parents' suffering because of too many children and their deprived feelings at not getting adequate care because of too many siblings. They also remembered their unequal treatment compared with their brothers. Girls were required to help with housework. Meejin's mother said,

In the old days couples had many children. My parents had six and my husband's parents also had six children. Not only because of poverty but also because they had too many children, we could not get enough care and support from our parents. I always thought that I would not live like my mother. My husband thought in the same way.

Of seventeen women who mentioned the number of their siblings, five women had seven siblings; one woman had six; ten women had five; five women had four; two women had

three. (In order to see the difference, see their number of children in chapter 5, Table 5.8.)

In general, girls who had dropped out of school had high aspirations for more education. Big factories -- especially garment factories which employed large numbers of female workers -- ran night schools so that they could recruit prospective workers by providing them with the opportunity to get the certificate of graduation for middle school or high school. Juntae's mother's story, which I introduced earlier, exemplified this point. Some women said that they used to carry middle school English and math texts for a while, wishing to go to night high school or to take a qualification examination so that they could enter high school again. Around factory districts there were informal night schools called yahak, run by volunteer college students. However, as Eunyoung's mother said, many female workers did not attend this kind of school because these yahak focused on raising worker's class consciousness; on the other hand, the workers wanted to take a regular school curriculum to pass qualifying exams for a high school diploma. In reality, very few workers were able to realize their aim of getting a high school diploma and entering college in order to get out of their position of kongsuni (a derogatory generic term to denote female factory workers: Kong means factory and suni is a commonly used girl's name.) Among my informants, Hyunsuk's mother was a woman who

realized this dream but she met a man who wanted to live with workers; however, she came back to a working-class community and worked as a yahak teacher. During my fieldwork, she was working as an insurance saleswoman.

Hyunsuk's mother's story showed that it was difficult for female workers to change their status without others' help and a woman's position in the social order was determined in relation to men. Hyunsuk's mother said that she hated being in the discarded position of kongsuni (factory girl) and dreamed of getting out of it. Finally, she had a chance to escape from it, but when she came back to the position of Kongsuni with her labor activist boy friend, she did not view herself as a kongsuni. She wished to be a college student in order to be a Botongyocho (common or average woman) -- meaning a middle-class housewife. She might not have come back to a factory if she had not met her college-graduate, activist husband. Hyunsuk's mother was not typical of working mothers but to illustrate the situation of an unmarried female worker, I provide the following vignette:

Hyunsuk's mother's family was poor; hence, she could not pay the tuition fee for high school. She worked in a small furniture factory in Sengnam (near Seoul) after she finished middle school. One day she got off a bus in front of a university in Seoul and entered, sitting inside a building for ten minutes, looking at students.

Since that day, she had gone to the library of that university with a math text for middle-school students and some novels. She said, " I was not doing anything but enjoying the atmosphere, which seemed to be lofty and foreign. When I was there, I felt I was one of the college students." She met a college man who was curious about her because she stayed in the library until the closing time everyday. He was a student who was preparing for the national exam in foreign affairs. When he realized she was a factory worker who just spent time there, he bought her dinner several times and recommended that she study to get a high school certificate. She did not know how to do it and was worried about quitting her job. One day he brought her a certificate which he had paid for so that she could enrol in a high school course. When she told her parents that she would quit factory work to study for a high school diploma, her parents opposed her decision, wanting her to make money for her family. However, she quit the factory and began to study. Finally she passed the exam and entered a college. Her friend -- this college student -- paid the first semester of college tuition. She said, "Even though I entered the college, I had a lot of problems, including financial difficulties. I did not know what other students had learned from their regular high school education and I

did not know any cultural or literary work. Students got together according to their high school networks. I did not have networks. I was very lonely and I was quite scared of being left out." She dropped out of college after one year of attendance because she could not pay for tuition and began to work in a garment factory as a cutter. She said, "I thought he loved me so he was helping me. I liked him so much and appreciated his help. But now I think that he might have just had sympathy for me. I was so naive. Nothing happened between us. If I slept with him, the situation might have been different. Who knows? After he passed the national exam for foreign affairs, he got married and worked in the Ministry of Foreign Affairs. He sent me the wedding invitation but I did not attend his wedding. That's all." She met her husband in a student demonstration on the street. She was passing by but he was running away from policemen who were chasing him. She rescued him by holding onto his arm as his girlfriend. He told her that he was looking for a job in a factory. He was a student activist who was enrolled in the department of electronic engineering at one of the most prestigious universities in Seoul. She volunteered to find a job for him. She was not interested in the labor movement, but she began to get involved in it by teaching woman workers at night

school as she become more involved with him. Her husband always told her that it was she who seduced him. But she said that she might have had a different and more comfortable life if she had not met her husband.

When I asked Hyunsuk's mother whether she had taken advantage of her female gender to get help from the first man and to get married to the male college graduate, she asked how it would be possible with her face. However, she said that the man's help to a woman was natural, as was his favor or sympathy for her. Actually, several women told me that their future husbands had given them some money during the time they dated and they accepted it and thought that this kind of favor was natural between men and women. Hyunsuk's mother identified herself as a college drop-out and also linked herself most of the time with her husband's status of college graduate after marriage.

2. Education and the modern performance of female gender

For my informants, low education marked the most regrettable aspect of the poverty of their youth. Most of the working-class women said that their most heart-felt resentful and shameful feeling came from their lack of learning, not from poverty itself. They regretted their lack of education and felt that their life would have been different if they had been more educated. For them, low

education signified their poor and backward origins, their current class position, and the life of suffering to which they were condemned as the result of being born women. Many families sacrificed their daughters for their sons; sons were sent to higher-level schools and daughters were encouraged to work in factories in order to send their brothers to school or to save money for their own marriage.

Table 4.2. The educational background of working-class couples

m\f (year)	ele(mentary) (1-6)	middle (7-9)	high (10-12)	college (13-16)	total
ele	1	2		1	4
junior	2	3		1	6
high		1		3	4
college	1	1		3	6
total	4	7		8	20

* In the category of college, I included two-year night colleges and technical colleges. I also included those who had dropped out of college no matter how many years they had been in college. I put people in junior-middle school and high school even though they did not complete the course.

Since education was powerful discourse in constructing the modern and developed Koreans, the women's low education was understood to effect their gender performances: that is, the way in which they carried out their maternal and wifely roles in modern urban settings. Youngmee's mother, who finished only six years of elementary school, felt ashamed of herself and was afraid when she was asked to write anything down at work. She worried that her low level of education would be revealed and would shame her. She said:

The thing I most resent in my life is that I did not attend school longer (mot paeiwo'tda). I am now thirty-one years old but still have a dream that I could have a chance to learn. I am very envious of people who write with good hand-writing. I am an ignorant woman. If it affected me only, it would be all right. But it also affects my children. I do not know how to raise a child. I beat my daughter often when she does not obey me. I do not have school learning, so I do not manage my kids' problems in other "learned" ways. I know I am wrong. I feel sorry for my daughter, who becomes passive. I am afraid that my kids might ask me about their studies after they enter the elementary school.

Youngmee's mother worried that she was not qualified to perform the role of good and confident mother because of her lack of formal education. The industrialized urban environment constantly asked what level of education women had finished and demanded women's involvement in bringing up children.

Many working-class women had a good understanding of the symbolic meaning of women's education; women's education was important not only to get good office jobs but also to manage married life well. Women's education was often understood as the index of women's social and biological competence for motherhood; educated women were expected to bring up their children in the "modern and learned" way.

Moreover, educated, smart women were expected to give birth to children who were as smart as they were. In Korea, it is commonly said that a child's brain originates from the maternal line while the body structure takes after the father's lineage. Therefore, many families considered women's smartness and intelligence when they arranged marriage, thinking of the offspring. Actually, men's concerns about their offspring were frequently expressed during dating as Haesoon's mother and Youngmee's mother said. Haesoon's husband said that he liked her because he would have a smart child like her. Youngmee's husband said that he proposed to her because she was tall (and he was short); therefore, he would have at least average-height children.

When I asked people why woman's education was important, regardless of their class and gender position, the answers focused on the value of education as social capital for the fulfilment of the wifely and maternal role. However, it was commonly said that a woman's level of education should be the same, or slightly less than the man's, because the wife's role was to assist and understand her husband in both the public and private spheres. She would accomplish this by mobilizing her social and cultural resources. Many people believed that smart women gave birth to smart children and brought them up in a smart way. Interestingly, many men and women did not give much credit

to the economic value of a woman's education, thinking it was not a dependable commodity. When I pointed out this value, some people even denied its economic relevance. Here, a woman's education was regarded as a certificate that would enable her to meet a better man and marry into a well-off family; at the same time, it was a precondition for being a competent mother. In this context, a woman's educational level became an indicator of socially and biologically-qualified femininity; it meant she could perform wifely and maternal roles well. Therefore, women's education, which was a socio-economic and class-bounded product in Korean culture, was becoming a form of gendered symbolic capital; it was a qualification for the new way of practicing femininity and motherhood.

However, the social and cultural value of working-class women's formal education was situated within class boundaries framed particularly by their husbands' socio-economic condition. Women's formal education did not always work as social capital for social mobility; its efficacy depended upon a certain context. Only properly-situated woman's education worked as social capital. For example, the value of a high-school graduate worked differently in middle-class and working-class families, because, in general, the way in which women's education worked depended upon class and the social position of husbands. Education was not social capital in itself but became social capital

combined with class and gender positions.

A middle-school graduate woman's labor activist, Sukjin's mother, explained how the value of education as social capital changed with the passage of Korean modernization. She said,

When I was a factory worker in the late 1970s, very few high school graduates worked in factories. Most were elementary school graduates and even junior middle-school graduates were few. But female workers' hakbul (level of education) is high. Most of the unmarried women workers are high-school graduates. Those workers who work in electronics factories receive a high income (ranging from 300,000 to 400,000 won [\$ 450-550]) and spend their money on clothes, shoes, and cosmetics, playing tennis, swimming, and learning how to play the piano. Unmarried female workers' way of thinking about themselves are different from ours in the late 1970s or the early 80s. Recently, factory girls have thought they are a sort of jungsancheung (middle-class) and are quite indifferent to the labor movement.

This activist was critical of young factory workers, saying that they had a false consciousness of their class position and rosy dreams of being full-time housewives. The unmarried workers had accepted a manufactured image of their future in which a wife gave her husband a good send-off every morning, standing at the front door with a baby in her

arms. However, this activist said, "Sooner or later, the young girls will get married and give birth to a child, and will realize what kind of life they will lead." She took the class position as the most critical condition to define people's lives and did not give the constructive power to the level of women's education within a class boundary.

In general, it was normal that a woman had less education than her husband, but there were several couples whose wives had more education than their husbands, as Table 4.2. shows. Women's education in itself was not sufficient as symbolic capital unless it was combined with several other factors, such as beauty or family background. Many middle-class women also were high-school graduates but their lives differed from the working-class high-school graduates. Most of the working-class mothers said that once women became factory workers and married to male workers, it did not make a big difference whether the women had finished high school or middle school; after marriage, women's fate depended upon men's ability to make a living. This activist's comment was true in the sense that a woman's individual character became integrated into the family role and individual woman socially manifested herself through the social relations of her position of a mother and wife.

However, women's education as a power of modernity created discursive practices to women's lives, conflicting with and intruding into existing power relations. Some

working mothers said that the high-school-graduate factory women might be smarter than they were and might manage their lives differently from what they had done. Sungduk's mother, who had graduated from high school and Haesoon's mother, who was a high school drop-out, said that they were naive and would not lead the same lives if they could start again.

Sungduk's mother who had recently begun to work as an insurance saleswoman, said:

If I were not a high school graduate, I would not have been eligible to apply for this job. Depending on their education level, women are different. When I was in the job-training workshop, I found that the women there did not chat much and did not gossip about other women. I realized that many of these saleswomen were college-graduates and seemed to come from a different class, not like the Yaksan neighborhood. I got a job to get out of my stressful marriage. My husband enjoys gambling and comes home late. Maybe he hates to see me, because I became fat after childbirth. I think he is dating another woman who might be slim and pretty. I have tried to do my best to get his attention, but he is wandering around outside. I think he does not love me, so he does not care much about the home. Recently, I have been thinking about the old people's saying that songchunginun sol iplu'l mo'ko'yahanda (a pine caterpillar should eat pine leaves: birds of a feather

flock together). The old people in my family used to say to me that marriage had to be arranged between people who came from similar family backgrounds and similar educational levels. I married a rural man who only graduated from middle school and whose family was very poor. I am an open-minded person, while my husband sticks to the old feudal way of thinking. He believes that the woman should be at home without raising her voice and men can do whatever they want to do and can come home at any time.

Sungsuk's mother was in serious conflict with her husband when I interviewed her. She diagnosed their cause of conflict as her lack of what her husband called femininity: a woman should be submissive, pretty and slim. She angrily added that she had been that kind of woman, but once a woman had given birth to children and had started to do housework, it was impossible to maintain that kind of body. Her analysis was that her husband's behavior at first came from his inferiority complex but later he just wanted to avoid his social and economic responsibility for three children and a wife. He told her that he hated her having a job but she thought that he might secretly be glad in his mind that she could make a living.

Haesoon's mother who dropped out of high school, said:

Of course, the educational differences between husband and wife create lots of trouble and the wife

always has to take care that her husband's pride is not hurt. My husband only finished elementary school. He feels bad when I know something he does not know. Then I pretend that I am insensitive and do not notice that I have hurt his feelings. I am very hyundaisik (modern), so I think that wife and husband are equal. However, my husband is quite traditional and thinks the wife should be subordinate to her husband. Thus, if I say something he does not understand, or if I teach him the meaning of English vocabulary words shown on television, he hates it, saying "oh, you are a learned person. All right, so you are saying that you are better than I am, etc." However, my husband likes showing off to other people that his wife has learned much, even though he has not.

These women whose educational level is higher than that of their husbands said that they were careful not to hurt the husbands' pride. However, they knew how their education worked to affect their relationship with their husbands. In this context, female workers' higher education affected traditional gender relations. The conflicts and new construction of gender politics in working-class families began to be seen.

Whereas a woman's education -- which represented a woman's individual resource independent from her family role -- created some tension with her husband, having a job

outside the home created a similar pattern of strife with respect to a working-class family's gender politics. Women said that they were very careful about the way they presented their jobs because men thought women became independent and assertive when they were making money. Women's social capital, such as education or an occupation was not expected to be set to work independently, but was supposed to be domesticated and gendered as cultural capital for the family, Or, it was a supplementary income source for the household. Many women believed that in their hearts their husbands liked their wives' economic activity because it was a source of supplementary income for family, but in order to demonstrate the authority of the household head and to practice their power to control their wives, the husbands opposed their wives' employment. Many wives took their husbands' resentment seriously and convinced them to allow them to work by explaining their plan for the family economy. On the other hand, these women understood their husbands' resentment as political and rhetorical actions, aspects of gender politics.

At the same time, Sungsook's mother and Haesoon's mother to some degree manifested their expectation that their husbands would deploy "modern masculinity," which, these women thought, came from institutional education. Women also regarded men's education as economic capital as well as cultural capital. Youngsoo's mother said,

Men should have higher educational levels in order to take care of their family. I do not mean only by getting good jobs to make a living but to take care of family members in a cultivated way. My husband only finished elementary school. I did not learn much either. I finished middle school because my family was poor and my schooling ability was not good enough to go to high school. I am disgusted at my husband's use of abusive language and other behavior, such as beating me and the children, which, I think, reflects his background of no learning. How can I and my children respect this kind of man?

Many women in this working-class district represented their present low-class position as being critically related to their lack of education, which in turn was the material result of their poor family background. Korean society had traditionally recognized scholarship and education as the means for social mobility. Institutionalized formal education had been one of the most critical forms of capital since the beginning of the modernization effort, sometimes education had been the sole means for social mobility. In addition, it was said that Korean economic growth had been made possible by Korean people's zeal for higher education. Within this social and cultural environment, in which education was considered to be the only channel for providing all the information and knowledge that would make

the "modern" desirable, the poorly educated working-class woman became frustrated in the course of attempting to manage and practice competent femininity, particularly motherhood.

D. Donggo (co-habitation): Donggo as a marriage strategy for working-class couples

As I mentioned in the previous chapters, the marriage ceremony is taken more seriously than legal registration of marriage in establishing marital relations in Korea. Marriage sometimes simply means a marriage rite, through which a man and a woman are transformed into social adults. Wedding rites are regarded as the transformative mechanism through which men and women achieve not only the status of adulthood but more fundamentally the character of socially and morally integrated beings (Kendall 1993: unpublished manuscript). Unmarried men and women, on the other hand, are treated as socially immature and irresponsible. For unmarried female workers, marriage was the most critical concern. However, their social and economic condition forced them to enter marriage differently than the social norms ordain. Young female workers who were dislocated from their own natal family life and their communities began married life without family recognition and ceremonies. Therefore, the construction of their way of achieving social adulthood and engaging in in-law family relations was different from the patterns described for middle-class women in chapter 2.

Young female migrants were perplexed by the hard, long labor they endured in urban factories, but at the same time they enjoyed their own independence and the fact that they were making money by themselves. The social and economic conditions of working and living in factories, separate from their families and their own community, gave the migrant women a feeling of liberation from traditional norms and from the web of obligatory family relations for unmarried women in rural areas.

My informants in Yaksan had lived in factory dormitories at first. In spite of the tough work conditions, they met friends of their age and shared their frustrations with women who came from similar backgrounds. Gradually they became absorbed in the urban consumer culture through the purchase of cosmetics and accessories and through going to pubs, cafes, and discotheques, and dating men. Some women had sent their money to their parents in the rural area but most of my informants spent their income on living expenses and saved some of their income for their future marriage. Of eighteen women who mentioned the way in which their income was spent, eight women had helped their families financially by sending home some of their income, paying for the living expenses of brothers or sisters who were students, or giving all their income to parents when they lived in the parent's home except for some of their pocket money. Ten women had spent their income on buying

clothes and keeping up their appearances, saving little for the future. The most critical concerns for the young factory women were their appearance, dating, men, and marriage.

In general, women considered their factory work a transient stage to marriage. Young women workers were willing to tolerate low wages and poor working conditions because they anticipated spending only a short time in the factory before getting married. They would then leave the labor force. They expected that their marriage would improve their lives and took it for granted that they would be supported by their husbands. Thus, dating and marriage were the two most important topics that young women workers discussed among themselves. One labor organizer said that this expectation of marriage inhibited women workers' involvement in labor unions and in other collective strategies to improve their working and living conditions. Very few women workers expected to work after they got married. In the same context, one ex-labor activist said, "Many unmarried women workers have fantasies about marriage. A worker whom I met recently wants to be a piano teacher at home as a part-time job after marriage while taking care of housework and kids. Therefore, she is now taking piano lessons to realize her dream." This activist said that the mass media gave many female workers false consciousness. She concluded that it was an impossible reality for female workers to achieve in the recent Korean context. However,

marriage, whether rosy or plain, was anticipated as the rite of passage by factory female workers.

Most of the working mothers left their work in their early and mid twenties.⁶ Most of my informants left factories when they met their future husbands and particularly when they became pregnant. In many cases, the female workers who began to date became pregnant easily because they generally did not have any knowledge about contraception or the physiology of women's bodies. Their best sources for information were their male partners or friends, whose knowledge and information usually were as poor as the women's. All my informants said that they did not know how to make love and how to prevent pregnancies. Most of their discourses on sexual experience conveyed the idea that they were not sexually active and it was the men who had wanted sex. They solicited my agreement about the idea that men were biologically different from women: men had excessive, uncontrollable lust and were sexually aggressive. Many women projected an image of themselves as victims who had given in or were willing to give their bodies to men; therefore, the men had to have responsibility for pregnancies. Most of them added that they had never

⁶ Female factory workers are expected to leave factories when they are in their mid-twenties. Mira Choi, who was a secretary for an organization of female workers, wanted to find a factory job but she had been rejected from all the factories to which she applied. Management was suspicious of her because she was a twenty-eight-year old unmarried woman and wanted to do factory work, supposing that she is a professional labor activist.

heard about contraception.

S.K. Kim (1990:159-160), in her dissertation, described an example of Korean cultural attitudes toward unmarried women's sexuality:

Once a year a "Sex Education" class was offered in the factory where I worked. A woman from the YMCA came and lectured on sex and pregnancy. The main theme of her talk was: "do not trust men, and do not sleep with them no matter what they tell you." She did not mention birth control or contraception methods. She did not consider the possibility that women workers would be sexually active and preached that they should wait until they were married to have sexual experiences. Another sex education program was offered at the Catholic Women's center. But the program also stressed that women should abstain from sex until after marriage.

Culturally, unmarried women were supposed to be asexual and virginal; thus, there were no formal channels for unmarried women to obtain knowledge and information about contraception. Most of them did not realize their pregnancies until they were in the fourth or fifth month. After they found out about their pregnancies, many couples decided to engage in donggo (living together), or to have an abortion. Abortion was the main contraceptive method for unmarried female workers.

The literal meaning of donggo is living together without having a wedding ritual or registering the marriage. In Korea where social recognition is more important than two people's institutional union in marriage, donggo usually connotes sexual engagement without social legitimacy, implying immoral or licentious relations between men and women. However, many working-class women in the Yaksan area said, "donggo is not a bad idea for those of us who are poor at the time of marriage. For us, it is the same as marriage because we will have the marriage ceremony with our children's fathers some day, anyhow." My working-class mothers started their donggo at an earlier age than the average honki (marriageable age) in Korea because they started their social life in their mid- or late teens. Many women said that they understood their colleague's engagement in donggo even though some women worried that donggo did not guarantee men's fidelity and responsibility. In general, donggo was accepted as a kind of marriage in which the marriage ceremony was delayed because of financial reasons. Once a couple entered into donggo, a woman usually began to manage their whole income and the housekeeping. In donggo, the same institutionalized sexual division of labor was practiced as in marriage. Out of forty informants, twenty-four women mentioned that they started their marriage in donggo. Their ages when beginning donggo with their present husbands is shown in Table 4.3.

Table 4.3. Working-class women's age at donggo

age	20	21	22	23	24	25	26	27	28	total
number	2	7			2	1		1	1	14

When my informants recalled their time of donggo, they said that emotion combined with social and economic reasons made them want to live together. However, in reality pregnancy was the most critical and important stimulus for formalizing their relations into a marriage. Here, I introduce several women's descriptions of their entry into donggo and their understanding of donggo in their lives.

- - -

Sungsuk's mother (age: 28, husband's age:31, with two daughters and one son)

When I met my husband, I was working for two years in the production section of a pharmaceutical company. I was proud of being employed in that company because I entered it through an exam. It was good to work there; I had a high income, five days of work without night work or overtime work, a 400% bonus, lots of leisure time, good meals, special food for Christmas and bok (dog day: the hottest summer day), a group birthday party, and no work on national ceremonial days. I had seen my husband in a Catholic prayer house. He was a welder. One day we took the same bus. He was sleeping, leaning against me. I should have gotten off first, but I could not have helped awakening him. He woke up at

his stop and suggested I go to his place. I thought he seemed okay. Frankly, I liked him because he seemed to be serious and intelligent. I accompanied him. His house was in a remote area of the Pupyung city (the city next to Namyang) but I did not realize he was living alone in a rented room until I got there. We were sitting in his room without saying anything until 10 PM while he was drinking liquor. I was waiting for him to speak but he did not say anything. Finally I asked him where I could catch a bus, and he said, "no bus service any more at this late time." I was worried but I believed in him. He told me that I could sleep on one side of the room and leave in the morning. However, we ended up sleeping together because he forced me to make love to him. I did not say anything to him the next morning and I came home. I was a little shocked by the fact that I had slept with a man and I had lost my virginity. I was twenty-two years old at that time but I did not know how to make love. I began to worry about getting pregnant so I bought a contraceptive pill from the drug store and took it to menstruate. I had heard about this from one of my high school friends who was engaging in donggo with a man. She said that she took contraceptive pills to resume menstruation when she became pregnant. It was quite well known to us that sometimes contraceptive pills can work to abort the

conception if they are taken right after pregnancy.

When I came back home, I decided not to think about it any more. I thought I could marry another man even though I had slept with this man. Even at that time [1985], it was not a big deal unless others knew it. Three days later he called me and left a message to come over to his house next Thursday. I thought I would not go but on Thursday I went there and he offered to have me live there. I decided to do so. I did not think I loved him or anything, but I wanted to leave my family. Next day, we went to my father and told him we would live together. My father was furious and said to me not to come home any more. I said to my father that I would never come back home. I was very depressed in my home because I had to take care of lots of housework since my mother was a vendor and there were many younger brothers and sisters in my family. I did not expect to live with him forever but I wished to get out of my natal family. I did not have any preparation for living with a man. I bought contraceptive pills from a drug store and took them everyday for the first two months. However, the side effects were terrible; I felt fatigue, sickness, loss of appetite, and nausea. I stopped taking pills and two months later I got pregnant. Then, I quit the factory. I did not want to have a baby but I decided to give birth. I used to say

to my husband that I lived at his place because I loved him, but I am not sure even today. My husband seemed to have the same idea. After I gave birth to the first daughter, my husband once told me that he thought that I was okay. But he neither loved me nor disliked me. He added that he had decided to live with me because of his guilty feeling that he had touched my body (ko'nturida). I was surprised at hearing this, but I said to him that it was all right because I had the same idea about him. But I was hurt and felt resentful. Still, I think that I had the wrong idea that he was in love with me. It was regrettable but what else could I do except stay with him. I did not have any place to go. Ten months after giving birth to the first daughter, we had a wedding ceremony. I do not think anything in our relationship has changed after the ceremony.

Youngsoo's mother (age: 24, husband's age: 30, with one son and one daughter)

I came to Seoul at the age of 17 and worked for two years in a garment factory. When I was 18, I met my husband, who was a welder worker, by chance in a beer pub. I was with my female friends and he was with his friends and we joined each other. After that meeting, I began to date him and he gave me some pocket-money for

clothes and snacks every month when he got his monthly salary. I thought it was natural that an older man should give some money to a younger woman. Even though I did not have any friends who received pocket-money from their boy friends, I thought it was natural. I had heard that men were dangerous and women had to be careful, etc. However, I did not feel danger from him because he was much older than I was, so I thought he was safe. I called him "oppa (older brother)", even after I gave birth to our first child. He has called me "ya" (hey)⁷ until now. He never calls me "Youngsoo's mother" as other husbands address their wives even though I became a mother. When he wanted us to sleep together, I was scared but I thought he would take care of me because he is senior to me. A month after we met, we were sleeping together three or four times a month. I was living at the factory dormitory. I had never thought of pregnancy and had no information about contraception. Later, I was simply curious as to why I did not get pregnant when I realized that one of my friends, who had met another guy at that pub, had gotten pregnant and had had an abortion. Finally, one

⁷ This term is used between friends, like "hey" in English, but in a colloquial context, it is used to refer to a person in a lower or junior position. However, it is not a polite term if it is used in formal social relations. It usually shows a very clear power relationship between the addressor and the addressed. Many men in many occasions use this term when they address women, including their wives, daughters or other women younger than themselves.

year later, I got pregnant and I was afraid to tell him about it. Thus, I met his friend and told him that I had gotten pregnant. When my husband found out about my pregnancy, he first told me to have an abortion and tried to give me money for it. I refused and was afraid of having an abortion. I thought if he had slept with me, he should be responsible for the pregnancy. Finally, he told me to move into his place and to quit the factory. We began to donggo not only because of the pregnancy but also because I liked him and I was tired of working in a factory. We have not had the wedding ceremony until now. For me, living together is the same as getting married.⁸

Eunyoung's mother (age: 32, husband's age: 33, with one son and one daughter)

I came to Seoul at the age of 18 and had worked in a garment factory at first. After one and a half years, I

⁸ Youngsoo's father's story

I did not have any plan to live with Youngsoo's mother. I thought I, as a man, could sleep around with many women. Even at that time I was involved with another woman and Youngsoo's mother was very young and cried when she became pregnant. I consoled her and tried to convince her to get an abortion but she refused and told me that she would give birth even though I did not care for her. What could I do? A man, anyhow, should be responsible for his seeds, so I told her we could live together. I had never thought about marriage in respect to a certain woman. All men should get married some day. The wife will be a woman who takes care of my home and my children. She was very quiet and submissive when she was young but after donggo she turned out to be stubborn and to control me in her own way. This is the reason I sometimes treat her in a bad way to change her way of treating me.

quit that job because working at a sewing machine hurt my back and hip. And then, I entered a glass factory where my future husband was working. I had known him for three years as a friend. We went to nightclubs, Western-style restaurants, and pubs with other friends. At that time he was living in a dormitory and I was living in a room rented monthly. He was about to start military service but he was not sent to a regular military camp; instead, his duty was working in a district office only in the daytime. Therefore, he left the factory dormitory but he did not have any place to stay at night and he did not have any savings. I told him he could come over to my place. I was a little worried about how it would look in other's eyes, but I did not think much about pregnancy or sex-related problems. However, I got pregnant very soon after our donggo, and I hid it from the company and friends. The first time, I did not know that I was pregnant but I felt strange when I did not have my period. Right after my friends sensed my pregnancy, I quit the factory lest the rumor should spread. I thought donggo was immoral and felt ashamed. My husband liked my pregnancy but we could not have a wedding ceremony at that time because his older brother in the home village was single. We waited for our turn, but for many reasons we have not been able to have our ceremony performed. We behaved as

if we had had the wedding ceremony. When I decided to engage in donggo with my husband, it was a marriage to me. I believed that once a woman gave her body to a man (momu'l zuda), then he was a life-long partner.

Juntae's mother (age: 24, husband's age: 30; one son)

My husband and I worked in the same factory, which manufactured audio facilities. It was a newly built, small factory that employed about 100 workers. I was living in the dormitory, located in the basement of the factory. There, male and female sections were separated but we could see each other on the stairway. As soon as I moved in, my husband showed interest in me. I was so naive at that time, and I did additional projects which were not related to my real job. I was so tired that I quit the factory and found a new job in another factory. My husband and I slept together after seeing each other for two months and began to donggo when I was nineteen. My husband and I did not have any money and rented a very cheap room in a village next to Namyang city. There, we only slept and ate our meals in our factories. Soon, I got pregnant. All my knowledge about pregnancy and women's physiology was that a woman might get pregnant when a man and a woman slept together. I did not have any idea about contraception and I did not know any methods of contraception. I was

already in the fourth month of the pregnancy. We were very poor and I was afraid that my parents would be upset about our donggo. Thus, we decided to get an abortion. After the abortion, my husband began to use condoms which one of my senior-colleague workers recommended for me as a good contraceptive method. However, I got pregnant again and quit the factory when I was in the fifth month, because the factory employed only unmarried women. I did not tell anyone that I was living with a man, so I was uncomfortable when my belly began getting bigger.

For me, it was much better living together rather than living as a single. I did not care about how others saw our donggo. I did not think that the wedding ceremony was as important as many other women thought. However, I wished to wear the wedding veil sometime in the future when we could afford the wedding ceremony. I had heard from old people that a woman's soul after death would be wandering unless she wore the wedding veil once in her life. I do not think donggo is a marriage. In my case, I tried to work it out; my husband was in love with me and he was a very good person. That was all. However, living together with a child, whether the couple has gone through the wedding ceremony or not, is the same as marriage. When we threw a feast for my son's dol (the celebration of one-year-

old birthday), we invited both my and my husband's families to introduce them to each other. At that meeting, my father-in-law proposed to my oldest brother who was the head of my natal family that we have a wedding ceremony. My father-in-law immediately fixed the wedding date and notified us without any discussion with us. My brother, since he was the person who was responsible for the bride's family, felt his pride had been wounded but he could not say anything. My husband's family did not offer support for our wedding at all, so we had to spend all our savings for it. My brother, who was as poor as we were, spent a year of his farming income: approximately one million won (\$ 1,500) to send some wedding gifts to my husband's parents. My brother, as the head of my family, could not avoid his duty in order to save face for me and to secure my position in my husband's family. He is still mad at me. My husband and I were very angry at my husband's family and I have not visited my in-law family except once since my marriage.

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Whether the women had wedding ceremonies or not, these women's donggo worked out as equivalent to a marriage, particularly after the couples had children. Many couples married legally by putting the women's names in their husbands' family registration when they registered the birth

of their children. Sometimes (as with Youngmee's father, who secretly registered his marriage by counterfeiting Youngmee mother's seal without her permission) husbands registered the marriage when they thought their marriage certificate was needed for such eventualities as medical insurance.

Many women were happy when they donggoed with their boy friends. However, as Eunyoung's mother and Juntae's mother mentioned, the most difficult thing during their donggo was that they could not inform their families and friends of their donggo. The marriage ceremony was a transformative rite to inform other people of their changed status without personal explanations. However, for donggo couples who have that kind of social mechanism available, the only channel for informing other people of their married status was a bodily expression: specifically pregnancy and the pregnancy's product -- children. The families of many women were upset or embarrassed about their daughters' donggo with men without a marriage ceremony even though these families were not able to conduct the ceremony for the daughters. The families' embarrassment and worries focused upon whether other families knew about their daughters' donggo or not. That was the reason that Juntae's mother's family could not resist the proposal from the husband's family to have a wedding ceremony performed, despite their financial difficulties. They thought their daughter had already conducted herself in a way that was socially incorrect, so

they had to show their sincerity and support when the husband's family wanted to correct the improper behavior. The family of some women opposed the donggo union even after their daughters had gotten pregnant. Youngmee's mother's natal mother was very upset about her daughter's donggo with a poor man. The natal mother came over to her house and urged her to have an abortion and to return home. However, Youngmee's mother thought that she had already given her body to her husband and had gotten pregnant; therefore, she had to live with him. The natal mother accepted this marriage after they had the wedding ceremony.

Many women, who were engaged in donggo, wished to have a wedding ceremony which would socialize and institutionalize their union even though they had already married legally and had children. Some women actually saw the donggo as not socially legitimate or morally correct even though my informants said that they did not feel any difference between their donggo union and a ceremonial marriage. Therefore, when the child was more than five-year-old or so, some couples gave up having a ceremony because they thought it was too late. These couples told other people that they had gotten married for convenience; then, other people understood that they had gone through ceremonial marriage. Some Yaksan women expressed worry and doubt about the danger of donggo, believing that the men might change their minds and might leave without taking any

responsibility for the women if they did not have wedding ceremonies. However, at the same time, more people agreed that donggo was all right because they could not afford the marriage ceremony and their decision to live together totally depended on the discretion of two people. In Juntae's mother's story, the couple were mad at the husband's father because they thought their wedding had nothing to do with the father; the whole expense of the ceremony had been covered by the couple. However, the father brought up the idea of the traditional marriage ceremony to the woman's family. Juntae's mother thought that the proposal could be ignored but her natal family tried to save face in order to secure their daughter's position in the in-law family. That this couple had not visited the husband's family for four years since the event showed that the family in Yaksan was quite independent from family networks compared with the middle-class families. Compared with middle-class women, comments about in-law families were not mentioned frequently.

Actually when many women were thinking about leaving their factory work, which they had considered transitional, they were willingly engaged into donggo as a way of retrieving agency; through donggo women constructed their lives as independent from their natal families, achieving the status of social adults.

E. The experience of womanhood and motherhood: Pregnancy and childbirth⁹

(1) Dating and pregnancies

After middle-class women had marked their entry into marriage through wedding ceremonies, their pregnancies were socially expected and awaited even though many women were personally not ready to become pregnant. In contrast, many working-class women's pregnancies did not occur within the social relations of women's changed status; that is, through marriage. However, the working-class mothers understood getting pregnant as a social act, a shift in social relations of the women while dating and donggo were personal decisions. Through pregnancy, therefore, the women's gender position changed.

When I asked Yaksan mothers their ideas about virginity, they teased me by saying "who cared about virginity nowadays?" Some women commented that it was impossible to be a virgin before marriage these days. One working-class husband joked that he was sure that nowadays Korean virgins could only be found among girls under age five. More than half of my Yaksan informants said that they had had sexual experiences before they met their husbands even though some husbands never believed that their wives

⁹ In this section, I describe the class-related aspects of reproductive care that could be found among working-class women; I have already dealt with women's experience with the cultural and medical practices of reproduction in chapter 4.

had had love affairs except with them. My informants' dating period was not particularly long before they had sexual relations with their future husbands. Women usually thought that men were by nature sexually more active and had a stronger sexual instinct than women while women had a fear about it. Many women did not clearly distinguished dating and mating in their mind. When women dated men, they assumed, even vaguely or unconsciously, that there was a possibility of sleeping together because men's sexual instinct and aggression were part of men's nature. Meejin's mother said, "I decided to engage in donggo with my husband because I admired his capacity for control, which was beyond anything that could be found in an average man. He did not force me to make love to him. He waited until I permitted him to make love to me while I was staying in his room for two weeks after I left a factory dormitory. I have never told this story to other people because we knew that nobody would believe my story."

Women mentioned men's biology rather than love or emotion when they explained their early experience of sexuality during dating. Therefore, the women situated their position in donggo and pregnancy without a marriage ceremony within the context of the tension between men's instinctual sexual aggression and women's sexual naivete. In addition, combining with the popular folklore of the lack of virginity among young factory women, they presented themselves as

victimized by men. However, their narratives of victimization did not have an undertone of resentments or oppression but was full of rationalizations for their past and present situations. Their stories and rationales retrieved working-class women's agency amidst contravening cultural discourses about "proper" unmarried women and the socially correct way of engaging with men through ceremonies and familial arrangements.

Many women vaguely worried about pregnancies when they dated; most of them said that they did not know exactly how to get pregnant. Many Yaksan mothers said that they did not know that contraceptives were available in drug stores. Although some women had information about contraception, the young factory women were afraid of using contraceptives because they might be considered sexually-experienced women if they worried about contraception. Sometimes the women heard incomplete or wrong information about contraception. Youngmee's mother, for example, had heard about the IUD from her friends in a factory but she did not have any idea what it looked like, how to get it or how to use it. Actually, women did not have an idea of how to use contraceptives because they did not separate sexuality from reproduction. Youngsoo's mother said that she did not worry about pregnancy but she began to worry about her infertility after she had been seeing her future husband for one year. (Note that her donggo story was introduced earlier in this

section). She said,

I never thought about pregnancy and contraception. I slept over at my future husband's place three or four times a month for more than a year. One day, after I heard of my friend's pregnancy and abortion, I worried about myself -- whether I was infertile or not. I did not want to get pregnant, but infertility seemed to be a more serious problem than getting pregnant for women.

Youngsoo's mother did not know about the physiology of women's bodies but her idea was that it was a committed relationship if a woman and a man began to sleep together. Therefore, pregnancy was also included in that relationship. Among earlier donggo stories, Juntae's mother mentioned that donggo was not a marriage until the woman got pregnant. This might have been true for some female factory workers but in reality most of the women engaged in donggo became pregnant. These factory women did not separate sexuality from reproduction since the general discourse of Korean culture did not distinguish sexuality and reproduction.

Unmarried women, as I argued with respect to middle-class women in chapter 4, were the subject of cultural control aimed at producing an "innocent and asexual proper maiden." Hyunsuk's mother said that people did not think that unmarried women could have sexual feelings; women's sexuality emerged after marriage or after giving birth to at least one baby. Haesoon's mother, who had a sexual

experience before she met her future husband, said that people assumed that unmarried women who had sexual relations were abnormal because they knew too much about "that kind of stuff" (sexuality). Therefore, these women had an unidentifiable and complex fear about pregnancy after they had had sex with men. What they could do was use contraception after sexual relation. One female pharmacist (who had worked in a factory zone before she had a business in the inner city of Namyang) said that most of her clients in that factory zone were teenage female workers who came to buy tongkyo'ngche (drugs to make the uterus contract: a kind of abortifacient) to avoid pregnancy after they had had sex.

In this context, women did not find out about their pregnancies until they sensed bodily changes, such as regular morning sickness or nausea. Hyunsuk's mother did not realize she was pregnant until her future husbands' friends told him that she seemed to be pregnant, which they concluded when they noted her craving for sour foods like lemon. Many women knew that menstruation stopped when women got pregnant but they rarely noticed the cessation of menstruation as a sign of their pregnancy because many factory girls suffered from menstrual irregularity. In addition, they were not meticulous about keeping trace of the date of their menstrual period. Thus, when women realized they were pregnant, they were usually in the fourth or the fifth month. Meejin's mother said,

The first time I was pregnant, I did not realize it until I miscarried and blood gushed out from my "lower part." I was taken to a hospital and a doctor told me that I had miscarried. Even for the second pregnancy I did not sense it until my neighbor woman recommended that I see an OB & GYN doctor when she saw me vomiting. My husband and I thought I had a stomach problem (che)¹⁰. My husband clapped me on back and opened the tip of my index finger to bleed [which is a folk treatment for che].

(2) Pregnancy and prenatal care

As the donggo stories showed, pregnancy pushed the woman to the turning point in situating her in relation to her partner. Many women were surprised and felt embarrassed and ashamed when they found out about their pregnancies. Hyunsuk's mother said that she could not imagine that such a short contact could impregnate her. However, their pregnancies did not create conflicts or raise such questions as whether they should stay at the factory or live with their future husbands, even though some stayed at the factory for a while in order to save money for donggo. Most

¹⁰ Che is a kind of folk disease. Western medical doctors treat people's complaints of che as poor digestion or stomach upset, but Korean people believe that che is a disease entity. There are some che specialists who are called "a person who is dropping che." Chinese medicine also deals with this symptom as a disease category.

women had chosen the relationship with their future husbands in so far as the men accepted that the pregnancies were their responsibility. At that point, they began to live together and entered into a kind of married state. The pregnancy was thought to happen to women's bodies but to result from the men's deed; therefore, the men had to be responsible for it. Meejin's mother said, "When I realized I was pregnant, I did not think it was a good time but my future husband seemed to be happy, maybe because he came to be sure that I belonged to him." The fact that women became pregnant changed the nature of a man and a woman's relationship. Jina's mother described it more vividly: " I did not have any idea of marrying my husband. He loved me very much, but I rejected his proposal. Then, he decided to "have" me by forcing me to make love to him. Even though I told him that he was not my type, he forced me to make love to him because physiologically men are stronger than women with respect to sexual instincts. So I became pregnant and decided to stay with him."

Usually pregnant women continued to work until their pregnancies were visible to other people. Thus, the women quit factory work in their fourth or fifth month to take care of their pregnant bodies. With respect to the direct reason for leaving work, some women said that they quit the job because they had lower-back pain, fatigue and a heavy feeling in the body. However, some women said that they were

afraid of having their pregnancy became apparent to other workers. Many women mentioned in particular the feeling of nausea or actual vomiting as the main reason for quitting the job. Women's vomiting is the cultural language of pregnancy in Korean culture. Instead of mentioning pregnancy directly, the cultural media such as movies and television dramas used a woman's vomiting to signify sexual relations, which in turn implied pregnancies. Juntae's mother quit her factory job in her fifth month of her second pregnancy [the first pregnancy had been aborted] because she was afraid that her growing belly was apparent. She was working in a factory in which only unmarried women were employed. Sometimes, future husbands themselves did not allow the women to work outside the home right after beginning donggo or finding out about a pregnancy.¹¹

My working-class informants did not have regular prenatal care as often as many of my middle-class informants did. Most of them visited OB & GYN clinics two times during the pregnancy; once for confirmation of the pregnancy at the first stage, and the other for a check-up of the fetus's

¹¹ Some men think that wives should be at home. Even after marriage, their wives working outside hurts their pride. Youngmee's mother said that her husband had strong pride, so he made her quit her job when they decided to donggo. Youngmee's father had strong ideas about sexual division of labor; therefore, holding and carrying babies was not men's work. When they went out to visit relatives or friends, he was hesitant to help her by carrying the babies. Sometimes he held a baby on the street, but he gave her the baby before he entered others' houses. Very rarely he prepared his meals; usually he did not eat unless his wife prepared meals for him.

position and to learn the due date for childbirth. The pregnancy test was the first experience of visiting OB & GYN clinics for most of the women, except for some women who earlier had had abortions. Kiyoung's mother wondered why pregnant women needed to visit clinics often when pregnancy was natural for all women. She said that two times should be enough, adding that frequent visits were not good for the fetus. She visited a clinic for the first time to get an injection of Ringer solution (in Korea all IVs are referred to as Ringer) and said, "My morning sickness was so severe that I could not eat meals for two months. In order to be injected with a tonic Ringer (IV), the nurse wanted me to have a pregnancy test but I refused, saying that I know I am pregnant. If I had taken a test, the clinic would have charged for it."

Some exceptional cases, such as Minkee's mother, visited an OB & GYN clinic several times during pregnancy. Minkee's mother had finally become pregnant after eagerly awaiting the baby during a seven-year donggo. Therefore, she was worried about whether or not the pregnancy was in trouble. In order to give birth safely to a normal baby, she used all the services that the clinic recommended, including ultrasound and fetus monitoring.

Most of the working-class women obtained information about the care of their reproductive bodies from neighbors, friends and relatives, through word of mouth. Juntae's

mother visited an OB & GYN clinic twice during her pregnancy like most other women did. She said that she did not like going to an OB & GYN clinic; it made her feel uncomfortable and timid. Therefore, she did not visit the clinic until the last month because she did not experience any particular problems during pregnancy. During the last month, she visited a midwifery clinic because neighbors told her that the midwifery clinic was the same as a doctor's clinic and the midwife was known around Yaksan as a kind, caring unmarried woman in her early forties.

Because many women did not visit OB & GYN clinics regularly, they did not say much about the doctors's gender even though they tried first to find female doctors. Juntae's mother said that she wanted a female doctor but she did not know how to find one, so she just saw a female name on a clinic sign and entered. The name turned out to belong to a male doctor, but she did not experience any difficulties. Minkee's mother preferred a male doctor to a female doctor because male doctors seemed to her to be more trustworthy and competent in medical knowledge. She said that female doctors did not pay much attention in reading the results of lab tests and ultrasound. Her mother-in-law told her not to go to female doctors, worrying how female doctors, who had long red manicured nails, did internal examinations and delivered a baby. Many women thought that female doctors did not act in a professional way toward

patients, because they paid more attention to their own private lives and to trivial feminine things because they also had to take care of their families too. At the same time attesting to their feelings, however, many women liked Dr. Yang's medical care, saying that she was sensitive and careful not to hurt women's feelings because she was a married woman and had been through two childbirths.

In understanding and perceiving the position of female professionals, women appropriated female professionals' medical expertise within their own experiential boundaries. As I described the middle-class women's discourse of homogenizing and universalizing all women's experiences in respect to women's marriage and motherhood in chapter 2, the working-class women also use the referential lens of motherhood in looking at other women's lives. However, the working-class women's totalizing discourse of all women as a category was relatively weak because their class position kept them at a social and cultural distance from women in other classes, compared to the middle-class women whose class position was often the standpoint of all other groups in the society.

(3) Childbirth

Many women visited the clinic to find out the date of childbirth in their last month of pregnancy, and all the women gave birth to their children in medical institutions.

Only two women, Minkee's mother and a nursery teacher, gave birth in a hospital in which Dr. Yang worked as an OB & GYN specialist. The hospital was built for a poor neighborhood near Namyang by some physicians who were social activists. Five women gave birth to their last children in a midwifery clinic; and others delivered children in local private OB & GYN clinics close to the Yaksan area. Some women went to rural areas for childbirth, returning to where their natal parents were living.

In general, working-class women's experience of medical doctors and medical institutions were similar to the middle-class women's encounters which I described in chapter 3. However, because of working-class women's limited access to medical resources and their lack of previous experience with the use of modern medical institutions, they were more psychologically and culturally disengaged from modern medical institutions than middle-class women; thus, their experience of feeling embarrassed and humiliated in big hospitals was accentuated. Both Haesoon's mother and Hyunsuk's mother left the hospitals, claiming that they would be back soon, because they were scared of and uncomfortable with medical practitioners' treatment of them. Hyunsuk's mother said,

I did not have prenatal care, so I wanted to receive good care at childbirth. Therefore, I went to the big hospital. I was scared in an OB & GYN ward when I heard

women's screams and moans. I could hear and dimly see other women because the room was divided into two parts by a glass screen; one was for women in childbirth and the other part for women in labor. A doctor who seemed to be a resident rubbed my belly with some kind of jelly and connected me to a machine with two needles, which drew black lines on paper. One line was straight and the other one was zigzag. Hospital staff walked back and forth and when they saw my record, they said to each other that it was strange. They whispered and left. I asked one of the staff what the problem was. They said, "Nothing." I felt very bad. The doctor asked me to have another test but I told him that I would come back the next day. He said to me that labor would come within 24 hours. But I insisted that I would be back later. I did not go back to the doctor. Instead, my older sister took me to an old midwife near my sister's house. The midwife told me that it would take ten days more for childbirth. Ten days later, I went to the midwife. She told me to come back in a week. I began to worry and I went to the hospital again. The doctor, who recognized me, was mad at me and asked why I had disappeared, telling me that I had better go to another clinic if I did not trust them. I did not say anything and I waited my turn for diagnosis. At that time I heard that women's pubic hair would be shaved at

delivery. I was shocked and scared. I left the hospital and went to the midwife. [Several days later, she gave birth to a daughter in the midwife's clinic.]

Haesoon's mother visited a general hospital in Namyang to find out the date of delivery. But she did not have labor on the date that the doctor told her to come to the hospital for childbirth. She came to the hospital one week after the appointed date. The doctor was mad at her, asking why she did not appear on the date that he had told her to come. She said:

I told the doctor that I had not been in labor, so I waited for labor. The doctor told me that I needed an induced delivery, so I should have come back with my stuff for hospitalization. I asked him what the induced delivery meant. He yelled at me that he did not have time to chat with me and told me to do it quickly if I cared about the baby. I left the hospital and stopped by a clinic near my area and I took all the tests that I had already taken in that hospital. The doctor in the local clinic told me to wait for two days and to come back again. I went home and jumped up and down in my room to hasten the procedure. The water bag broke the next morning. I had heard from many women that the water bag had to be broken before I went to the clinic

for the delivery.¹² I went to the clinic early in the morning but the doctor appeared at 10:30. He said that all the water had come out, so that I might have a c-section. I could not think about anything because the pain was so severe. However, when I heard the doctor's comment about a c-section, I said to myself that I had to do my best to have a normal delivery, because I was worrying about the cost of a c-section. [Finally she had a normal delivery.]

As a patient, the woman had already cooperated with the hegemony of medicine in hospital settings. In addition, the working-class women had already been dis-empowered by the modern institution of medical knowledge because of their class position before they went to the hospitals. For the women, the hospital represented the embodiment of modernity through its power of technological and scientific knowledge, which they lacked. In this context, doctors showed irritation and impatience at the women's questions, misunderstandings and silent disobedience. The women did not understand what was going on inside their bodies because doctors did not explain it to them. Doctors forced women to obey their orders without any resistance, threatening to

¹² Few middle-class women whose water bags were broken were nervous and rushed into hospitals, but most of my working-class informants' water bags were broken before they went to clinics for childbirth. Some of my working-class women did not even realize that their water bags were broken when they found a watery and sticky discharge because they could not sense the pain of the labor.

mobilize cultural and medical powers against them. The doctors' condemnations of the women included: "unless you trust me, I cannot be responsible for your baby's safety" or "if you do not like what I am doing you can leave this hospital. And I do not mind that your baby's life is in danger." Or "what you are doing now will kill your baby." These doctors' statements drew on the cultural discourse of correct maternal conduct, implying that good mothers should be good patients. Women felt that they had to depend on medical doctors for childbirth but at the same time they thought that the doctors created fears that were unbearable. Therefore, they wanted to avoid the hospital situation or tried to find alternative medical resources that were more in keeping with their psychological, cultural and economic situation.

Several women went to a midwifery clinic for childbirth even though they had not visited the clinic previously. Juntae's mother delivered her son at a midwifery clinic near her house in Yaksan. Juntae's mother said:

One of my neighbors told me that a midwife, Ms Lee, was very good in childbirth, and she took care of delivered women who have just delivered and newborn babies for one week through home-visits. She gave the women the same medical services as the private OB & GYN clinics did. In addition, the medical fee was much cheaper. My due date was delayed, so she gave me two injections to

promote the birth and I was injected with a bottle of tonic. I stayed at the midwifery clinic for a night and two days.

A midwife, Ms. Park, emphasized that she was providing the same services that the pregnant women received in OB & GYN clinics. Both Ms. Park and her patients understood that this midwifery clinic was a substitute for OB & GYN clinics but Ms. Park provided more personal, intensive care to individual women. Ms. Park was critical of the fact that the women tried to compare her services with medical doctors' services with respect to the medical technology that she used. Most of the Yaksan women's information about childbirth came by word of mouth and this information contested Western medicine, folk medicine, and Chinese medicine, but their reference of desirable and correct medical practices focused on high technology-oriented hospital medicine. Therefore, many women located Ms. Park's medical service within this referential context; many women asked Ms. Park why she did not have an ultrasound machine in her clinic. The women wanted to know whether or not their fetuses were "deformed," by which the women meant physically crippled as mass media reported that the ultrasound could tell the deformity of fetuses.

Ms. Park said that people did not understand the boundaries of a midwife's services. Ms. Park complained that the midwifery job was difficult because she had to

demonstrate how good and useful her services were to women patients, along with invisible, unspoken competition from OB & GYN doctors who did not give recognition to midwife's clinical independence. OB & GYNs basically did not care about the midwifery business because the number of midwives was small and mainly composed of older women in their late fifties and sixties. Not many young midwife/nurses opened their clinics as a full-time job. The young midwife/nurses usually worked in big hospitals.

The women who gave birth in midwifery clinics had received recommendation from neighbors who had delivered their babies there. Some women went to the midwifery clinic to ask about their fears, such as a delayed due date or needing to have a c-section. In hospital settings, doctors wanted women to be hospitalized to induce labor when the due date had been past for more than a week. But midwives usually told women to wait for the labor. Therefore, some women, like Hyunsuk's mother, were confused and went back and forth from the hospital to the midwifery clinic. An old midwife said that the hospitals and media created many fears and worries for women and therefore women did not take pregnancies as normal bodily processes. The women became nervous when labor did not come on the due date but the midwife said that she simply told them to wait. Some doctors commented that in some cases waiting might be all right but midwives had to be supervised by OB & GYN specialists. More

women came to the midwife to ask whether or not they could have normal deliveries through the vagina after they had heard from doctors that they needed to have c-sections.

Several women in the Yaksan district who had doctors' recommendations of c-sections came to the midwife and tried to have vaginal deliveries. Meesuk's mother wanted to have a vaginal delivery even though the doctor had told her that she had to have a c-section. Finally, she had the c-section after she had lost a lot of blood. When Meesuk's mother gave birth to her daughter by c-section, her mother-in-law got mad at her, saying how could she have spent so much money that her son had earned with his hard labor. Haesoon's mother, too, had worried about the cost of a c-section during her labor. Inwha's mother said that mothers-in-law hated their daughters-in-law's c-sections in general but if the baby was a girl, the mother-in-law's mistreatment of her daughter-in-law became harsher.

A midwife, Ms. Park, tried to help women have normal deliveries when women came to her with worries about the doctors' recommendations of a c-section. She said that in many cases normal deliveries would not be problematic. Many working-class women were overwhelmed by medical doctors in hospitals, but at the same time many women stated that they did not trust medical doctors; they said that they did not know the doctors' expertise but they felt that the doctors did not always pick up their problems correctly. Therefore,

many women wanted to receive a second check-up from the midwife who, they felt, was neither institutional nor professional but more personal. However, the midwife criticized women themselves for their non-disciplined and ignorant way of taking care of their pregnant bodies. She said:

Pregnant women and their husbands treated their pregnancies as diseases; most of them did not do exercise. And some women lay down for almost ten months to protect their babies inside their bodies, sometimes after they had quit their jobs. The women think that pregnancy is natural because all women become pregnant and become mothers. However, many women think that pregnancy is very special for them and different from an ordinary state and many husbands experience their wives' pregnancy in that way, too. Many women said that the best time for them -- when their husbands had been nice and caring -- was the period of their pregnancies. Therefore, babies grow bigger and women have a hard time having a normal delivery.

The midwife actually presented low technology-oriented birth with the emphasis on the women's control and discipline about their own pregnant bodies; she emphasized the modern agency of women prior to depending on institutional expertise. However, the women usually had two extreme ideas about pregnancy; pregnancy was a natural

process so that babies would come out in course of time, but at the same time more dependence on medical technology would be better and safer to women's bodies. One natal mother asked for Ms. Park to give her daughter a quickening injection for the promotion of birth, showing her doubt about why the mid-wife let her daughter suffer from the terrible pain of natural labor. Many women complained that Ms. Park injected some women with a tonic Ringer but they were not injected with a tonic after childbirth. Because of women's demands, therefore, Ms. Park was using the quickening injection frequently and giving the injection of tonic Ringer to all women after childbirth in her clinic.

Another reason why many women came to Ms. Park's clinic derived from women's social condition; that is, the women did not have anyone who could provide post-delivery care for them. The women in Yaksan said that they chose Ms Lee's clinic for delivery because she visited the patients for one week for post-delivery care. She bathed the newborn babies and examined women's vaginas and treated the swollen part. In many cases, husbands helped their wives after childbirth but they had to go to work and the wives felt sorry for their husbands when they saw they were doing housework. Therefore, some women were sent to their natal families to give birth to a child. Youngsoo's father sent his wife to her natal family in the rural area for child delivery for one month while he stayed in Namyang.

Not only Ms. Park but other midwives as well asked husbands to come in and help with their wives' childbirth. When Hyunsuk's mother gave birth to a daughter, her natal mother and her husband attended. When she screamed loudly, her mother was embarrassed in front of her son-in-law and told her to lower her voice, commenting that she was not the only one who was giving birth; all women had gone through the same process. She kicked her mother and her husband slapped her face so that she would not clench her teeth. Because the midwife had told him to do that so that she would not hurt her teeth. Some women said that they felt ashamed when they were with their husbands even though they felt safe with natal mothers or mothers-in-law. Midwives told me that they tried to let husbands know about women's pain and hard labor. However, many husbands would not come in and in some cases women did not want their husbands to attend childbirth. One woman said that she hated exposing her emotions to other people so she decided not to scream in front of her mother-in-law and her husband. However, she screamed and moaned and felt more relaxed personally even though she felt ashamed whenever she recalled the scene of her childbirth. Some husbands, who had a strong idea that pregnancy and childbirth were women's business, felt shy to accompany their wives for childbirth. Minkee's mother took a neighbor-friend to attend her childbirth. She said that her husband felt shy about attending the childbirth and was

drunk and sleeping at home while she gave birth to a son. Her neighbor-friend called her husband to tell him that he had a son. He was very pleased it was a son and said that he knew it would be a son although there was not a big fuss at son-birth as the middle-class women's families showed.

Son-preference, however, was not as conspicuously practiced among the working-class women. One woman in Yaksan, who eventually gave birth to a son, wanted to know her baby's sex when she took an ultrasound examination before childbirth. A doctor refused to tell her the baby's sex, so she asked to see the record of the ultrasound; then, the doctor asked her how she could read it if he gave it to her. She thought that the ultrasound picture just showed the baby's gochu in graphic way because many women mentioned that the ultrasound could identify a baby's sex.

Like many middle-class women, working-class women also cried when they gave birth to daughters. When Hyunsuk's mother gave birth to a daughter, Hyunsook, the midwife and her natal mother showed great disappointments. The child grandmother commented to her newborn granddaughter, "Oh, poor thing! Why did you leave your gochu (pepper:penis) in your mom's womb?" The midwife tried to comfort Hyunsuk's mother that it was good to have a daughter as the first child because she could help with her mother's housework. Hyunsuk's mother cried because she felt sorry for her daughter, who would eventually have to go through the pain

of childbirth.

Inwha's mother, who was a labor activist before marriage, said that she was exhausted right after delivery but she wanted to see whether or not the baby had a gochu. When she could not find it she was so disappointed. However, these two mothers did not want to have an additional child because they thought they could not afford to have more than one child. Youngmee's mother, who had two children, said that she would not have had the second baby if she had had a boy as the first child. The working-class mothers also had a strong emotional and cultural orientation of son preference but many couples said that they did not have the financial and social capacity to have an additional child. Many couples's desire to limit or economize the family size and their weak socio-economic interactions with in-law families seemed to contribute to weakening the practice of son-absolutism in the working-class (see chapter 5 for additional information).

Many women expected severe pain at childbirth because as they approached their last month of pregnancy, everybody mentioned pain in childbirth. Juntae's mother said that she expected horrible pain because many women had told her how terrible the pain was. When the pain came, she thought it might not be the same pain that other women mentioned, expecting that there might be a worse one. Hyunsuk's mother was also terrified by the expectation of pain. She said:

I had heard many times about the pain in childbirth. My midwife told me when I moaned; "You did not expect this pain when you made love and had pleasure. This pain is owing to that pleasure. The world is equal. If women had this amount of pain from diseases, they would kill themselves." I thought this saying had some truth. If we had had fun, we should pay for it with pain.

When I asked Hyunsuk's mother how men paid for that pleasure, she said that they made money to support the family. A midwife, Ms. Park, commented that the less love women had for babies, the more pain they had in childbirth. Many women had vivid memories of their birthing experiences which constituted their way of constructing their gender position in Korean culture. I described in chapter 4 how doctors in hospitals practice male-gendered powers over women through the medical profession, mobilizing the cultural practices of differences between men and women and inscribing their gender position as reproductive beings. On the other hand, the "morales" of midwives, who were all women and their job itself professionally female-gendered (versus male-gendered medicine) legitimized the sameness of becoming women as mothers, focusing on universal female experiences of childbirth derived from the essential differences between men and women. Amidst cultural comments about women's birthing and their bodily pain and women's bodily fact of childbirth, the women in childbirth

constructed and understood the truth of social relations of the female gender; that is, becoming mothers meant realizing and experiencing women's biological and anatomical truth; this process was also understood as sinful, painful and a source of pride, which constituted their agency in Korean culture.

Chapter 5. Contraception: The Rationalization of the Modern Family and the Quality Control of Motherhood

Class differences in the nineteen century were important in birth control, but they should not blind us to the basic similarity in women's experience....[And] what evidence there is of the subjective experience of women in their birth-control attempts also suggests that the desire for spaced motherhood and smaller families existed in every class.....[The] individual theory and practice of birth control stems from a biological female condition that is more basic even than class.(Linda Gordon 1977:70)

Social reality is lived social relations, our most important political construction, a world-changing fiction. The international women's movements have constructed "women's experience," as well as uncovered and discovered this crucial collective object. The experience is a fiction and fact of the most crucial, political kind. (Donna Haraway 1985 [1991:149] A Manifesto Cyborgs)

Women's reproductive practices have always been socially and culturally constituted. Thus, women's bodies have not been controlled by women themselves; rather the meanings of their bodies have been regulated in certain historical and political contexts (Gordon 1977, MacKinnon 1987; Pechesky 1990). However, as the feminist literature and ethnographies show, women have always wanted control over their reproduction and have demonstrated this desire by mobilizing available methods in their societies (Gordon 1977:26-46; Devereux 1967:132-137; Hims 1963:109). From the feminist point of view, women's efforts to control and transcend the reproductive process that imprisons women within their biological functions (Gordon 1977:46) has

always been a "women's liberation" issue. In this chapter, I explore the gender relations that affect Korean women's contraceptive practices. During my fieldwork in 1990, these practices were strongly shaped by the state's policy of family planning, although Korean women might not have been aware of its influence. I discuss the meaning of the way in which Korean women understood their contraceptive practices within the contexts of the state, family, and women's reproduction and sexuality. In contrast to Western societies in which birth control has been part of an agenda of the social movement to achieve women's reproductive rights and individual freedoms, Korean society had never developed a political or social discourse with respect to control over women's reproduction until the government implemented a family planning policy for population control in 1962. Even with the advent of this policy, Korean women were not the subject of their reproductive control. Instead, women's bodies were treated as an integral part of the national population and the family. The control over Korean women's reproduction was inscribed as an object and an instrumental variable for the welfare and development of Korean population as well as of a family by limiting the family size. For the last three decades, birth control has not been discursively differentiated in a feminist sense from population control (family planning) in Korea. Gordon uses the term "birth control" in contrast to "population

control." For her, "birth control" is a conscious choice by women as subject actors to control their biological anatomy and to create the conditions of their lives in such a way as to save their own interests (Gordon 1977:xiv). On the other hand, population control is aimed at controlling women's reproduction based on the Neo-Malthusian assumption that overpopulation causes poverty (Gordon 1977:76).¹

In contrast to Western feminist's understanding of the birth control movement as one in which women's reproductive rights or the freedom bestowed upon a woman's individual body has been the result of women's political efforts, Korean women's demographic choice -- of having few children -- has nothing to do with the social discourses concerning reproductive freedom and reproductive control over women's own bodies. Rather, it is the effect of the state politics of bio-power which has placed women's sexual and reproductive conduct within the purview of national policy and power practices. The population policy has

¹ Gordon differentiated the concepts of birth control, population control and contraception as follows:

"Birth control means any kind of action taken to prevent having children, including not only abortion and infanticide but also periodic or even sustained sexual abstinence if it is done with that intent. Contraception, by contrast, will be used to refer to specific devices or chemicals or medicines used to prevent conception (Gordon 1977:49, footnote*) . . . politically, population control has almost nothing in common with birth control. The former applies norms of ideal family size without respect for cultural, social, or political self-determination. The latter has been precisely a campaign for self-determination. . . . in popular usage in the last few decades "population control" and "birth control" have been virtually synonymous (Gordon 1977:xiv-xv, footnote+)."

provided contraceptive information and services as women's reproductive capability was incorporated into national bio-politics which aimed at a project of modernization and economic development. At the same time, the effect of the bio-politics has constructed a "modern" way of gender relations for Korean women with respect to reproduction and sexuality, by penetrating the medico-political discourse of reproductive control into everyday life practices and by eroding or reinforcing existing social relations of gender. In this Foucaudian sense of "strategic reversibility" (Foucault:1978) or a new kind of counter-politics, I look at Korean women's family planning practices within the standpoint of birth control that Gordon advocates.

The state's discourse about family planning has reoriented Korean women's reproductive practices for the last three decades. In order to discuss the way in which Korean women have accepted the state's campaign of contraceptive practices and the way in which women construct their agency so that they transcend their biological condition, I discursively address in this chapter three dimensions of women's bodies (cf. Scheper-Hughes and Lock: 1987) that are affected by the family planning program: Korean women as a social body whose fertility is treated as a critical variable for the development by the state's policy; a family planning user as an individual, experiential woman's body; and the body politics that emerge

from gender relations. In the first section, I discuss the political technology of shaping women's "modernized" bodies with contraception and the construction of people's desire to have fewer children. In the second section, I describe the birth control experience of middle-class women and working-class women during my fieldwork period from 1989 to 1990 and its implication for women's lives.

A. The State Control on Women's Fertility and the Political Discourse of Modernity

(1) Population decrease and the "modern" reproductive norm

Since the 1960s Korea had been well-known as having one of the most effective population control programs in the World. The population control program known as the family planning policy is considered to have played an important role in lowering the nation's population growth rate during the last three decades. During this period from 1960 to 1989, the population growth rate declined drastically from 3.0 percent per annum to 1.0 percent, and the total fertility rate declined from 6.0 per woman to 1.6 during the period of 1960 through 1987 as Table 5.1. shows (KIPH 1989).

Table 5.1. Changes in Fertility rate, 1960-1987

\	1960	1971	1974	1976	1982	1984	1987
TFR	6.0	4.7	3.6	3.2	2.7	2.1	1.6

(Source: KIHSA 1990:11)

In general, a two-child family has come to be seen as normal and is, in fact, the average norm for married couples

in recent Korean society. In a statistical sense, it is true that over 90 percent of total births in 1988 were a first or second birth (KIHSA 1990:16). Nowadays, when Korean women are asked "How many children do you have?", women who have more than two children hesitate to answer immediately. Instead of giving a direct answer, they say, "I am still primitive, or old-fashioned". Women who have three or more children are considered not to have taken care of their reproduction "properly" or are assumed to have given birth to more children to have a son.² Thus, people show a sort of compassion or surprise toward women who are taking care of three or more children, although they do not regard them as pre-modern or ignorant of future planning. Rather, women comment, "How are they able to raise those children in the world of today?" The underlying message of this comment concerns the parent's economic and social burden in taking care of these children and their education expenses. Under socio-economic and ideological imperatives in industrialized urban settings, having one or two children for a married couple is getting to be established as a general reproductive norm in "modern" Korea.

² Recently some women's magazines and newspapers dealt with articles about a kind of fad in which women in their late thirties or early forties among upper-middle classes in Seoul gave birth to their third child. Here, the issue was that these women in upper-middle class were economically comfortable and found fresh pleasure in mothering.

(2) Economic development and family planning policy

The family planning (FP) program was the first social and political discourse concerning reproductive control over women's bodies in Korea. The introduction of "modern" contraception for the control of women's fertility in Korea was initiated and encouraged by the government as an integral part of economic development plans in 1962. The term "modern" which appeared in the government FP literature meant "effective" contraception, referring primarily to the pill, IUD or sterilization (Bang 1964; Yang et al. 1966). At the same time, "modern" methods delivered the image of contraceptives that were related to scientific and medical technology. Before the intervention by the government, there had been some sporadic campaigns of birth control by missionaries, the Korean mothers' organization and Christian social service centers but there were no wide campaigns nor was birth control practiced (Bang 1986:497).

The introduction of FP policy to Korea was related to international concerns about overpopulation and poverty in the Third World. After World War II many international organizations recommended population control programs for reducing the birth rate in underdeveloped countries as a tool in economic development; birth control was also recommended for poor people within the developed capitalist countries as a weapon against poverty (Gordon 1977:392). These efforts reflected a growing concern, based on neo-

Malthusian assumptions that overpopulation caused poverty; the concern was that population control could prevent poverty. The Korean government accepted population control as an economic strategy in 1962 when it launched an ambitious five-year-plan of economic development with the expectation of achieving an annual growth rate of 7.1%, in contrast to the average Korean annual economic growth rate during 1954-1960 of about 4.6%.³ Advised by international development agencies and economists who regarded population growth in the less industrialized world as a serious threat to national progress (Hartmann 1987; Justice 1986; Yanoshik and Norsigian 1989; Gordon 1976; Reed 1977)⁴, Korean economic planners thought that about a 3% population increase rate would be a major handicap in attaining the goal of economic achievement. According to one baseline study conducted in 1962, an average family size was 6.7 children in Wondang township and 7.4 in Kimpo township. The ideal number of children was 3 to 5 with a preferred sex

³ Quoted from Bang 1988:83, originally from Bank of Korea: Monthly Statistical Review, 16:25, April 1962, P.19 and Korean Journal of the Korean National Commission for UNESCO, 3:16, 1963

⁴ Population control organizations and the nation-state's policy of population are more concerned with limiting the size of Third World populations than with assisting women by meeting their individual fertility needs (Hartmann 1987). In the same context, Judith Justice mentioned that the information used in health planning represents the value of the foreign planners rather than the culture of the local recipients. Therefore, the client of the donor agencies is actually the bureaucracy, not the women (or villagers) whom programs are directed (Justice 1986:152). In Korea, it was the state who was a client of international population organizations and combined with local Western medical resources.

combination of 2 to 3 sons and 1 to 2 daughters. Concurrently, the practice of "modern" methods of birth control was 7.9 % in Wondang and 11.7% in Kimpo (Bang 1963). It was the Korean women's fertility that was considered a hinderance in national development and taken as a controllable variable for the national project of modernization. Thus, the national project of implementing population policy that favored the economic plan was concerned with how to control women's fertility and terminate women's reproductive function after having a "proper" number of children. [In order to understand the international support of population control, see Table 5.3].

The family planning policy for the control over women's fertility was undertaken as a national policy in February 1962, and the government began establishing 189 family planning clinics, each having two full-time family planning workers (nurses and midwives) in health centers in rural and urban areas (Bang 1988:502). As the government chose health centers as the means of controlling the population, the entire activity of public health provision in the local health center was organized to execute family planning work.

The state has implemented strong ideological campaigns and provided free contraceptive services for women. The visible side of this policy has been the provision of contraceptive services through assigning FP health workers to every health center and mobilizing private OB & GYN

clinicians to insert IUDs and provide sterilization for women who took FP coupons from health centers. These clinicians were reimbursed for their services later from the government. However, discursive campaigns for establishing a small-family ideology were deployed through all kinds of informational channels. The bio-politics of fertility control claimed that having many children impeded improving the quality of people's lives in a family as well as in the nation. The ideological imperative of FP created the image and desire of a small-family as the "modern," "happy," new life style in an industrializing society.

In the first stages during the 1960s, when the nation's fertility was quite high, the policy focused on the creation of a desire for a small family, which was associated with the image of a "happy and wealthy" family, -- an image brought about by "modern" contraceptives. In the '60s, the government began to supply the "effective, modern" contraceptive devices (particularly IUDs) nation-wide. The slogans and catchy-phrase were widely distributed and attached to the wall in public places everywhere to motivate and educate people about the benefits of a small family. The most popular slogans were: "Give birth to fewer children and bring them up well"; "Make our family wealthy by practicing family planning"; "Do not suffer from many births but bring up few children"; "Giving birth to children without planning brings you poverty forever"; "Let's have three children with

three-year-intervals, and stop pregnancies by the age of 35 years "; "Well brought-up, few children, good for parents and good for children.

In these catchy-phrases of the 1960s, the number of children was directly transformed into an economic cost, advancing the proposition that having children should be accompanied by a sense of parental responsibility for their nurture and education. That was a quite different idea about children from the traditional Korean concept in which all children were born with their own bread and having many children meant good fortune and prosperity for a family. In FP discourses, children become consumers of family wealth and dependents upon parents. Therefore, not having children is a matter of planning and rational decision-making for both parents and children. This was the way in which women's practices of contraception interconnected with and were submerged into a family and national body in the 1960s and in the early 1970s.

Since the mid-1970s, family planning policy was more institutionally and socially highlighted as the national economic development plan was spread nation wide and forcefully executed. As a consequence, the FP policy was also carried out in a more aggressive and coercive way so that women would use "effective" contraceptives; the government began to introduce various social support measures (incentives and disincentive policies for family

planning users). For example, since 1976, income tax exemptions have been available for those with up to two children. Those who undergo sterilization after having one or two children have priority in the allotment of public housing and in applying for newly built apartments, and various loans. Benefits of free medical services are available only for two children per family; monetary incentives are given to low-income FP acceptors (KIHSA 1990:12). The government loosened legal sanctions against abortion and provided an abortion service (so-called "MR: menstruation regulation") as a means of backup for contraception failures. In 1973, the government established a subsidiary provision of the Mother and Child Health Law by which a woman gets an abortion when the pregnancy creates medical, psychological and social problems for the woman, although abortion has been constitutionally illegal since 1953.

In addition, to achieve the planned goal of high FP acceptance rate, strong administrative interventions were carried out. The overall implementation of the FP policy was overseen by the Ministry of Health and Social Affairs, but its implementation was deeply integrated into the work of the whole Ministry of Domestic Affairs at the local level. Therefore, the government mobilized the whole public health system as well as the domestic affairs administrative system to meet the predetermined target of lowering the birth rate.

The government also organized mothers' clubs in every village for monitoring and checking women's contraceptive practices (cf: Justice 1983). People got the impression that the public health service in the national modernization program was almost equivalent to FP services. [To understand the status of the family planning program in national health and its budget, see Table 5.2. and 5.3.]

Table 5.2. Total National Budget, National Health and Family Planning Budgets of Republic of Korea, 1962-1981

year	(1)health /national budget	(2)FP /health budget	FP practice rate
1962	0.9%	5.3%	
1967	1.0%	23.6%	
1971	1.4%	14.2%	25%
1976	0.9%	9.6%	44%
1979	1.0%	14.4%	55%
1982	0.7%	16.2%	58%
1983	0.8%	36.0%	

(1) % of health budget to national budget, (2) % of family planning budget to health budget (re-quoted from Bang 1988:505).

Table 5.3. The percentage of foreign sources of total FP expenditures

year	1962	1967	1971	1976	1979	1982	1983
% of *	2.5	11.4	40.5	24.8	10.3	6.3	3.3

(*: foreign source/domestic source as percentage of total family planning expenditure. quoted from Bang 1988:506)

Especially in rural areas where the modernization project called the "New Village Movement" was strongly and aggressively conducted in the 1970s, the issue of controlling women's reproduction was at the core of public

health activity for villagers and one of the major jobs for the local administration, requiring comprehensive political and social concern. During this period, people identified the government's health sub-centers or health centers with FP promotion agencies. If health workers showed up in their villages, people thought that they came to recruit more cases for sterilization.

In addition, the ideological campaign was strengthened by including population education in primary, middle, and high school textbooks. The government also put population education and family planning into the governmental and vocational training centers and other civil institutions. Above all, mass communication networks and mass media have played an important role in disseminating a "modern" and "economical" image for small families by putting two-children-families for all couples into all kinds of serial drama productions. Special programs are also made for the heightening awareness of the population explosion, etc. These kinds of cultural and ideological deployments were done at the government's request but at the same time all media organizations in the 1970s compulsorily participated in the state policy. This campaign of establishing a small family ideology, furthermore, encircled people's everyday lives with the family planning catchy-phrases put on stamps, cigarette packs, theater tickets, bankbooks, housing lottery tickets, etc. Slogans were placed on public transportation,

such as buses, subways, and taxis, and "population towers" were established, allowing people to watch the number of people increase day by day. Through these mechanisms, the ideology of the small family became established and has been shaped as an appropriate and modern family form.

The catchy-phrases in the 1970s directly mentioned stopping women's fertility after two children. The emphasis of the FP method also switched, implementing permanent contraception: sterilization.⁵ The slogans were as follows; "stop at two regardless of whether the child is a son or daughter; "a family planning program started one-day earlier, brings a ten-year advancing family stability; "one well brought-up daughter is worth ten sons."

The way of executing FP policy was directly connected to the way political power was practiced in 1970s' Korean

⁵ The government introduced the IUD (Lippe's Loop) in mid-1964. Bang said in his article that the first generation of family planning advocates in Korea (including him and his colleagues) had carried out some projects to increase the retention rate of IUDs because women frequently removed the IUD. FP advocates who were male medical doctors never explored the women's complaints from the women's side; rather, their concern was to advocate the efficacy of this method. Bang discussed a story that he obtained from a woman during his fieldtrip; a woman told him that she would never remove the IUD because retaining it was better than having an abortion after removing it. Bang used this story to point out the efficacy of the IUD in spite of women's discomfort. He did not attend to the women's discomfort but used this story many times to demonstrate the efficacy of the IUD. All the literature related to FP dealt with contraceptive methods from the efficacy point of view. Therefore, the government shifted the focal policy from IUD to oral pills and sterilization in the early 1970s because the latter was more effective and had less side-effects than the IUD; the pill was included in 1968 and the sterilization (tubectomy) was included in 1974 in the family planning program.

society. The military autocratic regime undertook the modernization programs for capitalist development without permitting any dissent. Therefore, at the local level, the practice of family planning policy was executed coercively, using a top-down approach, as in other development programs. At the first stage of the policy, Confucian ideology with its taboo on any discussion of women's reproduction and sexuality and its idea of happiness being associated with many children served to resist the implementation of the family planning policy (Lee, M.K: 35). Some of the older generation, who thought one son was not enough for the succession of their family, resisted because they had experienced many infant deaths and accidents in their life time. However, these complaints were not strong enough to prevent their daughters-in-law from accepting birth control; the society and economy was changing and the rate of child survival had drastically increased. The older generation's wish for many children did not attain legitimacy against the newly-emerging young couples' wish for a "rationalized and modern" small family supported by the state. The female health workers who were the state agents for FP promotion contacted daughters-in-law directly and persuaded the women to use contraception. Young married women's interest in having small families and the health workers' job of finding assigned numbers of contraceptive cases were easily meshed.

From the 1980s onward, the FP campaign changed to

emphasize the benefits women would enjoy by terminating their reproductive function early, as the government began to advocate the state's role of providing for people's welfare. At the same time, FP policy became mainly concerned with sterilization. The slogans changed to displaying the benefits of one-child families. From 1984, publicized slogans included: "Even two are too many"; "Have lots of happiness and love with one child"; "Family planning brings you a happier family"; "A healthier mother with fewer childbirth, happier babies with better-care"; "The short-cut to family planning with sterilization and vasectomy." The one-child family in the 1980s was represented as having associated with happiness, love, health and youth. The main technology for realizing this imagined happy family was sterilization. Family planning discourse in the mid-1980s no longer emphasized its economic rationality of limiting a family size as it had during the 1960s. Rather, in the early 1980s, it keyed itself to mass consumerism. Political discourse reflected the advent of the welfare state and the social outcome of economic growth.

In FP discourse through the 1960s to the mid-1980s, it was the family whose reproduction or fertility was controlled. Women's reproductive bodies in the medico-political discourse of FP were located within their family of procreation. Therefore, it was manifested that decisions for family, but not the decision for women themselves

controlled women's reproduction. The locus of a woman's control over her reproductive function was in marriage which bestowed upon her the role of childbearer, childrearer and family manager. Family planning was a program only for women who had their own family of procreation. The contraception in family planning was not women's practices of separating reproduction from sexuality, but the reproductive practices for controlling the quality of their role performances for family in modernizing society.

Korean women, whose bodies became an integrated part of the family after marriage welcomed the family planning methods which afforded them control over their reproductive capability. Women always felt the economic and maternal burden of raising children. When I did my fieldwork in rural Korea in 1984, many old women spoke of their sufferings as they endured successive pregnancies and child-births. They considered this pain the consequence of being born women. For them, they said, successive pregnancies and the suffering they entered provided the clearest evidence that men and women were different and explained why men had easier lives than women from the beginning. The government FP services were particularly helpful for women in low-income groups and rural areas, who did not have the financial means or sufficient information to obtain contraception. Even in urban areas in 1990 as I describe in the following sections, working-class mothers depended primarily on public health

centers for contraceptive services.

The early success of Korean FP policy was heavily reliant upon the provision of contraceptive services, which were arranged through the state's administrative power and practiced by medical doctors, rather than being dependent on the empowerment of women to control their bodies by themselves (see Table 5.4.). In this sense, I described Korean FP as a medico-political program. However, the critical factor of the FP success derived from the socio-economic changes brought about by rapid Korean industrialization and urbanization in the 1970s and the 1980s along with strongly penetrative ideological and cultural discourses on the "rational and modern" family, which were manufactured by the state and by institutions of modernization. Control over women's reproductive bodies was executed as a political program of modernization; the method was to utilize married women's reproduction as a social indicator that measured development. Therefore, FP policy focused on effectively lowering women's reproductivity, neglecting the health implications of contraceptive methods and the liberation aspects of freeing women from the biological conditions of their pregnancies and the social conditions of motherhood that women experienced.

Table 5.4. Total FP program expenditure by component, 1962-1981

components	distribution (%)
contraceptive services and supplies	41.8
payments to family planning workers	26.8
information, education, and communication	6.1
training and material development	3.8
pilot project, research, and evaluation	6.7
administrative and logistic support	14.8
total	100.0

B. Middle-Class Women's Contraceptive Practices

Contraception in Korean is piim. The literal meaning of piim (contraception) is avoiding pregnancies. In everyday life, it is a language that has to do with married women, with having bubukwankye (husband and wife relations) without pregnancies. It is not a language for men or unmarried women but rather a vocabulary for all married couples. However, it should be noted that in dealing with contraception, there are many contradictory assumptions and cultural practices that influence female and male reproduction and sexuality. In this section, I describe middle-class women's way of practicing contraception and discuss the meaning of these practices as they exert control over women's bodies.

Three of my middle-class informants said that they had sexual relations with their future husbands before marriage, but only one woman used a contraceptive: nowon, foam tablet, which had been the most-widely advertised commercial contraceptive in women's magazines and weekly popular

magazines during the 1980s in Korea. Nowon, the pill and the condom were the only available contraceptives in Korean drug stores. The other two women depended on the rhythm method, but all three women failed and became pregnant before they had wedding ceremonies. They said that they did not discuss contraception with their future husbands although they were worried about getting pregnant. The only alternative that they knew was an abortion. Unmarried women's abortion rate is actually high in Korea.⁶

(1) Contraception for the control of the number of children
in a family

My informants of both the middle-class and working-class stated that contraception for them mainly meant the termination of another childbirth. Kim Youngmee said that it was so natural for married women to get pregnant that women usually gave birth to two children without thinking about contraception. But after two, they wanted to control their reproduction because they did not want another child. Nam Jungsoon also said that she had never thought contraception about until she gave birth to two children. Most of the women said that they hated a big family with many siblings and did not want to live like their mothers, whose lives had

⁶ One government health research institute conducted a survey about abortions which were provided in all the OB & GYN clinics and hospitals in a medium-size city for five months from June to October 1990 and found that one third of all the abortions during that period were done for unmarried women (KIHSA 1990:45).

been burdened with childbearing and childrearing. Their mothers had not had time for themselves or for giving their children adequate care.

Almost all of my informants began to consider contraception seriously after giving birth to the desired number of children, and/or after having an abortion. Some women used contraception or got abortions to control the interval between childbirth but for most of the women, contraception was mainly a method for stopping additional childbirth. Therefore, the piim became a critical issue for married women mostly after they had the desired number of children in their late twenties. As Table 3.1. showed in chapter 3, of twenty four middle-class women, seven women had one child; fifteen women had two children; one woman had three children and one woman had four children. Among these women, with the exception of only two women who were considering having one more child, all the other women decided to stop their reproductive function.

In deciding the desired number of children, women mentioned that two factors were critical; one had to do with the recent social trend of having one or two children; another had to do with their economic capacity to educate and bring up children. Hyun Sunghee said,

Nowadays, having two children is completely established as common sense for married couples. I feel pity for women who have more than two children. Now, not only I

but also other people immediately associate a family with four members: two parents and two children.

To many women, a family meant four people. Even women who had more than two children had the same picture of a family in recent urban Korea. This image of a family with four people was widely portrayed in advertizing pictures and television dramas, in which a beautiful young couple and two children (usually one daughter and one son) were in a car, at a dining table or in a living room in a modern Western-style apartment. This image powerfully penetrated into women's everyday life, shaping a discourse in which the small-size family was associated with happiness in a modern, affluent environment where the family was independent from all the traditional social relations of the extend family; the image of a "modern" nuclear family which was sanitized from the cultural burden of old Korean traditions. This is the image that the government has propagated for three decades in the context of the national modernization project. Actually, for most or all of my middle-class informants, these images materialized within the living space of an apartment that had a dinning table with four chairs; a living room; two rooms for children and one room for parents.

Besides their economic capacity for two children, some women said that they gave birth to two children because the first child needed a playmate and only siblings would be a

trustworthy friend in the future. Many people believed that only the familial tie could ensure trust and support. In that sense, having many siblings was good for a child but a family with more than two children placed too much of an economic burden on parents.

Many women mentioned and were aware of the influence of social pressures from the trend toward smaller families but they denied the influence on their contraceptive decisions. Park Moonwhan said,

I like children so I wanted to have many children, but we could not economically afford them. My husband and I decided to have two children because at that time in the early 80s, most people had two children. Having only two children was a kind of social norm although we were not directly forced to follow it.

Most of my middle-class informants knew about the government family planning policy as a program to lower population increases; they also heard about many incentive programs for the FP acceptors. However, they said that they had never cared about the incentives. Through many channels the discourse about the world population explosion, the population density of the Korean peninsula, and the housing and population problems in Seoul's metropolitan area had shaped women's idea that having few children was common sense and a social norm. Many women did not say clearly what they thought the socially and politically correct

reproductive practices were but they were aware of the social pressures that pushed families into having fewer children. Some women who had four children described themselves as selfish and socially irresponsible. Most of all the middle-class women mentioned the social forces that compelled them to limit the number of children, but they controlled their reproduction for their own interests. Here, the political discipline that affected women's reproductive practices merged into the people's need for rationalizing their family planning decision. Without feeling resistance, people did have small families as if it were a norm or natural for a couple. In this context, many women commented that if someone had the ability to nurture many children well, they could have many children; that was not the state's business but had to do with someone's personal need and their responsibility.

At the same time, there were many one-child families among middle-class couples. Ka Yunhee, who had only one son, said,

I came from a family with eight children. Having many children -- even thinking about them -- makes me sick. My husband also hated people who had many children without bringing them up well. He despised people who had sexual relations without thinking about the responsibility of childbearing. From the beginning we decided to have one child regardless of the sex of the

child.

In contrast to Ka Yunhee's narrative, almost all one-child families had sons. However, one interesting finding in my fieldwork was that in six cases out of seven one-child couples, it was the husband who wanted to have only one child. Thus, four husbands got a vasectomy to stop having more children even without discussing it with their wives, although the wives had heard many times that the husband wanted to have only one child. These men had a vasectomy when they went to drill in the reserve army; an incentive was offered that exempted them from ten days of drill in that year. This drill, which is compulsory for Korean men under thirty-four years old, is only the channel through which men are socially and formally encouraged to have a vasectomy and informed about its simplicity of operation, harmlessness on men's bodies and effectiveness for contraception. Many men did have a vasectomy through this channel. The wives actually regretted their husbands' vasectomies.

Some women got pregnant against their husbands' wish of having a child. Lee Sunja said,

After we had the first baby, my husband did not mention having another baby. He actually wanted to have only one child because he hated his big family with many siblings. But I thought a married couple should have at least two children. The economic factor is very

important in deciding the number of children but I think we can take care of and educate two children. Song Meeja, whose husband did not want to have another child, gave birth to the second child. She thought that her husband needed a feeling that he was in charge of a family, and having another child might be good for him, giving him more responsibility for the family. In addition, another child would be a playmate to her son. After giving birth to her second child, she thought she was right.

Housewives show some uncertainty with regard to having one child but having few children is widely accepted. The issue is how to do it and who is to be responsible for the contraception.

Table 5.5. Trends in contraceptive practice, 1979-1988

	1972	1982	1985	1988
method\contraceptive practice rate	54.5	57.7	70.4	77.1
Oral pill	7.2	5.4	4.3	2.8
Condom	5.2	7.2	7.2	10.1
IUD	9.6	6.7	7.4	6.7
Tubectomy	14.5	23.0	31.6	37.2
Vasectomy	5.9	5.1	8.9	11.0
Others	12.1	10.3	11.0	9.3

(unit: %, source:1988 National Fertility and Family Planning Survey Report, KIPH, 1989:73)

(2) Birth control methods in the middle-class

Women's birth control practices during my fieldwork period are shown in Table 5.6. However, many women had used several methods such as rhythm, IUDs, foam tablets, condoms and abortions. I describe the way in which the women

practiced and understood their birth control methods as follows:

Table 5.6. Contraceptive practices for middle-class couples

method\	no. of women	no. and sex of children
sterilization	8	ss, sd, sd, ds, ds, dd, dd, dds
vasectomy	8	s, s, s, s, ss, sd, ds, sd
loop (IUD)	3	s, d, ddds
oral pill		
foam tablet		
condom	3	ss, sd*, ss
rhythm	2	sd, d
withdrawal		

(s:son, d:daughter

*: The husband was considering having a vasectomy.)

The rhythm method and condoms

Many women had tried the rhythm method and condoms for contraception, but unsuccessfully. Many women who depended on these methods had an abortion to get rid of an unwanted pregnancy. The couples who were using rhythm and condoms considered these contraceptives to be transitional methods; some couples were thinking about vasectomy or sterilization but could not decide. Lee Kisuk, who had two sons said,

My husband and I could not decide whether to have a daughter or to stop our reproduction. We would love to have a daughter but we cannot afford another child financially. In addition, I am getting old physically.

I am thirty-three years old. I do not want to be sterilized because I hate artificial interventions in my body and I am afraid of side-effects caused by sterilization such as gaining weight and losing strength. I have heard so many stories about sterilized women's suffering and discomfort. My husband is also sceptical about a vasectomy because he has heard that in many cases men felt the loss of stamina. There were some failure stories as well, that is the vasectomy became untied and the wife got pregnant. I can not force him to do it because he would blame me if he had side-effects.

People usually combined the rhythm method and the condom. In order to use the rhythm method, women were supposed to know the ovulation cycle. Many women said that they obtained the knowledge from home economics classes in high school or from books about pregnancies and childbearing. Kim Youngmee said,

My husband does not like to use contraceptives so I do not like to, either. Thus, we practiced withdrawal and the rhythm method. I learned about the ovulation cycle at my home economics class in high school. However, we failed and I got pregnant. My menstruation cycle is 28 days or 30 days. I think the cycle of the two fallopian tubes is different, so each fallopian tube has its own cycle; one is 28 days and the other is 30 days. That is

the reason why I failed to successfully use the rhythm method.

Kim Youngmee had never discussed her ovulation rhythm with other women or with medical practitioners. She believed, as many other women believed, that the rhythm method did not require any others' help because it was a natural method.

Nam Jungsoon, who deepened solely on the rhythm method after she removed the IUD because of its side-effects, said that she obtained the information about ovulation from a book about pregnancy and child rearing. The book said that all days are risky for pregnancy except the 8-9 days before and after menstruation.

The most common understanding of the ovulation cycle was that only seven days before and after menstruation were a safe period for pregnancy. Cho Seungja, who had a daughter and did not want to have more children, was also using the rhythm method. She said that so far it was all right because her husband and she did not have sexual relations often. The same comment was made by other women who depended on the condom and the rhythm method -- they did not have frequent sexual relations. Therefore, they did not feel like getting sterilized or urging their husbands to have a vasectomy. In addition, Cho Seungja said that she was shy even about buying condoms by herself. She had never discussed contraception with other women; she had only discussed it with her husband, who did not know much either.

IUD

Many women had used IUDs, particularly before being sterilized. In Korea, people usually call it the "loop." The side-effects of the IUD were not formally known to Korean women (cf. Grant: 1992) even though many women complained about it. Bang stated the government's emphasis on the IUD weakened in the mid 1970s because of the side-effects (Bang 1988:503).

After Nam Jungsoon gave birth to her second child, she got an IUD from the Namyang Health Center. The IUD gave her terrible backpain and bleeding. The pain in "there" (vagina) was severe and pus oozed out with urine. She went to a hospital and had it taken out. One year later, she attempted to have it in again because people said that the IUD changed from the "T" form to something which was smaller than the previous one. She did not have pain with the new one but it slipped out. After that, she depended solely on the rhythm method. The symptom that Nam Jungsoon described was mentioned by many people who had used the IUD. Many women told me stories about putting up with the side-effects of the IUD for several years just to avoid pregnancies. Ka Yunhee had the most enduring case of IUD side-effects among my informants. She said,

One month after my childbirth, I got an IUD. My "lower part" became inflamed so I received treatment and then had it inserted again. I endured using the IUD for six

years. I could smell a strong odor on my panties and I felt discomfort. I went to my female doctor and received treatment for one month. My doctor told me that the IUD did not fit my physical constitution and recommended that I get sterilized. I told her that I was scared of having the operation. Therefore, she recommended the imported loop which was smaller than the previous one. The imported one was 25,000 won (about \$ 35 as of 1985). After treatment, I got the loop again until my husband had a vasectomy in 1990 because I was visiting my doctor every two or three months for treatment of IUD infections. I put up with pain and a strong bad odor because my husband and I really did not want to have more than one child.

Ka Yunhee later told me that she endured this suffering because she did not terminate her reproduction.

Regarding women's complaints about the side-effects of the IUD, many doctors told women that the side-effects were not inherent in the IUD. Rather, the problems derived from the women's chejil (physical constitution). Depending on women's physical constitution, some had problems but some did not. Ko Sunok said,

The loop fit my chejil. I took the pill for six months but it took away my appetite. So I lost weight and had anemia and freckles on my face. I went to the doctor for a consultation on contraception because I was

afraid of getting sterilized. It is really important to find a good doctor when you have a loop. My doctor recommended that I get the IUD by saying that there were two kinds of loops; one was made in the U.S. and cost 35,000 won (around \$50 in 1982); the other one was made in Korea and cost \$1,200 won (around \$1.75). I thought that the expensive one was better, so I told him that I wanted to have the American product. The doctor told me that the one made in the U.S. was designed for American women and contained less harmful substances to the human body; on the other hand, the one made in Korea was designed for Korean women and was more durable. He recommended the Korean product to see whether it fitted me or not as an experiment. It fit me and I have changed it three times, using Korean product since 1982.

Ko Sunok was the only person who was using the IUD for a long period of time without any complaints. She explained that it depended on how much good advice and care the doctor provided. She said that she had met a good doctor who really cared about female patients from the patients' perspective. The Catholic hospital that Ko Sunok had visited was the only hospital in Namyang that did not provide abortions and sterilization. The only contraceptives this hospitals offered were the pill and IUD.

Two other IUD users were high school teachers who

wanted to control the interval between their childbirth; they both had failed to prevent pregnancy with the rhythm method and had had abortions. Both had the IUD recommended by doctors after their abortions; they would use them until they planned to get pregnant. One woman became inflamed "there" and received treatment for it and one woman said that she did not feel any discomfort. Their IUDs were imports, but they did not know from where or the brand name. For the women, all the contraceptives were identified by their generic methods not by their brand names or company names.

Many women who had used the IUD suffered from discomfort and pain. However, they put up with these problems because they did not want to get pregnancy. At the same time, however, they did not want to terminate their reproductive capability.

Female sterilization (tubectomy)⁷

In the 1980s, sterilization was the most emphasized contraceptive practice by the government and it was widely

⁷ Throughout this chapter, when I use "sterilization," it means female sterilization as distinguished from the "vasectomy" for male sterilization. All the Korean government statistics and family planning literature use the terms in this way. I think the usage indicates the gender politics of the FP policy as it shows its male orientation; the sterilization policy was targeted to control women's fertility but not men's reproductivity. The subject of discourse is male and its object is female. Therefore, the sex-neutral sterilization has been transformed and "genderized" into referring only to female sterilization in the Korean context.

practiced by women (see Table 5.5.). The popularity of sterilization was related to the proliferative medico-political discourse on terminating reproduction after having one or two children. Eight women were sterilized and of these, three women had already known about the free sterilization provided by the government. They contacted the Namyang Health Center to receive free sterilizations. At that time, all three women were pregnant but wanted to have abortions along with sterilization. Two women, Kim Hyunsuk and Choi Soonyoung, were not eligible for some reasons for the family planning program and the other woman, Lee Sunja, did not like the clinic arranged by the Health Center. Kim Hyunsuk had three children, and Choi Soonyoung was over thirty-four years old. The government free service was available only for women whose age was under thirty-four and who had one or two children.

Another woman, Lee Sunja, who contacted the health center, said,

I had never used other contraceptives except the rhythm method after I gave birth to two sons. I got pregnant but my husband and I did not want to have another child. I wanted to have the abortion and at the same time the sterilization operation to terminate my reproductive capacity. I had an operation in a private OB & GYN clinic, paying for it with my own money because when I went to the clinic that Namyang Health

Center arranged for me, it was so messy and looked unhygienic. In addition, nurses treated me like a piece of luggage, regarding me as a poor woman. I felt bad and I left the clinic. I did not mind that I lost the government incentive of free sterilization and abortion. I found a private clinic by myself and paid for the operation with my own money. I did not have other alternatives because my husband never responded when I worried aloud about unwanted pregnancies. He just said, "alaso haera (it is at your discretion)."

Actually many husbands wanted to have only one or two children, but they were not concerned with contraception. The men's indifference about contraception was more conspicuous in working-class couples, but regardless of class position, many men decided the number of children in the family but they left contraception to their wives' discretion. So, in many cases, when women had abortions they did not discuss it with husbands; husbands usually said to their wives that alaso haera (it was up to the women), which meant that the husbands wanted them to have abortions. Choi Soonyoung, who was forty-four years old during my fieldwork and was sterilized at her age of thirty-six, experienced all kinds of available contraceptives. Her story about choosing sterilization as a final contraceptive alternative is typical for many women in their forties in Korea. She said,

I had used the pill, foam tablets, the condom and the

IUD. The pill gave me nausea and made me vomit; the IUD cut into my flesh and was so painful; the foam tablet and the condom could not be used effectively because my husband was not cooperative. I was not and still am not the person who could control sexual relations. My husband wanted to have sexual relations when he came back home in a drunken state. I had an abortion five times. When I was thirty six, I thought I could not stand that situation any more.

Six middle-class women in their thirties went to private clinics for sterilization by themselves. These six women paid 70,000 or 80,000 won (about \$ 100 in U.S.) to be sterilized.

However, the clinics that these women visited were government assigned clinics for FP services. Almost all local OB & GYN clinics were assigned to do sterilizations, so the medical practitioners were reimbursed for the service fees when they operated for the women who brought the FP coupon from the health center. Six women did not bring the FP coupons but the local clinics might charge the government for their sterilization. Many clinics had informal exchange relationships with the health center in which the clinics reported sterilization cases to the health center and the health center met their planned goal of sterilization and paid for the reported cases. Many sterilized women actually did not realize the relationship between the popular

operations of sterilization in clinics and the FP policy. Therefore, Kim Youngmee, who became pregnant after sterilization in 1983, told me that the doctor might not have had good skills because the operation was in the experimental stage.

Some women told me their experience of being discouraged from having sterilization operation in big "expensive and famous" OB & GYN hospitals and of being recommended to have sterilization procedures in local clinics. All six women were sterilized at local clinics. When they went to the clinics to get abortions and complained about becoming pregnant, the sterilization operation was recommended. On the other hand, doctors in big, famous hospitals recommended the IUD, the oral pill and finally the sterilization. Hyun Sunghee had an abortion in one of the biggest and most famous OB & GYN hospitals in Seoul after having a second child. She wanted to be sterilized at the same time but a doctor did not recommend it, saying that she was only thirty years old and had only one son. He asked her what she would do if the son had an accident or something. Nurses also told her that 60% of sterilization cases suffered from side-effects, and having an abortion and sterilization at the same time definitely hurt the woman's health. She refused to put in an IUD and to take a pill. Several months later she became pregnant as Hyun Sunghee had always thought that the contraception was

men's responsibility and depended on her husband's condom which failed. This time she went to a local OB & GYN to get an abortion. A doctor in that clinic recommended sterilization with the abortion. He said that it might be better for her to be sterilized to be free from pregnancy, adding that vasectomy hurt active men's social life and physical strength. Hyun thought that if either her husband or she had to be sterilized, it was she who should do it because she was the person who stayed at home and her husband was a breadwinner.

According to Dr. Han, sterilization was not a big concern in her hospital; its focus was on more sophisticated and high- technology medical care, such as infertility treatment, gynecological operations, genetic screening and other high-tech medical procedures. Sterilization was not a high priority in the big OB & GYN hospitals, which had not contracted with the government to carry out the family planning policy. Dr. Han and Dr. Lee said, "The sterilization operation is very simple. In some sense, it is simpler than the abortions." The OB & GYN doctors in big hospitals regarded sterilization as a government program or public health issue but not as the business of the specialized OB & GYN hospitals. These hospitals, Dr. Lee said, were more concerned with gynecological problems than obstetric problems, such as routine prenatal care, delivery and contraception.

OB & GYN doctors performed many sterilizations in the '70s and through the mid '80s while there were incentives for doctors, but recently the population eligible for sterilization had decreased and not all clinics and hospitals were connected to the government FP program. Many local OB & GYNs still received the incentive payments but few big hospitals did. Therefore, the hospitals known as "FP hospitals," which specifically dealt with sterilization alone, operated vans to recruit sterilization cases from all over the city in which they were located and even to other cities. Some doctors said that these hospitals' and clinics' recommendation that women be sterilized were related to the incentives they received from the government.

When people were deciding to have sterilization performed, what they feared most was infertility and the side-effects that affected women's bodies. The termination of reproduction is deeply related to women's position in marriage and to the gender politics of Korean culture. I deal with this issue in the following section, titled, "The gender politics of sterilization." The issue of side-effects is frequently mentioned by many women but the complaints have never been taken seriously by the government and medical institutions. According to the medico-political discourse of sterilization, sterilization does not create any health problems for women.

Although many women were worried and scared about the

side-effects of sterilization, not many women of the middle-class actually complained. Lee Sunja felt fever and the sensation of a heavy body right after her sterilization. Park Moonwhan had some back pain following sterilization. However, neither of them had any other problems that were caused by sterilization. Hyun Sunghee said that she was physically ill with stiff neck and muscle pain in her arms and legs after sterilization. But she did not think these symptoms were caused by sterilization but by her frequent pregnancies; she became pregnant five times in five years including the two times she gave birth and the three times she had an abortion. She said that it took three years to recover her health after sterilization. These women accepted the medico-political discourse that sterilization did not hurt women's physical health but frequent pregnancies and abortions hurt women's health. The most fearful side of abortion was the damage to women's physical bodies. Among my middle-class informants, physical discomfort from sterilization was not so conspicuously mentioned, except by Kim Youngmee. Kim Youngmee said,

My sterilization operation was not successful. My husband and I decided to have sterilization because neither of us were good at using contraception or knew much about contraceptives. I was sterilized in a big hospital in Namyang in 1983. But one and a half years later, I felt discomfort in my stomach and lost my

appetite. I went to a clinic near my house and a doctor referred me to a university hospital. The pregnancy was labelled as "incomplete pregnancy (bulwanjen imshin)" by an OB & GYN in the university hospital. I do not know what that meant. The doctor said that this kind of case happened and asked me whether I wanted to keep the baby or not. Of course, I did not want any more children. I was hospitalized and had an abortion and sterilization again. The university doctor did not criticize the doctor who performed my first sterilization but I thought it was attributable to the doctor's malpractice. I thought I was sterilized at the time that sterilization was first becoming a popular contraceptive, so doctors might not have had much experience in performing sterilization operations. After I was sterilized, I realized that sterilization was strongly recommended as a contraceptive by the government health center.

Kim Youngmee understood her problem as resulting from the technical aspect of the operation, not as being inherent in sterilization.

In general, there was a rumor that sterilization caused many bodily side-effects. An informal survey conducted in a poor district in Inchon reported that 61.1% of the women surveyed (44 out of 72 women) has suffered from the side-effects of sterilization, such as irregular menstruation,

bleeding, menstrual pain, back pain, weight gain and weight loss. However, my middle-class informants did not mention these discomforts; they understood their bodily reaction in the way that medical doctors explained these discomforts to them. All the doctors whom I interviewed regarding the side-effects of sterilization said that sterilization did not cause any biological and medical problems to occur in women's bodies. Dr. Lee said, "female sterilization, which is called tubectomy as it is practiced in Korea, involves blocking the tubes by burning them electronically or applying rings to the tubes and pressing them shut. It causes a little pain for the first several days but it is not a problem at all." The doctors mentioned that some problems might arise from malpractice, but the operation itself was very simple.

Instead of stressing the discomfort of sterilization, some women mentioned about their feeling of freedom from pregnancies and their comfortable relations with their husbands in having sex. Choi Soonyoung said that she should have had sterilization performed much earlier because she felt so free and good not worrying about pregnancy when her husband demanded sexual relations. She wished she could tell other women to be sterilized so that they could have freer and better relations with their husbands. Choi Soonyoung situated her sexuality separately from reproduction, but positioned it within the wifely role of having sex with her

husband.

When women chose sterilization as a contraceptive method, their decision to stop fecundity was not a sufficient factor. The presence of a son was also very important. Kim Youngmee said:

If I had only daughters, I would never get sterilized. At least women should leave some possibility for bearing a son although they do not want to have more babies. Women cannot be totally relaxed in a marriage without giving birth to a son. That is the reason that women who have only daughters display a personality that is somewhat unstable, aggressive, grabbing, and defensive. Sometimes they also have possessive and suspicious attitudes toward their husbands.

Actually, it was women who had already given birth to sons who usually had sterilization performed. However, two women who had only two daughters were sterilized. These women wanted to stop worrying about getting pregnant and their husbands told them that they did not mind having only daughters. These two women said that children were a necessary component in married life but the relationship between man and wife was becoming more important. Other women, however, commented that these women were naive to take their husbands's words at face value and they would regret their sterilizations later. They added, "Who knows what will happen in the future? Their husbands should have

had a vasectomy if the husband did not mind having only daughters." Suh Okyoung said that she had a sterilization operation because she loved her husband very much. She said that her husband might have some psychological damage by losing his virility (that is, men's reproductive ability) even though the vasectomy did not hurt his physical health. However, she was psychologically strong enough not to be influenced by her loss of reproductive function. Before sterilization, she always had worried about the possibility of pregnancy until her next menstruation. After sterilization, she felt free in making love and thought about sexuality a lot but was frustrated by her husband's indifference to the changed condition of her body and her feeling of being freed from pregnancy. It was only Suh Okyoung who began to relate sterilization to the issue of sexual relations between husband and wife, dissociating it from the discourse of reproduction and the number of children in the family. However, as Suh Okyoung mentioned, her husband was not involved in her new discourse of sexuality being separate from reproduction. Thus, this form of contraception for the middle-class women was still situated within a customary way of reproductive practices.

Vasectomy (male sterilization)

Regarding middle-class couples' contraception, the number of vasectomies was the most interesting and

surprising finding in my research. Compared to the national data (see Table 5.5.), many more men married to my informants actually had vasectomies (see Table 5.6.). This is even true in comparison with my data on working-class couples' contraceptive practices (see Table 5.9.). It is believed that men hate to have a vasectomy because the vasectomy damages the virility that represents reproductive power as well as masculine power. In the following paragraphs, I describe women's way of understanding men's vasectomies and men's reproduction.

Many women said that their husbands did not want to have many children. These men stated that the reason was the economic burden in bringing up children in the expensive urban environment. In general, it was husbands who decided the number of children but contraception was the wives's responsibility. Many women were afraid of being sterilized and urged their husband to have a vasectomy. However, men would usually not have a vasectomy. Many women told stories of their failure to persuade their husbands to have a vasectomy. The sterilization issue is very much related to gender politics in Korean culture in respect to the notion that the essence of masculinity is virility and the essence of femininity is fertility. There are so many stories that vasectomy hurts men's physical as well as psychological health and that men became "socially" impotent after having a vasectomy.

Therefore, when men had a vasectomy, some women worried that their in-law families would blame them if their sons became weak. Ka Yunhee said,

When I asked my husband to have a vasectomy, he wanted to ask his mother. I asked him not to tell his mother, who might be upset about her son's vasectomy. My mother-in-law came to know after the operation, but she did not blame me. However, my husband told me that it was painful, so he would not have done it if he knew what it would be like. He added that he would not let his son have a vasectomy. My husband said that if the vasectomy untied itself, he would not do it again. My husband denied it but I think that my husband feels that the vasectomy weakens a man's strength, as other men think.

Like Ka Yunhee, Park Meejeon also asked her husband not to tell his mother about his vasectomy, worrying that the mother-in-law would think she was selfish. Actually, some women were sterilized because their mothers-in-law forced their sons not to have a vasectomy, by asking how they could work outside the home to support the family just in case a vasectomy would weaken their manly performance; their daughters-in-law in contrast were staying at home. Na Hyunmee, whose mother-in-law was a step mother to her husband, said that her husband's vasectomy had not mattered to her mother-in-law, but her father-in-law mentioned that

it was bad for his grandson who would not be able to have playmates. The women were aware that their husbands' reproduction was located in an in-law family that extended beyond their family of procreation and beyond the relationship between the women and their husbands.

However, it was Na Hyunmee's husband who decided to have only one child and had a vasectomy one month after she gave birth without telling her in advance. Out of eight husbands who had a vasectomy, four men had it without telling their wives before they did it. The other four men had a vasectomy because their wives suffered from ill-health by frequent pregnancies and abortions. Some women felt bad about their husband's vasectomy. Yum Sukhee's husband had the vasectomy one month before she gave birth to a son. Yum said, " At that time [1985] the catchy-phrase of having only one child was very popular and my husband was not so enthusiastic about children and wanted to have only one child. However, it was a little shock to me because I had not given birth to a live-baby yet. But he had a vasectomy and we could not have a baby any more. It meant to me that he did not want to have a child with me any more." She perceived her husband's vasectomy as her infertility within her marriage.

Cho Sukhyun described her feelings about the reproductive incapability produced by her husband's vasectomy which made her fearful about her position. She

said,

One day my husband came back having had a vasectomy while I was in the sixth month of my second pregnancy. He said that he felt sorry that I had suffered so much from two miscarriages, pregnancies and an abortion after marriage. I was so shocked, saying "Why did not you wait until we have the second baby?" I worried what to do if I gave birth to another daughter. I felt sorry at first when my husband had a vasectomy. Although we do not want to have more children, I thought we should keep the potential for bearing a child.

Another feeling of something missing and sadness was described by Oh Insook. She said,

He did not talk to me about having a vasectomy. In the evening, he entered home walking awkwardly. When I found out about his operation, I cried a lot. I was so sad and displeased. Many mothers in the YMCA told me that they felt the same feeling. I did not want to have more babies but still I felt sad when my husband could not impregnate me any more. He said that he became crippled by being unable to beget a child but he said that he was fine with it. However, he said that he would not let our son have a vasectomy. After his vasectomy, I experienced him differently compared to before. Whenever I saw my husband's vasectomy scar, I feel bad and startled. Of course, we feel free when we

make love without worrying about pregnancy.

When the women mentioned their comfortable feeling in making love, they said that it was good to have sex without worrying about pregnancies. However, they said while sexuality was part of marriage, more important in marriage was having a child. Without a child, it would be very difficult to maintain the marriage.

(3) The gender politics of sterilization

Most of all, the middle-class women understood their contraception in relation to reproductive practices. Therefore, their understanding of sterilization and vasectomy was also situated within the gender relations of reproduction. Whether women had a sterilization operation or not, women had thought about sterilization and considered it to be the most effective and convenient contraceptive methods. Both the medico-political discourse of sterilization and women's understanding of contraception are not social practices that separate sexuality from reproduction, even though the effects of this discourse make this separation. The contraceptive discourse that applies to married women in Korea manifests itself at the micro level in providing good and adequate motherhood for few children and at the macro level in limiting family size for the society. In contraceptive discourses, a woman's body is dominated by her reproductive organs and represented as an

embodied agent for the economic rationalization of the family and the modernization of the national population. The sexuality that belonged to an individual woman was considered an integral part of marriage relations. Therefore, the decision about whether it was the man or woman who would be sterilized shows the gender politics of man and woman's position in marriage and family. The cultural logic of woman's femininity, defined through her reproductive function, and man's masculinity defined through his socio-economic responsibility for family seem to be operating in the practices of contraception.

Kim Inwha said that she felt sorry for herself because of her incapacity to get pregnant even though she did not want to have more children. Her sexual relations with her husband became more relaxed as she ceased worrying about pregnancies after sterilization, but at the same time it deprived her of some excitement and she sometimes felt that her husband's free access to her sexuality lowered her value. And Park Moonwhan said that after sterilization her husband and she could make love without any worries about pregnancy. However, albeit not frequently, she felt a sense of futility and sorrow that she had no womanly function, which made her nervous. Some women who had feelings similar to Kim Inwha's or Park Moonwhan's stated that they had the sterilization operation for their husbands but they felt sorry for their husbands because these men did not seem to

appreciate their "sacrifice" and consideration. Some women thought that their husbands were selfish by considering only their own bodies and neglecting the wives' suffering in having abortions and childbirth. On the other hand, the women considered the family first, prior to their own bodies. Therefore, when the women decided to be sterilized, they were taking the risks of side-effects, such as back pain, liver spots on the face because of bad blood circulation, and obesity -- all on hearsay. At the same time, they were giving up their reproductive function. These women understood contraception as the extension of the reproductive role; contraception was practiced to control their reproduction in the quantitative sense but to control their motherhood in the qualitative sense. At times, women also understood their sterilization as a defensive method against their husbands' careless sexual desires. It is important to point out that no women actually stated that they had actively pursued contraception for their own need or desires; rather, it was for the benefit of the family.

In addition, the women worried about the health and psychological damage that the vasectomy might cause. Most of the wives cared more about their husbands' health than their own health. Therefore, these women willingly were sterilized or felt compelled to be sterilized for their husbands' and family's welfare. Kim Youngmee described the situation as follows;

My husband was an athlete when he was in college, but he worried too much about his health; he was somewhat cowardly. The idea of vasectomy bothered him. He wondered whether it would hurt his physical strength. I did not want him to get in trouble because of the vasectomy. However, my body had already been damaged and hurt by two abortions. I had already been touched by the knife. If that was so, I'd better get sterilized, leaving my husband's body untouched by any artificial intervention. In addition, it would be my body again that the abortion would work on if we failed in using the contraception. And I was sterilized. Even today I still think that I did the right thing.

All the sterilized women in my study who had gone to OB & GYN clinics to have abortions decided to have the sterilization procedure. Some were actually considering having sterilization at the same time when they went to clinics for an abortion, and some were not. But OB & GYN doctors recommended having together as Hyun Sunghee explained earlier. Stories like Park Moonwhan's were told by many women. Park Moonwhan stated:

My husband and I discussed who would be sterilized. I was scared of the operation, so my husband said to me that he would do it. However, I became pregnant again while he was procrastinating and saying he eventually would do it. I should have had an abortion, which made

me think that I'd better be sterilized because we do not both have to have our bodies meddled with in having an operation. My body had already been damaged by abortions so it would be better for his body to be left healthy. Fortunately I did not have any discomfort after sterilization.

Oh Sukhee, who had two daughters, said that she could not let her husband get a vasectomy because he was so hesitant and afraid of it. She said that she did not mind losing her reproductive function because she did not want to have more children.

However, some women seriously cared about the issue of losing their reproductive function. Thus, they would not have a sterilization operation. Song Meeja, who was a music teacher in a high school, said,

I have never thought about a tubectomy. I am well informed about the physiological harmlessness of sterilization. However, the idea that I would not have reproductive function any more is uncomfortable to live with. In addition, I thought it was unfair that it was always I who had to suffer from the result of sexual relations. I suffered enough from several abortions and two childbirths. Therefore, it is, now, my husband's turn to have a contraceptive operation.

Some women, particularly those whose husbands had had a vasectomy, argued that women must not be sterilized because

marriage is not guaranteed to last forever. Ka Yunhee said, "A woman should retain her reproductive function just in case of divorce. When a woman remarries, she could give birth to a child for the new in-law family. If she is sterilized, she might not get the status of wife from a new husband. Without a child, the woman cannot be a real member of the husband's family." On the other hand, some women thought male vasectomy was not good for marriage because men could have extra-marital relations without worrying about the evidence (meaning having babies outside marriage). These women also said that women's reproductive function should not be terminated because women could not know their future. Without reproductive function, women could not remarry after a divorce or their husbands' death. Dr. Han said that some women visited her hospital for the restoration of reproductive function after divorce or remarriage.

However, some women refuted the notions by saying that a man's vasectomy was good for a marriage because the husband could not make a baby outside marriage, so he could not help coming back to his own family. Oh Insook's sister-in-law urged her husband to have a vasectomy. Thus, the husband did it but he began to have an extra-marital love affair right after his vasectomy. The wife was very upset and even saw a psychiatrist to treat her symptoms of depression. Oh Insook said, however, that the husband finally returned to his wife because it was she who had his

children. Oh Insook said that no women could be sure that their husbands might not have extra-marital relations; therefore, the husband should at least have a vasectomy for contraception lest he beget a child outside the marriage. Many women actually regarded having children and their reproductive capability as an aspect of women's power over the control of their married life.

(4) Abortion as a contraceptive method

Abortion is one of the major birth control methods that stops unwanted pregnancies. A report said that 52.3% of all the married women in Korea had experienced more than one abortion (KIPH 1989:143). More than forty-seven percent of all the last pregnancies of married women were unwanted pregnancies, and 78.9% of these pregnancies ended in abortions. Among them, 37% of these aborted pregnancies were the results of contraceptive failure, and 57% of the pregnancies were unwanted but the women did not use any contraception (KIPH 1989:149).

Abortion has been basically illegal since 1953. However, by the subsidiary law of Mother and Child Health, eugenic, ethical, and medical rationalization have been provided that justify abortions since 1973. Many women do not even know that an abortion is illegal in Korea. A survey reported that 51.8% of 1,200 women answered that they did not know that an abortion was illegal in Korea (Shim

1991:208). Regardless of the law, abortion is performed in almost all OB & GYN clinics and hospitals and regarded as the main income source of these institutions. Women have abortions mainly to control unwanted pregnancies.

Of 24 middle-class women, 18 women had had at least one abortion. Of six women who did not experience an abortion, four women never used other contraceptive devices because their husbands had a vasectomy right before or after childbirth. The other two women were Suh Wharan, who depended on a condom, and Nam Jungsoon, who removed the IUD because of inflammation and was using the rhythm method at the time of the interview with me. Suh Wharan said that she never used any contraceptives herself but she was confident about not getting pregnant because her husband was a very careful person. On the other hand, Nam Jungsoon worried about getting pregnant and asked her husband to get a vasectomy but he would not do it.

For the middle-class women, the number of abortions is in proportion to women's age unless they were sterilized. Almost all sterilizations accompanied an abortion. The major reason for the abortion was to remove unexpected pregnancies. Or some women, like Park Moonwhan, had abortions because they thought the fetuses seemed to be girls; Park Moonwhan said that after her first childbirth, her husband used condoms and sometimes she used nowon (the foam tablet). But she got pregnant, felt it was a daughter

and at the same time thought it was too soon to have the second baby. So she had an abortion. Or some women had abortions because they were afraid of having "abnormal" babies who had been affected by the drug that they took for a cold, allergy, or other illness. Cho Sukhyun said,

I want to have two children. When my first child was two years old, my physical condition changed because of some allergy. I took lots of medicine for it, which I bought from the drug store. When I realized that I was pregnant, I went to an OB & GYN doctor and asked whether I would give birth to a normal baby. The doctor told me that I might have a 99% chance of having a deformed baby.

All the women said that they did not want to get pregnant but their contraception had failed.

Table 5.7. The middle-class women's abortions

stated no. of abortion	0	1	2	3	4	5	
no. of woman	6	8	4	3	2	1	n= 24

The available contraceptive methods for Korean women were bounded by the methods that the FP program provided and the manner of practicing contraception was shaped by the cultural practices of gender and sexuality between men and women. Kim Hyunsuk said,

I wore the loop but it did not fit my body. I discharged blood, so I went to an OB & GYN clinic and removed it. Thus, I depended on the rhythm method and

the condom but I got pregnant and had an abortion. To avoid another abortion, I took the pill but it made me nauseous and dizzy. I stopped taking it although other people recommended putting up with it for more than a week and then I would be all right. I put in the IUD again but it slipped out and I got pregnant again. Finally I was sterilized.

Kim Hyunsuk used all the known contraceptives in Korea, within the rubric of family planning: sterilization, IUD, the pill, the condom and the rhythm method. Among these methods, the pill was the least favored by Korean women; a lot of woman thought that the pill hurt the natural balance of a woman's body by disrupting the natural flow of hormones. Sterilization was adopted as a final solution to terminate their reproductive capacity; otherwise, women had an IUD put in or depended on the rhythm method or a condom for contraception. Regarding the rhythm method, many women did not have the correct knowledge of the ovulation cycle, as I described earlier, or failed because of men's so-called biological instinct. Park Moonwhan marked her ovulation period on the calendar to inform her husband that they should avoid the "man and wife" relation during that period but she said that men's biology could not be tamed to observe the abstention from sex. In addition, there was no channel for consultation that would correct the side-effects of the IUD or the pill from the point of view of women's

experience with them. So they just quit and became pregnant. Therefore, without sterilization, the possibility of unwanted pregnancies was high because of the technical problems of contraceptives combined with the cultural practice of sexuality.

My informants' experience of abortions as a major method of contraception tells how contraceptive practices are related to the position of women in the family and the gender politics of sexuality. Choi Soonyoung said,

My husband came back home in a drunken state and forced me to make love to him. Even though I told him that I was in the period where I could get pregnant, the man, who is already turned on to do it, usually never stops realizing his own desire. When men become excited sexually, they usually do not care about women. In this kind of situation, how could I control my pregnancy?

Getting pregnant or not is not dependent on my will. A woman said to her husband that she would not have sexual relations when he came back home in a drunken state after midnight. She told me that she tried to control her husband's drinking habit by using sexuality. However, other women said that it was not easy for them to resist or to reject their husbands' needs because they thought having sexual relations with their husbands was part of the wifely role. Therefore, the women were afraid that the husbands would see other women if they became sexually depressed or

if they were rejected by their wives.⁸ The most common strategy to avoid relations for fear about pregnancies was that women told their husbands that they were having their periods. But it did not work as a method for controlling unwanted pregnancies. Many women had an idea that men had an inherent instinct of sexual lust which had to be satisfied regularly.

At the same time, the women's social "innocence" about sexual bodies led women to have frequent abortions for birth control. Before marriage, women were expected to be "innocent" about sexuality and reproduction, but after marriage, particularly when they had had the number of wanted children, contraception was left as women's business. Many men decided the number of children; however, regarding unwanted pregnancies these husbands just commented to their wives that they should deal with it at the wives' discretion. Even though they did not mention abortion, they meant that the wives should have an abortion. Through these processes, contraception became the wives' responsibility and the wives chose sterilization as the final alternative. Therefore unless women were sterilized, they were always worried about unwanted pregnancies because of husband-centered sexual relations and "ineffective" contraceptives,

⁸ A midwife, Ms. Park, in Yaksan recommended her patients for avoiding sexual contacts for two months after childbirth because of medical reasons, emphasizing that their husbands' abstention was a part of paternal role. However, she said that the women were afraid that their husbands would see other women during that period.

such as the rhythm method or condoms. Women put up with the discomfort of the IUD also to avoid abortions.'

C. Yaksan Working Mothers' Contraceptive Practices

An old story in Korea has it that the poor family has many children, signifying that the husband and wife relationship is very good in a poor family even though they are economically deprived. However, my study in Yaksan, a working-class district, shows that poor families in Korea no longer have many children. Out of twenty families, eleven

⁹ Recently, debate and a discourse about "sin" and "life" on abortions are emerging in Korea. However, the discourses are oriented to pro-life in the American sense. Women who have abortions are criticized as being without any consciousness and respect for "life." In Korea, where the abortion debate of pro-life vs pro-choice has never been an issue, many groups are confused about the Western debate over abortions and the concept of children and family in Korean culture. However, these groups have accepted the pro-life discourse as a morally and politically correct idea and have begun to practice pro-life-oriented anti-abortion discourse. For example, government institutes such as the Korean Institute of Criminology tried to make a substantial law to regulate abortions, stating the protection of "fetus right" (Panel discussion in 1991 May): A male scholar who is a self-proclaimed feminist wrote that Korea is a heaven of abortion, insisting Koreans need a debate over concept of "life" and introducing some Western philosopher's ideas' of "life" without analyzing and contextualizing the abortion phenomenon in Korea (Hwang 1990). Even a feminist weekly newspaper "Yusung Shinmun" wrote an article, introducing a female dancer who danced women's guilt of their abortions by expressing the suffering of an aborted fetus (Yushung Shinmun, March 29 1991:15). A show on television which was presided over by a well-known progressive male actor criticized and blamed women's insensitivity to fetus life and women's irresponsibility in having repeated abortions (SBS 12/8/1992). Dr. Han, OB & GYN specialist and Dr. PH, said that she was ideologically an anti-abortionist but as a physician, she had practiced abortions in her hospitals. Feminist groups have not participated in the debate but many women began to describe their abortion experiences according to these discourses of "sin" or "guilty feeling."

were one-child families and the parents did not want to have another child.

Table 5.8. Number of children for working-class couples

No.of children	1	2	3
No. of family	11 (5:s, 6;d)	6 (dd:2, ss:1, sd:1, ds:1)	3 (dds:1, ssd:1)

(s: son, d: daughter)

When I asked working-class women whether they had heard about the family planning policy, many women answered that they did not know what it was about. The exception was one mother, Haesoon's mother, who said, " I think it has to do with knowing their economic and social places in spending money with respect to national development." She thought it was a national campaign concerning thrift and industry. When I asked whether the government campaign aimed at convincing families to have two children had influenced their reproductive behavior, Haesoon's mother was surprised like many other women, saying that having few children had nothing to do with the government. She argued that the number of children totally relied on the people's financial capacity to bring up children. She wondered who could have many children in today's world.

Regardless of class position, the women's efforts to control their reproduction was immense. In this section, I describe working-class women's experiences of reproductive control. I focus on (1) the different way in which their class position affects their access to contraceptives, as

contrasted to the middle-class women, and (2) their way of looking at their bodies, particularly with respect to male and female sterilization. It is noteworthy that for working-class people, the physical body is the most critical capital for survival.

In general, the size of the family among working-class people I studied was smaller than in the middle-class families. Women such as Juntae's mother said,

Having only one child is not good for the child because the child tends to be a selfish and ego-centered person. However, my husband and I were brought up in big families with many siblings. We hated the family with many children who were not fully cared for; children did not get a good education or adequate emotional support. If we had two children, that might be good for my son, but we cannot afford to bring up two children well. We are fine with one son. Our decision to have one child has nothing to do with the government business. I have never sensed that the government demands having few children. Why does the government intervene in that kind of personal affairs? Without intervention, people already do not have many children. Why should people suffer from many children? Everybody is smart and takes care of themselves too much to have many children.

When the women narrated their reasons and the benefits

of having few children, as Juntae's mother did, they used the exact expressions that the government had deployed in its campaigns advocating having few children in the 1960s and the 1970s. Even though the women did not realize that their narratives were almost identical with institutional discourses on the modernization and rationalization of the social system -- including the control over their family size, they were the people who had been strongly regulated and regimented by the state discourse of modernization. It was they who had been the executioners of modernization and capitalist development programs in Korea, through their deep involvement in urban factories as well as in the rural New Village Movement which I described in chapter 5. Their way of understanding the concept of the economic benefits of having few children and the control exercised over their reproduction are profoundly influenced by the state's discourse of "modernity" and economic rationality.

Many women said that it was their husbands who wanted to have only one child. In contrast to the common image of working-class men from rural areas who had traditionally placed a value on a big family, the husbands in the Yaksan area did not want to take responsibility for a big family. Through migration and working and living in industrial settings, working-class people's way of looking at the

family had changed.¹⁰ The economic imperative gave many men the desire to control their family size; however, although husbands wanted to control the size of their families, it was their wives' reproduction, not theirs, that they expected to control. Many men wanted to have only one child but did not want to use contraceptives. The difference in family size between middle-class and working-class which emerged in my research seemed to correlate with my informants' class differences; they rationalized family size in accordance with the cost of bringing up their children. Therefore, working-class women, as compared to middle-class women, rarely mentioned a preference for sons as an influence in their reproductive practices. Actually more families who had only one daughter in Yaksan wanted to stop having an additional child.

However, compared to the middle-class men, the Yaksan men did not have vasectomies (see Table 9.9.). Only one man had a vasectomy among the working-class couples; he was a college drop-out and labor organizer. He had only one daughter, but he did not want another child. Many activist oriented men did not want to have many children but this man was particularly motivated to have a vasectomy because he

¹⁰ Very few studies have been done about the formation of the working-class family in Korea, but there are some studies on working-class family structure and relations, class reproduction through family in terms of Korean capitalism (Yo'so'ng hankuksahoe yo'nkuhoe 1990) and problem-oriented approaches that focus on low income families (Hankukachokhak yo'nkyhoe 1992).

regretted his wife's abortion. Including this vasectomized man, all the working-class men were various types of manual workers. Although the Yaksan men did not want to have more children, they felt they could not have the "operation" (vasectomy) because they were afraid that it would undermine their physical strength and would hurt their health. For these men and their families, the men's physical strength and health were their critical survival capital.

Table 5.9. Contraceptive practices for working-class couples

method\	no. of women	no. and sex of children
sterilization	4	s, s, d, sd, sd
vasectomy	1	d
loop (IUD)	4	d, ds, dd, dd
oral pill	1	ssd
foam tablet	2	d, d
condom	2	s, s
rhythm	2	dds, dds
no contraception	3	s, ss, d (widow)

The fear of side-effects from sterilization was prevalent among working-class women, too. Therefore, neither sterilization for women nor vasectomy for men was welcomed. Even sterilized women who had not felt any side-effects said that they would not recommend sterilization for other women. Sterilization, in general, was understood as harmful to the human body, producing many side-effects. Of twenty working mothers, five women were sterilized; Youngsoo's mother and

Sunwha's mother were operated upon at the request of their husbands at childbirth. Their husbands made their request because, they explained, their wives were not smart enough to control their reproduction. However, once women were sterilized, they did not have to think about it any more. The men in question wanted to stop having more children but felt they could not get a vasectomy because it would weaken their physical strength. Both husbands were working in a machine shop, as a welder and a mechanic respectively. The wives felt embarrassed when they told me about their sterilization but they said that they had accepted it because their husbands' physical strength was needed for the family. Eunyong's mother was also sterilized after she had given birth to the second child. When she had been thinking of terminating her reproduction before she had an unwanted pregnancy, a van came from a hospital in Seoul one day and announced through a microphones that the hospital was offering free sterilization. She volunteered and was taken to the hospital for sterilization in the morning and brought back home in the afternoon. Another sterilized woman was Kiyong's mother.

Kiyong's mother's story of her sterilization and her repentant feeling about it speaks poignantly of the way in which reproduction was situated in working-class women's lives. She said,

I did not use any other contraceptives, except for

several months of having an IUD which I got from the health center right after I gave birth to my son. When I had an IUD put in, I felt terrible fatigue and my period became irregular. So I had it taken out. Then, I got pregnant. I decided not to have more children. At that time, many people around me had terminated their reproductive function, being satisfied with only one child. I thought that one child was enough for me, too. Therefore, I had the sterilization operation at age 26 without telling my husband about it. Instead, I told my husband that I got an abortion because I did abort my pregnancy together with the sterilization operation.

Gradually, Kiyong's mother came to regret having been sterilized. Her deep regret tells why many women were worried about sterilization. Kiyong's mother stated,

Now I really regret having been sterilized. A couple should have at least two children; it would be good for the child by giving him a friend. After I realized my big mistake, I went to the hospital for the reversal operation. The doctor said that it cost one million fifty hundred thousand won (around \$2,000). I did not care about the money because money comes and goes, but the doctor told me that the chance of reversal would be only 20%. I was sterilized too hastily. Even women who were poorer than I was did not make such a frivolous decision. I had sterilization because of economic

reasons -- because one child was more affordable and because of the influence of the social fad of having one child. After the operation, my husband found out and we fought many times about it. I used to tell my husband that he could bring me his baby born outside of our marriage and I would raise that baby if he really wanted to have another child. I do not know what I would do if he really wanted to have another baby. I made a big mistake with respect to my husband. If my child were not a son, I would not have had sterilization. I really think that women who only have a daughter and were sterilized are narrow minded and stupid. I think how many children a couple have depends on their economic capability but women's reproductive capacity should not be terminated because nobody knows what happens in the future and the economic situation could also improve.

As Kiyong's mother described, many women could not convince themselves to be sterilized after worrying about the uncertainty of their only child's survival to adulthood; if an accident happens to the child, they wanted to be able to give birth to another child. Or they could have another baby when their economic situation was better off in the future. If women could not give birth to another child in those situations, they thought that their position in marriage would be jeopardized. One female labor activist,

Suh Minja, who was working in the Yaksan area, described herself as a typical Korean woman as follows;

I used to tell many working mothers to be sterilized to control their unwanted pregnancies. However, I cannot do it myself since I got married and had a child. My husband wanted to have a vasectomy because he does not want to have more children but I opposed his operation because our son is only seven months old. I am worried about the possibility of accidents or diseases happening to this boy. I think I am a feminist and I learned a lot from books but I came to realize how much a family-oriented Korean woman I am after I had a son.

Of eleven women who had a child, only three women were sterilized. Many mothers were not sterilized for the reasons mentioned even though they thought one child was enough for them. They did not want to have another baby but they did not want to terminate their reproductive capacities either. Many women had the idea that without reproductive capacity women cannot keep their identity in marriage.

Sterilization is well-known as the most effective contraceptive to these working-class mothers, but at the same time it is known as the most detrimental to women's health. Fear about sterilization was so prevalent that many husbands actually did not let their wives get sterilized. Youngmee's husband did not want his wife to get sterilized because it would make women sick and fat. He did not want to

have a vasectomy either; thus, Youngmee's mother, who was thirty-one years old, had four abortions. One OB & GYN specialist, Dr. Yang, who was working in a general hospital in a poor district said: "Medically speaking, sterilization does not affect a woman's body at all. I saw several women who complained of side-effects but I could not find any bio-organic problems. I thought of these complaints as psychosomatic and indicating hypochondria." An informal survey, in which more than 60 percent of sterilized women were found to be suffering from menstrual irregularity, bleeding, severe menstrual pain, back pain, weight gain and loss, was designed by Dr. Yang with a feminist group to assess working-class women's complaints of side-effects from sterilization (Minuhoe 1989). It was a very simple questionnaire and did not provide any interpretation of women's complaints, but it indicates that many women did not know of the possible side-effects before they were sterilized and they did not make written consents at the sterilization operation. At the same time, 65.2% of the sterilized women in a poor district had been sterilized through the health centers and FP-assigned clinics. Kiyong's mother, who was sterilized in a clinic arranged by the health center and did not receive any information about the possibility of side-effects, lost weight and easily became tired after sterilization. However, she added that her problems might be caused by hard work. She said, "We,

working mothers, work too much at home and outside. We mothers, are living by spirit and not by physical strength." A midwife, Ms. Park, who had a clinic in Yaksan, attributed the women's complaints to the malpractice that had occurred as a result of collective operations in FP clinics and the lack of individual care after sterilization.

Kiyoung's mother mentioned that it was good that she did not fear pregnancy after sterilization. However, she often tried to avoid having sexual relations. She felt that she would become devalued if she accepted all her husbands' demands. Therefore, she sometimes refused her husband's desires to have sexual relations. However, when she wanted to have sex, she said that she manipulated him so that he felt it was him who wanted it. Other sterilized women said that it was good for them not to worry about pregnancy but it did not change their sexual practices with their husbands. For them, sterilization is regarded as a reproductive practice but not as a sexual practice dissociated from reproduction.

Many women worried about the loss of reproductive capacity because having a child is considered to be the essence of being a married woman. Kiyoung's mother's discomfort with respect to her husband's reproving attitude toward her sterilization manifested the link between women's reproductive position in marriage and their gender identity. When middle-class husbands had a vasectomy without their

wives' consent, no women got mad at their husbands, as Kiyoung's father had at Kiyoung's mother. No men apologized to their wives for the male's loss of reproductivity. Hyunsook's mother, who had an IUD, said, "I can never have a sterilization operation because I have heard that many men begin to see other women in their forties. What could I do if I got sterilized and my husband saw other woman and had a child with another woman? I would not want to be mistreated after I lost my fertility." Hyunsook's mother said that her husband talked to her several times about not wanting another child. She said, "So, I urged him to have a vasectomy by threatening him that I would give birth to a child if I got pregnant no matter what difficult economic condition we were in."

Getting pregnant presents fear and suffering for women, but at the same time it is a way of displaying women's power within given social-cultural boundaries: power to have their husbands' babies and to achieve a sense of agency in marriage and family. It is also the power to control their husband's sexuality by rejecting their husbands' sexual demands in order to control the number of children for the welfare of the family. Therefore, many women preferred the IUD to sterilization in order to keep their reproductive function, even though many of them suffered from the side-effects of the IUD. Hyunsook's mother, who understood her husband's reluctance to have a vasectomy but was afraid of

getting pregnant after two abortions, got an IUD on the recommendation of many neighbor friends. Hyunsook's mother had an IUD put in when she visited the health center at the time of her daughter's immunization. She thought the IUD was so convenient that she recommended to many women to have it inserted even though it was painful. Middle-class women paid for IUDs from clinics and hospitals with their own money while many of my informants in Yaksan had the IUD inserted by nurses at the Namyang Health Center. Some women learned about the IUD from their neighbors and some women came to know of the government free contraceptive services when they visited the health center to get free vaccinations for their children. Therefore, almost all the women knew about the free contraceptive services, offering IUDs and sterilization through the government health center. They understood that these services were a social support program for low-income families to improve family welfare by limiting family size.

In contrast to middle-class women who said that they got the information through books or medical doctors, the information about contraception for the working-class women mainly came from neighbor networks. These networks were a critical resource for economic and social survival in everyday life, as I describe in chapter 5.¹¹ Before they

¹¹ Before these working mothers settled in Yaksan as married women, they had learned contraceptive information sometimes from married female workers in the factory after they had had abortions. After the first abortion, Juntae's mother discussed it with an older female worker and received the information about condoms.

went to the health center for the IUD, many women did not know what contraceptive methods to use after childbirth. Some women went to drug stores to ask about contraceptives. Meejin's mother said,

I went to a drug store and a female pharmacist recommended the foam tablet and pill for me. I bought the pill and took it. It increased my appetite and I gained so much weight, I quit. After that, my husband used condoms but I felt too much pain. I told my husband I did not like it, and my husband ejaculated outside my vagina. My husband disliked it. One day when I went to the city health center for my daughter's immunization, a health worker recommended that I use a loop (IUD). I told her that I was afraid of putting something in my "there." The health worker said that it would be very easy and once I had it in, I did not have to worry about pregnancy. When she inserted it, I felt something squeezed. The health worker told me not to have sex for one week. After having the IUD put in, I felt pain at relations (sex) and became inflamed. Since then, I always feel pain, wet and messy "there (around vagina)" and wrenched during menstruation. In addition, when I was tired and nervous, I felt trouble there and became inflamed. Therefore, when I have relations with my husband, my close neighbor friends and a sister immediately found out because I had terrible pain after

that. One day after having sexual relations with my husband, I went to a hospital and a doctor gave me some medicine and an injection. Even though I had such terrible problems, I had the IUD for three years. The durability of the IUD that I had put in was three years. After I stood it for three years, I had it pulled out. It was a month ago. After that, I felt I could fly. My husband worried about pulling it out because of pregnancies.

Many women had the same experience as Meejin's mother and put up with the pain and discomfort of having the IUD put in because of its effectiveness and convenience. When I visited the Namyang health center, a woman came to consult about her discomfort with an IUD that she had received from the health center. A health worker told her to go to the OB & GYN doctors in the clinic because there was no nurse to pull it out. The midwife/nurse who inserted the IUD was not a regular staff at the health center, so she was not available at that time. There was no regular midwife/nurse in the health center only visiting midwife/nurses. The health center's main concern was putting in the IUD for the women, but individual care to alleviate the pain and discomfort after the insertion of the IUD was delegated to the women themselves.

A midwife/nurse, Ms. Park, who had a clinic in the Yaksan area, said that she found that many women needed

vaginal infection treatment before they got IUDs. She usually prescribed antibiotics when she inserted the IUD in poor women. She criticized the health center nurses and local OB & GYNs who put in the IUD without a clinical examination and the treatment of infection. Ms. Park thought that the side-effects of the IUD and sterilization came from the lack of individual examination and care before and after the medical procedure. At the same time, Ms. Park blamed poor women for not being concerned with their bodies. She said that these women treated their bodies as if they did not belong to them; therefore, they did not see any medical practitioners even though they had pain and a strong bad odor. They believed that the IUD would be durable for two years.

Many doctors blamed women -- particularly poor women, who did not medically care for their bodies -- about their gynecological problems.¹² Women's endurance of their gynecological problems seemed to be related to their experiential idea of women that all the women had gynecological problems because of their reproductive organs, and to their class-related situation. They had to work

¹² This kind of blame was extended not only to reproductive control but also applied to other chronic illnesses: for example, Minkee's mother had a thyroid disease. However, she stopped attempting to cure it because it was difficult for her to make appointments with doctors during the day, when she was supposed to be doing her job in a factory. She thought it was straightening itself out. This is the way that the illnesses of working mothers came to be chronic.

during the day and were unable to take off for medical consultation. After four abortions, Youngmee's mother's neighbors recommended that she use an IUD as a final alternative even though there was some possibility of discomfort, including back pain and a floating feeling within her womb. It was also possible that it would slip out. The Namyang health center arranged for her to get an IUD from a local clinic. The doctor told her not to do hard work and to have a check-up every six months. But she did not visit the clinic because she did not feel any problems. Moreover, it was not easy for her to visit clinics in the day time because she was working in a factory. In addition, many women thought that all the women who had given birth and had abortions had gynecological problems. They thought that all married women might get infections or discomfort "there." Therefore, many women believed that these problems were chronic more or less for married women. Many women's tendency to endure the side-effects of contraceptives derived from their idea that contraceptives were harmful to human bodies but it was economically and socially imperative to control the size of their families. The side-effects of contraceptives were understood as the cost of controlling their reproduction.

In addition, many women thought the side-effects and effectiveness of contraceptives depended on women's chejil (physical constitution). Youngin's mother had three

pregnancies while she had an IUD. The doctor who aborted the pregnancies said that it was rare but the IUD did not fit some women. Sunguk's mother was using the rhythm method and she had two abortions. She hated getting pregnant but contraceptives such as the pill and the IUD did not fit her chejil and a doctor told her that her womb was too weak to undergo sterilization. The idea of chejil is originated from the Chinese medical practices, meaning that the application of the medicine should be varied according to individuals' physical specificity. The chejil in everyday discourses is the residual in William's sense¹³ in understanding the individual's bodily experience of medical default for lay people. At the same time, it was the dominant Western medicine's way of selecting and incorporating the medical cultural tradition for the practice of Western medicine in Korean cultural context.

Abortions were frequently obtained by both middle-class and working-class women and were regarded as a contraceptive method when couples did not want to have more children. Many women had used (or were still using) the rhythm method,

¹³ In explaining the internal dynamic relations of cultural process as a cultural system, Raymond Williams differentiated the 'residual' and the 'emergent.' The residual, by his definition, means that what has been effectively formed in the past, but it is still active in the cultural process, not only and often not at all as an element of the past, but as an effective element of the present. Thus, certain experiences, meanings, and values which cannot be expressed or substantially verified in terms of the dominant culture, are nevertheless lived and practiced on the basis of the residue -- cultural as well as social -- of some previous social cultural institution or formation (Williams 1977:122).

condoms, foam tablets or husbands' withdrawal for their contraception. When they failed, they had abortions (see Table 5.10.). As I have explained, there were various reasons why women could not depend on "effective" contraceptives such as the IUD and sterilization. Juntae's mother said that abortion was inevitable if women had unwanted pregnancies. To avoid surgical abortions, some working mothers had used some medicine (an abortifacient) to resume their menstrual period but they realized it was not effective.

Table 5.10. Working-class women's abortions

stated no. of abortion	0	1	2	3	4	5	
no. of woman	8	4	3	2	1	2	n= 20

Youngin's mother was thirty-four-year old and had two daughters. She had five abortions. Many women believed that some women's bodies too easily became pregnant. Youngin's mother said that she had that kind of body. She felt so ashamed of having many abortions that she could not go to the same clinic because the nurses knew her and felt pity for her. Sometimes she had two abortions within four months. Not only Youngin's mother but also other women who had the same experience of consecutive abortions believed that right after an abortion, it was very easy to get pregnant again because the womb became so clean that the conception happened easily and smoothly. OB & GYNs and midwives criticized these women by saying that some women came back

to their clinics for another abortion because they did not use contraceptives, having the idea that they had just removed the pregnancy and could still be free from the need to use contraception.

Youngin's mother suffered from physical and emotional trouble caused by abortions. She said, "I felt pain in all parts of my body. Particularly I always feel something coming out from "there" and have a burning feeling. When I come home, I have to immediately take a shower first. I know someone told me that it is not good to wash too often, but I am always conscious of some feeling "there." Like Youngin's mother, many women complained about the ill-health they suffered as the result of abortions. Women who had several abortions in particular described their bodies being as ruined by pregnancies and abortions. Youngmee's mother had four abortions because she was so shy about getting information about contraception even after marriage and described feeling the wind on her wrist and knee. She could not hold heavy things and could not stand up for a long time because she did not have strength in her legs; and her face become swollen when she was tired. She thought these problems partly derived from a lack of post-abortion care. Youngmee's mother said, "If the baby had been delivered, the woman would be taken care of and might have a right to complain about the suffering of pregnancy. But it was aborted so how could I dare speak of my pain. It is a shame

to have abortions for a woman; it reflects her ignorance and mismanagement of her body."

Many husbands actually thought that unwanted pregnancies were women's fault. Women should have taken care of contraception. Myungho's mother who had three abortions bought condoms for her husband because she was afraid of getting pregnant again. But her husband threw them away, saying that he would not have sex if he had to wear a condom. She had a fear of getting pregnant but she did not want to terminate her reproductivity. Youngmee's father did not want to talk about contraception and did not pay attention to her pregnancies; therefore, she had abortions by borrowing money from a neighbor friend without telling her husband. Sometimes these working-class mothers did not have money to have abortions, although Dr. Han said that there was no woman who could not have an abortion because of money in Korea. Sungsuk's mother had three children but she said that she did not want to have the third child, who was a son. It was a son, so her husband liked it and other people thought that she got pregnant to have a son. However, she said that she could not abort her pregnancy because she did not have 100,000 won (around \$ 130 in US dollars). She felt ashamed of borrowing money for an abortion from other women, so she postponed it. She was in her fifth month and in that stage, the abortion cost around 400,000 or 50,000 won (around \$ 500 to \$600); thus, she could not afford it.

She described waking up, even in her eighth or ninth month, muttering to herself that she would not give birth to this baby. However, other people thought that she did not have an abortion because she was a Catholic or because she wanted to have a son. They felt sorry for her, wondering how she could take care of those three young three children. She said that she did not tell other people about her three abortions because she thought having an abortion represented women's ignorance and ill-care of their bodies.

Youngmee's mother also felt ashamed of her four abortions because it seemed to her to show her lack of cleverness of controlling her own body. These women had an idea that women had to take care of their bodies cleverly no matter what the situation was. The women's shame and blame to themselves came from the cultural discourse of smart housewives who were good at housekeeping as well as serving their husbands at night. This idea is also related to the cultural notion of gender relations particularly on male sexuality, which hold that men are sexually irresponsible because of the male sexual instinct; therefore, women, whose desire is more passive, more controllable and bounded, should take care of the situation. After several abortions, women began to blame themselves for an innocence and ignorance, that had been a virtue at one time. The women situated their innocence and ignorance, which resulted in the failure of contraception, again within the discourse of

their lack of education and school learning, as I mentioned about education for the new performance of femininity in chapter 5. Youngmee's mother said that she had never blamed her husband. She thought it was her fault from her ignorance; thus, she wanted to die when she got pregnant. Not only Youngmee's mother but also Youngin's mother always worried when they had sex with their husbands.

Youngin's mother complained to her husband that she could not go to a hospital for any more abortions because of shame. She wanted him to have a vasectomy but her husband promised to be careful by practicing the withdrawal method. He felt some responsibility and sorrow about her five abortions but he said he felt shy about going to a hospital for a vasectomy. However, Youngin's mother thought he did not have a vasectomy because he might have a wish for a son. When Youngmee's mother mentioned a vasectomy to her husband, he smiled and ignored the suggestion. Her mother-in-law told her not to let him have a vasectomy, because he was quite small and might lose his physical strength.

Compared to middle-class women, a preference for sons seemed to be relatively weak for working-class women. Sex selection practices, such as aborting female fetuses was not mentioned. The economic imperative and the burden of having many children seemed to eliminate the discourse of son preference and let them limit their family size to a greater extent than the middle-class. However, having a son is still

important for women. Juntae's mother said that she felt pity for a woman who has many children. Two children seemed to be good for a family but she was satisfied with a son, adding that if she had had a daughter, she would have had another child. Many women who did not have a son worried about whether or not their husband wished for a son in his heart despite the husband having said to the wife that he did not mind having only a daughter. However, compared with the middle-class families, more families in Yaksan had only girls and at the same time, wanted to stop having more children.

Compared to middle-class contraceptive practices, the most conspicuous difference was fewer vasectomies among working-class men. Working-class men's fear of vasectomy demonstrates the importance of a man's physical health in the working-class family, given that the household head's physical body is the most critical capital for the family's survival. And it shows the political-economic transformation of the discourse on masculinity in Korean culture along with industrialization. Masculinity, which had been represented through virility and men's production of many offspring in traditional society, had changed into a concern for health and sustaining men's labor power in industrial urban Korea.

In terms of contraceptives, many women said that it had to be convenient and easy to manage because they were not good at handling contraceptives; it meant that they wanted

contraceptive methods which were impersonal in management. This idea easily led them to depend upon medically intervened contraceptives such as IUD or sterilization, constructing the idea that it was medical technology that created effective (here the meaning was transformed from the convenient) contraception. At the same time, the convenient contraceptives should comprise the dissociations from a couple's sexual acts because women knew they could not expect men's cooperation for contraception. Many women thought contraception as women's business, not counting on men's cooperation in contraception; since taking care of the family is the housewife's role, using contraception for limiting family size and taking the family's welfare into consideration is a woman's maternal duty.

Within the medico-political discourse over women's reproductive control, the women resorted to several reference points to explain their social reality of rationalizing the size of their family and understanding their troubled reproductive bodies. Through selecting and reconstructing the contestation of several institutional discourses (such as the hegemony of Western medicine through its effective contraceptive technology, their bio-cultural understanding of women as a reproductive agent, and Chinese medical discourse on the individual specificity of chejil on contraceptive side-effects), the women transformed the medico-political discourse of family planning into an

Chapter 6. Concluding Remarks

Modernization in Korea has transformed the physical structure of Korean society and Korean people's experience of everyday life. Modernization (or development) has affected not only social and economic changes, but also, and perhaps more importantly, the transformation of Korean people's way of looking at their reality. I have dealt with Korean modernization as a discourse which both discursively and non-discursively has created the desires and images of the "modern:" This notion of the "modern" implied differences from the old or traditional state of things, carrying the ideas of rationalization, economization, newness and convenience, which are supposed to belong to Western (economic) rationality and the Western notion of the "scientific and technological."

Korean women's way of performing their bodily practices has also been changed. The ideological and institutional imperatives of biopower practices put Korean women in a different space of experiential body politics, affecting women's relations to social institutions such as the state, medicine and education, their in-law family, the authority of mothers-in-law and the concept of children and of bodily normalcy.

This dissertation is about how the modern medico-political powers have constituted Korean women's lives and

constructed the modern subject of female gender in "modernizing" Korean society. Since the modernization project was launched in Korea, there have been two grand discourses about the "modern:" one was economic development; the other was the modern power of knowledge represented in science and technology, which were represented as biomedicine in people's everyday life experiences.

Particularly, Korean women were appropriated for these modern discourses by the state's medico-political policy of family planning, which combined a strategy of economic development for population control and medical intervention for contraception. In order to examine the way of deploying this biopower in Korean women's lives, I have discussed two groups of women who were the product of Korean modernization projects: one was a group of middle-class women who were the beneficiaries of economic development and living in the spatially standardized structure of collective housing, apartment complexes which were the product of urbanization achieved through spatial "modernization." The other group was working-class women who had been the labor backbone of economic development and were working-class wives whose lives were closely tied with factories.

In everyday cultural practice in Korea, the discourse of essentializing and homogenizing women through the specificity of the female body is commonplace and frequently circulated. In chapter 1, I began to ask how the idea of

modernity (or modernization) bred, redefined, and reconstituted the subject of female gender, eroding the universalizing discourse of female gender as a reproductive body. Culturally, women's sex/gender relations are reduced to the genital representation of the sexes. Korean cultural discourses defined women by the corporeal, sensible, factual experiences of reproductive bodies; therefore, women's bodies were perceived as "natural" evidence of women's difference from men. In Korean culture, essentializing discourses about women were discursively and constantly practiced, forcing women to conduct themselves properly. The most frequent remarks such as yo'chaka (how come a woman..?) and yo'chanu'n (women ought to...) are used to control women to conduct their actions within a certain boundary.

In chapter 2, I described the way in which the "modern" experience of female gender was constructed among middle-class women and the way in which their agency was constituted. The middle-class women were the subjects who were making the new middle-class "apartment culture" in which housewives were engineering and creating the life style of the urban middle-class nuclear family. Their main intentionality was to reproduce the physical, social and cultural position of their family. The agency of middle-class women was deeply submerged within the family structure. I also showed that these women began to be equipped with knowledge/power for taking care of their

children and husbands "correctly".

However, this female subject in contemporary Korea was "restless," reflecting the contestations of their positions; they were caught up in the traditional social relations as wives, mothers and daughters-in-law, but at the same time, they pursued the new images of modern female gender. They wanted to define uristikqu (our family) in terms of the spatial and emotional boundary of the nuclear family, demarcated by an apartment unit, dissociated from their in-law family, yet still socio-economically and culturally related to their in-law family. At the same time, in order to be competent mothers and wives, women needed a body of knowledge (i.e. family health, psychology about children and husbands, and English) which would allow them to carry out "proper" gender performances that the "modernizing" Korean society expected. Therefore, middle-class women pursued knowledge by participating in many social institutions and reading popular books, but the modern power of knowledge as a discourse operated to create endless desires by discrediting their experiential and lay knowledge, and by making them rely increasingly on professional and institutional knowledge.

However, the ultimate boundary of female gender was confined by their physicality, namely their reproductive capacity. Women's reproductive capacity explained the essential and "natural" difference between men and women and

made sense of women's experiences of marriage, pregnancy, and motherhood. This experiential "sameness" of women's lives was understood as the almost instinctual practices of the female sex based on women's biological unity. Therefore, the differences among women were continuously denied, reducing all women's life experiences to these practices. Differences between women were understood as merely the function of husbands' differences. In this context, this idea of "sameness," provided the source of conflicts, frustrations and uncertainties among women because women's differences were beyond their control.

Chapter 3 showed the ways in which women's experience of their reproductive bodies were incorporated into the most dominant modern power, the medical institution, and how these middle-class women became a subject of medical control. The middle-class women's status of adulthood was achieved through marriage, and the practice of sexuality and reproduction were merged together into the social practice of marriage. Married women's bodies related directly to pregnancies and became a subject of the Western medical regime.

I discussed how the cultural control of women's sexuality and reproduction led married women to depend upon Western medicine. When the cultural hegemony of Western medicine took over women's pregnant bodies, the medical power of "scientific" knowledge eroded mothers-in-law's

authority over daughters-in-law's pregnancies and medicalized women's maternal agency to produce "normal" and "healthy" babies. Western medicine was not just a healing technology for women's bodies in pregnancy but also the reference point for looking at women's bodies in a "modern," "normal," "correct" way. At the same time, the masculinized profession of medicine took cultural control over women's reproductive bodies and contributed to inscribing women's reproductive experience, especially during pregnancy and childbirth, into something "natural" and "truthful," i.e. of belonging exclusively to the female sex/gender.

Through the process of modernization, differentiated socio-economic classes were formed and people in each class began to live different experiences of everyday life. In chapter 4, I described how the working-class women's way of experiencing modernization and the way of practicing their agency and subjectivity were differently constituted from that of middle-class women's. Working-class women were related to modernization through the productive function of their bodies at factories -- as the female warriors of the industrial front. However, the "normal" or culturally "proper" position of a woman's body was not in the productive function, but rather in the physical and social reproductive function of family. Therefore, marriage itself meant a kind of upward social mobility for unmarried female factory workers. Through marriage, their body changed its

function from production to reproduction. Most working-class mothers achieved this married women's status through donggo (co-habitation) and giving birth to children. In contrast to middle-class women's way of getting agency through marriage, education, and medical care, these working-class mothers practiced individuality in achieving their agency.

Therefore, they entered donggo as a kind of agency to achieve the status of female adulthood without family intervention; their relations with the in-law family were less obligated and instead of using institutional channels to solve problems, they mobilized social relations, such as neighborhood networks as main channels for resource mobilization.

In fact, their class position did not allow them to register the effects of the institutional powers that the modernizing Korean society demanded of women as a "desirable" subject. Therefore, they began to diverge from the normative representation (of being a properly gendered female) which was characterized by middle-class women. This was the reason why they became "restless" in performing their female gender role in contemporary Korean society: They were worrying that they might not be good and capable mothers because they were working to make supplementary money for their families in factories rather than staying at home as a manager. In addition, they feared that they could not take care of their children or bear smart babies because

they lacked the education which made women practice proper gender performances in contemporary Korea. They also lacked the money required to buy "good" items for children that the Korean commercial market provided.

The focus of chapter 5 centered on whether or not the intervention of the medico-political discourse of contraception eroded the cultural idea of women's "sameness" based on the biological unity of reproductive capacity. I had expected that the family planning policy had helped constitute a birth control discourse which sapped the strength of the prevailing phallogocentric discourse that served to universalize and homogenize all women. Chapter 5 discussed about how the state's practices of family planning policy deployed its power in order to control women's reproductive capacity and then how women "played" gender politics by using contraception.

I described that the family planning discourse transformed women's fertility into economic sense and integrated it into the critical part of the modernization project. Korean women willingly accepted family planning practices and articulated the economic rationality to their bodies in order to improve the quality of family life. The Korean family planning policy strongly deployed the new modern concept of wives and mothers as planners and managers for the establishment of an efficient, small nuclear family. Thus, the political discourse of family planning worked as

the chief agent for promoting a gender ideology that created women as a modern manager of the middle-class family.

Family planning was effective in allowing women to bear fewer children and in reducing the economic burden of raising many children. However, it did not work to dismantle the cultural discourse of female gender whose agency was bound by the family, and was played out in their role as wives and mothers. Thus, women transcended the biological burden of reproduction through birth control methods, but socially and politically, women did not transcend their traditional role as reproducer of the family.

Thus, Korean women's practices of modernity in reproductive control was mainly experienced by having fewer children for the family. The effects of the state's bio-power practices (i.e. the medico-political policy of family planning) resulted in the rationalization of the family in an economic sense. The lived experience of women's bodies was still seen as universalizing and homogenizing women's experiences. Therefore, the discourse of modernity and the control over women's biological condition of reproduction did not transcend women's experience of their agency embedded in the role of wives and mothers, although their way of performing gender subjectivity was differently constituted according to the class backgrounds of the women.

Women's "proper" position was still in the family. The middle-class women's narratives showed that the women's

bodies were not represented socially as an individual body, but rather as a family body. However, both my middle-class and working-class informants described them as wives and mothers who were ridden with conflict and restlessness in modern urban Korea in 1990. The practice of modern female gender was an integral component of the exercise of modern knowledge/power. The women mentioned education as the most critical capital for their performance of modern female gender. On the other hand, medicine was the most critical referential knowledge/power through which women would understand the normalcy of their bodies in the maintenance and reproduction of their everyday life. Men's bodies were also represented as a family body, but not to the same extent. The modern idea of economic productivity was articulated to men's bodies and it transformed the reproductive virility of the male body to capability to work, thereby transcending their biology. The idea of men's bodies was also differently perceived according to how their bodies were articulated with the political economy of their class position. The virility of working-class men's bodies were transformed into productive capacity for labor because working-class men's physical bodies were the critical capital for survival: Working-class husbands were more reluctant to practice vasectomy, fearing it might hurt their health/labor capacity. On the other hand, middle-class men who chose vasectomies wanted to just limit the socio-

economic burden that raising children represented.

Throughout this dissertation, I have tried to make women's experience of the "modern" visible by revealing how the institutional powers shaped female gender as the subject. I also described how the construction of middle-class and working-class women's agency was shaped by their class experiences and how these differences were revealed. At the same time, I tried to show how the cultural discourses about "sameness" among women operated to mask the differentiation of women's social positions.

Both my middle-class and working-class women informants understood their identity as the real and factual through their bodily experiences of childbearing and childbirth. This was the way in which the material basis of the female-lived-experience was produced, the way in which women's agency was made possible, and the way in which medical hegemony over women's reproductive care was normalized. At the same time, this was the way that women's reproductive experience remained central above all other social relations of power, even class.

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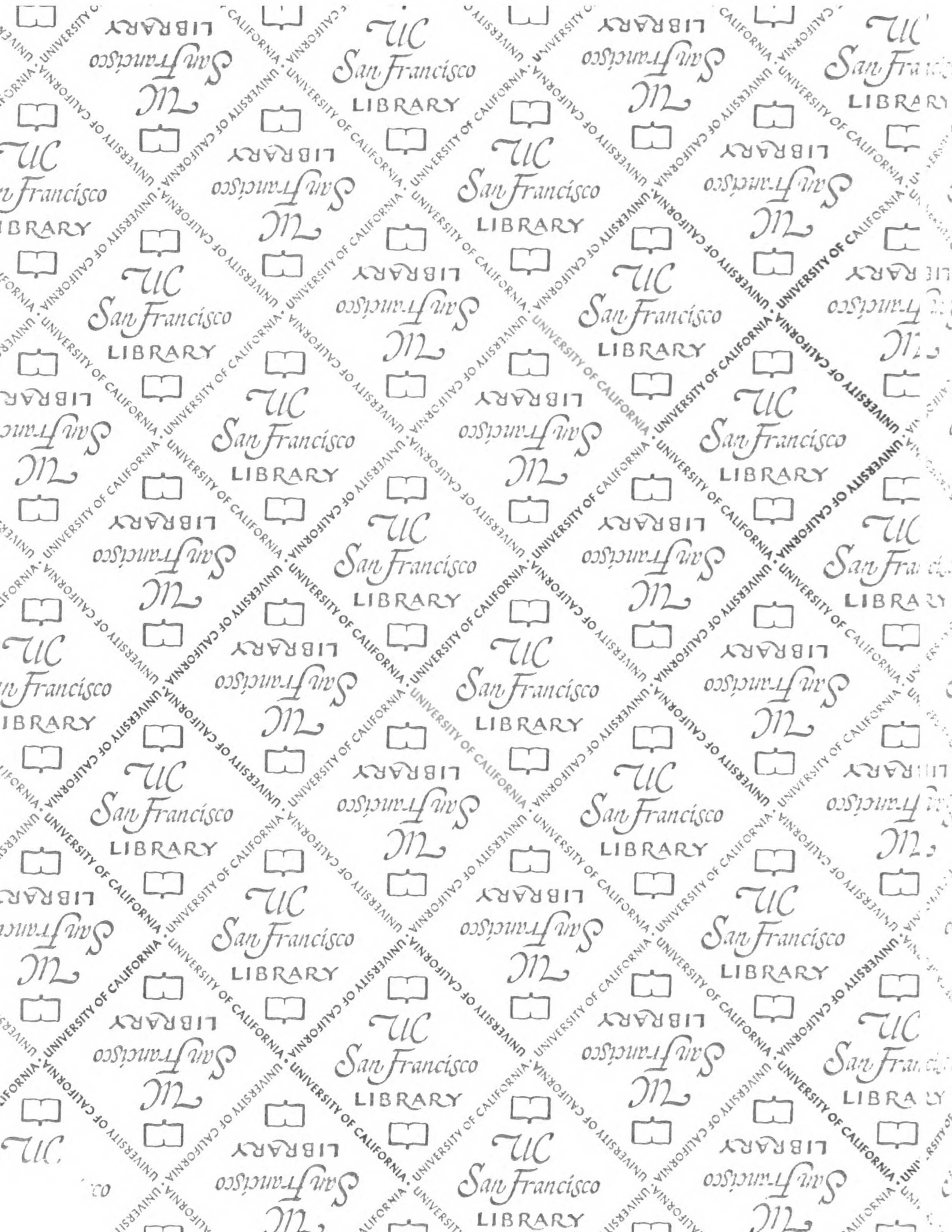
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