

# KICCE POLICY BRIEF

October, 2022 Issue 23

## President Yoon’s government policies for enhancing child-rearing

### I. Background

In 2005, the Korean government set up a presidential committee for the aging society and population policy(PCASPP) and issued a 5-year plan for the same.

- The plan for the aging society and population is mainly to mitigate current issues in demographic structures, such as low fertility and aging populations.
- Each plan has common directional visions and 5-year targets, and specific goals and practical schemes are updated with reviews and assessments from previous plans (Figure 1).
- Based on these plans, governmental agendas are weighted in on policies for pregnancy-delivery and early childcare/rearing intervention through life courses. The importance of the agendas is combined with a willingness to diversify parenting options, ensuring that financial supports are introduced and applied.

[Figure 1] The flow of the plan for the aging society and population by the Government of the Republic of Korea

VISION	Realizing a sustainable society for all generations	Reacting to a low birth rate and aging society	Realizing a sustainable society with well-being for all generations	Realizing a sustainable society with well-being for all generations	Realizing a sustainable society with well-being for all generations
TARGET	<ul style="list-style-type: none"> <li>• Establishing a foundation to resist low birth rate and an aging society</li> </ul>	<ul style="list-style-type: none"> <li>• Improving the birth rate</li> <li>• Establishing a system to react an aging society</li> </ul>	<ul style="list-style-type: none"> <li>• Realizing the well-being of a society, with children</li> <li>• Realizing the well-being of an aging population</li> </ul>	<ul style="list-style-type: none"> <li>• Improving quality of life</li> <li>• Establishing a gender-equal society</li> <li>• Preparing for demographic change</li> </ul>	<ul style="list-style-type: none"> <li>• Improving an individual's quality of life</li> <li>• Establishing gender-equal and fair society</li> <li>• Adopting social innovation to react to demographic change</li> </ul>
PLAN	1 <sup>st</sup> Plan (2006–2010)	2 <sup>nd</sup> Plan (2011–2015)	3 <sup>rd</sup> Plan (2016–2020)	3 <sup>rd</sup> Revised Plan (2019–2020)	4 <sup>th</sup> Plan (2021–2025)

Source: 1) Republic of Korea Government (2005); 1<sup>st</sup> basic plan for low fertility and the aging society (2006-2010)  
 2) Republic of Korea Government (2010); 2<sup>nd</sup> basic plan for low fertility and the aging society (2011~2015)  
 3) Republic of Korea Government (2015); 3<sup>rd</sup> basic plan for low fertility and the aging society (2016~2020)  
 4) Republic of Korea Government (2019); 3<sup>rd</sup> basic plan for low fertility and the aging society (Revision; 2019-2020)  
 5) Republic of Korea Government (2020); 4<sup>th</sup> basic plan for low fertility and the aging society (2021~2025)

**Since May 2022 when President Yoon’s government was newly formed, the government accentuated a safe and qualified parenting environment and suggested several policies to guarantee it.**

- President Yoon’s government presented an agenda for child-rearing support and healthy nurturing of the next generation, which is in line with the political promises of the current government and the agenda of the 4<sup>th</sup> plan.
- The main agenda of the current government for supporting the growth of healthy children is to reduce the financial burden incurred from pregnancy and delivery to child rearing (Appendix: Table 1).
- Policies related to pregnancy and delivery, child-rearing, and preventive health care for children are major governmental agendas (Table 1).
  - In the pregnancy and delivery-related policy, coverage for medical services is extended by giving a universal voucher to pregnant women.
  - In the policy related to child-rearing, the “Infant Benefit (IB)” introduced in 2022 would be converted to Parental Benefit (PB) with increased financial support.
  - In the preventive health care for childhood-related policy, current national vaccination projects in 2022 include free rotavirus vaccinations.

[Table 1] Major governmental policies for pregnancy-delivery-childrearing based on the 4<sup>th</sup> plan from PCASPP

Vision and target for the 4 <sup>th</sup> plan <sup>1)</sup>	Target population	Form of delivery	Changes and period	
			2021-2022	2022-2023
<ul style="list-style-type: none"> <li>• Quality of life</li> <li>• Fair society</li> <li>• Demographic change</li> </ul>	Pregnant women and babies	Universal financial voucher for medical services	• Allowance amount: 600 K Won	• Allowance amount: 1,000 K Won
	Households with newborns	Universal financial voucher for child rearing	–	• Allowance amount: 2,000 K Won
	Households with babies under 24 months old	Universal cash support	• IB: 300 K Won	• PB: 700 K Won
	Children	Universal service support	• Ongoing National Vaccination Support Project (NVSP)	• Rotavirus vaccination

K: 1,000

<sup>1)</sup> PCASPP-issued 4<sup>th</sup> plan vision and target for 2021–2025 are summarized in Figure 1.

## II. Current policies and new agenda for childbirth and child-rearing

**In 2022, the payable amount of medical voucher for pregnant women increased.**

- The medical voucher system is one that provides financial support in the form of vouchers for pregnant women who are health insurance subscribers or dependents to ensure healthy pregnancies and childbirth.
- This system is designed to support pregnant women with a certain amount of money to cover the medical expenses incurred during pregnancy and the necessary parts in the early child-rearing stage. In the case of a single fetus, a voucher is valued at 1,000 K Won (1,400 K Won for twin fetuses).

**In 2022, a voucher to support babies after birth was introduced.**

- In response to various needs that may arise after childbirth, a financial support of 2,000 K Won per baby, called the “first meeting voucher” is provided, and payments started in April 2022.

**The current government issued new governmental policies that include an assorted agenda focusing on support for child-rearing and child care. The issued agenda is for the department of health and welfare.**

- In targeting the reduction of parenting burden, improving the parenting environment and extending child care and health care services, various forms of supporting strategies were invented. The forms of support in the policies include financial (cost), service, and systematic support.

- Financial (cost) support involves giving a certain amount of money to households and parents to lessen the burden of child-rearing, while service support broadens the scope of child care or health care services. Systematic support develops or improves the current systems to increase user accessibility.
- The currently issued agenda is universal, enabling every household or parent to access the supports, and the agendas are in line with previous policies and supports.
- Particularly, more specific information for financial benefits and vaccination projects in terms of financial (cost) and healthcare service support would be provided.

## ■ Increment of cash benefits for childrearing households and new Parental Benefit

**The Korean government started financial support to relieve the burdens on parents and their households through various forms of benefits in July 2009 [Table 2].**

- In July 2009, the Home Care Benefit (HCB) was introduced for families that do not use institutionalized child care and education, and the target populations and benefits were extended from under 24 months old to 86 months old, and from 100 K to 200 K Won, respectively.
- In September 2018, the Child Benefit (CB) was activated according to the “Child Benefit Act” and currently, every child under 8 years of age is eligible for the benefit.
- In January 2022, the Infant Benefit (IB) was launched for newborns in 2022 and the amount is expected to increase up to 500 K Won by 2025.
- In 2023, the Parental Benefit (PB) scheme was implemented by the current government as a substitute for IB. Nonetheless, the benefits are greater than those for IB and would allow more parents to optimize their needs.

[Table 2] Cash benefits<sup>1)</sup> for child care and education for child rearing households in South Korea

Benefits	Category	Period, Duration and Amount of Benefits						
		July 2009	Jan 2011	Jan 2013		Jan 2019	Jan 2022	
Child HCB	Time (Month Year)	July 2009	Jan 2011	Jan 2013		Jan 2019	Jan 2022	
	Target populations	0–24 mo	0–36 mo	0–84 mo		0–86 mo	25–86 mo	
	Benefit amount	100 K	100–200 K	100–200 K		100–200 K	100–200 K	
CB	Time (Month Year)				Sept 2018	Sept 2019	Apr 2022	
	Target populations				0–9 yo (Max. 72 mo)	0–7 yo (Max. 84 mo)	0–8 yo (Max. 96 mo)	
	Benefit amount				100 K	100 K	100 K	
IB	Time (Month Year)						Jan 2022	Jan 2023
	Target populations						0–23 mo	12–23 mo
	Benefit amount						300 K	Transferred to PB
PB	Time (Month Year)						Jan 2023	Jan 2024
	Target populations						0–11 mo	0–11 mo
	Benefit amount						700 K	1,000 K

mo: months old; yo: years old; K: 1,000; Each benefits amount unit is Won.

Child home-care benefit (HCB): Cash support provided when caring for a child under 86 mo at home (substitute for institutionalized child care service)

Child benefit (CB): Universal cash support provided for every child under 96 mo

Infant benefit (IB): Cash support provided when caring for a child under 24 mo at home (substitute for institutionalized child care service)

Parental benefit (PB): Cash support as a substitute for infant benefit

Source: Ministry of Health and Welfare, South Korea.

<sup>1)</sup> In the article, all the benefits distributed in forms of cash to typically parents in child-rearing households were defined and described as ‘Benefit’ and ‘Benefit’ was referred from the ‘Child Benefit’ in the UK<sup>1</sup>. While, ‘Youth Allowance’ exists to help financially for 24 or younger generations in Australia<sup>2</sup>. Nonetheless, an author regarded that ‘Benefit’ is more appropriate than ‘Allowance’ with consideration of the purposes and recipients of the policies introduced in the article.

1. UK Government, <https://www.gov.uk/child-benefit> (referred date: October 14 2022)

2. Australian Government, <https://www.servicesaustralia.gov.au/youth-allowance> (referred date: October 14 2022)

## ■ National vaccination support project and rotavirus vaccination

**The Korean government is conducting a surveillance and prevention system and the National Vaccination Support Project for Children is ongoing.**

- The Korean government has provided vaccinations against diverse infectious diseases for children and the Korea Disease Control and Prevention Agency plays a role in surveilling infectious diseases and managing supervision.

**Rotavirus vaccination was adopted into the list of required vaccinations in 2022.**

- As an extension of the vaccination project, the Rotavirus vaccine was introduced as a required vaccine for children so that newborns in 2022 would be vaccinated for free.

**All cases of rotavirus infection occur from 2 to 3 years old and the incidence is highest in infants between 6 months to 2 years of age.**

- Regardless of the developing status of countries, about a third of children under 5 years of age hospitalized for diarrhea are associated with rotavirus infection.

**Approximately 21% of patients with diarrhea under 5 years old were confirmed to be rotavirus positive.**

- According to a prospective surveillance study conducted in Jeonbuk, Korea, the incidence rate of rotavirus is 56.9 cases per 1,000 children under 5 years of age<sup>3</sup>.

**Rotavirus vaccination under the National vaccination support project is beneficial for child-rearing households and the nation.**

- The rotavirus inoculation is 2 or 3 times for babies between 2–6 months old and it costs about 200–300 K Won<sup>4</sup>.
- Increased Rotavirus vaccination rate will help young children grow healthy and bring a nationwide prevention effect.

## III. Expectations and tasks for upcoming policies

**HCB was introduced in 2009 and one of its purposes is to reinforce parenting choices. This has resulted in the extension of parenting choices, with increasing benefits and the supply of various forms of institutionalized care and services.**

- Occasional care is a type of institutionalized childcare that parents with children aged between 6–36 months under HCB can use for a maximum of 80 hours per month.
- Various types of services are available and accessible for childrearing households to help and support parents and children through the Central Support Center for Childcare (CSCC). For instance, the institutions under CSCC provide toys, book rental services, occasional care, and other childcare centers. In addition, parenting-related counseling services are available in various forms from governmental or nongovernmental institutions.

**Expanding parenting options includes, thinking of ways to enhance the child-rearing environment by laying a solid foundation for a healthy early childhood.**

- Financial resources are likely to come from tax revenue. Hence, financial sustainability should be considered and calibrated. Based on the downward fertility trend, the number of households receiving benefits is likely to reduce gradually. However, before implementing the policy, building diversiform scenarios in the case of both increase and decrease and analyzing them to prepare for stable funding and payment is essential.
- Based on the high costs of raising children, the government introduced a policy to help child-raising families directly with financial support. However, it is necessary to fully review and verify whether providing high financial support given to parents is directly related to the healthy upbringing of children. To ensure proper spending of the support, user control in the form of surveillance is required to ensure that the cash support is used appropriately for child-rearing. In addition, since the introduction of such a system can lead to polarization of childcare, countermeasures to these problems are also needed.

### How would the PB be incorporated with the current IB?

- The current IB plan is for 24 months, applicable to babies born in 2022. If PB is launched for newborns in 2023 for 12 months, there will be a huge difference between benefits based on birth year.
- Due to the transition from IB to PB with a one-year time gap, an intermediary process may be required for newborns and infants born within the transient period.
- In addition, since various financial benefits are mixed, integrated and consistent communication channels should be invented and the application methods simplified.

### Regarding rotaviral infection, vaccination is the best way to prevent it although good hygiene, such as regular hand washing, can also help.

- Rotaviral infection is a gastrointestinal infection caused by the rotavirus that induces vomiting, fever, watery diarrhea, and dehydration.
- According to the national infectious diseases ranking, rotaviral infection is a class 4 infectious disease that requires sample monitoring<sup>5</sup> to investigate whether there is an epidemic<sup>6</sup> or not.
- Reported cases of rotaviral gastroenteritis per institute were 1,053 in 2021 and the overall trend of rotaviral gastroenteritis reported cases is decreasing annually.
- According to a study conducted in the United States, dramatic drops in severe rotavirus-related hospitalizations and reduced emergency room visits were reported after rotavirus vaccination<sup>7</sup>.
- Although a trend of decreasing rotaviral infection incidence was reported by sample monitoring in South Korea, the overall number of cases is expected to reduce with resulting herd immunity after routine rotavirus immunization.

3. The Korean Pediatric Society. Rota-virus infection disease.

[https://www.pediatrics.or.kr/bbs/index.html?code=disease\\_info&category=&gubun=&page=1&number=8964&mode=view&keyfield=&key=](https://www.pediatrics.or.kr/bbs/index.html?code=disease_info&category=&gubun=&page=1&number=8964&mode=view&keyfield=&key=). (referred date : July 4 2022)

4. Web news. Daily pharm. <http://www.dailypharm.com/Users/News/NewsView.html?ID=284496> (referred date: July 4 2022.).

## Appendix

[Table 3] Governmental agenda and childcare support policies in 2022 for South Korea

Goal	Agenda	Policy target	Contents	Provision	Target population	Support and Scheme
G3. Warm companion and a grateful society	No.46. Equipping safe and quality guaranteed parenting environment	Pregnancy and delivery	Systemization of maternal and child health care	<ul style="list-style-type: none"> <li>- Expanding Pregnancy and Childbirth Medical Expense Coverage</li> <li>- Promoting the expansion of treatment costs and mental health support for infertile couples</li> <li>- Advancing pregnancy and childbirth mobile applications</li> </ul>	Pregnant women and babies	<ul style="list-style-type: none"> <li>- Cash (cost) and service support</li> <li>- Platform building and service expansion</li> </ul>
		Child rearing	Introduction of parental benefit	<ul style="list-style-type: none"> <li>- Introducing PB for home-care children (0–11 months old)</li> <li>- The benefit will start at 700 K in 2023 and increase to 1,000 K in 2024</li> </ul>	Child rearing household	<ul style="list-style-type: none"> <li>- Cash (cost) support</li> <li>- Support reinforcement</li> </ul>
		Child care and education	Improving the quality of child care services	<ul style="list-style-type: none"> <li>- Increasing the number of teachers and improving environmental quality</li> <li>- Improving parental education and part-time child care system</li> <li>- Preparing an integration plan for child care and early childhood education</li> </ul>	Child care and education Institution	<ul style="list-style-type: none"> <li>- Institutional and systematic support</li> </ul>
			Tightening the child care system	<ul style="list-style-type: none"> <li>- Responding to needs for care near residential areas</li> <li>- Expanding government support for child care services</li> <li>- Introducing an education and qualification management system for child care workers and private child care assistants</li> <li>- Launching a provider registration system for private care services</li> </ul>	Child rearing household	<ul style="list-style-type: none"> <li>- Institutional and systematic support</li> </ul>
		Health care	Establishing health management support system and extending services	<ul style="list-style-type: none"> <li>- Projecting nationwide early life health management by visiting homes</li> <li>- Integrating health management system by linking examination records from infancy to adulthood</li> </ul>	Overall population	<ul style="list-style-type: none"> <li>- Service support</li> <li>- Systematic support</li> </ul>
		Child protection and abuse prevention	Reinforcing responsibility of children and youth protection	<ul style="list-style-type: none"> <li>- Provisions for deinstitutionalization of protected children</li> <li>- Promoting foster-home care</li> <li>- Establishing a child abuse prevention system</li> </ul>	Overall population	<ul style="list-style-type: none"> <li>- Institutional and systematic support</li> </ul>
	No.47. Providing a customized and integrated support for the disabled	Quality of life, rights, and interests of the disabled	Establishing service systems and extending infrastructure	<ul style="list-style-type: none"> <li>- Service system for early detection and intervention in disabilities</li> <li>- Developmental rehabilitation services and expanding children's rehabilitation medical infrastructure</li> </ul>	The disabled and their families	<ul style="list-style-type: none"> <li>- Institutional and systematic support</li> </ul>
	No. 67. Strengthening preventive health management	Health and medical services and ICT innovation technologies	Improving child medical care system and strengthening medical services	<ul style="list-style-type: none"> <li>- Introducing physician systems for children</li> <li>- Strengthening children's public medical center services with specialized medical care</li> </ul>	Child rearing households	<ul style="list-style-type: none"> <li>- Service support</li> </ul>
		Expanding vaccines and targets for national immunization support	Expanding Infant Vaccinations	<ul style="list-style-type: none"> <li>- Free national infant and children rotavirus vaccination</li> <li>- Improving vaccine safety management systems</li> </ul>	Child rearing households	<ul style="list-style-type: none"> <li>- Service support</li> </ul>

ICT: Information and Communications Technology; Source: 21<sup>st</sup> Presidential Transition Committee

<sup>1)</sup> Only the agenda from the ministry of health and welfare is listed and the provisions are universal.

<sup>2)</sup> Although there are additional long-term agendas related to child care and child rearing environment from the ministry of education and the ministry of women and family affairs, this paper presents short-term issues related to child care and health.

5. Sample monitoring; a monitoring system that designates a sample monitoring institution in accordance with the Infectious Disease Prevention and Control Act and operates only the designated institution after receiving a report.

6. Disease Control and Prevention Agency (2022), 2021 Infectious Disease Surveillance Yearbook

7. Dennehy PH. Treatment and prevention of rotavirus infection in children. *Curr Infect Dis Rep.* 2013 Jun;15(3):242–50. doi: 10.1007/s11908-013-0333-5. PMID: 23526488.

[Table 4] Time Schedule of the National Vaccination Support Project for Children<sup>8</sup> in South Korea

Target infectious disease	Vaccine types and methods	Frequency (number)	Inoculation period (after birth)
Tuberculosis	BCG (Intradermal Bacille Calmette-Guerin vaccine)	1	Within 1 month after birth
Hepatitis B	HepB (Hepatitis B vaccine)	3	Immediately after birth, 1 mo, and 6 mo
Diphtheria·Tetanus·whooping cough	DTaP (Diphtheria and tetanus toxoid and acellular pertussis vaccine adsorbed)	5	2 mo, 4 mo, 6 mo, 15–18 mo, and 4–6 yo
	Tdap (Tetanus toxoid, reduced diphtheria toxoid and acellular pertussis vaccine, adsorbed) /Td (Tetanus and diphtheria toxoid adsorbed)	1	11–12 yo
Polio	IPV (Inactivated poliovirus vaccine)	4	2 mo, 4 mo, 6–18 mo, and 4–6 yo
Haemophilus influenzae type B	Hib (Haemophilus influenza type B vaccine)	4	2 mo, 4 mo, 6 mo, and 12–18 mo
Pneumococci	PCV (Pneumococcal conjugate vaccine)	4	2 mo, 4 mo, 6 mo, and 12–15 mo
	PPSV (Pneumococcal polysaccharide vaccine)	–	Vaccination of only high-risk groups
Measles·Mumps·German measles	MMR (Measles, mumps, and rubella vaccine)	2	12–15 mo and 4–6 yo
Varicella	VAR (Varicella vaccine)	1	12–15 mo
Hepatitis A	HepA (Hepatitis A vaccine)	2	2 doses between 12–23 mo
Japanese encephalitis	IJEV (Inactivated Japanese encephalitis vaccine)	5	2 doses between 12–23 mo, 24–35 mo, 6 yo, and 12 yo
	LJEV (Live-attenuated Japanese encephalitis vaccine)	2	12–23 mo, and 24–35 mo
Human papillomavirus infection	HPV (Human papillomavirus vaccine)	2	2 doses between 11 and 12 yo
Influenza	IIV (Inactivated influenza vaccine)	–	Annually
Rotavirus infection	RV1 (Rotarix)	2	2 mo and 4 mo
	RV5 (RotaTeq)	3	2 mo, 4 mo, and 6 mo

Source: mo: month(s) old; yo: year(s) old

Source: <sup>1)</sup> Korea Disease Control and Prevention Agency

<sup>2)</sup> Payne DC et al. Long-term Consistency in Rotavirus Vaccine Protection: RV5 and RV1 Vaccine Effectiveness in US Children, 2012–2013. Clin Infect Dis. 2015 Dec 15;61(12):1792–9. DOI: 10.1093/cid/civ872. Epub 2015 Oct 8. PMID: 26449565; PMCID: PMC7724934.

Jayeun Kim Ph. D.

Associate Research Fellow

kimjayeun@kicce.re.kr

8. The 「National Vaccination Support Project for Children」 is a governmental project that provides free vaccine (17 types) for the prevention of infectious diseases in nearby designated medical institutions. The Korean Disease Control and Prevention Agency, Vaccination Assistant. <https://nip.kdca.go.kr/irgd/introduce.do?MnLv1=3>. (referred date: June 16 2022).

