

Policy Report 2018-02

Findings and Implications of Disability Survey 2017



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I

Survey Overview

1. Legal Basis and Objective
2. Survey Structure
3. Survey Method



1. Legal Basis and Objective

- Article 31 of the Act on the Welfare of Persons with Disabilities (AWPD) and Articles 18 and 19 of the Enforcement Decree of the same Act require periodical surveys of people with disabilities for the purpose of identifying the prevalence of disabilities in the Korean population and determining the actual living conditions and welfare needs of the disabled, all with the aim of collecting the basic information necessary to establish and implement short- and long-term welfare policy measures for people with disabilities.
 - Since the first Disability Survey was conducted, pursuant to law in 1990, eight such surveys have been conducted as of 2017.¹⁾

1) Since the AWPD was amended in 2007, the Disability Survey has been conducted every three years rather than every five years.

2. Survey Structure

1) Part I: Household and Disability Survey

□ Household survey:

- Each surveyed (disabled) person's relation to the household head, sex, age, disability registration status, year of disability registration, type of registered disability, disability grade, household size, household income and spending, main source of income, home ownership/renting, etc.

□ Disability survey:

- Legally defined disabilities: physical disability, brain lesion, visual impairment, hearing impairment, speech impairment, intellectual disability, autism, mental disability, kidney dysfunction, cardiac dysfunction, respiratory dysfunction, hepatic dysfunction, facial dysfunction, intestinal-urinary dysfunction, and epilepsy (15 types in total)

2) Survey II: Focus Group Interview (FGI) with Disabled People

Attributes of disabilities by type (dates of occurrence, causes, etc.), conditions and needs related to health and medical care,

daily living assistance, aids and devices, education, employment and working life, social, cultural, and leisure activities, marital status and womanhood, life satisfaction and experiences of violence and/or discrimination, housing, welfare services, and financial status

3. Survey Method

- Surveyors visited the households of people with disabilities and held interviews according to a structured questionnaire.
- Of the 44,161 eligible households in the 250 surveyed areas, a total of 36,200 households provided valid answers to the questionnaire. These households were home to 6,549 people with disabilities.

(Table 1) Survey Overview

	Surveyed areas	Target households	Included households	Response rate	People with disabilities surveyed
2017	250	44,161	36,200	81.9%	6,549

II

Findings

1. Disabled Population
2. General Characteristics
3. Physical and Health Characteristics
4. Social Characteristics
5. Daily Living and Care Characteristics
6. Financial and Economic Characteristics
7. Welfare Needs

1. Disabled Population

- The survey revealed that there were 2.67 million people with disabilities in South Korea, and the disability incidence rate estimated on the basis of this number was 5.39 percent.

※ Note: According to Disability Survey 2014, there were 2.73 million people with disabilities, and the disability incidence rate was 5.59 percent.

<Table 2> Nationwide Disabled Population Estimate

(Units: number of people, percentage)

Year		Home-residing	Facility-residing	Total
2017	Number of disabled people	2,580,340	88,071	2,668,411
	Incidence rate	5.21	-	5.39
2014	Number of disabled people	2,646,064	80,846	2,726,910
	Incidence rate	5.43	-	5.59

- People with physical disabilities made up the largest group, with 1,278,368 people, followed by people with brain legion, of whom there were 306,855. People with facial dysfunction made up the smallest group, with 3,180 people.
 - The overall disability registration rate was 94.1 percent, with registration rates hovering above 90 percent for people with physical disabilities, visual impairments, hearing impairments, speech disabilities, autism, kidney

dysfunction, hepatic dysfunction, and intestinal-urinary dysfunction, while the registration rate fell short of 80 percent with respect to people with epilepsy.

(Table 3) Numbers of People with Disabilities and Disability Registration Rates

(Units: number of people, percentage)

Type		Registered people ¹⁾	Estimates	Registration rate ²⁾
Total		2,511,051	2,668,411	94.1
People with disabilities	Physical	1,267,174	1,278,368	99.1
	Brain lesion	250,456	306,855	81.6
	Visual	252,794	266,823	94.7
	Hearing	271,843	288,251	94.3
	Speech	19,409	21,087	92.0
	Intellectual	195,283	223,228	87.5
	Autistic	22,853	23,961	95.4
	Mental	100,069	116,079	86.2
	Kidney	78,750	83,906	93.9
	Cardiac	5,507	6,217	88.6
	Respiratory	11,831	14,111	83.8
	Hepatic	11,042	11,045	100.0
	Facial	2,680	3,180	84.3
	Intestinal-urinary	14,404	15,707	91.7
Epileptic	6,956	9,592	72.5	

Sources: 1) Ministry of Health and Welfare (MOHW), number of registered people with disabilities, as of December 2016.

2) Registration rate = (number of registered people / total number of people with disabilities estimated by the Disability Survey) x 100

□ The disability registration rate has consistently hovered above 90 percent since 2011, thanks to the improvement in the public awareness of and societal attitude toward people with disabilities as well as the expansion of the range of services available to registered people with disabilities.

- However, “lack of knowledge of the registration

process” is still the most prevalent cause for failure to register, while the financial burden and difficulty of the registration process are also on the rise. It is thus important to raise disabled people’s awareness of the registration process and make the process easier to complete.

(Table 4) Reasons for Not Registering a Disability

(Unit: %)

Reason	Percentage
Lack of knowledge of the registration process	31.2
No particular benefits associated with registration	18.2
Cost	8.1
Difficulty of process	17.0
Psychological denial of disability	4.3
Reluctance to let others know of one’s disability	10.4
Little inconvenience in daily living resulting from failure to register	5.8
Hopes for mitigation of/recovery from disability in the future	0
Other	5.1
Total	100.0

2. General Characteristics

- The disabled population was found to be 57.2 percent men and 42.8 percent women.

(Table 5) Composition of the Disabled Population by Sex and Disability Type

%	Physical	Brain lesion	Visual	Hearing	Speech	Intellectual	Autistic	Mental	Kidney	Cardiac	Respiratory	Hepati c	Facial	Intestinal-urinary	Epileptic	Total
Male	56.0	59.9	58.7	56.6	72.4	56.7	85.6	50.4	58.7	41.9	78.8	71.9	47.1	68.3	43.0	57.2
Female	44.0	40.1	41.3	43.4	27.6	43.3	14.4	49.6	41.3	58.1	21.2	28.1	52.9	31.7	57.0	42.8
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

□ People aged 65 or older made up the largest group of the disabled population, at 46.6 percent, followed by people aged 50 to 64 (30.3 percent). The number of seniors with disabilities will likely continue growing in the coming years, as South Korea has become an aged society.

(Table 6) Composition of the Disabled Population by Age

Age	Percentage
0 to 17	3.3
18 to 29	4.6
30 to 39	4.8
40 to 49	10.4
50 to 64	30.3
65+	46.6
Total	100.0

- Single-person households made up 26.4 percent of the disabled population, which is up by 2.1 percentage points from 2014 (24.3 percent).

- People with severe disabilities of Grades 1 to 3 made up 38.6 percent of the registered disabled population, while those with milder disabilities of Grades 4 to 6 made up the rest (61.4 percent).

(Table 7) Severity of Disability

%	Physical	Brain lesion	Visual	Hearing	Speech	Intellectual	Autistic	Mental	Kidney	Cardiac	Respiratory	Hepatic	Facial	Intestinal-urinary	Epileptic	Total
Severe (Gr. 1-3)	18.8	68.0	16.5	33.2	58.1	100.0	100.0	100.0	80.3	100.0	100.0	15.1	46.2	7.3	24.8	38.6
Milder (Gr. 4-6)	81.2	32.0	83.5	66.8	41.9	-	-	-	19.7	-	-	84.9	53.8	92.7	75.2	61.4
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

□ As for education among disabled people aged 25 or older, 29.6 percent had high school education; 27.5 percent, elementary school education; 16.8 percent, middle school education; and 15.2 percent, college education or higher. The remaining 10.9 percent were unschooled.

<Table 8> Education

Type	Percentage	Type	Percentage
Unschool ed	10.9	High school	29.6
Elementary school	27.5	College or higher ¹⁾	15.2
Middle school	16.8	Total	100.0

Note: Aged 25 or older.

1) Includes diplomas from vocational colleges and degrees from universities and graduate schools.

- Financial difficulty was the dominant cause, at 72.5 percent, for not seeking education or dropping out of school.
 - Among disabled people under the age of 25, however, severity of disability was the most common cause (56.1 percent), followed by lack of willingness (16.2 percent) and lack of help for students requiring special education (9.4 percent).

<Table 9> Reasons for Not Seeking Education or Dropping Out of School

Reason	Percentage	
	Overall	Under 25
Severity of disability	5.5	56.1
Family objection	11.9	-
Lack of willingness	6.4	16.2
Financial difficulty	72.5	-
Lack of schools nearby	1.4	0.5
Lack of amenities at schools	0.1	3.5
Lack of support (communication, etc.)	0.1	-
Social prejudice and bias	1.1	7.0
Transportation difficulties	0.5	2.8
Lack of help for students requiring special education	0.1	9.4
Other	0.4	4.4
Total	100.0	100.0

- Of people with disabilities, 55.3 percent were married; 18.7 percent, widowed; 15.3 percent, unmarried; 9.0 percent, divorced; and 1.6 percent, separated.

〈Table 10〉 Marital Status

Marital status (%)	Male	Female	Overall
Unmarried	18.1	11.5	15.3
Married	65.0	42.5	55.3
Widowed	5.3	36.6	18.7
Divorced	9.9	7.9	9.0
Separated	1.6	1.5	1.6
Other (single fathers/mothers)	0.0	0.1	0.1
Total	100.0	100.0	100.0

Note: Concerning people with disabilities aged 18 or older.

- Of people with disabilities, 16.3 percent were receiving public support under the National Basic Livelihood Security Program (NBLSP). This was over five times higher than the percentage of the entire Korean population receiving support under the NBLSP, which stood at 3.2 percent as of December 2016.

〈Table 11〉 NBLSP Beneficiaries

Receiving support under NBLSP	Percentage
No	83.7
Yes	16.3
Total	100.0

3. Physical and Health Characteristics

- While 88.1 percent of people with disabilities became disabled due to acquired diseases or injuries, acquired diseases accounted for disabilities far more often (56.0 percent) than injuries (32.1 percent).

(Table 12) Causes of Disability

Cause		Percentage
Congenital		5.1
Upon birth		1.4
Acquired	Diseases	56.0
	Injuries	32.1
Unknown		5.4
Total		100.0

- Of people with disabilities, 78.3 percent were receiving treatment and care for therapeutic, rehabilitative, and/or other health-related reasons on a regular basis.
 - People with dysfunctions of the internal organs, such as the kidneys, liver, heart, or brain (epilepsy), sought medical care more often than people with external disabilities.

(Table 13) Receiving Regular Medical Care for Therapeutic, Rehabilitative, and/or Other Health-Related Reasons

%	Physical	Brain	Visual	Hearing	Speech	Intellectual	Autistic	Mental	Kidney	Cardiac	Respiratory	Hepatic	Facial	Intestinal-urinary	Epileptic	Total
Yes	81.3	92.2	81.3	78.8	75.3	62.7	71.4	97.8	100.0	100.0	100.0	100.0	75.5	92.2	97.0	82.3
No	18.7	7.8	18.7	21.2	24.7	37.3	28.6	2.2	-	-	-	-	24.5	7.8	3.0	17.7
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

□ As for disabled people’s proficiency with activities of daily living (ADL), the activities with which they required the most assistance were mobility, walking, bathing, and changing clothes.

(Table 14) Proficiency with ADL

Activity (%)	No need of help	Partially in need of help	Completely in need of help	Total	Activity (%)	No need of help	Partially in need of help	Completely in need of help	Total
Changing clothes	80.7	16.6	2.7	100.0	Changing one's location of sitting	92.1	6.2	1.7	100.0
Bathing	75.6	20.5	3.9	100.0	Remaining seated	93.0	5.7	1.2	100.0
Practicing oral hygiene	89.2	8.9	1.9	100.0	Walking	75.2	20.9	3.9	100.0
Swallowing food	97.2	1.7	1.1	100.0	Mobility	68.8	26.7	4.5	100.0
Eating	91.9	6.7	1.3	100.0	Defecating	91.5	6.3	2.2	100.0
Changing posture while lying down	94.5	4.3	1.2	100.0	Urinating	91.6	6.2	2.2	100.0

Notes: 1) Concerning disabled people aged six or older.
 2) "Partially in need of help" ranges from "in need of some help" to "in need of significant help."

- As for instrumental activities of daily living (IADL), using public transportation was the activity with which people with disabilities required the most help, followed by preparing meals, cleaning, doing laundry, and managing finances.

(Table 15) Proficiency with IADL

Activity (%)	No need of help	Partially in need of help	Completely in need of help	Total
Using telephone	77.6	17.6	4.8	100.0
Buying things	72.4	21.5	6.1	100.0
Preparing meals (age 13+)	63.6	28.9	7.5	100.0
Cleaning (age 13+)	62.3	30.3	7.4	100.0
Doing laundry (age 13+)	63.7	28.8	7.4	100.0
Taking medications (age 13+)	85.2	12.2	2.6	100.0
Managing finances	71.9	20.8	7.3	100.0
Using public transportation	62.7	27.9	9.4	100.0

Notes: 1) Concerning disabled people aged six or older.
 2) "Partially in need of help" ranges from "in need of some help" to "in need of significant help."

- Of people with disabilities, 46.9 percent answered that they could perform almost all ADL/IADL without the help of others, while 14.4 percent needed help with almost all ADL/IADL.
 - People with autism (60.3 percent), Brain lesion (44.4 percent), and intellectual disabilities (37.3 percent) were particularly more dependent on the help of others in terms of ADL/IADL.

(Table 16) Degree of Help Needed for ADL/IADL

Degree (%)	Physical	Brain lesion	Visual	Hearing	Speech	Intellectual	Autistic	Mental	Kidney	Cardiac	Respiratory	Hepatic	Facial	Intestinal-urinary	Epileptic	Total
No need of help	58.3	13.4	64.0	45.8	28.2	9.5	2.9	40.1	49.4	56.5	29.2	84.6	84.2	29.7	62.8	46.9
In need of little help	20.5	13.5	12.6	28.0	32.4	11.5	11.1	18.4	21.2	25.9	26.0	12.1	14.2	52.4	12.4	19.2
In need of some help	14.4	28.8	12.8	19.3	23.4	41.6	25.7	29.9	22.2	17.5	36.3	1.6	1.7	16.1	15.1	19.5
In need of significant help	4.4	21.0	8.1	4.7	16.0	26.1	35.0	9.0	5.5	-	8.1	-	-	0.9	9.7	8.9
Completely in need of help	2.4	23.4	2.6	2.2	-	11.2	25.3	2.6	1.7	-	0.4	1.7	-	0.8	-	5.5
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

□ Of people with disabilities who require help performing ADL/IADL, 83.3 percent had help available nearby. Of these, 39.4 percent relied on help from their spouses; 21.1 percent, from their parents; and 16.6 percent, from their children. Immediate family members, in other words, accounted for the majority of the help people with disabilities receive with respect to ADL/IADL (81.9 percent).

(Table 17) Sources of Help with ADL/IADL

Source	Percentage	Source	Percentage
Spouses	39.4	Friends	0.2
Parents	21.1	Neighbors	1.1
Children (including in-laws)	16.6	Professional activity assistants	2.2
Siblings	3.7	Domestic help volunteers	0.6
Grandparents	0.5	Hired nurses	2.4
Grandchildren	0.3	Caregivers at assisted-living facilities	8.7
Other family members	0.3	Other	2.4
Relatives	0.5	Total	100.0

Note: Survey participants who did not answer this question were omitted from the count.

- Regarding the need for, and possession of, major mobility aid devices, 14.7 percent of people with physical disabilities and brain lesions (down from 16.2 percent in 2014) required electric wheelchairs and scooters, the costs of which are covered in part by the National Health Insurance (NHI) scheme. However, only 6.7 percent (down from 6.9 percent in 2014) possessed these devices. The percentage of people possessing electric wheelchairs began outnumbering that of people with electric scooters.

(Table 18) Need for and Possession of Mobility Aid Devices

Type	Percentage	2014	2017
Electric wheelchair	Need	9.5	8.5
Electric scooter		6.7	6.2
Electric wheelchair	Possess	3.7	4.1
Electric scooter		3.2	2.6

- Of people with disabilities aged 19 or older, 81.1 percent had chronic morbidities as of 2017, up from 77.2 percent in 2014.
- The disabled, in particular, had higher prevalence rates of hypertension and diabetes than the national population in general.
 - Prevalence rates of hypertension and diabetes among people with disabilities aged 30 or older: 46.9 percent and 21.9 percent (respectively)
 - * Prevalence rates of hypertension and diabetes in general population aged 30 or older: 33.5 percent and 13.0 percent (respectively)²⁾

²⁾ See MOHW-Korea Centers for Disease Control (KCDC), *National Health Statistics 2015 - Part I*, 2015, for incidence rates of morbidities in the national population.

(Table 19) Chronic Morbidities: Age 30+

Status		Percentage	
With chronic morbidities	Hypertension	83.2	(46.9)
	Diabetes		(21.9)
No chronic morbidities		16.8	
Total		100.0	

- People with disabilities had been diagnosed with an average of 2.2 comorbidities each.
 - Hypertension was the most common morbidity (44.8 percent), followed by lumbago and neck pain (29.6 percent), osteoarthritis (22.6 percent), and diabetes (21.1 percent). Nearly all—98.5 percent and 98.1 percent, respectively—of disabled people diagnosed with hypertension and diabetes had sought treatment, while 80.9 percent of those diagnosed with depression had sought treatment.
- As opposed to the 31.0 percent of the general population who had assessed their own health as good or very good, only 14.9 percent of the people with disabilities surveyed answered the same.

(Table 20) Subjective Assessment of Own Health

Percentage		People with disabilities	General population ²⁾
Subjective health assessment	Good	14.9	31.0
	Average	33.8	50.6
	Poor	51.3	18.4
Total		100.0	100.0

Notes: 1) Aged 19 or older

2) General population: MOHW-KCDC, 2015

○ Of the people with disabilities surveyed, 18.6 percent experienced feelings of depression and 14.3 percent had suicidal thoughts. These are higher than the percentages in the general population, at 13.3 percent and 5.1 percent, respectively.

- The percentages were even higher among seniors with disabilities aged 65 or older (depression: 19.0 percent; suicidal thoughts: 15.2 percent).

(Table 21) Experiences with Depression and Suicidal Thoughts

%	Overall	Age		General population ²⁾
		19 to 64	65+	
Depression	18.6	18.3	19.0	13.3
Suicidal thoughts	14.3	13.5	15.2	5.1

Notes: 1) Aged 19 or older

2) General population: MOHW-KCDC, 2015

□ The health behaviors of people with disabilities aged 19 or older showed improvement from 2014.

- The monthly drinking rate, for example, dropped from 31.9 percent in 2014 to 30.4 percent in 2017.
 - The monthly drinking rate of men with disabilities decreased from 46.1 percent in 2014 to 44.2 percent in 2017, and the high-risk drinking rate of people with disabilities, which recorded 11.0 percent, remained lower than the 13.2 percent of the general population.
 - * High-risk drinking: drinking twice or more a month at more than seven glasses at a time for men and five glasses at a time for women

- The smoking rate also declined from 20.5 percent in 2014 to 18.7 percent in 2017 and remained lower than that of the general population (22.6 percent).
 - The smoking rate among men with disabilities was 30.4 percent in 2017, down from the 32.8 percent recorded in 2014.

(Table 22) Current Smoking Rate (Age 19+)

Status	Current smoking rate (%)		
	Male	Female	Total
Smoking	30.4	3.1	18.7
Non-smoking	69.6	96.9	81.3
Total	100.0	100.0	100.0

- Of people with disabilities, 82.3 percent were receiving regular medical care for the treatment, rehabilitation, and/or management of their disabilities and/or health conditions. The percentage of people with disabilities seeking regular medical care grew from 78.3 percent in 2014.
- The majority of people with brain lesions, mental, and internal (kidney, cardiac, respiratory, hepatic, intestinal-urinary, and epileptic) disabilities received regular medical care.

(Table 23) Regularly Receiving Medical Care for Therapeutic, Rehabilitative, and/or Other Health-Related Reasons

%	Physical Disabilities	Visual	Hearing	Speech	Intellectual	Autistic	Mental	Kidney	Cardiac	Respiratory	Hepatic	Facial	Intestinal-urinary	Epileptic	Total
Yes	81.3	81.3	78.8	75.3	62.7	71.4	97.8	100.0	100.0	100.0	100.0	75.5	92.2	97.0	82.3
No	18.7	18.7	21.2	24.7	37.3	28.6	2.2	-	-	-	-	24.5	7.8	3.0	17.7
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

- The rate of failure to receive medical care when needed, over the previous year, was 17.2 percent.
- The major cause of such failure was financial difficulties (39.3 percent), followed by inconvenience of transportation (25.2 percent), lack of companion with whom to travel to hospitals or clinics (7.4 percent), lack of amenities catering to people with disabilities at hospitals or clinics (1.2 percent), and difficulty of communication (2.5 percent). In other words, the difficulty of physical access and lack of available human help were also significant causes of failure to receive needed medical care.

(Table 24) Causes of Failure to Receive Medical Care from Hospitals and Clinics

Cause	Percentage
Experienced failure to receive care when needed	17.2
Causes	
Financial difficulty	39.3
Difficulty making appointments	0.1
Inconvenience of transportation	25.2
Hospitals/clinics closed at available hours	- **
Long wait times	0.9
Mildness of symptoms	6.9
Lack of disability-accommodating amenities	1.2
Difficulty of communication	2.5
Medical staff's lack of understanding	0.6
Lack of time	14.1
Lack of companion	7.4
Inability to decide which specialist(s) to see	1.0
Other	0.6
Did not experience failure to receive care when needed	82.8
Total	100.0

Note: Concerning people with disabilities aged 19 or older

- Of people with disabilities, 26.0 percent received rehabilitative care.
- Physical therapy (22.9 percent) was the most commonly used form of rehabilitative care, followed by speech therapy (2.1 percent) and occupational therapy (1.5 percent).

(Table 25) Receiving Rehabilitative Care

Type	Percentage	Type	Percentage
Overall rate	26.0		
Physical therapy	22.9	Play therapy	0.9
Occupational therapy	1.5	Art therapy	0.9
Speech therapy	2.1	Psycho-behavioral therapy	1.0
Music therapy	0.9	Other	1.4

4. Social Characteristics

- When asked how satisfied they were with their current quality of life, 53.6 percent answered satisfied; 32.6 percent, dissatisfied; 8.8 percent, very dissatisfied; and 5.0 percent, very satisfied. Overall, those who expressed satisfaction (58.6 percent) outnumbered those who expressed dissatisfaction (41.4 percent).
- The percentages of people who answered that they were very satisfied were the highest among those with cardiac dysfunction (8.6 percent), followed by those with intellectual disabilities (8.0 percent) and facial dysfunction (8.0 percent). The percentages were the lowest among people with epilepsy (0.2 percent) and autism (0.9 percent).

(Table 26) Satisfaction with Current Quality of Life

%	Physical	Barin lesion	Visual	Hearing	Speech	Intellectual	Autistic	Mental	Kidney	Cardiac	Respiratory	Hepatic	Facial	Intestinal-urinary	Epileptic	Total
Very satisfied	5.7	1.7	5.8	4.0	5.7	8.0	0.9	4.1	1.5	8.6	3.0	3.5	8.0	5.5	0.2	5.0
Satisfied	58.7	29.4	55.6	62.1	57.0	55.4	61.5	37.4	45.9	54.3	31.6	52.3	41.9	47.1	37.7	53.6
Dissatisfied	29.4	44.7	31.1	31.3	34.1	27.4	20.9	45.5	38.8	32.8	47.3	34.9	50.1	37.7	59.2	32.6
Very dissatisfied	6.2	24.2	7.5	2.6	3.2	9.2	16.7	13.0	13.8	4.2	18.0	9.3	0.0	9.7	2.8	8.8
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

□ Satisfaction was the highest with respect to family relations, followed by relationship with spouses, place of living, monthly income, number of friends (interpersonal relations), and quality of leisure activities, in descending order. Here, it should be noted that satisfaction with income, quality of leisure activities, and work/occupation improved from the previous survey.

(Table 27) Satisfaction with Current Quality of Life

Aspect	Score	Aspect	Score
Family relations	3.8	Monthly income	3.8
Number of friends (interpersonal relations)	3.4	Quality of leisure activities	3.4
Place of living	3.6	Work	3.6
Health condition	2.7	Relationship with spouse	2.7

Note: Scores were measured along a five-point scale (with one indicating very unsatisfactory and five indicating very satisfactory).

Of the people with disabilities surveyed, 49.3 percent were satisfied with the quality of their cultural and other leisure activities, while 50.7 percent were dissatisfied.

(Table 28) Satisfaction with Cultural and Other Leisure Activities

Status	Percentage
Very satisfied	4.0
Satisfied	45.3
Dissatisfied	38.5
Very dissatisfied	12.2
Total	100.0

- Public awareness of discrimination against the disabled and of the Act on the Prohibition of Discrimination Against Persons with Disabilities (APDPD) has been showing consistent improvement.
- The percentage of respondents who answered that there was no discrimination against the disabled dropped from 27.4 percent in 2014 to 20.1 percent in 2017, while the percentage of those aware of the anti-discrimination

statute increased from 8.3 percent in 2014 to 13.9 percent in 2017.

- Together, these patterns suggest that the public awareness of, and sensitivity toward, discrimination against the disabled and the law forbidding it has increased.

(Table 29) Awareness of Discrimination Against the Disabled

Aware of discrimination				Aware of A PDPD			
Status	2011	2014	2017	Status	2011	2014	2017
No	19.3	27.4	20.1	Yes	7.8	8.3	13.9
Yes	80.7	72.6	79.9	Have heard of it but do not know it in detail	21.3	23.1	25.3
				No	70.8	68.7	60.7
Total	100.0	100.0	100.0	Total	100.0	100.0	100.0

- Discrimination from peers at school was the most common form of discrimination that people with disabilities experienced (50.7 percent), followed by entry into and transfer to and from elementary schools (40.3 percent), entry into and transfer to and from kindergartens (37.1 percent), purchasing of insurance policies (36.4 percent), entry into and transfer to and from middle schools (33.0 percent), and seeking of jobs (30.9 percent). Education and employment, in other words, are areas in which people with disabilities experience the most discrimination.

(Table 30) Sources of Experiences of Discrimination

When and where		Percentage
Entry into and transfer to and from	Kindergartens	37.1
	Elementary schools	40.3
	Middle schools	33.0
	High schools	26.0
	Colleges	11.6
At school	From teachers	19.8
	From peers	50.7
	From other parents	18.4
Upon marriage		17.9
In seeking jobs		30.9
At work	Over income	19.4
	From peers	17.6
	Over promotions	12.4
In acquiring drivers' licenses		8.9
In purchasing insurance policies		36.4
In using medical institutions and services		4.0
In using information and communications services (including broadcasting)		1.9
In communities (restaurants, theaters, concert halls, athletic facilities, etc.).		8.1

- Of the people with disabilities surveyed, 46.6 percent answered that they had experienced discomfort when going out, with 13.1 percent of them feeling very uncomfortable. The remaining 53.4 percent answered that they had experienced little to no discomfort.
 - Experiences of discomfort were the most acute among people with autism, brain lesions, respiratory dysfunction, intestinal-urinary dysfunction, intellectual disabilities, and speech disabilities, in descending order.

(Table 31) Experiences of Discomfort when Going Out

%	Physical	Blindness	Visual	Hearing	Speech	Intellectual	Autistic	Mental	Kidney	Cardiac	Respiratory	Hepati c	Facial	Intestinal -urinary	Epileptic	Total
Very uncomfortable	8.8	36.1	11.1	7.8	20.6	20.8	32.3	6.4	17.3	6.6	26.1	4.4	-	13.4	6.8	13.1
Uncomfortable	33.0	46.7	27.1	34.1	30.3	34.2	51.6	27.9	22.5	38.5	41.1	6.0	16.1	42.4	42.2	33.5
Not so uncomfortable	41.6	14.3	43.2	43.2	41.4	32.6	12.3	43.2	49.2	42.8	27.2	62.7	48.6	36.0	32.9	38.7
Not uncomfortable at all	16.5	3.0	18.6	14.8	7.8	12.4	3.8	22.4	11.0	12.1	5.6	26.9	35.3	8.2	18.2	14.7
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

□ As for the reasons for discomfort when going out, 49.7 percent indicated the lack of amenities catering to people with disabilities; 26.9 percent, lack of a companion; 11.0 percent, difficulties with communication; and 10.6 percent, prejudice and the attitude of others.

(Table 32) Causes of Discomfort when Going Out

Reason	Percentage
Shortage of disability-accommodating amenities	49.7
Lack of companion	26.9
Prejudice and attitude of others	10.6
Difficulties with communication	11.0
Other	1.7
Total	100.0

When asked how often they had gone out over the past month, 70.1 percent answered almost every day; 19.5 percent, one to three times a week; 5.9 percent, one to three times a month; and 4.5 percent, not at all. The majority of people with disabilities, in other words, had gone outside at least one to three times a week.

(Table 33) Frequency of Going Out Over the Past Month

Frequency	Percentage
Almost everyday	70.1
One to three times a week	19.5
One to three times a month	5.9
Not at all	4.5
Total	100.0

- Cars were the most commonly used mode of transportation among the disabled (33.5 percent), followed by general buses (26.6 percent), subway (11.3 percent), school buses or work shuttles (12.0 percent), and taxis (6.8 percent).

- When asked about the levels of difficulty they experienced when using these modes of transportation, 12.1 percent answered very difficult and 24.7 percent answered difficult (36.8 percent in total), while the remaining 63.2 percent experienced little to no difficulty.
- As for the reasons for such difficulties, 64.4 percent indicated discomfort when riding buses or taxis; 18.3 percent, lack of modes of transportation tailored to people with disabilities; and 14.6 percent, lack of amenities catering to people with disabilities. Another 0.7 percent pointed to the difficulty of acquiring cars and licenses tailored to people with disabilities.

⟨Table 34⟩ Reasons for Difficulty when Using Transportation

Reason	Percentage
Discomfort when riding buses or taxis	64.4
Lack of disability-accommodating amenities	14.6
Lack of disability-tailored modes of transportation	18.3
Difficulty acquiring disability-tailored cars/licenses	0.7
Other	2.0
Total	100.0

5. Daily Living and Care Characteristics

- People with autism (60.3 percent), brain lesion (44.4 percent), and intellectual disabilities (37.3 percent) were more dependent on the help of others in relation to ADL/IADL.

(Table 35) Extent of Help Needed for ADL/IADL

Extent (%)	Physical	Brain lesion	Visual	Hearing	Speech	Intellectual	Autistic	Mental	Kidney	Cardiac	Respiratory	Hepatic	Facial	Intestinal-urinary	Epileptic	Total
No need of help	58.3	13.4	64.0	45.8	28.2	9.5	2.9	40.1	49.4	56.5	29.2	84.6	84.2	29.7	62.8	46.9
In need of little help	20.5	13.5	12.6	28.0	32.4	11.5	11.1	18.4	21.2	25.9	26.0	12.1	14.2	52.4	12.4	19.2
In need of some help	14.4	28.8	12.8	19.3	23.4	41.6	25.7	29.9	22.2	17.5	36.3	1.6	1.7	16.1	15.1	19.5
In need of significant help	4.4	21.0	8.1	4.7	16.0	26.1	35.0	9.0	5.5	-	8.1	-	-	0.9	9.7	8.9
Completely in need of help	2.4	23.4	2.6	2.2	-	11.2	25.3	2.6	1.7	-	0.4	1.7	-	0.8	-	5.5
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

- Of people with disabilities who require help to perform ADL/IADL, 83.3 percent had help available nearby, while 16.7 percent did not.
- Of those with help available nearby, 39.4 percent relied on help from their spouses; 21.1 percent, from their parents; and 16.6 percent, from their children. Immediate family members, in other words, accounted for the majority of help that the disabled receive with respect to ADL/IADL (81.9 percent).

- The percentage of people with disabilities who receive help primarily from public/commercial sources, such as professional activity assistants and caregivers at assisted-living facilities, increased from 10.8 percent in 2011 to 13.1 percent in 2014 and further to 13.9 percent in 2017.

(Table 36) Sources of Help with ADL/IADL

Source	Percentage	Source	Percentage
Spouses	39.4	Friends	0.2
Parents	21.1	Neighbors	1.1
Children (including in-laws)	16.6	Professional activity assistants	2.2
Siblings	3.7	Domestic help volunteers	0.6
Grandparents	0.5	Hired nurses	2.4
Grandchildren	0.3	Caregivers at assisted-living facilities	8.7
Other family members	0.3	Other	2.4
Relatives	0.5	Total	100.0

Note: Survey participants who did not answer this question were omitted from the count.

- Of persons with disabilities receiving help with ADL/IADL mostly from their families and acquaintances, 63.5 percent answered that they received sufficient help.
 - Disabled people’s perception of the help they received as being sufficient grew in proportion to the percentage of disabled people receiving care and assistance services.
 - As for the reasons for the insufficiency of such help, 65.8 percent indicated the limitations on their family members’ ability to help; 17.5 percent, the limitations on

the time that their activity assistants could spend with them; and 8.1 percent, the severity of their disabilities.

6. Financial and Economic Characteristics

- When asked about their class awareness, only 0.7 percent answered that they belonged to the upper class, while nearly two-thirds (61.5 percent) identified themselves as belonging to the lower class. The percentage of disabled people who identified themselves as middle class was 37.8 percent, up by six percentage points from 31.8 percent in 2014.

(Table 37) Self-Identification of Economic Class

Class	Percentage
Lower	61.5
Middle	37.8
Upper	0.7
Total	100.0

- The average monthly household income was KRW 2.421 million, or 66.9 percent of the national average monthly household income (KRW 3.617 million as of the second quarter in 2017), showing an increase from 62.8 percent recorded in 2014.
- The average monthly household expenditure was KRW 1.908 million, or 69.1 percent of the national average monthly household expenditure (KRW 2.761 million as of the final quarter of 2016), showing an increase from 60.6 percent recorded in 2014.

<Table 38> Average Monthly Household Income and Expenditure

(Unit: KRW 10,000)

Type	Physical Benefit	Visual	Hearing	Speech	Intellectual	Autistic	Mental	Kidney	Cardiac	Respiratory	Hepatic	Facial	Intestinal -urinary	Epileptic	Total
Income	243.2	227.7	239.9	209.2	310.9	294.0	435.6	180.4	251.4	283.4	376.3	428.3	209.4	304.5	242.1
Expenditure	188.4	192.8	185.2	163.6	223.5	232.0	349.7	150.5	232.9	202.7	295.7	296.1	183.4	238.0	190.8

- Of the people with disabilities surveyed, 77.1 percent had to increase their spending due to their disabilities over the past year.
- The average additional monthly household expenditure in relation to disabilities was KRW 165,100. Specifically, medical bills were the largest spending item, at KRW 65,900, followed by old-age and posthumous preparations for elderly parents (KRW 22,900), cost of nursing and care (KRW 20,600), cost of transportation (KRW 20,500), cost of communications (KRW 9,800), cost of daycare and education (KRW 8,000), and cost of purchasing and maintaining mobility aid devices (KRW 7,200).

(Table 39) Additional Monthly Household Expenditure Due to Disabilities

(Unit: KRW 1,000)

Type		Type	
Total additional monthly expenditure		165.1	
Transportation	20.5	Communication	9.8
Medical bills	65.9	Purchase/maintenance of mobility devices	7.2
Daycare/education	8.0	Old-age and posthumous preparations for elderly parents	22.9
Nursing and care	20.6	Other	5.4
Rehabilitative facility charges	4.8		

Note: These expenses are expenses that respondents would not have incurred had they not been disabled.

- As for car ownership, 52.1 percent of the people with disabilities surveyed lived in households that own cars, while the remaining 47.9 percent did not.
- Of people with disabilities of working age (15 or older, according to the International Labour Organization), 38.9 percent were economically active and 5.1 percent were unemployed. The unemployment rate among the disabled was 1.3 times higher than the unemployment rate of the general population, which was 3.8 percent.
- Of people with disabilities who were working, 26.9 percent were full-time workers; 42.0 percent, temporary workers and day laborers; and 27.3 percent, self-employed.

〈Table 40〉 Economic Activity

(Units: number of people, percentage)

	Aged 15+	Economically active population			Economically inactive population	Economic activity rate	Employment rate	Unemployment rate	Percentage of employed
		Total	Employed	Unemployed					
Disabled	2,522,593	981,028	931,429	49,599	1,541,565	38.89	94.94	5.06	36.92
National ⁹⁾	43,899,000	27,993,000	26,919,000	1,074,000	15,906,000	63.8	96.2	3.8	61.3

Source: Statistics Korea, *Economically Active Population Survey (Q2, 2017)*, 2017.

〈Table 41〉 Employment Status of Working People with Disabilities

Status	Percentage
Paid workers	68.9
Full-time workers	26.9
Temporary workers	22.2
Day laborers	19.8
Unpaid workers	31.1
Self-employed (including employers and street vendors)	27.3
Unpaid workers at family businesses	3.7
Total	100.0

- People with disabilities who were working earned an average wage of KRW 1.71 million a month, which was 70.4 percent of the average monthly income per capita of KRW 2.43 million for all wage earners in Korea (Statistics Korea, *Economically Active Population Survey: Addendum by Employment Type*, 2017).
- People with hepatic dysfunction had the highest average monthly income per capita (KRW 2.78 million), followed by people with visual impairments (KRW 1.96 million), people with physical disabilities (KRW 1.89 million),

people with intestinal-urinary dysfunction (KRW 1.88 million), and people with kidney dysfunction (KRW 1.76 million). People with autism (KRW 0.35 million), cardiac dysfunction (KRW 0.65 million), intellectual disabilities (KRW 0.7 million), mental disabilities (KRW 0.87 million), and epilepsy (0.9 million) had relatively lower monthly incomes.

(Table 42) Average Monthly Income Per Capita

(Unit: KRW 10,000)

Physical	Brain lesion	Visual	Hearing	Speech	Intellectual	Autistic	Mental	Kidney	Cardiac	Respiratory	Hepatic	Facial	Intestinal-urinary	Epileptic	Total
189	124	196	125	155	70	35	87	176	65	101	278	120	188	90	171

7. Welfare Needs

Income security (41.0 percent) was the welfare service and assistance that people with disabilities needed most, followed by healthcare (27.6 percent), employment support (9.2 percent), health management (6.0 percent, including prevention of further disability), and housing security (5.1 percent).

(Table 43) Welfare Needs

Type	Percentage	Type	Percentage
Income security	41.0	Human rights protection	2.5
Healthcare	27.6	Improved public awareness	2.0
Employment support	9.2	Health management (including disability prevention)	6.0
Housing security	5.1	Communication and information access	0.5
Mobility support	3.0	Disaster and safety management	0.3
Daycare and education support	1.2	Other	0.2
Cultural, leisure, and athletic activity support	1.4	None	-
		Total	100.0

- As for needs regarding future daycare and education services, 20.8 percent indicated the expansion of facilities catering exclusively to children with disabilities; 19.9 percent, expansion of developmental rehabilitation programs; 12.4 percent, increase in the number of special education assistants; and 9.4 percent, improvement of the professionalism of teachers.

- As for services for women with disabilities, 16.0 percent answered education on pregnancy and childbirth; 13.2 percent, childcare support; 10.1 percent, activity assistance; and 9.1 percent, financial support for childbirth.

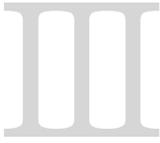
- Of the agencies that provide welfare services for the disabled, the most commonly used was welfare centers for the disabled (10.0 percent), followed by special transportation agencies for the disabled (5.3 percent) and occupational

rehabilitation facilities (3.4 percent).

- As for the types of welfare services needed most by people with disabilities, 37.1 percent picked special transportation for the disabled; 36.1 percent, rehabilitation hospitals for the disabled; and 21.0 percent, sports facilities for the disabled.

III

Implications



Implications <<

- The percentage of people with disabilities aged 65 or older was 46.6 percent in 2017, showing an increase of 3.3 percentage points from 43.3 percent in 2014. The percentage of single-person households with disabled members increased from 24.3 percent in 2014 to 26.4 percent in 2017.
- These changes indicate the effect of population aging on the disabled population, while the number of disabled people living alone is on the rise, following the trend of the general population. Considering the fact that disabled seniors and disabled people living alone are particularly vulnerable to a variety of social and economic risks, these two groups should be treated as priority beneficiaries in future policymaking in relation to the disabled.
- The disability registration rate was 94.1 percent, which is up 2.4 percentage points from 91.7 percent in 2014. The disability registration rate has remained high, above 90 percent, since 2011.
- This reflects the improvement in the societal attitude toward people with disabilities as well as the expansion

of available services. However, more information on the disability registration process needs to be provided, and the process should be made simpler in order to raise the registration rate further.

- Only 0.7 percent of people with disabilities identified themselves as upper class, while nearly two-thirds of all people with disabilities (61.5 percent) identified as lower class. In fact, 16.3 percent of people with disabilities receive support under the NBLSP, which is 5.1 times more than the general population (3.2 percent as of December 2016). Moreover, the average monthly income per capita of working people with disabilities was KRW 1.71 million, which was only 70.4 percent of the average monthly income per capita of the general population, at KRW 2.43 million.³⁾
- It is thus critical to raise the amounts of basic benefits provided through the disability pension and increase the additional amounts paid through other policy benefits to the disabled for the additional costs they incur in relation to their disability. In particular, medical coverage for the disabled should be increased as medical bills are the largest source of additional

3) Statistics Korea, *Economically Active Population Survey: Addendum by Employment Type, 2017*.

expenditures for people with disabilities. Occupational training and working environments should also be provided for people with disabilities who wish to work.

- Of people with disabilities, 14.4 percent required significant or complete help from others with their ADL/IADL, while 83.3 percent had help available for their ADL/IADL. The vast majority (81.9 percent) received help from immediate family members.
- The percentages of people with disabilities receiving primary help from outside their families, such as professional activity assistants and professional nurses and caregivers, have been on the rise. These public and commercial sources of help should be increased in the future to alleviate the burden of caregiving on families.
- When asked to rate the condition of their health subjectively, 14.9 percent thought they were in good or very good health, which is significantly less than the 31.0 percent of the general population who answered similarly. The percentage of adult-age (19+) people with disabilities diagnosed with chronic morbidities has been growing steadily, reaching 81.1 percent in 2017. On the other hand, 17.2 percent of people with disabilities failed to receive the medical care they needed over the past year,

mainly due to financial difficulties (39.3 percent) but also because of the inconvenience of transportation (25.2 percent) and lack of a companion with whom to travel to and from clinics and hospitals (7.4 percent).

○ The prevalence rates of chronic morbidities, such as hypertension and diabetes, were significantly higher in the disabled population than in the general population. Numerous people with disabilities also failed to seek the medical care they needed due to a lack of physical and human resources supporting their access to medical services. It is therefore important to provide not only policy programs to increase the effectiveness of the management of morbidities and prevent further disabilities among the disabled but also policy support for increasing the physical and human resources needed to enhance the disabled's access to medical care.

□ Women with disabilities are at even more of a disadvantage than men with disabilities. As maternity is an important issue for women, women with disabilities showed a strong need for education on pregnancy and childbirth and policy support for childcare. It is thus important to devise policy services tailored specifically to the maternity needs of women with disabilities.

- Finally, the Korean government should continue developing and implementing disability awareness programs so as to promote greater societal understanding of disabilities and enable people with disabilities to play more active and productive roles in society. Improving societal understanding and awareness of disabilities is the first step toward reducing discrimination against people with disabilities in Korea.

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