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Measures to Support Pregnant and Postpartum Unwed Mothers

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I. Objective and necessity of research

At the time the adoption of unwed mothers' children became a general practice, there was no policy to support unwed mothers who wanted to raise their own children, and the existence of unwed mothers was not visible socially.¹⁾ An opportunity to change this situation came when there was confirmation that an increasing number of unwed mothers wanted to raise their children. Since the implementation of the Special Adoption Law in 2012, unwed mothers rearing children has been widely accepted as a right that should be respected first. In addition to these changes, policy-making to support unwed mothers has emerged as an important task.

Meanwhile, the phenomenon of child abandonment through the

1) This is the summary of the 2018 policy report 14 of Korean Women's Development Institute done by M. Lee, J. Jeong, M. Gu, S. Jung, H. Kim, and J. Bak.

Babybox, which has been an issue since 2012, shows that unwed mothers in vulnerable situations have problems receiving support through public services during the stages of pregnancy and childbirth. Infant abandonment through the Babybox has stirred social controversy and placed the importance of supporting unwed mothers during the stages of pregnancy and childbirth into sharp relief.

In this study, we reviewed the awareness of and accessibility to welfare services during the stages of pregnancy and childbirth, and identified the causes of obstacles to the smooth delivery of policy services. To this end, we reviewed the current status of policy to support unwed mothers and recent policy changes, and conducted surveys and in-depth interviews with unwed mothers. Through this, we also examined the use of medical services during pregnancy and after childbirth, the problems with usage of medical services, the health status of fetuses and newborns, and the status of postpartum health management. We proposed policy measures to improve social disconnection and isolation during the pregnancy and address the lack of appropriate protection and support during the postpartum stage.

II . Research method

A survey and in-depth interviews were conducted to understand the living conditions of unwed mothers during pregnancy and after childbirth between July 13 and September 18, 2018. Those targeted by the survey were unwed mothers raising children under the age of 9 years. To make contact with them, we sought the cooperation of civil society organizations, the Ministry of Gender Equality and Family, and unwed

mother facilities. With the help of other unwed mothers and support organizations, agencies that run programs for unwed mothers and fathers, and unwed mother facilities, the survey was conducted by relaying questionnaires through the Internet and mobile phones, and the mothers directly responded. The contact with the agency running the program for unwed mothers and fathers was made with the cooperation of the Ministry of Gender Equality and Family.

The survey was about the following: the situation during pregnancy and after childbirth, relationships with close people such as family members, the use of medical and social welfare services, health status, searches for information on childbirth and childcare services, awareness of support services and policies, community response, and experiences of discrimination. There were 741 cases of unwed mothers in the survey.

In-depth interviews were conducted with unwed mothers to understand their difficulties during pregnancy and after childbirth between June 5 and September 12, 2018. Unwed mothers were recruited through regional unwed mother organizations such as those in Seoul, Gyeonggi Province, Busan, and Daegu. The residences of unwed mothers who participated in interviews were mostly in Seoul and Gyeonggi Province, and there were 5 in Busan and 6 in Daegu. Interviews were conducted with individuals or in groups of 2 or 3. A total of 28 unwed mothers participated in interviews. The questions asked were about the circumstances in which they became aware of their pregnancy, whether they considered abortion or adoption, their use of medical and social welfare services during pregnancy and postpartum, experiences using unwed mother facilities, relationships with family members and acquaintances, and difficulties during pregnancy and before and after childbirth.

For interviews related to the Babybox, we interviewed 3 unwed

mothers and a person in charge of the Babybox. The people interviewed who had experiences using the Babybox were asked questions such as how they found out about the Babybox, their experiences residing or living at the Babybox, and their impressions of the Babybox.

III. Survey on the living conditions of pregnant and postpartum unwed mothers

Surveys were conducted to understand the situation of unwed mothers during pregnancy and before and after childbirth, the attitudes and relationships of people close to them, such as family members, their use of medical services and welfare services at the time of pregnancy and childbirth, their health status during pregnancy and postpartum, support services for childrearing, whether they had an awareness of support services and policies for unwed mothers, their activities at the time of pregnancy, the responses of people around them, and experiences of discrimination. A total of 741 unwed mothers participated in the survey.

1. Situation during pregnancy and after childbirth

There was not a small number of people who stayed at 24-hour saunas, cheap motels/inns, and very tiny rooms designed for students studying for exams from the time of 5 months pregnant until recently, especially those in their teens and 20s. This shows the difficulties of unwed mothers who are driven into temporary and inadequate living environments. If we look at the places unwed mothers stayed before and after childbirth, most lived in their own homes or their parents' homes, but the number

who resided at unwed mother facilities was also not a few. While about 40% were working at the time they were 5 months pregnant, after that, the proportion of mothers who resigned was high, and most unwed mothers experienced a break in their careers due to pregnancy and childbirth. Academic activity is also interrupted by pregnancy and childbirth, with 68.9% of the total suspending their studies due to pregnancy, and only 20.0% returning to their original school after giving birth. More than half of unwed mothers attempt to get a job after childbirth, but many experience being denied employment due to prejudice and discrimination. Of the total, 42.0% said they were denied employment for the reason that they were unwed mothers.

Of the unwed mother respondents, 90.4% said the father of the baby was aware of pregnancy, and 67.5% of the unwed mothers' mothers and 58.0% of their fathers were aware of the pregnancy. People who were against the pregnancy were 49.6% of the baby's fathers, 58.6% of mothers, and 61.5% of fathers; the parents of unwed mothers had an especially negative response to unwed mother pregnancy. During the prenatal and postnatal period, unwed mothers received help from 58.7% of their mothers and 47.3% of their fathers, but it was extremely rare for them to receive assistance from their child's father. If we look at unwed mothers who had contact with people at least once a week over the past year, the person who was in contacted most was with their mothers, followed by their fathers. It is extremely rare to have contact with the child's father, so we can know that the relationship with the child's father has been severed since the prenatal and postnatal time. Looking at current relationships, unwed mothers replied that their relationships with 61.2% of their mothers and 54.0% of their fathers was good now, but there were hardly any that maintained a relationship with

the child's father.

When they first learned that they were pregnant, unwed mothers had experiences such as hatred towards their child's father, fear of criticism from parents and siblings, fear of the being looked down on by acquaintances and the world, and confusion about unplanned pregnancy. Concretely, 60.6% hated their child's father, 70.4% feared parental criticism, 62.5% feared the criticism of their siblings, 67.2% feared being looked down on by their acquaintances, and 65.8% feared being looked down on by the world. The unexpected pregnancy caused confusion in 77.1% of respondents. In 52.5% of cases, unwed mothers had no one to openly share their feelings and talk with during pregnancy and after childbirth, so we find that the majority experience isolation. Of those who could talk with people around them, the very most common was a friend, followed by their mother, a person related to an unwed mother facility, a friend or acquaintance who is an unwed mother, and brothers or sisters.

Unwed mothers who are aware of their pregnancy are worried about the prejudices and burdens associated with unwed pregnancies and childbirth, with 37.2% considering abortion and 25.4% considering adoption. After giving birth, 63.6% of respondents said they intended to rear their children, with those in their late 30s and older having a significantly higher rate of deciding to rear children. It was very rare for them to intend to send the babies to their fathers.

2. The use of prenatal and postnatal medical services and the health of unwed mothers and their children

If we look at the current status of medical service use during pregnancy

and childbirth, most respondents said that they visited a hospital for fetal examinations, while about half visited community health centers. Before 8 weeks into the pregnancy, only 51.4% visited the hospital, with the other half visiting the hospital more than two months into the pregnancy.

Regarding the birth method, 37.5% were Cesarean sections, 62.6% were natural births, and the average term at the time of infant delivery was 37.53 weeks. More than half said they were burdened by hospital bills; the rate of burden was very high in cases of C-sections. Of the total hospital bills, 44.3% was paid by a government-issued voucher card (Citizens' Happiness Card), while family support accounted for 26.9% and their own money counted for 26.6%. Support from the child's father was inadequate. The rate satisfied with medical services stood at 45.2% for hospitals and 42.4% for community health centers. The biggest reason for dissatisfaction was that they were exposed as unwed mothers, followed by insufficient explanation about medical services, unfriendliness of medical staff and employees, and prejudice against unwed mothers.

The health of unwed mothers' children generally deteriorates when mothers are unable to go to the hospital during the course of pregnancy and childbirth due to medical expenses. Unwed mothers responded that when they were unable to use the hospital, their children were not healthy, at the rate of 74.5% of fetuses, 74.8% of babies immediately after childbirth, and 73.9% of babies before their first birthday. Early hospital visits have a positive effect on health.

Regarding the health of unwed mothers before and after childbirth, 27.8% experience bad health during pregnancy, 42.6% have bad health immediately after childbirth and 40.4% have bad health a year after childbirth. Women in the age group from the late 20s to the 40s and older have had a high rate of bad health. Health is affected by nutritional

intake during pregnancy and postpartum care.

The rate of depression of unwed mothers before and after childbirth was 64.2% during pregnancy, 64.5% postpartum, and 38.3% at present; the significance of depression during pregnancy and postpartum period is very high. Nutritional intake during pregnancy and the postpartum period also have an influence on depression. The effects of the violent tendencies of their babies' fathers and their mothers' opposition to childbirth also has an effect on depression in unwed mothers, which is very high and extends to 3 out of 4 mothers during pregnancy and postpartum. With the help of their mothers and fathers, a smooth present relationship appears to reduce pregnancy and postpartum depression, with the maternal relationship showing a closer influence than the relationship with the father.

3. Experiences using unwed mother facilities

If we look at the experiences of using unwed mother facilities, 45.9% used facilities that support pregnant and postnatal mothers, 40.0% used community living facilities for unwed mothers who are pregnant and postpartum, and 20.4% used homes for mothers who are raising their children.²⁾ Reliance on facilities is higher among young unwed mothers in their teens and early 20s whose living conditions are not stable. 18.1%

2) In Korea, unwed mothers are socially distinct from single parents who are single due to divorce or the death of a spouse. "Unwed mother facilities" is a comprehensive reference made to facilities that support unwed mothers during pregnancy and in the postpartum period. This includes mothers who relinquish babies for adoption and those facilities that support unwed mothers who are rearing toddlers and children, and that give the family space to reside and other necessary services.

Facility for prenatal and postnatal unwed mothers: A facility to support unwed mothers who are pregnant until 6 months after giving birth.

Community living facility: A facility where unwed mothers live together with their children who are age 3 years or younger.

Mother and child facility : Facility for single parent families that also includes unwed mothers who are raising children under the age of 18 years of age.

of cases were denied admission. By age group, those in their 40s or older were rejected more, and by region, those in Seoul showed a higher percentage of rejection. The main reason for rejection was the lack of space at the facility, accounting for 37.3% of the total, which shows that the current state of facilities is insufficient.

In terms of satisfaction with the facilities, 39.3% of unwed mothers applied to facilities to support pregnant and postpartum mothers, 37.3% applied to communal living facilities for unwed mothers, and 38.9% applied to homes for unwed mothers raising their children. Overall, only 1 in 3 said they were satisfied; satisfaction among teenagers was particularly low. Concretely, about half of respondents, at 49.5%, said that postpartum care was not done well, 48.4% said they were forced to participate in programs, and 45.4% pointed out excessive restrictions on leaving the premises.

4. Search for information on childbirth and childrearing

Internet portal sites was the way most people searched for information on childbirth and childrearing, standing at 83.8%, followed by sites such as the Ministry of Gender Equality and Family's single parent family support site, the Ministry of Health and Welfare's site, the Ministry of Health and Welfare's call center, and the single parent counseling hotline. Contacts with institutions or organizations were led by district offices and village offices with 70.2%, followed by unwed mother organizations, single parent family support centers, healthy family support centers and social welfare agencies. Regarding actual help that users received from media, Internet portal sites ranked highest with 56.7%. Among institutional and organizational help, unwed mother organizations ranked

the highest, with 63.6%, followed by the healthy family support center, single parent family support centers, district and village offices, and social welfare agencies.

Among the information sought through Internet sites, information about giving birth and postpartum support was the largest with 79.1%, followed by information on subjects such as infants and support for infants, pregnancy and support during pregnancy, facilities for unwed mothers, and home rental. About half or less of the information they want to find was actually obtained. Information sought through hotlines and institutions accounted for the largest share, with 71.9% of the information sought being related to support for infant care, followed by information on support after childbirth and childbirth, information on support for unwed pregnant women, and unwed mother facilities. Less than half of the respondents said that the information obtained through hotlines and agencies actually helped.

IV. Experiences of unwed mothers while pregnant and after childbirth

1. Healthcare and situation of unwed mothers before and after childbirth

The unwed mothers who participated in the in-depth interviews for this study learned that they were pregnant at various times. Most unwed mothers who participated in in-depth interviews were not planning to get pregnant, and after they found out, their responses to their pregnancies were generally negative. Unwed mothers felt anxious when they found out that their career plans and stable lifestyles had been disrupted by

pregnancy.

Even if they were aware of their pregnancy early, unwed mothers went to hospitals for prenatal examinations relatively late. The causes of delaying hospital visits were due to denial of pregnancy, lack of money for hospital fees, and fear of the experience of being discriminated against during hospital visits. They feared the hospital's medical staff's criticism of unwed pregnancy or unwed mothers.

After learning they are pregnant, many unwed mothers are caught between ending their pregnancy and giving birth. If an unwed mother gives birth to a child, she is thought to be out of the range of the normal family, and fears of social stigma over this are relatively high. Even if they consider abortion, some cannot because of the cost or timing. During pregnancy, unwed mothers are advised or pressured to abort their babies during by various subjects, such as their families, their children's fathers, friends, and hospitals.

If they reject the advice surrounding them and choose to give birth, there are many instances where they are encouraged to relinquish the baby for adoption by people around them, starting with their parents. Unwed mothers said that they could feel a difference in attitude about unwed mothers from the facilities and medical staff when they were suggesting either adoption or raising the child. The support and help of people around them, or cases of other unwed mothers, has an influence on their decision to raise the child.

During pregnancy and directly before and after childbirth, unwed mothers often do not visit hospitals or intake adequate nutrition due to economic difficulties and difficulties in social relationships. In addition, unwed mothers who are older often do not receive the necessary prenatal

care, despite the need for more detailed prenatal care for them. There are also instances when emotional anxiety is amplified by worries about the difficulties of relationships with family members, friends, their child's father, and economic difficulties. Most unwed mothers have had experiences that have made them emotionally weak, and stress during pregnancy can lead to poor physical health.

Some unwed mothers cannot go to the hospital due to the cost, and sometimes give birth by themselves at home. Due to the lack of medical help, babies and mothers often do not receive appropriate care after childbirth, and there are many cases in which treatment directly after childbirth, such as dealing with the placenta, is not properly done. After childbirth, unwed mothers who resided in the facilities, as well as unwed mothers who resided at home, experience difficulties in postpartum care and emotionally experience postpartum depression and feelings of anxiety. These mental health problems have a negative effect not only on themselves, but their children as well.

2. Relationships of unwed mothers before and after childbirth with their family of origin and acquaintances

Unmarried mothers experience a rupture in social relationships. This happens after they learn that they are pregnant, and they have conflict with their family members who are against them giving birth and raising a child. Then they leave their homes where they have lived together with their families, and where they could not get support, to prepare for childbirth. In order to restore their family relationships, the unwed mothers who experienced a rupture in family relationships are burdened with showing family members or acquaintances that they are living well in order to have their support. Unwed mothers whose families approve

of their choice to raise their children were under various psychological pressures, such as thinking that they have to meet expectations by raising their children well, and asking for only a minimum of help.

Most unwed mothers report pregnancy to only a few of their acquaintances, such as friends and co-workers. Like their families, they support and criticize unwed mothers. After hearing about the unwed pregnancy, many people encourage the mothers to have an abortion, relinquish the baby for adoption, or make discriminatory remarks. Many unwed mothers lose contact with their acquaintances to avoid criticism or negative judgment, leading to a reduction in the social relationships of unwed mothers.

3. Experiences at hospitals and government offices before and after childbirth

Even though hospitals are an essential place to use during pregnancy and childbirth, unwed mothers find it difficult to use them due to psychological or economic difficulties. When they visit a hospital alone, if the hospital finds out that they are an unwed mother, the hospital asks the mothers if they want to have an abortion. If the mother asks about prenatal care, the hospital worker doesn't reply, but just says that it's expensive. In addition, a guardian's signature is needed in order to perform treatment or surgery, which can also embarrass unwed mothers if the hospital wants to use the name of the child's father.

Unwed mothers visit government offices such as community centers and district offices to get support related to pregnancy and childbirth. Some unwed mothers have experience in finding or contacting various government offices, such as district offices and the Ministry of Gender Equality and Family, after being unable to get the necessary information

about support from the community center. In the process of revealing that they were unwed mothers who were requesting support, they also heard discriminatory remarks about unwed mothers, such as that unwed mothers just want benefits, in public places.

4. Experiences in unwed mother facilities

Not all unwed mothers who want to be admitted to a facility can be admitted. In addition, there were several points of discomfort mentioned by unwed mothers who were admitted to facilities. First of all, there is a tendency to control unwed mothers by making them participate in community programs and making them keep a timetable without considering their individual health or psychological status. In some facilities, unwed mothers' violation of the rules was punishable and used as a basis for their eviction. On the other hand, even though it's a facility, there are different age groups of unwed mothers living together. In the case of older mothers who are living together with mothers who are relatively younger, the facility workers treat them all according to the standards of behavior set for younger unwed mothers, regardless of the age of the individual, and sometimes refuse requests for help from unwed mothers, such as requests for counseling. In addition, religious-based facilities have sometimes required attending religious ceremonies, regardless of whether or not the mother was religious, or made exaggerated testimonies during stakeholder visits at facilities. It was also pointed out that the babies' immunity may be weakened by the fact that all the babies and mothers are living together communally after delivery.

V. Experiences using the Babybox

1. Function of the Babybox

Unwed mothers who seek out the Babybox are women who do not go through adoption procedures or who have no reserves for bringing up their baby after childbirth. The baby box operator does work such as providing temporary protection for infants, providing temporary emergency shelter for unwed mothers, sending out baby kits for unwed mothers' children, and supporting unmarried mothers' premature children. When a baby is placed in a baby box, an alarm that rings alerts the operator, and the operator attempts to have counseling with the guardian who leaves the baby. Most unwed mothers who put their babies in the Babybox have circumstances in which they cannot rear the child right away. Considering this situation, the operator temporarily protects only babies and tries to make it so unwed mothers and their babies can live together. Once a month, under the name of baby kits, it sends baby products such as formula and diapers to unwed mothers who decide to raise their children and take their babies with them.

2. Experience of unwed mothers who used the Babybox

Unwed mothers seek out the Babybox for a variety of reasons, such as when they have adoption in mind, or after childbirth, they have no suitable shelter and need help. Unlike facilities with strict conditions that have to be met in order to qualify for admission, the Babybox operator helps unwed mothers if they judge them to be in an emergency crisis situation, without considering whether or not they are employed or their age group. Unwed mothers who cannot get support from their facilities or families after childbirth have a strong perception that Babybox is the

last place where they can get help.

Unwed mothers living in at the Babybox had in common the issues of ruptured family relationships and difficulty being admitted into facilities. They said the Babybox is not a "recognized facility," but during the time that they faced an emergency crisis situation, it was the only place that helped them. In addition, the Babybox operators conduct counseling with guardians who have come to put their babies there. After unwed mothers end their temporary residence at the Baby box, the Babybox provides them with urgent necessities, and provides baby supplies called a "Baby Kit" once a month.

VI. Collecting information about social welfare services and preparing for childrearing

1. Collecting information about social welfare services

During pregnancy, unwed mothers face the problems of social disconnection, unemployment, and deteriorating health, meanwhile enduring economic and psychological crises. They try to find information on support for childbirth and daily living, but there are many times when they don't know where or how they should start. The unwed mothers say that it is not easy to find information on childbirth, getting ready to raise a child, and the support for a living that they need. The first thing most unwed mothers do to gather information is to search the Internet. Information found directly on the Internet is mainly about adoption agencies and news reports about unwed mothers.

Unwed mothers also directly ask for information about services to

support pregnant and unwed mothers from various agencies, starting with their community centers and district offices, and then the Ministry of Gender Equality and Family and the Ministry of Health and Welfare. Some receive help through getting appropriate information on support for unwed mothers through community centers or district offices, and others are even introduced to organizations that support unwed mothers. However, several unwed mothers inquired about support at the community center, but the employees did not know the information well, and mothers did not receive appropriate support. There were also cases in which even though mothers had contacted various government offices, such as the community center or district offices, they did not get appropriate information or missed the window of time when they could have received social welfare service support.

2. Birth registration and preparing to rear a newborn

It is not easy for unwed mothers to register the births of their children. The current birth registration form has an item for the father on it, which can be left blank in the case of a child born out of wedlock, but employees' unnecessary interest or rudeness embarrasses unwed mothers during the process of confirming the information.

After childbirth, unwed mothers are required to personally visit government offices such as community centers and health centers to register the birth or apply for baby products. Because of the lack of money for babysitting services, or the difficulty of getting help from family members or acquaintances, they have to do this necessary work while taking care of the baby. Some services require participation in education as a condition of benefit. Unwed mothers who have not yet recovered from childbirth find it hard to bring the infant with them.

Most unwed mothers do not file for child support because they worry that if the child's father has the duty to support the child, he can get custody. Another reason for not filing for child support was that if the mother filed for paternity, it would be difficult to keep welfare support for low-income people because although they were not living with the father, the father would become a provider for the child.

3. Unstable residence and re-entry into the labor force

Unwed mothers often face situations where they have to move their residences several times during pregnancy and after childbirth. Due to the rupture of the relationship with their parents, they stay at a facility or at an acquaintance's house, and sometimes they even stay at facilities for the most vulnerable class of people due to lack of a deposit for rent. If it is impossible to be admitted into an unwed mother's facility, and if there is not enough money for a rental deposit, they temporarily reside in facilities for the disabled, facilities for the homeless, or facilities for the vulnerable class, such as the one provided by the 1366 call center emergency shelter, or the place provided by the Babybox. This kind of residential instability tends to persist even after they have raised the child past infancy.

One of the things unwed mothers continually experience from the time they become pregnant is that it is difficult to continue their career or become employed again. The reasons for resigning from the workplace are worsening health caused by pregnancy and the fear of discrimination and prejudice by co-workers. After becoming pregnant, they sometimes quit their jobs due to weak physical strength and poor health. Some go through various vocational training or certificate courses from the time of pregnancy. They either use the Job Success Package or receive

vocational training using support for tuition from a support group for unwed mothers.

Unmarried mothers often want to reenter the workforce to make ends meet after a certain period of time. However, it is not easy to get a job at a time when there are not enough human resources to take care of their infant children. Due to difficulties with childcare, there is a high possibility that they will get low-wage jobs, such as simple service jobs or hourly work.

4. Experience using social welfare services after pregnancy and childbirth

Many unwed mothers have used the "Beautiful Mom Card." The unwed mothers' stance is that the amount of support given by the "Beautiful Mom Card" is low. Because of the high cost of preparing for childbirth, the card is said to be helpful in paying for only some of the medical and examination fees. Unwed mothers who are financially challenged avoid prenatal care or testing due to cost, and there will be greater difficulties for mothers who have high-risk pregnancies or who are older.

Unwed mothers receive cash payments through a low-income family support program. Such support includes emergency living expenses, childbirth benefits, and allowances for unwed parents. While these benefits are helpful for unwed mothers having financial difficulty, they view the benefits as being insufficient compared to the cost of living or raising a child.

Civil society organizations that support unwed mothers are the Korean Unwed Mothers and Families Association, the Korean Unwed Mothers

Support Network, and InTree. Through these organizations supporting unwed mothers, unwed mothers can get information on welfare services and receive support such as baby care products, interact with unwed mothers in similar circumstances, and gain emotional support.

VII. Policy recommendations

Policy measures to strengthen support for pregnant and postpartum unwed mothers are proposed as follows. First, a basic statistical system related to unwed mothers should be constructed, and it should go beyond narrow-minded standards of support. The situations faced by women who are referred to as "unwed mothers" vary widely. Women are divided into whether or not they have ever been married and given birth to children out of wedlock, and those who have been married. In addition, if a woman has multiple children, their children's birth status can vary. If a woman has 1 child or more, she can be denied admission into a facility, or depending on whether or not she has been married in the past, she may be excluded from policy support. It is necessary to improve the standards of this narrow-minded support policy on unwed mothers.

Statistics are important data in terms of understanding the scope of the population targeted by the policy and budgeting, so it is necessary to ensure inclusive statistics about unwed and single parents. The National Statistical Office should reveal how and through what method the published statistics of unwed and single parents were collected, and examine and present responses to questions about the reliability of statistics on unwed and single parents. The reason for the interest in securing statistics is due to the need to identify the scope of how many

unwed mothers are raising their children in economically poor situations, to secure appropriate budgets, and formulate policies.

Second, measures are demanded to support the health of fetuses and mothers during pregnancy and after childbirth. In the 3rd Basic Plan for Low Birthrate and Aging Society (2016-2020), various plans were presented to support medical expenses after pregnancy and childbirth. But the government needs to think about additional support for low-income families, in addition to universal benefits for all classes. Special consideration needs to be made for low-income unwed parents or unwed mothers, rather than equal amounts of support for all classes. There were just a handful of people who used care services for mothers and newborns, which are to support low-income pregnant and postpartum unwed mothers, the free prenatal examinations, childbirth preparation classes at community health centers, support for diapers and formula at community health centers, Nutrition Plus programs at community health centers, and services for unwed mothers by region. Efforts are needed to raise the accessibility of existing welfare services.

Third, there should be more attention on supporting unwed mothers in economically vulnerable situations before and after childbirth. The objective of the Ministry of Gender Equality and Family's project for unwed parents is good, but the publicity and delivery show insufficiency, so improvements are needed in relation to this. It is necessary to expand the budget and sites for projects to support unwed parents who are at risk. The performance record of the unwed parent support project, which has been deployed nationwide, one in each metropolitan city, shows a large deviation from region to region. Care should be taken to ensure that unwed mothers who need help do not experience the problem of not being able to receive services due to restrictions on support. The size

of the budget of each institution in operation, or the number of institutions that operate, should be expanded.

It is necessary to provide emergency shelter for unwed mothers who need shelter after pregnancy and childbirth. It is necessary to establish an emergency shelter for unwed mothers who cannot enter the facility but who urgently need help. The amount of space or the scope of practitioners in unwed mothers' facilities is not sufficient to meet unwed mothers' complex requests for support. Facilities should respect mothers' religion, selection of programs, private life, individual intentions, and human rights, and there should be management and supervision about this.

Fourth, the delivery of welfare information to support pregnant and postpartum unwed mothers should be systematized. It was continuously brought up that unwed mothers are not very familiar with welfare services. In some cases, pregnant and postpartum unwed mothers who were in crisis situations made extreme choices, such as infant abandonment, because they did not know the information about welfare support services, and there were cases where, without any consideration, they suffered from the emotional pain of having decided to send their child for adoption. Continuous education for civil servants at community centers is needed for the support unwed, low-income parents, and inspection is demanded through monitoring officials' service.

Considering that the "Single Parent Counseling Phone" was launched to help unwed parents facing pregnancy and childbirth-related crises, it is necessary to secure separate lines and staff rather than integrating it with other lines that conduct single parent counseling. In addition, it should consider promoting single parent counseling phones, raising service satisfaction, and exploring ways to conduct follow-up case

management in connection with civil society unwed mother organizations.

Fifth, strengthening housing support for unwed mother families is demanded. Living conditions for unwed mothers after pregnancy and childbirth are generally unstable. This situation will negatively affect the emotions of infant children. Special consideration is needed for other low-income social groups and unwed mothers in different situations. Policy monitoring is continuously required to ensure that the Ministry of Land, Infrastructure and Transport's housing support policies for low-income families are actually beneficial to unwed parents at the policy implementation stage.

With the government's limited access to public rental housing, support for residential housing through private sponsorship is of great help to unwed parents. A government-led housing support project for unwed parents through sponsorship of private companies needs to be developed.

Sixth, we must strengthen fathers' responsibility. Many unwed mothers experience serious conflict of opinion with their children's fathers regarding pregnancy, childbirth, and childrearing. These emotional confrontations stop exchanges between the two people, and mothers do not seriously consider filing for child support. It is difficult to enforce child support, even if there is a legal obligation for the unwed parent to pay child support.

Seventh, it is important to improve the consciousness of medical staff and civil servants, who are the ones that unwed mothers contact first. For unwed mothers who are daunted by anxiety and fear, the attitude of community center civil servants or hospital employees is a big influence. At the government level, active measures are needed to improve attitudes. The Ministry of Gender Equality and Family will work with the Ministry of Government Administration and Home Affairs, the

Ministry of Health and Welfare, and local governments to draw up and distribute guidelines to hospitals, health centers, community centers, and district offices nationwide to prevent them from treating unwed pregnant women and unwed mothers with prejudice or discrimination. To practitioners in medical institutions, the Ministry of Gender Equality and Family is going to distribute materials to medical institutions and their employees. These materials have been recently drawn up by the Ministry of Gender Equality and Family as guidelines to respond to civil complaints and information on support systems.

Eighth, a program to recover family relationships should be supported. Special help and attention is needed from people surrounding mothers during pregnancy and after childbirth. The closest people who can help is the family. In the case of unwed mothers, it is rare for their parents to be in favor of the pregnancy from the start, so because of that, their relationships with them are cut off during pregnancy, childbirth, and raising an infant, and they face difficulty. Also, for most, the relationship with the child's father, who has the most responsibility, is not good. The civil society unwed mother organizations operate programs to restore relations with the unwed mother's family of origin, but this should be expanded through public support.



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