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**Social Determinants of Suicide Among the South Korean Elderly
Community**

**APPROVED BY
SUPERVISING COMMITTEE:**

Robert M. Oppenheim, Supervisor

Youjeong Oh

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Catherine Lajara

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Abstract

Social Determinants of Suicide Among the South Korean Elderly Community

Catherine Lajara, MA

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Supervisor: Robert M. Oppenheim

South Korea has the highest suicide rates among the OECD countries and among the Korean population, those 60 years of age and over have the highest suicide rates. Several studies have investigated the link between sociodemographic or socioeconomic factors and mental health among the Korean elderly population. However, there have been limited studies that explore deeper by examining the social determinants of health factors (economic instability, education inaccessibility and quality, health care inaccessibility and quality, and neighborhood and environmental conditions) together about mental health issues, specifically suicidal behaviors, with the intent of improving this population's quality of life. Therefore, this study focuses on examining the impact of social determinants of suicide among the elderly in South Korean society and determining how it affects their quality of life. Due to the limitations of COVID-19, this study used a mixed methodology approach by analyzing several media articles, academic articles, books, and statistical information that have focused on the elderly population and their (mental) health status.

This study has found that older Korean men who have financial difficulties, live in rural areas, have drinking and smoking problems, have lower educational attainment, and live alone tend to have lower mental and general health literacy, higher depression levels, and higher loneliness levels. Thus, resulting in higher suicide lethality rates and higher suicide completion rates. In terms of suicide methods, they tended to favor hanging as their preferred method of committing suicide, compared to the U.S, where American older white men preferred a gun to complete the act. Based on these findings, this study proposes that the Korean government and families increase their support for the older generation. Increased social support and community involvement have reduced the aging population's depression and loneliness rates, thus decreasing their suicide ideation and suicide rates. Therefore, it is crucial to have a more aggressive approach in implementing welfare programs, health care programs, and community programs to improve and increase their social interactions, physical exercise, and literacy rates. Also, since suicide prevalence varies significantly among sex, gender, and age-related factors, it is necessary to create programs targeting the elderly in different situations (i.e., marital status, depression levels, geographical location).

Table of Contents

List of Figures	7
INTRODUCTION	8
CHAPTER ONE: ECONOMIC INSTABILITY	15
Leading causes of elderly poverty	17
Government efforts and recommendations	19
Conclusion	22
CHAPTER TWO: EDUCATION INEQUALITY AND INACCESSIBILITY	24
CHAPTER THREE: HEALTH CARE INACCESSIBILITY AND QUALITY	31
Health Literacy and Mental Health.....	34
Predisposing factors	37
Enabling Factors	40
Need Factors	43
COVID- 19 and Mental Health.....	47
Euthanasia and Dying with Dignity	54
Conclusion	59
CHAPTER FOUR: NEIGHBORHOOD AND ENVIRONMENTAL CONDITIONS.....	61
CONCLUSION: FUTURE RESEARCH AND POTENTIAL PREVENTION STRATEGY RECOMMENDATIONS	66
Bibliography	69

List of Figures

Figure 1: Andersen's Behavioral model of mental health utilization (Kim et al.,2016) ...35

Figure 2: The interpersonal Theory of Suicide framework adapted by Chu et al.
(2017).....51

INTRODUCTION

In every society, social determinants of health are important environmental conditions that affect an individual's health, well-being, and quality of life. These conditions can be grouped into five categories: economic stability, education access, healthcare access, neighborhood and environment, and social and community context. The lack of income due to the inability to access adequate employment, education, healthcare, safe housing and transportation, and a supportive social circle can lead an individual to develop mental health issues or even exacerbate an underlying trauma that has not been addressed. Due to the varying degrees of social, political, and economic successes in every country, the impact of the social determinants of health is different in every society and every community. Through suicide, this paper will examine the effect of the social determinants of health among the elderly community (over 60 years of age) in South Korean society and determine how it affects their mental health, well-being, and quality of life. The elderly community is the topic of interest because this specific population has the highest suicide rates among the different communities in Korean society. According to KOSIS, the suicide rate among 60-69 years old is 30.1 per 100,000 persons, 70-79 years old is 38.8, and over 80 years old is 62.6¹. In other words, age and suicide are positively correlated in South Korea. By analyzing Korean media, government archives, and scholarly articles and books, this research seeks to find the correlation between the social determinants of health and elderly Korean's mental health overall and suicide rates.

According to the latest 2020 Korean health data, conducted by KOSIS, South Korea has the highest suicide rate among the OECD (Organization for Economic Co-operation

¹ Statistics Korea. "Number of suicide deaths in South Korea from 2010 to 2020, by age group (per 100,000 population)." Chart. September 28, 2021. Statista. Accessed February 13, 2022. <https://www-statista-com.ezproxy.lib.utexas.edu/statistics/789375/south-korea-suicide-death-rate-by-age-group/>

and Development) countries, with a rate of 25.7 deaths per 100,000 persons². According to WHO (World Health Organization), South Korea has the 4th highest suicide rate worldwide in 2019³. The significant stigma and lack of mental health awareness have been an issue in South Korea even before the Japanese colonial period (1910-1945) when mental illness was a good political cause to commit suicide to avoid public humiliation and scrutiny (Yoo 2016, 122). According to Yoo, the stigma evolved into mentally ill patients being sent to prisons or involuntarily committed into mental institutions (2) during the colonial period. This stigma and negative perceptions of mental illness by South Koreans heavily contributed to South Korea having high suicide rates and is still looked down on in South Korean society today. Many communities in South Korea are being negatively affected by the environmental conditions in Korean culture, causing each district to contribute to the high suicide rates. For example, the youth community has had suicidal thoughts, committed self-harm, and even succeeded in committing suicide due to the pressures from their families and the education system; the LGBTQ community has contributed to the rates as well due to the marginalization and lack of representation they have in Korean society; and the elderly community has high suicidal ideation (suicide thoughts and attempts) due to the neglect of their family, isolation, and their economic status in society.

Suicide is defined as injuring oneself with the intent to die, whereas a suicide attempt is when one hurts themselves to end their life, but they are unsuccessful. Aside from suicide attempts and completion, many people suffer from suicide ideation, which is having suicidal thoughts and tendencies but does not necessarily act upon such studies. In

² KOSIS. "Number of deaths by suicide in South Korea from 2000 to 2020 (per 100,000 population)." Chart. September 28, 2021. Statista. Accessed February 13, 2022. <https://www-statista-com.ezproxy.lib.utexas.edu/statistics/789337/south-korea-suicide-death-rate/>

³ WHO. "Leading 20 countries based on suicide mortality rate in 2019 (per 100 000 population)." Chart. May 21, 2021. Statista. Accessed February 20, 2022. <https://www-statista-com.ezproxy.lib.utexas.edu/statistics/710710/ranking-of-leading-20-countries-with-highest-suicide-mortality-rates/>

his book *Cry of Pain: Understanding Suicide and Self-Harm*, Williams illustrates that suicide cannot be understood as black or white and that deeper feelings are involved that ultimately push one over the edge. He argues that suicidal behavior is drawn out by the pain of a situation with which one cannot cope, making suicidal tendencies a cry of pain before a cry for help⁴. For those who study suicidology in several cultures, the warning signs tend to be a contested topic; suicide is not a one size fits all phenomenon, so it is difficult to discern the warning signs of suicide ideation or attempt.

As Émile Durkheim argued in 1897, there are four types of suicide: egoistic suicide (a sense of not belonging or non-integration in a community), altruistic suicide (a feeling of being overwhelmed by a group's goal or beliefs), anomic suicide (a sense of moral confusion and lack of social direction), and fatalistic suicide (a feeling of being overly regulated and oppressed)⁴. This shows that suicide is very diverse and can affect different communities and age groups differently. Based on these guidelines, the Korean elderly population mostly suffers from egoistic suicide and altruistic suicide. They tend to become isolated from friends and family to avoid being a burden and move to rural areas because there is a more affordable livelihood outside the major cities, hence the prevalence of egoistic suicides. On top of that, as South Korea becomes more modernized, the traditional way of thinking is slowly becoming extinct, causing the elderly population to feel overwhelmed by all the transformations implemented by the younger population, hence the prevalence of altruistic suicides. In suicidology, Durkheim's work is crucial because he was one of the first scholars to address the fact that suicide is different in every culture and that it is vital to identify the factors that affect each society, causing suicide to be more prevalent. Durkheim received a great deal of criticism from other scholars, like Williams.

⁴ Williams, Mark. *Cry of Pain: Understanding Suicide and Self-Harm*. London: Penguin Books, 1997.

The latter claims that Durkheim's findings were based on western societies and might not apply to other communities and cultures⁴. However, several studies have shown that depression and a precarious life that leads to hopelessness in the future tend to be the main warning signs researched by scholars thus far, especially in South Korea. This was also supported by a survey conducted in 2020 by KOSIS (Korean Statistical Information Service) identifying the total number of mental health patients treated in South Korea for the disorder. This survey showed that major depressive disorder is the leading mental health disorder among patients, around 1,653 people per 100,000 population⁵.

Another big problem that can be a leading cause of mental health issues and suicide in South Korea is the low fertility rate. South Korea has the 2nd lowest fertility rate worldwide with 1.09 children per woman, just slightly higher than Taiwan at 1.07 children per woman in 2021⁶; however, South Korea is top 3 worldwide for having one of the highest life expectancy rates with 83.3 years⁷. With low fertility and increased life expectancy rates, South Korea is on the verge of having a very aged population size. Therefore, it increases the likelihood of disparity between the younger and older generations in several sectors of society, which then leads to higher mental health issues and suicide rates among the older aged population. By analyzing current suicide prevention programs and figuring out the reasons as to why or how the social determinants of health in South Korean society are negatively affecting the elderly community, this research aims

⁵ KOSIS. "Total number of mental health patients treated in South Korea in 2020, by disorder (per 100.000 population)." Chart. November 9, 2021. Statista. Accessed February 20, 2022. <https://www-statista-com.ezproxy.lib.utexas.edu/statistics/1264503/south-korea-number-of-psychiatric-patients-treated-per-100000-population-by-disorder/>

⁶ CIA. "The 20 countries with the lowest fertility rates in 2021." Chart. April 7, 2021. Statista. Accessed February 20, 2022. <https://www-statista-com.ezproxy.lib.utexas.edu/statistics/268083/countries-with-the-lowest-fertility-rates/>

⁷ OECD. "Average life expectancy in selected countries as of 2020." Chart. October 28, 2021. Statista. Accessed February 20, 2022. <https://www-statista-com.ezproxy.lib.utexas.edu/statistics/236583/global-life-expectancy-by-country/>

to reduce the stigma of mental health and raise awareness of the high suicide rates to improve the quality of life among the elderly population.

According to the Korean Foundation for Suicide Prevention, the leading causes of suicide among people aged 60 years and older are physical illness (the leading cause of death was cancer⁸) at 42.2% and mental illness is a close second at 33.2%, following financial difficulties at 12.3%⁹. Regarding gender differences, mental illness is the leading cause of suicide among females at 51.4%, and physical illness is second at 17.9%. The leading causes of suicide for males are financial difficulties at 32.4%, and mental illness is second at 27.7%¹⁰. In 2020, 35.5 male and 15.9 female deaths were by suicide, and even though these rates decreased compared to a decade ago, males consistently committed more suicide than females between 2010 and 2020¹¹. Many studies show that women tend to have suicide ideation and attempts as a cry for help, so they use less lethal methods to attempt suicide, whereas males tend to make it a one-and-done deal and choose more lethal methods. Therefore, males tend to have higher suicide completion rates, and women tend to have higher suicide attempt rates. One can infer that for males and females between the ages of 60 and older, mental illness, physical illness, and financial problems were the most common reasons for committing suicide in 2019. Many do not want to be a burden to their families, so they believe that suicide is the only way out of an uncomfortable situation. In

⁸ Statistics Korea. "Main causes of death in South Korea in 2020, by age group." Chart. September 28, 2021. Statista. Accessed February 20, 2022. <https://www-statista-com.ezproxy.lib.utexas.edu/statistics/1267450/south-korea-main-causes-of-death-by-age/>

⁹ Korea Foundation for Suicide Prevention. "Main reasons for committing suicide in South Korea in 2019, by age group." Chart. July 5, 2021. Statista. Accessed February 20, 2022. <https://www-statista-com.ezproxy.lib.utexas.edu/statistics/1267381/south-korea-reasons-for-suicide-by-age/>

¹⁰ Korea Foundation for Suicide Prevention. "Main reasons for committing suicide in South Korea in 2019, by gender." Chart. July 5, 2021. Statista. Accessed February 20, 2022. <https://www-statista-com.ezproxy.lib.utexas.edu/statistics/1267359/south-korea-reasons-for-suicide-by-gender/>

¹¹ KOSIS. "Number of deaths by suicide in South Korea from 2012 to 2020, by gender (per 100,000 population)." Chart. September 28, 2021. Statista. Accessed February 20, 2022. <https://www-statista-com.ezproxy.lib.utexas.edu/statistics/789374/south-korea-suicide-death-rate-by-gender/>

terms of education, the number of suicide deaths in South Korea in 2020 occurred mainly among those with a High School education at 4.2 thousand, and those with university degrees or higher were a close second at 3.2 thousand¹². Therefore, those 60 years of age or older with a High School degree are a high-risk population for committing suicide. According to Park et al., for more Korean senior adults, the correlation between suicide rate and the rate of hanging or jumping was significantly high in 2011¹³. This study concluded that the increased lethality of suicide methods has contributed to the high suicide rates in South Korea. As several suicidology scholars have claimed, it is crucial to understand and examine suicidal actions and thoughts beyond the clinical assessment and explore the factors like socioeconomic, familial, and education that have proven to contribute to one's suicidal thoughts and actions.

Thus far, this paper has given a background to suicide and mental health as a phenomenon in South Korea among the Korean elderly community. The remainder of this paper will describe the factors of the social determinants of health that contribute to this phenomenon in Korean society. The first section focuses on the economic stability of the elderly community. It illustrates the income disparity among communities, the inequality of the workplace associated with ageism, and analyzes the correlation between these factors and the increased levels of depression and suicide ideation. The second section focuses on education inaccessibility and inequality. As mentioned earlier, elders with a high school diploma or lower tend to be a high-risk population for mental illnesses that potentially lead to suicide. Education disparity among different age groups and unequal access to education

¹² KOSIS. "Number of suicide deaths in South Korea in 2020, by level of education." Chart. September 28, 2021. Statista. Accessed February 20, 2022. <https://www-statista-com.ezproxy.lib.utexas.edu/statistics/1267091/south-korea-suicide-deaths-by-education/>

¹³ Park, Subin, Hochang Benjamin Lee, Su Yeon Lee, Go Eun Lee, Myung Hee Ahn, Ki Kyoung Yi, and Jin Pyo Hong. "Trends in Suicide Methods and Rates among Older Adults in South Korea: A Comparison with Japan." *Psychiatry Investigation* 13, no. 2 (2016): 184. <https://doi.org/10.4306/pi.2016.13.2.184>.

are significant problems that the elderly population face in Korean society. The third section focuses on healthcare inaccessibility and inequality. Due to the lack of health literacy and trust towards healthcare providers, elders tend to not adhere to prescriptions and do not seek out help due to the financial burden it may bring. This section will also dive into the discourse of euthanasia and assisted suicide leading up to the big question of who has the right to die? And who has the right to help? The fourth section focuses on the neighborhood and built environment of the elderly community, which includes their access to safe housing and the different levels of solitude between living in the rural areas versus the urban areas of South Korea. Social and community context is vital for elders for social support, social well-being, and cultural factors; how the media portrays these phenomena gives additional insight into the social issue and what can be done to address this problem, which is discussed among the other determinants of health regarding the Korean older population. Acknowledging the social determinants of health as factors that contribute to the problems that the elders face today can help develop better community support groups and mental health support in all provinces in South Korea that can help all communities regardless of age, sex, and education.

CHAPTER ONE: ECONOMIC INSTABILITY

As of 2021, South Korea has a population of approximately 51.8 million people¹⁴, where the elderly population accounts for 8.5 million or 16.5% of the total population¹⁵. In 2020, the median age of South Korea's population was 43.2 years, and according to the OECD, the median age is projected to increase to 55 years old by 2050¹⁶. According to several surveys, South Korea's population is projected to become very aged by 2050, having the elderly population account for more than 20% of the total Korean population. Along with the low fertility and high life expectancy rates, this is a significant issue for South Korea's economy because as the population age increases, the working-age population decreases, which can affect South Korea's economic growth. In addition, as the working-age population decreases, the old-age dependency ratio (people aged 65 or higher over the population aged 15-64) increases which causes the Korean government more fiscal problems¹⁷. This is because the old-age dependency ratio shows the economically inactive compared to the economically active people in a society; this ratio illuminates the fact that the financially idle under 16 and over 65 years of age tend to be more extensive recipients of government spending like education, pensions, and healthcare.

Despite the aging society over the years, the government has not provided substantial economic support to the elderly aged 65 and above, causing South Korea to

¹⁴ IMF. "Total population in South Korea from 2016 to 2026 (in million inhabitants)." Chart. October 12, 2021. Statista. Accessed March 16, 2022. <https://www-statista-com.ezproxy.lib.utexas.edu/statistics/263747/total-population-in-south-korea/>

¹⁵ KOSIS. "Share of the elderly population aged 65 years and above in South Korea from 2010 to 2021." Chart. April 16, 2021. Statista. Accessed March 16, 2022. <https://www-statista-com.ezproxy.lib.utexas.edu/statistics/995650/south-korea-elderly-population-share/>

¹⁶ City Population. "Median age of selected countries in the world in 2020, by country." Chart. May 3, 2020. Statista. Accessed March 16, 2022. <https://www-statista-com.ezproxy.lib.utexas.edu/statistics/1227208/median-age-of-the-world-population/>

¹⁷ OECD. *Working Better with Age: Korea*. Ageing and Employment Policies. Paris, OECD Publishing, 2018. <https://doi.org/10.1787/9789264208261-en>

have the highest elderly relative poverty rates among the OECD countries¹⁸. In 2019, the close poverty rate for those aged 65 and over was an astounding 43.2%¹⁹. In other words, nearly half of the elderly population is living with less than half of the median disposable income in South Korea. Many reasons contribute to the poverty levels among the elderly, like the economic disparity between the older generation and the young, lack of financial support from families, mandatory retirement, and lack of government benefits. Even though the government has made efforts to support the elderly financially, elderly welfare spending in South Korea is only 3% of its GDP (the OECD average is 7.7%), making South Korea the 3rd lowest country among the OECD countries in terms of welfare spending for the elderly²⁰. As mentioned in the introduction, financial difficulty is the third most common cause of suicide among the elderly and the leading cause of suicide among older men. Although motivations for suicide are very complex and there is not a simple, straightforward solution, increasing the government and familial financial support and increasing the opportunities for elders to continue working can only help decrease their depression and suicide rates. Therefore, the high poverty levels are strongly correlated with low welfare expenditure and increasingly high mental health issues for the elderly. In the following sub-sections, the main reasons for the high levels of elderly poverty are addressed in further detail, along with analyzing current government efforts and potential solutions to the poverty rates. The goal is to present how and why the economic situation among the elderly population has reached this state of emergency and how it has affected their well-being and quality of life.

¹⁸ [Statistics Korea. "Relative poverty rate in South Korea from 2011 to 2020." Chart. December 16, 2021. Statista. Accessed March 11, 2022. <https://www-statista-com.ezproxy.lib.utexas.edu/statistics/1225832/south-korea-realative-poverty-rate/>]

¹⁹ Statistics Korea. "Relative poverty rate of people aged over 65 years in South Korea from 2012 to 2019." Chart. September 29, 2021. Statista. Accessed March 17, 2022. <https://www-statista-com.ezproxy.lib.utexas.edu/statistics/1267744/south-korea-relative-poverty-rate-among-elderly/>

²⁰ OECD (2022), Pension spending (indicator). doi: 10.1787/a041f4ef-en (Accessed on 17 March 2022)

LEADING CAUSES OF ELDERLY POVERTY

Many causes contribute to the high rates of elderly poverty in South Korea. One of the main reasons stems from the correlation between modernization and the deterioration of Confucian ideologies in Korean society. According to Sun Jae Lee, “for decades, the government did not need a pension system strong enough to support all Korean seniors with adequate money because the Confucian system of Korea ensured that the elderly could always depend on family for financial support”²¹. Due to the immature National Pension Scheme (implemented in 1988), the older adults in South Korea receive an additional 94,000 won (roughly 78 dollars) per month, according to Sun Jae Lee, which makes it impossible to survive on the money they receive from the government; so, they heavily rely on monetary transfers from their families to supplement their monthly income. However, as modernization increases in South Korea, the Confucian way of thinking is deteriorating, causing families to lessen their obligatory financial support towards the elderly and causing panic in the Korean government about their weak welfare benefits. This, in turn, contributes to the rising rate of poverty among the old-age dependents. The Korean extended family dynamic is depleting, and the nuclear family dynamic is becoming more of the norm. According to Statistics Korea, single-person households doubled from 15.5% to 31.7%, whereas three-person homes decreased from 65.4% to 40.2% between 2000 to 2020 in South Korea²². In 2012, there were 1.06 million elderly one-person households, which is expected to increase to 1.76 million homes this year²³. This shows

²¹ Lee, Sun Jae. “Poverty amongst the Elderly in South Korea: The Perception, Prevalence, and Causes and Solutions.” *International Journal of Social Science and Humanity* 4, no. 3 (2014), 242.
<https://doi.org/10.7763/ijssh.2014.v4.355>.

²² KOSIS. "Distribution of households in South Korea in 2020, by size." Chart. March 24, 2022. Statista. Accessed July 10, 2022. <https://www.statista.com/statistics/1249314/south-korea-share-of-households-by-size/>

²³ Statistics Korea. "Number of one-person households aged 65 years and above in South Korea from 2012 to 2022 (in millions)." Chart. January 5, 2022. Statista. Accessed July 10, 2022.
<https://www.statista.com/statistics/1232775/south-korea-number-of-senior-single-households/>

that the Korean elderly population is not receiving the support needed, especially from family members.

Consequently, without the proper support from the government and their families, the elders continue seeking jobs to supplement their monthly income and establish independence. This leads to another reason the poverty rates are so high – Age discrimination. Age discrimination includes a lack of job opportunities, workplace age restrictions, and mandatory retirement for the old-age population compared to the younger working population. Korea's labor market is quite dismissive of older workers. It is common practice for Korean employers to impose a mandatory early retirement (on average, 55 years of age) and encourage honorary retirement with incentives¹⁷. Due to this, the elderly population takes on precarious and labor-intensive jobs to supplement income after they leave their careers. South Korea's employment rate for those aged 60 years and above is high, with 59.9% in 2021²⁴, including precarious and labor-intensive employment. According to the OECD, the current pension age, as of 2018, is 62 years with at least ten years of contributions and a reduced early pension age is 57 years of age. In other words, when the old-age workers are forced to retire early from their primary career in their 50s, they cannot receive their pension benefits, causing them to be more reliant on their children for financial support and exacerbating the need to take on dangerous jobs to keep afloat. This can be an upsetting situation for this population, causing them to fall into a more profound depression, especially since around 68% of the older people aged 55 to 79 expressed a desire to work in the future²⁵. Along with that, Lee illustrates that the average

²⁴ Statistics Korea. "Employment rate in South Korea in 2021, by age group." Chart. February 9, 2022. Statista. Accessed March 16, 2022. <https://www-statista-com.ezproxy.lib.utexas.edu/statistics/1220144/south-korea-employment-by-age-group/>

²⁵ Statistics Korea. "Share of the population aged 55 to 79 years old who desire to work in the future in South Korea from 2015 to 2021." Chart. September 29, 2021. Statista. Accessed March 11, 2022. <https://www-statista-com.ezproxy.lib.utexas.edu/statistics/1085934/south-korea-desire-to-work-again-among-older-population/>

retirement age in South Korea is 70 years old, “meaning the number of those who work past retirement in South Korea is twice the number of other OECD countries”²¹.

In summary, the elders in South Korea are highly encouraged, if not forced, to retire from their primary careers because Korean companies remain reluctant to keep someone past 55; especially when they can hire someone younger that can become more valuable, more affordable, and more productive for the company for more years. However, this puts the elderly community in a difficult predicament because once they retire early from their primary careers, they aren’t entirely eligible to secure their pension, which leads to delaying their proper retirement to make a living without much government or family support. The Korean government has already taken necessary steps to improve the labor market for older citizens, but further intervention is needed to strengthen this community's overall quality of life.

GOVERNMENT EFFORTS AND RECOMMENDATIONS

The Korean government has been trying to create effective welfare programs and legislation to support elderly citizens and increase their quality of life while combating the poverty rate during the late 20th and early 21st centuries. Although there might have been more local and smaller government initiatives for the elders, this study focuses on the major initiatives that aimed to alleviate the financial burden carried by the elderly population. Some major programs implemented by the government were the National Pension Scheme (NPS) in 1988²⁶, National Basic Livelihood Security (NBLS) in 2000, the wage-peak system in 2003, and the Pension for Elders (PE), which was replaced by the Basic Old-Age

²⁶ Kim, Jun Young. “PENSION REFORM IN KOREA.” *Hitotsubashi Journal of Economics* 43, no. 2 (2002): 73–85. <http://www.jstor.org/stable/43296105>.

Pension (BOAP) in 2008²⁷, and the Aged Employment Promotion Act, which was replaced by Age Discrimination in Employment and Aged Employment Promotion Act (AEPA) in 2008²⁸. According to Kim, the NPS is a public pension scheme that supports the general population²⁶. In 1988, the NPS only covered firms with more than ten employees, but in 1999 the program went through reform, and it expanded its coverage to self-employed people and firms with less than five employees²⁶. According to Koh and Yang, the NBLs was to provide a minimum income guarantee for households that fall below the poverty line, and the PE provided 50,000 Korean won monthly to the poor elderly. However, Koh and Yang claim that “because of strict eligibility criteria for the NBLs and PE, only 15% of elderly individuals aged 65 years or older were supported by these two programs. In 2008, 7.5% of elderly individuals aged 65 years or older were covered under the NBLs, according to the Ministry for Health and Welfare”²⁷. This shows that it is near impossible to survive off the welfare programs implemented by the government, mainly because of the early retirement mandate.

However, according to Choe et al., the Korean government introduced the wage-peak system to resolve the issues related to early retirement and labor costs from retirement extension²⁹. Choe et al. define the wage-peak system as a government initiative that makes

²⁷ Koh, Kanghyock, and Hyunjoon Yang. “Social Insurance in an Aging Population: Impacts of a Government Transfer Program in South Korea.” *Economic Development and Cultural Change* 69, no. 4 (2021): 1301–22. <https://doi.org/10.1086/705021>.

²⁸ Williams, Kayleigh. “South Korea - Age Discrimination.” [agediscrimination.info](http://www.agediscrimination.info/international-age-discrimination/south-korea), November 19, 2018. <http://www.agediscrimination.info/international-age-discrimination/south-korea>.

²⁹ Choe, Chung, Sung Hoon Kang, and Koangsung Choi. “Effects of Wage-Peak System on Youth Employment: Evidence from South Korea.” *Applied Economics* 53, no. 43 (2021): 4975–84. <https://doi.org/10.1080/00036846.2021.1912697>.

senior workers have a declining income as they reach retirement age, which increases the likelihood of them remaining in the company, despite the decrease in productivity as one age, and reduces the labor costs if the retirement age is increased. Although this initiative was optional and had to receive approval from the employee, Choe et al. illustrate that this initiative had negative and positive feedback in the academic field. Several scholars showed that the elderly workforce increased if they agreed to this program, but others claim that it affects the working youth population because of the seniority gap. According to Koh and Yang, the BOAP program was budgeted to cover about 70% of the older adults whose household income is below the poverty line in Korea²⁷. However, by funding this program through taxes, the financial burden falls on the general population, mostly the working adult population. The lack of wanting to pay taxes to help the elderly population is an individualistic mentality that surfaced from modernization, where the Korean working adults are starting to shift their mindset from a traditional Korean way of thinking to a more westernized one—out with Confucian ideologies and in with more of an individualistic economic perspective. Thus, several scholars believe that the best and most effective course of action would be to eliminate or increase the mandatory retirement age, create more facilities that support the elderly in how to integrate into society—teach them how to use technology, provide social support to combat loneliness and alienation, provide warm meals—increase pension income, create more stable job opportunities, and reducing ageism and discrimination in the workplace, would go a long way for the aging and aged populations.

CONCLUSION

As seen throughout this section, the economic disparity (lack of job opportunities, workplace age restrictions, and mandatory retirement for the old-age population compared to the younger working people) is a significant social problem that contributes to the high poverty and suicide rates among the elderly population. Although the Korean government has made several attempts to minimize the difficulties of a rapidly aging population, further intervention and support are needed in a governmental and social context. The pension programs must be reformed to provide higher quality benefits and monthly incomes, and society must make a communal effort to support the elderly in any way possible. Without this, the high poverty levels will continue strongly correlated with low welfare expenditure and increasingly high mental health issues for the elderly. Many say elders can be a burden to society because they can't contribute to the country's economic prosperity, but can the blame be solely put on their shoulders? Also, if the labor market accessibility and financial support are provided for the elders, they will be able to continue working and become more independent. This, in turn, will lower poverty and suicide rates, increase happiness levels, and increase their well-being and quality of life. This socioeconomic issue is becoming more and more in need of long-term solutions due to the rapidly aging society. Many argue that implementing specific initiatives to increase migration into Korea to reduce the average age of Korea would be a valid strategy to explore, but would South Korea be able to financially support a large influx of foreigners in a relatively short period? This paper recommends that further research be done to figure out specific long-term solutions that can decrease the aging population while supporting its citizens to ensure that they remain

engaged and active in Korean society and community life. The following section will discuss how the education accessibility and quality for older Korean citizens can affect their likelihood of increased depression and committing suicidal acts.

CHAPTER TWO: EDUCATION INEQUALITY AND INACCESSIBILITY

Education in South Korea has held historical and societal importance since the Joseon Dynasty (1392-1910) until modern-day Korea because it is tied to social standing, perceived personal value, and high quality of life. In addition, educational attainment has been a crucial societal element for Korean people to gain adequate employment; without higher education, it is difficult to obtain decent jobs in corporate Korea. This has been the case throughout Korean history and is still true today. Hence, there is a relationship between education attainment and suicide rates among the elderly population³⁰; as the elderly education attainment rates decrease, the suicide rates increase. As Choi and Murphey state, five decades after Korea's liberation from Japan, South Korea's educational attainment became the highest among industrialized nations³¹. Still, the cost and beneficial factors of this societal advancement across different age groups are questionable. As the country modernizes and the overall literacy rates increases, the educational gap between the younger and older generation becomes immense. According to the OECD, "as with educational attainment, there is a generational gap in proficiency levels for these foundation skills in Korea. Adults aged 55-64 scored 45 points lower in mean literacy and 48 points lower in numeracy than those aged 25-34; this is the highest gap among OECD countries in 2012"³².

³⁰ Kim, J. W., H. Y. Jung, D. Y. Won, Y. S. Shin, J. H. Noh, and T. I. Kang. "Landscape of Elderly Suicide in South Korea: Its Trend According to Age, Gender, and Educational Attainment." *OMEGA - Journal of Death and Dying* 82, no. 2 (2018): 214–29. <https://doi.org/10.1177/0030222818807845>.

³¹ Choi, Sheena and Kathleen A. Murphey. 2003. "Education Fever: Society, Politics, and the Pursuit of Schooling in South Korea." *The Journal of Asian Studies* 62 (2) (05): 645-647. <http://ezproxy.lib.utexas.edu/login?url=https://www.proquest.com/scholarly-journals/education-fever-society-politics-pursuit/docview/230428504/se-2?accountid=7118>.

³² "Korea EAG2014 Country Note - OECD." Accessed June 15, 2022. <https://www.oecd.org/education/Korea-EAG2014-Country-Note.pdf>, 1-4

In a 2017 National Institute for Lifelong Education study, Jin-Kyu Kang states that 67.7% of South Koreans 80+ years of age were illiterate³³. These astounding numbers are one of the many reasons why Korean elders should be provided more support in their daily lives. Because of ageism and the negative perception of the elderly as a burden, they became a forgotten population as South Korea develops and improves its global socio-economic standing. This brings the younger generation into the spotlight and the older generation into the dark. To understand how education, or lack thereof, has affected the elderly population, it is essential to understand the history of Korean education and how it has developed over the past centuries, starting with the development of the Gwageo (과거) in the Joseon Dynasty. Gwageo was the civil service examination in South Korea that was the center of the education system and an essential steppingstone for upwards societal mobility in the Joseon Dynasty era, which heavily relied on Confucian ideologies. As Pan Kim states, “Women were required to follow the Confucian virtues of subordination and endurance, while restricted from opportunities to participate in political and social activities. Women were treated as inferior to men in social status, and hierarchy and social institutions did not encourage women to be involved in non-family affairs”³⁴. Thus, it was difficult for women to attain an education compared to men during this time, contributing to the educational gap between age groups and gender. On the contrary, since traditional Korean society favored men at the forefront of political, social, and economic events outside of the household, men had more education (including access to the civil service exam). Gwageo was very difficult and required access to educational institutions to pass

³³ Kang, Jin-kyu. “Illiterate to Author: Ageing South Koreans Embrace Written Word.” The Jakarta Post, 2019. <https://www.thejakartapost.com/life/2019/06/01/illiterate-to-author-ageing-south-koreans-embrace-written-word.html>.

³⁴ Kim, Pan S. “Toward Gender Equality in the Korean Civil Service.” *Public Personnel Management* 22, no. 3 (1993): 403–19. <https://doi.org/10.1177/009102609302200305>.

the exam, eliminating the possibility of the lower-class citizens and women taking the exam while favoring men and those who had access to private institutions³⁵.

Consequently, this enhanced the gender inequality in South Korean society. During this time, the highest noble status (yangban) was given to those who passed the test, allowing them to work for the state and hold power in society. According to several sources, the Gwageo was abolished in 1894, along with the ranking system, due to corruption and abuse of power by the yangban class. However, the strict emphasis on education for societal advancement did not end and is still prominent in modern-day Korean society. Following the abolishment of the Gwageo, the Joseon Dynasty fell in 1910, and Japan colonized Korea creating a whole new educational and societal dynamic for Korean citizens. Education was still emphasized in this period, but Japanese ideologies in schools replaced Korean literary and cultural elements. Korean citizens were put into vocational schools to prepare for employment rather than get a proper higher education. As Hiroshi Abe states, during colonial Korea, the government- general prioritized the teaching of Japanese schools over Korean schools and had no intention of developing a curriculum that promoted higher education for Koreans because it would “only produce educated idlers” and “it is important to have practical people,” therefore it is necessary to have a “simple and practical education for a colonial political and economic system”³⁶. In support of the educational precarity faced by Koreans during this time, Michael Seth elaborates that the colonial period initiated “social turmoil that profoundly influenced educational and social development”³⁷. Korean citizens were unable to attain proper higher

³⁵ Ko, Kwang Hyun. “A Brief History of Imperial Examination and Its Influences.” *Society* 54, no. 3 (2017): 272–78. <https://doi.org/10.1007/s12115-017-0134-9>.

³⁶ Abe, Hiroshi. “Higher Learning in Korea under Japanese Rule.” *The Developing Economies* 9, no. 2 (1971): 174–96. <https://doi.org/10.1111/j.1746-1049.1971.tb00468.x>.

³⁷ Seth, Michael J. *Education Fever: Society, Politics, and the Pursuit of Schooling in South Korea*. Honolulu: University of Hawaii Press, 2002.

education under the Japanese colonial rule, which we see the effects it has on the Korean elderly population today. According to Choi and Murphey, “the majority of Koreans were illiterate when Korea became independent in 1945, and less than 5 percent of the adult population has received formal schooling beyond elementary education”³¹. Once the Japanese were defeated in 1945, Korea was liberated but divided into the Soviet-occupied North and America-occupied South, where Americans introduced a new approach to education that often conflicted with Korean traditional ideologies, as Michael Seth argues.

However, things drastically changed once again during the Korean war from 1950-1953. Korean citizens were heavily impoverished and unable to obtain or continue any minimal education they had been used to, which left most of the current-day Korean elders to only have a high school education or less. Because the inability to receive an education resulted in generational poverty, the Korean citizens born after liberation and the Korean war emphasized education to their kids to avoid poverty and obtain higher socioeconomic status, as Kim et al. mentions³⁰. Therefore, the heavy emphasis on education continues in modern-day Korea with the high scholarly expectations from family members and teachers on the students; one can see this with the modern-day civil service exams to obtain a stable government position and the College Scholastic Ability Test (CSAT), also known as Suneung (수능) requirement for High school students to enter a top-tier Korean university to increase mobility status. Seth makes a sound argument stating that Koreans seek out social mobility for their children. Hence, the education obsession originated from social demand and not the government, leaving the education financial burden on the families³¹. Not to mention the economic impact the Asian financial crisis had on the current elderly population; it was impossible to try to obtain a higher educational degree.

This historical development of Korean education shows why the population in question has low educational attainment, in a society in which education generates status,

causing them to be at a higher risk of depression, stress, loneliness, and other mental health problems that lead to increased suicide ideation and suicide rates. According to Kim et al., the elderly suicides with educational attainment in elementary school, middle school, high school, and university increased between 2000 and 2015³⁰. These findings can be attributed to modernity in South Korea because modernization became a catalyst, fueling the increase of elderly suicidal rates through generational differences and expectations within Korean society. As Korea developed, the Confucian ideologies and cultural elements that the 60+ years of age population are used to (i.e., family structures, agrarian society, etc.) are disappearing, and higher education is consistently maintaining great societal importance for upper-status mobility. According to the OECD, “more than 58% of Korean adults attained higher levels of education than their parents (absolute upward mobility), compared with the OECD average of 39%”³². Although the suicide rates of those who have not received more than a middle school education have slightly decreased from 2010-2015, it still accounts for around 55% of all elderly suicide in 2015, according to Kim et.al.

To put it in perspective, among the older Korean adults in this study with no more than middle school education, 942 suicides, and those with university degrees and above contributed to 359 suicides in 2015³⁰. Therefore, Kim et al.’s study, along with previous studies, illustrated that educational attainment and suicide risk are correlated among the elderly population of 65+ years of age, where elderly individuals who have higher educational attainment are a lower suicidal risk. There has not been accurate data on how the relationship between education attainment and suicide rates has developed in the current decade. However, it can be assumed that the numbers have only increased because the suicide rates among South Korean elderly are still the highest among the OECD countries.

When considering socio-environmental factors in South Korea among the elderly population, the connection between gender, education attainability, and mental health must be considered. Several nations have a gender disparity in different aspects of society. However, South Korea is notable because its community still carries certain traditional ideologies that favor a patriarchal system, leading to the typical gender roles: a woman's responsibility is to take care of the household. In contrast, men must provide for their families financially. This is consistent with Kim et al.'s findings that male suicides are associated with the economic burden. It is related to high household stress for women, especially if it is a multigenerational household³⁰. Because the old traditions are still lingering among the older generation, females still tend to be more discriminated against in Korean society, so their chances of receiving higher education in the later years are near impossible. According to Lyu et al. (2020), filial responsibility (taking care of children, family members, and household) was one of the top 3 main predictors of suicide ideation among older females³⁸. Therefore, gender expectations are such that lower educational attainment among older women is less decisive in driving suicide than among older men. As previously mentioned, elderly Korean men and women deal with their emotions differently (men having more completed suicides due to lethality of methods and women committing more suicidal harm/ideation), which causes the high suicide rates among men than women. Therefore, another conclusion can be made: older Korean men with a middle school education or lower are the higher suicidal risk group among the elderly population. This is directly related to the economic issues among the elderly population because the low educational attainment affects the accessibility to more desirable employment

³⁸ Lyu, Jiyoung, Yeon Ok Lim, and Young Bum Kim. "Gender-Specific Predictors of Suicidal Ideation among Korean Older Adults: A 2-Year Prospective Study." *SAGE Open* 10, no. 3 (2020): 215824402095702. <https://doi.org/10.1177/2158244020957027>.

opportunities. In turn, the older generation cannot financially support themselves, causing increased reliance on family members and suicidal ideation.

Lower education attainment leads to higher mental health issues (stress, isolation, depression) and suicide rates because higher education means a higher status in society. Interestingly, although South Korean literacy rates are at an ultimate high once Korea becomes an economic powerhouse, the older generation still has low literacy rates. These low literacy rates affect the elderly community economically and their ability to receive proper healthcare from professionals (mental health clinics, especially). The following section will dive deeper into healthcare accessibility among the Korean elderly.

CHAPTER THREE: HEALTH CARE INACCESSIBILITY AND QUALITY

As the Korean elderly population grows and the South Korean average age is at an all-time high, the Korean government has implemented and encouraged various programs to help improve their quality of life. Despite the government's efforts to implement programs like National Basic Livelihood Security (NBLs) and Basic Old-Age Pension, Korean elderly's mental health needs are not adequately addressed. As Kim et al. state, "studies reported that the mental health issues caused by loneliness, isolation, health issues, financial problems, lack of social support and loss of social status after people commonly experienced retirement in their old age in Korea"³⁹. In addition, Rhee et al. illustrate that "Depression is one of the most serious mental health issues and social problems in Korea" and "is the strongest indicator for suicide in Korea"⁴⁰. Despite the high numbers of depression and suicide among the older generation, this population still underutilizes mental health services³⁹. This can be attributed to several reasons, one being a low mental health literacy rate and another one being the solid negative stigma mental health has been portrayed throughout Korean society for decades.

Throughout history, primarily before the 1990s, it is known that South Korea didn't view mental health as a severe social and national issue, considering their high rates of involuntary hospitalization and their inhumane treatments in public and behind closed doors. Not to mention, the shunning from society and being labeled as a crazy person by friends, family, and neighbors didn't help those with a mental illness come forward and

³⁹ Kim, Y. S., H. Y. Lee, M. H. Lee, T. Simms, and B. H. Park. "Mental Health Literacy in Korean Older Adults: A Cross-Sectional Survey." *Journal of Psychiatric and Mental Health Nursing* 24, no. 7 (2017): 523–33. <https://doi.org/10.1111/jpm.12395>.

⁴⁰ Rhee, Taeho Greg, Hee Yun Lee, Nam Keol Kim, Gyounghae Han, Jeonghwa Lee, and Kyoungwoo Kim. "Is Health Literacy Associated with Depressive Symptoms among Korean Adults? Implications for Mental Health Nursing." *Perspectives in Psychiatric Care* 53, no. 4 (2016): 234–42. <https://doi.org/10.1111/ppc.12162>.

seek professional help. It wasn't until 1995 that South Korea implemented its first mental health law that addressed mental health prevention, treatment, and rehabilitation needs⁴¹. According to the same study, Heo et al. illustrate that in 2011 the average length of stay of psychiatric patients was 233 days in 2008 and 116 days in 2011, which is the most extended amount of time among the OECD countries⁴¹. They also elaborated on the rate of involuntary hospitalization of mentally ill Koreans, which was above 60% in 2016, and about 10% of those inpatients experienced violence by other employees or fellow patients. These alarming rates make South Korea one of the countries with the highest institutionalization rates.

Further research should focus on more recent data to establish if these rates have gone down as Korean society progresses. As mental health progressively becomes an important societal issue, it is essential further to analyze mental health literacy rates among South Korean elders and see if their utilization of health care services is linked to the high levels of depression and lack of motivation to seek preventative care. Mental health literacy is “knowledge and beliefs about mental disorders which aid their recognition, management, or prevention. It includes recognizing mental disorders’ symptoms and proactively seeking to resolve mental health concerns through professional help or self-help strategies” (p.524)³⁹. Previous studies have suggested that mental health literacy and mental health care services utilization are positively associated. Still, there have not been any recent scholars who have conducted a study on this positive association among older Korean adults⁴². Therefore, it is necessary to dive deeper into mental health literacy and utilization

⁴¹ Heo, Jongho, Nan-He Yoon, Soyoun Shin, Soo-Young Yu, and Manwoo Lee. “Effects of the Mental Health and Welfare Law Revision on Schizophrenia Patients in Korea: An Interrupted Time Series Analysis.” *International Journal of Mental Health Systems* 15, no. 1 (2021). <https://doi.org/10.1186/s13033-021-00499-3>.

⁴² Kim, Young Sun, T. Greg Rhee, Hee Yun Lee, Byung Hyun Park, and Monica L. Sharratt.

of mental health care services among older adults in Korea to better understand the dire need for increased health care education and support.

However, with preliminary studies on the mental health literacy and mental health care services utilization association, there have not been sufficient studies researching a link between mental health literacy and general health literacy. It can be inferred that as the general health literacy rates increase, the chances of Korean elders seeking mental health services will increase, thus increasing their mental health literacy. Therefore, this paper focuses on the health literacy and health care utilization that impacts mental health among Korean elders instead of strictly analyzing the link between mental health literacy and mental health care services utilization. Health literacy plays a critical role in an individual's health and well-being because it can affect how one perceives their health status and the utilization of health care services. According to Jeong and Kim, health literacy is defined as “the degree to which individuals can obtain, process, and understand basic health information and services needed to make appropriate health decisions,”⁴³ it is vital to open doors to health and wellbeing. Inadequate or limited health literacy is related to lower health status, adverse health outcomes, higher healthcare costs, and lower quality of care⁴³. Therefore, as Rhee et al. elaborate, “among Korean older adults, those with a lower level of health literacy were more likely to have poorer physical and mental health”⁴⁰. Hence, the higher the health literacy of the elderly population, the higher their healthcare and mental health services utilization rate will be, resulting in lower depression and suicide rates.

“Mental Health Literacy as a Mediator in Use of Mental Health Services among Older Korean Adults.” *International Psychogeriatrics* 29, no. 2 (2016): 269–79. <https://doi.org/10.1017/s1041610216001721>.

⁴³ Jeong, Seok Hee, and Hyun Kyung Kim. “Health Literacy and Barriers to Health Information Seeking: A Nationwide Survey in South Korea.” *Patient Education and Counseling* 99, no. 11 (2016): 1880–87. <https://doi.org/10.1016/j.pec.2016.06.015>.

HEALTH LITERACY AND MENTAL HEALTH

To understand how the quality and accessibility of the health care system among the Korean elderly population affects their mental health, it is essential to understand their health literacy and how it links to their utilization of healthcare services. Quality care, health information comprehension, accessibility, prescription adherence, and healthcare costs are important factors that affect an individual's health literacy. It is essential to have adequate or higher health literacy to improve one's quality of life, which is not always possible for Korean elders due to their limited financial capabilities and low educational attainment. According to Kim et al., "limited health literacy leads to a cascade of poor health outcomes—a lower likelihood of receiving preventive care, more hospitalizations, greater use of emergency care, and worse health status—especially among older adults"⁴². Unfortunately, a finite number of studies have attempted to research the link between health literacy, [mental] health, and health care utilization among older Korean adults. Among those studies, their theoretical framework was based on Ronald. M. Andersen's behavioral model of healthcare utilization. Anderson's original behavioral model is used to determine the link between health care utilization and an individual's social characteristics, which is particularly interesting when used for the elderly population. Anderson breaks down the social features into three-factor groups: predisposing factors (age, gender, education, marital status, geographical area), enabling factors (employment status, income level, having private health insurance, social support), and need factors (self-rated health status, depression, suicide ideation (thoughts and behaviors), number of chronic diseases, regular doctor visits)⁴⁴.

⁴⁴ Babitsch, Birgit, Daniela Gohl, and Thomas Von Lengerke. "Re-Revisiting Andersen's Behavioral Model of Health Services Use: A Systematic Review of Studies from 1998-2011." *Psycho-social medicine*. U.S. National Library of Medicine, 2012. <https://pubmed.ncbi.nlm.nih.gov/23133505/>.

Additionally, this model has been adopted by a few scholars to understand better the utilization of healthcare for Korean elders and their mental health through health literacy (Figure 1). As mentioned previously, there is not a substantial quantity of scholarship that researches the connection between mental health literacy and the quality of life among the elderly. Thus, this section will analyze existing literature based on these three categories to investigate further the average consensus of the association between health literacy and health care services utilization and how that affects the mental health and quality of life among the older aged-bracket individuals.

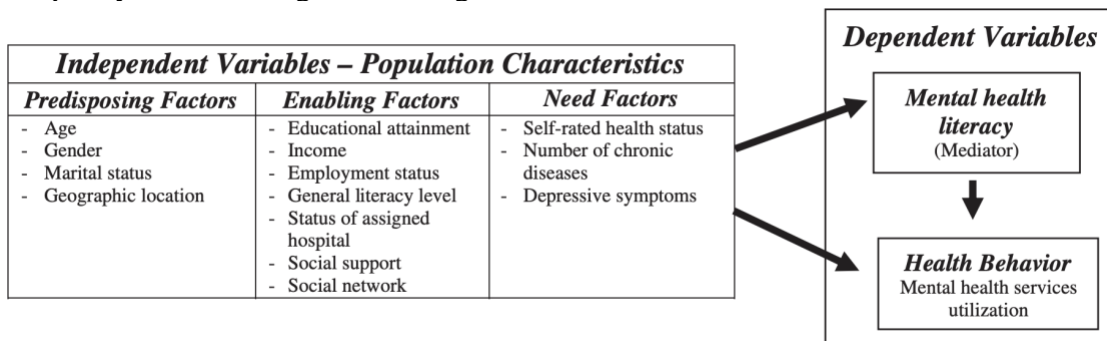


Figure 1: Andersen’s Behavioral model of mental health utilization (Kim et al.,2016)

Interestingly, one of the findings from Jeong and Kim’s study showcased that high general literacy rates don’t necessarily equate to high health literacy rates among Korean adults (20 years old+). This study found that “the average literacy and numeracy proficiency of adults in Korea were higher than those in the U.S.; however, the health literacy level of Korean adults in this study was lower than that of those in the United States”⁴³. Jeong and Kim believe this might be the case because the concept of health literacy is relatively new in Korean society. On the other hand, Lee and Park illustrated that about 25% of Korean adults do not reach the middle school general literacy standard

and “have difficulty with basic writing and reading”; 31% do not understand health information like prescription labels, health pamphlets, and health data based off data collected by the National Institute of the Korean Language, “...putting them at a great risk of limited health literacy”⁴⁵. Therefore, one can infer that there is somewhat of a positive association between health literacy and general literacy among this population; as general literacy increases, health literacy will also increase. Due to the inconsistent findings, further studies must investigate the true association between general literacy and health literacy among the Korean elderly population. In addition, Lee and Park’s research and other scholars illustrated that high health literacy rates indeed had increased the elderly’s participation in health care services. For example, Lee and Park stated that there was a positive association between adequate health literacy and utilization of health care prevention, along with a negative link between good health literacy and emergency care⁴⁵. In other words, the Korean elderly population tends not to need emergency care or hospitalization once their health literacy increases. This also means that the cost of emergency care services rose as the health literacy rates dropped among this population. This could imply that if they increase their utilization of preventative health care, they will increase their utilization of preventive mental healthcare, decreasing and managing the onset of depression symptoms and thus suicide. Further elaborating on the association between health care costs and health literacy rates, Kim et al. support Lee and Park’s findings by stating that “...low health literacy warrants higher use of healthcare services,

⁴⁵ Lee, Chiyoung, and Yeon-Hwan Park. “Health Literacy and Participation among Older Adult Patients with Heart Failure in Korean Culture.” *Journal of Transcultural Nursing* 29, no. 5 (2017): 429–40. <https://doi.org/10.1177/1043659617745136>.

which likely drives up the national healthcare cost... due to lack of understanding of diseases, end up staying in the hospital longer or frequently, and require more intensive acute care services.”⁴⁶. Thus, the health and mental health literacy issue among elderly Korean adults is a national issue, not just an individual one. This issue is like a domino effect; if the elderly receives adequate support from peers, family, and the government, they will be able to increase their overall literacy rates, which increases their health status, increasing their trust in their health care providers, and thus decreasing depression and suicide rates of this population. Let’s dive deeper into the factors contributing to health literacy and health care service utilization, starting with predisposing factors.

Predisposing factors

Predisposing factors include an individual's demographics (i.e., age, gender, marital status, and geographic location). As we know, different ages and genders have different levels of susceptibility regarding how social turmoil is dealt with and the prevalence of mental health issues, including suicide ideation and attempts. For example, middle-aged white men are more prone to committing suicide in the U.S, and older men have higher success rates of suicide completion in South Korea. As these factors affect mental health and suicide prevalence, it also impacts the Korean elderly population’s health literacy and health care services utilization. Several studies found that ages 65 and over tend to have lower health literacy rates than younger age groups (Lee et al., 2017, Jeong and Kim, 2016,

⁴⁶ Kim, Young Sun, Parmananda Khatiwoda, Byung Hyun Park, and Hee Yun Lee. “Health Literacy and Its Link to Healthcare Service Utilization among Older Adults in Korea.” *Social Work in Public Health* 31, no. 6 (2016): 467–73. <https://doi.org/10.1080/19371918.2015.1137519>.

Kim et al., 2017). This can be due to natural old age, diminished skill sets, lack of financial stability, or even lack of social and governmental support/resources. Education is another predisposing factor, along with age, positively associated with health literacy. As educational attainment increases, the health literacy rates also increase among the older age group (Lee et al., 2017, Jeong and Kim, 2016).

Interestingly, Jeong and Kim's study reveals that "a higher percentage of participants with inadequate health literacy lived in the capital city [Seoul] (25.5% vs. 14.9%)"⁴³ compared to other metropolitan cities and regions. However, they could not determine why this is a significant factor, and they didn't specifically differentiate between urban cities and other areas of this study. In addition, Kim et al. found that "people living in small or medium-sized cities were revealed as having a higher level of mental health literacy than those living in rural areas"³⁹. If both studies are analyzed as a whole, it is difficult to understand the significance that geographic location and health literacy has among the Korean elderly. Hence, further research should focus on this differentiation to better align existing literature with the statistics of Korean older adults in rural areas having lower educational attainment and, thus, lower health literacy and general literacy rates.

However, several scholars often contested the association between marital status and health literacy due to inconsistent results. Some studies do not find a significant link between marital status and health literacy among the Korean older population⁴⁷. In contrast, some studies found that "respondents not having a spouse showed a higher level of mental

⁴⁷ Kim, Young Sun, Hee Yun Lee, Kyungin Park, Byung Hyun Park, and Anne Zhou. Health Literacy in Older Korean Adults and Disability Severity Relationship, 2020. <https://sciaeon.org/articles/Health-Literacy-in-Older-Korean-Adults-and-Disability-Severity-Relationship.pdf>.

health literacy than those having a spouse”³⁹. This is an exciting find, but it doesn’t explicitly showcase the difference between men having a spouse and women having a spouse and how those gender differences affect the health literacy rates in this population. It would not make much sense if men without a spouse demonstrated a higher mental health literacy level. The results from other studies that showcase that women tend to have higher health literacy rates than men are valid. As Lee et al. state, “Interestingly, Korean women reported a significantly higher level of health literacy than men in three areas: (1) understanding and filling out medical forms (39.3% of females vs. 30% of males), (2) understanding directions on medication bottles (47.4% of females vs. 41.1% of males), and (3) understanding written information provided by health care professionals (53.0% of females vs. 40.0% of males)”⁴⁸. Lee et al. partially attributes this to previous research revealing that women report health issues more often, have higher health care charges, and have higher depression levels than men, thus increasing women’s health literacy rates and health care system utilization. Another attribution might be due to, historically speaking, Korean society having a solid patriarchal presence in a household, so women were the ones who took care of family members and children who were sick and needed appropriate medication and health care; therefore, this might be a contributing factor as to why women are seen to demonstrate higher health literacy rates in this study. However, Lee et al. found

⁴⁸ Lee, Hee Yun, Jiwoo Lee, and Nam Keol Kim. “Gender Differences in Health Literacy among Korean Adults.” *American Journal of Men's Health* 9, no. 5 (2014): 370–79. <https://doi.org/10.1177/1557988314545485>.

that men 65 years old and above illustrated higher health literacy than women⁴⁹. The main reason for this discrepancy might be due to Lee et al. (2014)'s study encompassing all Korean adults from the ages of 20 and above, whereas Lee et al. (2017)'s study only focuses on the 65+ years of age group. The health discrepancy between these two studies shows that further research must be completed to ascertain the association between gender and health literacy among older Korean adults.

Enabling Factors

Enabling factors include educational attainment, income, employment status, general literacy levels, social support, and social network. Although South Korea has implemented national health insurance, where all Korean citizens pay the same base price for medical coverage, the country is still considered one of the lowest levels of health expenditure among the OECD countries, according to the OECD. Not to mention, Korea has the “highest share of out-of-pocket consumption allocated to medical care across OECD countries,” where “37% of health spending in Korea is financed directly by households”⁵⁰. The study conducted by Oh et al. supports this finding by illustrating that “in the first half of 2016, on average, Korean elderly visited hospitals about 35 times for health problems, and the average out-of-pocket medical cost per month was about \$271...the elderly population spent an average of 17.5% of their income on out-of-pocket

⁴⁹ Lee, Eun Jin, Hee Yun Lee, and Soondool Chung. “Age Differences in Health Literacy: Do Younger Korean Adults Have a Higher Level of Health Literacy than Older Korean Adults?” *Health & Social Work* 42, no. 3 (2017): 133–42. <https://doi.org/10.1093/hsw/hlx026>.

⁵⁰ OECD. “Health Policy in Korea - OECD.” Health Policy in Korea, 2016. <https://www.oecd.org/korea/Health-Policy-in-Korea-April-2016.pdf>.

medical expenses”⁵¹. Due to this, it creates a more significant burden on the Korean elderly population because of the financial burden and becomes a barrier to health care accessibility. In addition to the financial burden, the Korean health care system is based on a fee-for-service plan⁵¹. This means that health care providers are paid a fee based on services provided, so the care decreases along with elders’ trust in medical professionals, increasing the emphasis on patient quantity over quality of health care. Oh, et al. claims that “the average consultation length per patient in South Korea is only 4.2 minutes, which is sharply contrasted to the 26 minutes average in the United States”⁵¹. This further proves the high importance for Korean older adults to increase their health literacy to understand better their health status from their medical professionals in such a short time. This further supports why Korean elders tend to delay or forgo seeking preventative health care⁵⁰ and increase the usage of emergency health services more than the younger population.

Among enabling factors, education and income level were the most significant factors that positively affected health literacy and the utilization of health care services among several studies (Kim et al. 2020, Lee et al. 2014, Kim et al. 2017, Kim et al. 2016, Jeong and Kim 2016). In terms of education, “those with educational backgrounds of equal to or greater than college or high school were more likely to have adequate health literacy than those who had only completed middle school or less”; these findings were the same across several studies. This is also associated with depression in those with certain educational attainment levels. As mentioned, those with lower education levels have higher

⁵¹ Oh, Young Sam, Eun Young Choi, and Young Sun Kim. “Predictors of Smartphone Uses for Health Information Seeking in the Korean Elderly.” *Social Work in Public Health* 33, no. 1 (2017): 43–54. <https://doi.org/10.1080/19371918.2017.1391150>.

depression levels and higher suicidal behaviors, which links mental health issues to acquiring health literacy. Kim et al. 2017' study supports this inference by finding a positive association between literacy, education, and mental health literacy. They found that mental health literacy rates were low among individuals with an elementary education compared to those with a college degree, and there was a positive association between general literacy rates (ability to read and write fluently) and mental health literacy³⁹. Another enlightening finding in this study was the positive correlation between social support, social network, and mental health literacy. As Korean elders receive approval and have a more significant network in society, it will increase their chances of becoming self-reliant individuals who can easily access health care information when needed and reduce their health and mental health risk factors while increasing their mental health care services utilization.

In terms of income level, these studies show that individuals with a higher income have higher education attainment, hence higher literacy rates. When broken down between genders, according to Lee et al., "all enabling factors (level of education, income, and having a consistent place to receive care) were associated with women's health literacy, whereas monthly income was the only enabling factor significantly associated with men's health literacy"⁴⁸. These findings make sense due to the positive correlation between income and depression/suicidal thoughts among older Korean men. As previously mentioned, Income and financial factors are the main factors that contribute to suicidal behaviors in men. Park and Moon's study further supports this, where they found "that the receipt of NBLS assistance (i.e., low financial status) was significantly associated with

suicidal thoughts among elderly men”⁵². Since the NBLS has a specific criterion to deem recipients eligible, being a male in South Korean society, and receiving government support, is a massive hit to their ego, self-esteem, and masculinity. Not to mention, recipients of NBLS assistance (47.2%) among elderly people in this study were more likely to report suicidal thoughts in the past year”⁵². As for the women from this study, those with higher education levels, higher monthly income, and access to medical care consistently had higher health literacy rates. In contrast, men with higher monthly income were the main factor associated with high literacy rates. This leads us to the need factors related to health literacy among the elderly community.

Need Factors

Need factors to consist of self-rated health status, several chronic diseases, depressive symptoms, and suicidal thoughts and behaviors. There are multiple ways to help increase the older age groups’ health knowledge and decrease their health risks due to health literacy or lack thereof. As we know, the Korean elderly population has lower educational attainment and health levels than younger people. This gap makes it harder for elders to adapt to new technology and medical advancements readily. As Oh et al. state, “many elderly experiences more difficulty in accessing health-related knowledge from online materials (e.g., medical reports) than younger adults. Also, they experience problems understanding medical jargon and statistics from their health professionals”⁵¹.

⁵² Park, Sang-Mi, and Sang-Sik Moon. “Elderly Koreans Who Consider Suicide: Role of Healthcare Use and Financial Status.” *Psychiatry Research* 244 (2016): 345–50.
<https://doi.org/10.1016/j.psychres.2016.04.055>.

Therefore, they claim that it is best to help elders get more familiar with technology (i.e., smartphones) to have more accessibility to their health information. The lack of understanding of online medical health care can be a supportive attribute to the results of Yi et al.'s study⁵³.

Yi et al.'s study researched the connection between age and sex and their vulnerability to copy-cat suicide. They found that females between 20-29 are the most vulnerable to committing a copycat suicide⁵³. According to several articles, copy-cat suicides are suicides that are modeled and occur after being exposed to another suicide, mainly celebrity suicides. Since elderly Koreans experience problems understanding health-related information, the jargon and verbatim used in the media about copy-cat suicides might not be fully understood by this age group, thus limiting their chances of copying other suicides. This does not necessarily mean that the elderly population will be more susceptible to copy-cat suicides if their online health literacy increases because, as Kim and Utz state, "Older people with low health literacy have demonstrated less information seeking behaviors using digital technologies or print materials compared to those with high health literacy"⁵⁴. This implies that as older Korean's health literacy increases, they will seek more health care information, become more informed, and not be swayed by the media. Suicide and mental health issues are very complex, and multiple

⁵³ Yi, Hahn, Jeongeun Hwang, Hyun-Jin Bae, and Namkug Kim. "Age and Sex Subgroups Vulnerable to Copycat Suicide: Evaluation of Nationwide Data in South Korea." *Scientific Reports* 9, no. 1 (2019). <https://doi.org/10.1038/s41598-019-53833-8>.

⁵⁴ Kim, Su Hyun, and Sonja Utz. "Association of Health Literacy with Health Information-Seeking Preference in Older People: A Correlational, Descriptive Study." *Nursing & Health Sciences* 20, no. 3 (2018): 355–60. <https://doi.org/10.1111/nhs.12413>.

factors affect this age group's suicidal thoughts and behaviors. For example, Park and Moon communicated in their study that "the sharp increase in suicide rates among older Korean people was caused by a combination of social and cultural factors, including a weakened social support network due to rapid urbanization and changes in family structure"⁵². The shift from extended family to a nuclear family due to modernization has affected how the elderly population has been treated and supported by their family members and society, increasing their loneliness, isolation, and depression rates. Therefore, if Korean older adults improve their health literacy, online navigation skill sets, and overall health status, it will decrease their health risk factors and vulnerability to a society where the elderly population has a precarious quality of life and care.

Among the need factors, depression levels and disability/chronic illness significantly correlated with health literacy across several studies (Kim et al. 2020, Rhee et al. 2016, Lee et al. 2017, Lee et al. 2014, Kim et al. 2017). These studies found that those who have reported high depression levels and high levels of disability or illness also had a low health literacy rate. Since having high literacy rates signifies the ability to ascertain certain diseases and seek preventive care and treatment for oneself, these findings are understandable. Based on another study, Kim et al. illustrated a positive correlation between depression and suicidal ideation among the elderly. Those with depression were six times more likely to have suicidal ideation than those who are not depressed³⁹. Mental health issues are critical to improving an individual's life span, especially those suffering from depression. According to Kim et al., Jung (2015)'s study showed that about 33% of Korean elderly experience depressive symptoms³⁹. To put it in a clearer perspective, one-

third of the elderly suffer from depression, making this a nationwide emergency. In addition, Park and Moon illustrate that 27.6% of the elderly reported having suicide ideation in 2015⁵². Therefore, 27.6% of the 33% of elders have suicidal ideation. This is a massive health crisis for this population, especially since South Korea has a very aged population. This would mean that the government, their families, and society, in general, need to support and accommodate these individuals. This exacerbates the need to implement programs and resources to help increase the utilization of health care and mental health care services among the Korean elderly. However, aside from the abovementioned factors, the COVID-19 pandemic took a toll on this population. Due to increased social distancing, mandatory quarantines, and fear of infection, health care utilization naturally decreased among all ages and sexes, especially older adults with underlying issues that come with old-age or prolonged illnesses⁵⁵. According to Park et al., health care facilities started to close their doors to limit disease transmission or to focus on only admitted/admitting COVID-19 patients, which decreased any desire to seek preventative care or treatment for mental or physical health issues⁵⁵. Therefore, it is necessary to investigate the changes that occurred towards Korean older adults during this turbulent time to see if they had a negative or any impact on receiving care and utilizing health care services, as well as to discover a difference between suicide and depression rates before and after the COVID-19 pandemic.

⁵⁵ Park, K., J. Byeon, Y. Yang, and H. Cho. "Healthcare Utilisation for Elderly People at the Onset of the COVID-19 Pandemic in South Korea." *BMC Geriatrics* 22, no. 1 (2022). <https://doi.org/10.1186/s12877-022-03085-5>.

COVID- 19 AND MENTAL HEALTH

The COVID-19 pandemic caused unexpected turmoil worldwide, increasing social distancing and limiting public space gatherings to avoid spreading infection. This has been a stressful and precarious time for everyone, especially among the older age groups, because they are the most vulnerable to this pandemic. According to the CDC, more than 80% of deaths were in patients aged 65 years old and above in 2020; strictly speaking, individuals in South Korea aged 60–69 years and 80 years and above have fatality rates of 3.6% and 18%, respectively, which are relatively higher than rates of other age groups⁵⁶ and the average age of deaths was 75.7 years, illustrating the positive association of mortality and age during the COVID-19 pandemic⁵⁷. Considering that elderly adults suffer from underlying medical conditions due to their age, such as cardiovascular disease, high blood pressure, and cancer, they are at a high risk of catching the infection, with low survival rates. Additionally, 50-75% of Koreans have some of these underlying conditions⁵⁶, creating increased fear, panic, and isolation among this age group.

Consequently, this age group requires more medical attention with increased doctor visits and prescription adherence. However, this becomes a difficult task because most businesses closed or had limited capacity/hours during the pandemic. With heightened fear and anxiety, Korean elders are too afraid to go to healthcare facilities. However, the Korean government implemented several contact-less strategies to address this issue, such as phone

⁵⁶ Kim, Sujin, and Jongnam Hwang. "Examining Risk Factors for Mental Health during the COVID-19 Pandemic—Focusing on Older Adults in South Korea." *International Journal of Public Health* 67 (2022). <https://doi.org/10.3389/ijph.2022.1604487>.

⁵⁷ Lee, Kunho, Goo-Churl Jeong, and JongEun Yim. "Consideration of the Psychological and Mental Health of the Elderly during COVID-19: A Theoretical Review." *International Journal of Environmental Research and Public Health* 17, no. 21 (2020): 8098. <https://doi.org/10.3390/ijerph17218098>.

consultations⁵⁸, which increased technology use. The elderly population is not technologically literate, making it more stressful to receive healthcare information. As contactless methods started to become the norm and technological utilization heightened, the older generation began to experience loneliness and isolation⁵⁶; the constant misinformation spreading on new channels and online forums also did not help their physical, mental, and emotional distress. As Hwang and Kim illustrate, the limited and poor understanding of healthcare needs was significantly associated with higher odds of unmet healthcare needs among this population⁵⁸.

Along with the lack of health care services utilization, physical activity, which has helped the older generation before the pandemic, has also affected their mental and physical health status. It is well known that a lack of social interaction and physical activity can be detrimental to an individual's quality of life, general health, and mental health, as noted in Kim et al.'s study. During the pandemic's peak, physical exercise was hard to accomplish because of the limited social gatherings/ activities and social distancing, unmotivating the elders from exercising altogether⁵⁹.

Nevertheless, "South Korea successfully lowered the number of new COVID-19 cases and maintained a low mortality rate through strong national response, despite registering the second highest number of cases worldwide during the early stages of the

⁵⁸ Hwang, Jongnam, and Sujin Kim. "How Do Perceptions of Public Health Measures Affect Experience of Unmet Healthcare Needs among Older Korean Adults during COVID-19 Pandemic?" *Preventive Medicine Reports* 26 (2022): 101735. <https://doi.org/10.1016/j.pmedr.2022.101735>.

⁵⁹ Kim, Juah, Yeonghun Kim, and Jiyeon Ha. "Changes in Daily Life during the COVID-19 Pandemic among South Korean Older Adults with Chronic Diseases: A Qualitative Study." *International Journal of Environmental Research and Public Health* 18, no. 13 (2021): 6781. <https://doi.org/10.3390/ijerph18136781>.

COVID-19 pandemic”⁵⁸. This is an incredible feat because limiting the widespread transmission occurred without a national lockdown⁵⁶, which is something that the U.S failed to do. However, the older generation did not have an outlet to express frustration and emotional stress with fellow neighbors and the community due to increased quarantine demands, limited social gatherings, and furloughs. In addition, COVID-19 caused limited opportunities for the elderly community to make an income. As mentioned, older adults in Korea lack opportunities to seek decent employment for various reasons, like ageism, which results in high depression and suicidal behavior. Due to this and the mandatory retirement policy, elders started to pick up precarious jobs such as collecting paper, cardboard boxes, and bottles off the street to make a living. However, COVID-19 caused stores to limit the amount of junk they produce and decreased the prices for the junk⁶⁰, causing this population the inability to make a living, which increases their depression and loneliness. This facilitates the dire need to understand COVID-19’s impact on the mental health of older adults in South Korea and approach prevention strategies and interventions in a way that will target specific age groups.

The effect that COVID-19 had on the elderly population has been researched through the interpersonal theory of suicide, coined by Thomas Joiner. This theory was developed to explain why suicidal behavior occurs among different individuals and what group is the most at risk⁶¹. It facilitates a deeper understanding of how “suicidal desire

⁶⁰ Choi, Alison. “How Covid-19 Is Affecting the Elderly in South Korea.” Borgen Magazine, November 19, 2020. <https://www.borgenmagazine.com/elderly-in-south-korea/>.

⁶¹ Joiner, Thomas. *Why People Die by Suicide*. Cambridge, MA: Harvard University Press, 2007.

emerges when individuals experience intractable feelings of perceived burdensomeness and thwarted belongingness, and that near-lethal or lethal suicidal behavior occurs in the presence of suicidal desire and capability for suicide”⁶². It is essential to identify specific factors that affect individuals with a solid suicidal desire and choose a high lethality method in a suicidal attempt with low chances of being rescued, as Lee et al.’s study deduced. They claim that low-rescue suicide attempts are related to a higher mortality rate⁶³, which low-rescue suicide attempts are not uncommon during a pandemic with nationwide quarantine demands and contact-less methods. As expected, Lee et al. found that COVID-19 is positively associated with low-rescue suicide attempts. According to Chu et al., thwarted belongingness is associated with self-perceived loneliness and a lack of care from family and friends. Perceived burdensomeness is related to social disconnection and believing that their death is worth more than their life to others⁵⁸. Figure 1 encapsulates the pathways of this theory and how it connects to an individual’s capability of attempting suicide, with a distinct focus on the lethality of such attempts and behaviors. The results yielded by Chu et al.’s study showcased that thwarted belongingness and perceived burdensomeness was significantly correlated with suicide ideation and risk. Therefore, the elderly population with an increased sense of thwarted belongingness and perceived burdensomeness were at

⁶² Chu, Carol, Jennifer M. Buchman-Schmitt, Ian H. Stanley, Melanie A. Hom, Raymond P. Tucker, Christopher R. Hagan, Megan L. Rogers, et al. “The Interpersonal Theory of Suicide: A Systematic Review and Meta-Analysis of a Decade of Cross-National Research.” *Psychological Bulletin* 143, no. 12 (2017): 1313–45. <https://doi.org/10.1037/bul0000123>.

⁶³ Lee, Juneyoung, Daehee Kim, Woon Jeong Lee, Seon Hee Woo, Sikyoung Jeong, and Seong Hee Kim. “Association of the COVID-19 Pandemic and Low-Rescue Suicide Attempts in Patients Visiting the Emergency Department after Attempting Suicide.” *Journal of Korean Medical Science* 36, no. 34 (2021). <https://doi.org/10.3346/jkms.2021.36.e243>.

a higher risk of experiencing suicide ideation and potentially acting upon those thoughts. A key point in this theory that is not often expanded within other studies is the significance of the feeling of hopelessness that emulates a combination of thwarted belongingness and perceived burdensomeness. Therefore, feeling like one is alone and a burden to society and familial relations increases the feeling of hopelessness, which in turn increases the levels of suicide ideation and completion. On that account, this theory can be used to understand COVID-19 and its impact on the mental health of the elderly population. According to Oh et al., the COVID-19 pandemic was significantly associated with the risk of depressive disorder, in their study, as well as depressive symptoms in older adults, with older adults who had a low frequency of family gatherings being at a higher risk of depression⁶⁴.

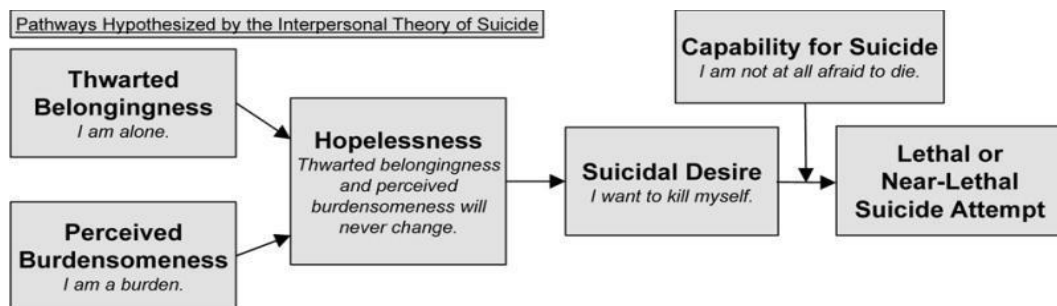


Figure 2: The interpersonal Theory of Suicide framework adapted by Chu et al. (2017).

⁶⁴ Oh, Dae Jong, Hee Won Yang, Seung Wan Suh, Seonjeong Byun, Tae Hui Kim, Kyung Phil Kwak, Bong Jo Kim, et al. "The Impact of the COVID-19 Pandemic on Depression in Community-Dwelling Older Adults: A Prospective Cohort Study." Cambridge Core. Cambridge University Press, December 9, 2021. <https://www.cambridge.org/core/journals/psychological-medicine/article/abs/impact-of-the-covid19-pandemic-on-depression-in-communitydwelling-older-adults-a-prospective-cohort-study/7D1726EFFA165CCC3F6A737F55DCD4D2>.

According to Kim and Hwang, there are several reasons why COVID-19 could negatively impact older adults in Korea. They mention that fear of contracting the virus, limitation of social interactions due to social distancing, disruption of economic stability, and the rapid spread of misinformation were the key reasons for the older generation's negative impact during the pandemic⁶⁵. The study yielded that the older adults with a decent understanding of the COVID-19 health measures put in place were at lower risk of experiencing mental health problems such as depression, loneliness, tension, anxiety, and sleep issues⁶⁵. Other studies have yielded the same results and have found that undergoing quarantine and self-isolation, regardless of sociodemographic factors, had higher chances of experiencing depression and higher levels of depressive symptoms⁶⁶. However, as noted in previous sections, the elderly population was experiencing these factors well before the pandemic due to the societal transition from an agrarian to an industrialized society. This shows that mental and physical wellness among the Korean elderly population is a public health concern before and after the pandemic.

Contrary to popular belief, several studies have found no significant difference between suicide ideation and suicide completion rates before and after COVID-19⁶⁷. This

⁶⁵ Yoon, Sukyung, and Soochan Choi. "Stress-Related to Covid-19, Anxiety, and Protective Factors among Middle-Aged and Older Adults in the Largest Outbreak Areas in South Korea." *Aging & Mental Health*, 2021, 1–10. <https://doi.org/10.1080/13607863.2021.2017850>.

⁶⁶ Kim, Yongjoo, Hye-Young Kwon, Seungyoung Lee, and Chang-Bo Kim. "Depression during COVID-19 Quarantine in South Korea: A Propensity Score-Matched Analysis." *Frontiers in Public Health* 9 (2022). <https://doi.org/10.3389/fpubh.2021.743625>.

⁶⁷ Kim, Agnus M. "The Short-Term Impact of the COVID-19 Outbreak on Suicides in Korea." *Psychiatry Research* 295 (2021): 113632. <https://doi.org/10.1016/j.psychres.2020.113632>; Ryu, So Im, Yeon-Hwan Park, Jinhyun Park, Iksoo Huh, Sun Ju Chang, Soong-Nang Jang, and Eun-Young Noh. "Impact of COVID-19 on the Social Relationships and Mental Health of Older Adults Living Alone: A Two-Year Prospective Cohort Study." *PLOS ONE*, 2022. <https://doi.org/https://doi.org/10.1371/journal.pone.0270260>; Kim, Min-Jung, So-Hyun Paek, Jae-Hyun

is an exciting find because, considering the data on the factors that trigger suicidal behavior among older adults in Korea, one can see that an increased feeling of burden, isolation, stress, depression, and anxiety significantly affects suicidal behavior. Considering that these factors are highly heightened during the pandemic due to social distancing and the heavy need to limit infection transmission, one would assume that the suicidal behaviors among this population would skyrocket. Kim puts this find into perspective and notes that the number of suicides in the first eight months decreased by 6.9% in the first eight months of 2020, with a gender difference of male suicides reducing by 10.1% and females increasing by 1.4%⁶⁴. This correlates with the findings from Kim et al.'s study, showcasing a 3.8% increase among female patients after the pandemic. However, differentiating between age groups, the 65+ age group's suicide rates increased by 12.5%⁶⁶. These results relay essential information about the impact of COVID-19 on this population, but the small sample is a sizeable limitation in these studies. However, Ryu et al. believe that the subtle change in overall suicide rates before and after the pandemic can be attributed to the increased social support and familial interaction that occurred during this time, causing such negative feelings to decrease as family members improve their safety checks and share medical and health information⁶⁴; this was also an exciting find because this study yielded results that contradict with previous studies.

Future research should focus on the mental health effects among the older generation in Korea before and after COVID-19 with a more scalable approach to gather

Kwon, Soo-Hyun Park, Hyun-Jung Chung, and Young-Hoon Byun. "Changes in Suicide Rate and Characteristics According to Age of Suicide Attempters before and after Covid-19." *Children* 9, no. 2 (2022): 151. <https://doi.org/10.3390/children9020151>.

more willing participants; perhaps considering age, geographic location, and marital status might be significant factors to consider. Due to the rapid increase in mortality and infection rates among all age groups, the COVID-19 pandemic has raised ethical debates on which age group (s) should be treated first. Many believe that children are the future; does that entail being treated first in an emergency? As Sarangi et al. argue, these ethical situations during the pandemic cause a disparity in health services accessibility among the younger and older age groups and can potentially cause neurological, immunological, and health issues due to stress triggered by COVID-19⁶⁸. That being the case, as one considers the increased societal precariousness, mental health issues, and age-induced illnesses, the topic of Euthanasia and assisted suicide should be considered and evaluated for the elderly population aged 65+ in South Korea.

EUTHANASIA AND DYING WITH DIGNITY

Dying with dignity or Euthanasia are both end-of-life treatment options that are not readily available in most countries. The term ‘dying with dignity’ entails having the terminally ill patient choose the way they wish to die based on their values and beliefs⁶⁹, this includes signing a do not resuscitate form and/or refusing life-sustaining treatments, such as a ventilator. The term euthanasia, on the other hand, refers to purposefully ending a life to relieve them of pain and suffering. According to the American Medical Association, Euthanasia is the administration of a lethal dose of a highly potent medication

⁶⁸ Sarangi, Ashish, Sozan Fares, and Noha Eskander. “Suicide Trends in the Elderly during the Ongoing COVID-19 Pandemic- a Public Health Urgency.” *The Southwest Respiratory and Critical Care Chronicles* 9, no. 40 (2021): 31–36. <https://doi.org/10.12746/swrccc.v9i40.865>.

⁶⁹ “About.” *Death With Dignity*, July 11, 2022. <https://deathwithdignity.org/about/>.

by another person, usually a medical professional; it is an umbrella term comprised of voluntary (patient provides consent), non-voluntary (patient is unresponsive, and cannot provide consent), involuntary (patient did not provide consent and is forced), and physician-assisted (physician providing necessary mean and information for the patients to administer themselves)⁷⁰⁷¹. The legality of this end-of-life (EOL) treatment option varies by country. In South Korea, euthanasia is still illegal, but dying with dignity became legal in 2018 with the implementation of the Well-Dying law by the Korean government; this law enables terminally ill patients to refuse futile life-sustaining treatment to ensure a good quality of death⁷². This law was implemented mainly due to the incident that occurred in 2009, where the family of an older vegetative patient wanted to turn off the ventilator, causing this case to go up to the supreme court, which ruled in favor of the right to die with dignity⁷² with the agreement between family members or a written advanced directive by the patient⁷³. According to a Korean media outlet, 1,210,953 people had written such advanced directives, and there were more than 200,000 cases of suspension or reservation of life-sustaining treatment since the law passed. In addition, the Ministry of Health and Welfare surveyed 9,930 people over 65 years of age and found that 85.6% said they were

⁷⁰ “Physician-Assisted Suicide.” American Medical Association. Accessed July 18, 2022.

<https://www.ama-assn.org/delivering-care/ethics/physician-assisted-suicide>.

⁷¹ “Euthanasia.” American Medical Association. Accessed July 18, 2022. <https://www.ama-assn.org/delivering-care/ethics/euthanasia>.

⁷² Lee, Ye Jin, Soyeon Ahn, Jun Yeun Cho, Tae Yun Park, Seo Young Yun, Junghyun Kim, Jee-Min Kim, et al. “Change in Perception of the Quality of Death in the Intensive Care Unit by Healthcare Workers Associated with the Implementation of the ‘Well-Dying Law.’” *Intensive Care Medicine* 48, no. 3 (2022): 281–89. <https://doi.org/10.1007/s00134-021-06597-7>.

⁷³ Yun, Hye-in, and Jeongwon Lim. “Korea Still at the start of the Road to Dying Well.” *Korea JoongAng Daily*. April 7, 2022. <https://koreajoongangdaily.joins.com/2022/04/07/national/socialAffairs/assisted-suicide-death-advanced-directive/20220407183631850.html>.

against life-sustaining treatments, and 90.5% agreed that dying without physical and mental pain was important⁷³. In addition, Lee et al.'s study focused on the quality of death in the ICU before and after this law was passed using the Quality of Dying and Death (QODD) questionnaire, and they found the overall QODD increased after the law passed (36.9 vs. 31.3); however, the QODD score is still considerably lower in Korea than some western countries, such as the United States and the Netherlands (60-70)⁷². Overall, the Well-Dying law positively affected the quality of death in the ICU and improved the ethical and legal issues associated with life-sustaining withdrawal⁷². The turnout after the law was passed shows that the elderly population wishes to have autonomy over the way they choose to go and prefers a peaceful, potentially painless, death. Therefore, it is necessary to investigate further the factors associated with seeking out EOL options and how they differ from individual suicide acts.

According to another Korean news outlet, Professor Yoon Young-ho from Seoul National University Hospital conducted a survey seeking the opinions of 1,000 19 years of age and over individuals on how they feel about euthanasia or physician-assisted euthanasia. An outstanding 76.3% approved of such methods due to the meaninglessness of life extension (30.8 percent), patient's right to have a death with dignity (26 percent), alleviation of pain (20.6 percent), family suffering (14.8 percent), alleviating social burdens, such as medical expenses and care (4.6 percent), euthanasia or doctor-assisted suicide does not violate human rights (3.1 percent). In contrast, 23.7 percent opposed due to respect for life (44.3 percent), infringement on the right to self-determination (15.6 percent), the risk of abusing the system (13.1 percent), violating human rights (12.2

percent), the possibility of doctors' misdiagnosis (9.7 percent), recoverability (5.1 percent)⁷⁴. A study by Yun et al. (2022) supports the findings of Professor Yoon Young-ho's survey, where 76.4% of their participants favored euthanasia and physician-assisted methods for the same reasons mentioned above⁷⁵. This study also found that those who agree with the legalization of such practices were due to the subpar palliative care for the elderly. Such care is mainly restricted to cancer patients in Korea.

The older generation with physical and mental pain usually prefer a simple and easy way out without the impenetrable red tape stemming from the governmental ignorance of this social concern. This may be why Korean older adults lean on suicidal methods since it is difficult to die with dignity and without external resistance. So, the question would be if South Koreans would consent to a euthanasia program facilitated by the government to effectively support the individuals who wish to pass away pain-free and hassle-free. This idea originated from the Japanese film director Chie Hayakawa, who directed her new film "Plan 75," showcased a world where the Japanese government implemented a euthanasia program for individuals 75 years of age and older. In a New York Times interview, Hayakawa stated that during her research for the film, most people supported such a program because the elderly population does not want to be a burden to their families or

⁷⁴ Han-soo, Lee. "Nearly 8 in 10 Koreans Support Legalizing Euthanasia, Doctor-Assisted Suicide." KBR, May 24, 2022. <http://www.koreabiomed.com/news/articleView.html?idxno=13747>.

⁷⁵ Yun, Young Ho, Jin-ah Sim, Yeani Choi, and Hyejeong Yoon. "Attitudes toward the Legalization of Euthanasia or Physician-Assisted Suicide in South Korea: A Cross-Sectional Survey." *International Journal of Environmental Research and Public Health* 19, no. 9 (2022): 5183. <https://doi.org/10.3390/ijerph19095183>.

society⁷⁶. Although this film is based on Japanese culture and its societal issues, South Korean and Japanese organizations are very similar in terms of having a very aged population and high suicide rates. Therefore, if a hypothetical euthanasia program exhibits interested participants in Japan, one can infer that it might also be positively accepted in South Korea. However, for this program to be successful once implemented, South Korean society needs to be more desensitized to the prevalence of mental health issues and their related factors. Therefore, it is vital to alleviate such strong feelings of depression, loneliness, isolation, and lack of social support before tackling the issue of legalizing euthanasia or physician-assisted methods. However, South Korean society is slowly getting accustomed to the problems occurring mainly in the elderly population because non-profit organizations are advocating for these individuals and creating programs to help them integrate within society and in their end-of-life. For example, Hyowon Healing Center in Seoul, South Korea, offers a free “living funeral” program where people sign up and go through a healing experience by witnessing their death to improve their current lives⁷⁷. This will give individuals a new outlook on life once they have experienced their moment of death; through this bleak and controversial method, light, and hope surface within them. South Korean society is still not fully equipped to establish a well-dying culture and accurately depict those who seek EOL treatments and those who seek suicidal behaviors

⁷⁶ Rich, Motoko. “A Filmmaker Imagines a Japan Where the Elderly Volunteer to Die.” The New York Times. The New York Times, June 17, 2022. <https://www.nytimes.com/2022/06/17/world/asia/japan-plan75-hayakawa-chie.html>.

⁷⁷ Kim, Daewoung, and Youngseo Choi. “Dying for a Better Life: South Koreans Fake Their Funerals for Life Lessons.” Reuters. Thomson Reuters, November 6, 2019. <https://www.reuters.com/article/us-southkorea-livingfunerals/dying-for-a-better-life-south-koreans-fake-their-funerals-for-life-lessons-idUSKBN1XG038>.

and the guiding factor behind such thoughts. Further research would have to dive deeper is such differentiation between suicidal behaviors and the other end-of-life alternatives.

CONCLUSION

Health and mental health care are vital to maintaining a good quality of life. This chapter thus far has analyzed a variety of scholarships that have researched the quality of care among the elderly population. This paper concluded that health literacy, the COVID-19 pandemic, and End-of-Life treatment options had impacted the prevalence of depression, loneliness levels, social support, and stress levels, which all lead to suicidal thoughts and behaviors. A higher literacy rate among the old-age groups (specifically, high-income, physically healthy, educated women) equates to increased chances of healthcare services utilization, increased levels of prescription adherence, higher self-rated health status, and lower depression and suicide rates. In terms of the impact COVID-19 had on this population, the pandemic did not have a significant association with suicide rates. Instead, some rates lowered during that time. Many attribute this to the increased need for self-checkups and spreading of health information to illiterate people. As for end-of-life care, the Korean population had positive responses to euthanasia, physician-assisted methods, and dying with dignity for end-of-life treatments, which facilitates the avenues of an open discussion about who has the right to die. Many individuals in this age group prefer to die with dignity and not with life-sustaining therapies. Therefore, initiatives to improve quality of care and end-of-life care should be at the forefront of suicide prevention

programs and strategies to improve the overall quality of life and decrease the mental health issues among the elderly population.

CHAPTER FOUR: NEIGHBORHOOD AND ENVIRONMENTAL CONDITIONS

Despite South Korea mainly becoming an urban society, there are several substantial differences related to the heightened mental health issues occurring within the elderly Korean population, specifically between the urban and rural spaces. In addition, the living arrangements within this population contributed to the high levels of suicidal behaviors, making it a notable factor to analyze within the premises of suicidal behaviors. Unfortunately, a finite number of studies investigate the link between urbanicity and mental health among this population. Therefore, it is relevant and essential to explore the environmental conditions that the older generation mostly spends their time in, to facilitate a better understanding of its association to the suicide rates and mental health issues among this population. The primary purpose is to establish the association between suicidal behaviors (increased stress, depression, loneliness, decreased physical activity) and the neighborhood conditions (Rural vs. Urban living) while acknowledging additional environmental contributions (living arrangements) attributing to the heightened suicidal behaviors among the elderly population.

Several studies have found that rural suicides and suicide ideation among older men with a lower socioeconomic status were higher than those in urban areas of South Korea⁷⁸. In terms of monthly distributions of suicides and suicide methods, Park and Lester's study illustrated those urban suicides peak in March while rural suicides peak in May⁷⁸. However,

⁷⁸ Park, B. C., and David Lester. "Rural and Urban Suicide in South Korea." *Psychological Reports* 111, no. 2 (2012): 495–97. <https://doi.org/10.2466/12.17.pr0.111.5.495-497>; Cheong, Kyu-Seok, Min-Hyeok Choi, Byung-Mann Cho, Tae-Ho Yoon, Chang-Hun Kim, Yu-Mi Kim, and In-Kyung Hwang. "Suicide Rate Differences by Sex, Age, and Urbanicity, and Related Regional Factors in Korea." *Journal of Preventive Medicine & Public Health* 45, no. 2 (2012): 70–77. <https://doi.org/10.3961/jpmph.2012.45.2.70>; Park, Eunok, and Hyo Young Lee. "Urban and Rural Differences in Suicidal Ideation and Associated Factors among Older Koreans: Results from the Korean National Survey 2012–2013." *Current Psychology*, 2021. <https://doi.org/10.1007/s12144-021-01962-7>.

further research is needed to pinpoint the reason behind this significance. They also found that hanging and jumping suicide methods were more prevalent in the urban regions (48% vs. 28% and 15% vs. 4%, respectively). Methods such as pesticide or other chemicals (i.e., fertilizers) poisoning were more prevalent in rural areas than in urban areas (61% vs. 27.1%, respectively)⁷⁸. This can be attributed to the availability of such methods in their respected geographic locations. For example, pesticides and other chemicals are more readily found in the rural regions of Korea. In contrast, hanging and jumping can be due to the vast number of high-rise buildings and bridges in urban areas. However, besides the difference between demographics and suicide methods within this dual space, the distinction between urban and rural regions within existing living arrangements and their impact on suicidal behaviors is complex and needs a deeper dive.

Surprisingly, in a few studies, suicide ideation didn't significantly differ between rural and urban areas. Although the suicide completion and suicide ideation rates were overall higher in the rural areas, the metropolitan regions exhibited more factors related to suicide ideation than the rural population, such as stress levels **Error! Bookmark not defined..** This is an exciting finding because rural areas tend to showcase higher loneliness and depression levels due to the isolation factors that frequently occur in rural environments. However, Park and Lee mentioned that the reason might be due to the familiarity and camaraderie between neighbors in rural settings, increasing their solidarity and social support⁷⁸. In contrast, urban environments have lower social support and solidarity, involving more of an individualistic approach to social issues, improving the elderly's isolation and precariousness. This possibility is more in line with the findings from several other studies that have found a higher suicide rate among individuals in urban

areas⁷⁹⁸⁰. Chan et al.'s study found that the reason for higher rates in urban areas might be attributed to Korean society turning away from family-based agricultural work and the working-age population's preference for moving to the urban side of town to increase employment visibility and a higher socioeconomic status⁸⁰. Thus, growing socioeconomic inequalities and social isolation in urban populations lead to higher suicide rates and ideation, as Jang et al. speculated⁷⁹. Nevertheless, Jang et al. and Chan et al.'s study encompassed the Korean population. They didn't specifically conduct their research with only individuals 60 years of age and older, which may contribute to their findings resulting in higher suicide rates in the urban areas rather than rural areas (considering that younger age groups are more likely to coincide with urban environments than rural).

In contrast, Chan et al.'s study also found a positive association between urbanicity and lower suicide rates among those over 60 years old from 1992-1996, but there was a dramatic change where rural areas surpassed the suicide rates of the urban areas in 2008-2012⁸⁰; more research needs to be conducted to make out the main reason for this finding. However, if one had to speculate, it would be related to previous factors—diminishing Confucian values, increasing individualistic tendencies, and effects of industrialization in rural environments. The difference between the number of elderly suicides in the rural versus urban regions is further supported by Park, and Lester's studies, which found that 47.3% of rural suicides were of 60+ years old and 34.1% of the urban suicides were of this age group⁷⁸. Almost half of the households headed by older people, concentrated in rural areas, are in poverty⁸⁰, where economic disparities (about environmental conditions and

⁷⁹ Jang, Hyemin, Whanhee Lee, Yong-ook Kim, and Ho Kim. "Suicide Rate and Social Environment Characteristics in South Korea: The Roles of Socioeconomic, Demographic, Urbanicity, General Health Behaviors, and Other Environmental Factors on Suicide Rate." *BMC Public Health* 22, no. 1 (2022). <https://doi.org/10.1186/s12889-022-12843-4>.

⁸⁰ Chan, Chee Hon, Eric D Caine, Sungeun You, and Paul Siu Yip. "Changes in South Korean Urbanicity and Suicide Rates, 1992 to 2012." *BMJ Open* 5, no. 12 (2015). <https://doi.org/10.1136/bmjopen-2015-009451>.

age groups) come into play. These findings align with most scholars in the suicidology field; older adult men who live alone tend to be at a higher risk of suicide ideation and its related factors.

Aside from rural and urban significance in suicidal behaviors, a few studies found living arrangements to have a significant association. Regardless of sex, older single individuals living alone and with others were at a higher risk of undertaking suicidal behaviors such as suicidal thoughts and depression⁸¹. Additionally, Kim et al. found that married men living with others without children and single men living with children were more likely to think about suicide. Living with only a spouse seemed to reduce suicidal thoughts and ideation for both men and women⁸¹. These findings are consistent factors associated with increased levels of depression and loneliness, which causes individuals to have suicidal thoughts and attempts, thus decreasing their health status. As Sok et al. mention, poor health status reduces physical activity in older adults⁸¹, affecting their mental health and quality of life negatively. These studies also found that if elderly individuals have social support and community engagement, there is a higher chance that they will not pursue any suicidal behaviors. Because of this, it is not surprising that Sok et al. found a positive correlation between older adults in group homes versus living alone in their household and depression levels. This study found that those living alone had much higher levels of depression (48.43) compared to those who lived in a group home (40.80). Granted, sometimes a group home environment might not be for everyone and might even increase

⁸¹ Kim, Jibum, Yun-Suk Lee, and Jinkook Lee. "Living Arrangements and Suicidal Ideation among the Korean Older Adults." *Aging & Mental Health* 20, no. 12 (2015): 1305–13. <https://doi.org/10.1080/13607863.2015.1078280>; Park, Sojung, and Sangchul Lee. "Age-Friendly Environments and Life Satisfaction among South Korean Elders: Person–Environment Fit Perspective." *Aging & Mental Health* 21, no. 7 (2016): 693–702. <https://doi.org/10.1080/13607863.2016.1154011>; SOK, Sohyune R., Bo Kyeong CHEON, Min Kyung GU, and Ok Sun KIM. "Comparisons of Health Promoting Behavior, Depression, and Life Satisfaction between Older Adults in Rural Areas in South Korea Living in Group Homes and at Home." *Journal of Nursing Research* 27, no. 3 (2019). <https://doi.org/10.1097/jnr.0000000000000290>.

their depression levels and suicidal behaviors, but it varies from individual to individual and their situation at the time of enrollment (i.e., involuntarily admitted, independently volunteered, support family outside the group home, etc.). Lastly, Sok et al. state, “therefore, older adults living in group homes are in a much better position to develop a base of support through interactions with fellow residents and to improve self-esteem and their health-promoting behaviors through information sharing⁸¹.”

In comparison, living alone might not have the same accessibility to a sound support system, increasing their loneliness and depression. Park and Lee also found that older adults living alone with high poverty levels are more likely to achieve a better quality of life and happiness when they have more social support in physical and social environments **Error! Bookmark not defined.** This proves that older adults excel in a community-based environment where they can interact with peers and remain active, thus increasing their quality of life and decreasing depression, isolation, loneliness, and suicidal thoughts.

In conclusion, suicidal behaviors and living arrangements were significantly associated with rural versus urban living conditions. In rural regions, older men who live alone or with children in their households and have low socioeconomic status were significant predictors of higher stress levels, depression, loneliness, and decreased physical activity, which leads to higher suicidal rates. In urban regions, older individuals (regardless of sex) who live with just a spouse or in a group home, have higher educational attainment, a higher socioeconomic status, and have social support are less likely to experience the same suicidal behaviors, thus decreasing the suicide rates. Future studies and suicide prevention programs should focus on implementing elderly programs that help them navigate society by reducing the economic, education, health care accessibility, and environmental disparities among the South Korean elderly population.

CONCLUSION: FUTURE RESEARCH AND POTENTIAL PREVENTION STRATEGY RECOMMENDATIONS

Amid South Korea's rapid economic growth and modernization, the gap between the younger and older generation is becoming more and more expansive, creating a deep disparity within the social determinants of health space. To recap, the social determinants of health (economic instability, education inaccessibility and inequality, health care inaccessibility and inequality, and neighborhood and environmental conditions) are important in any society because it has a major impact on the health and quality-of-life outcomes of an individual, through the analysis of the everyday social and environmental conditions. These determinants are even more impactful to the lives of the vulnerable population, such as the elderly, because they have experienced a precarious social and personal lifestyle their whole lives. Therefore, the reason behind focusing on the older adults from 60 years old and above, instead of other age groups, is solely because this age group has the highest suicide rates within South Korea, making it the highest contributing group to the overall high suicide rates of the country. In addition, Korea has very low fertility rates and high life expectancy rates, skewing the nation's average population age, which is making the Korean population very aged. The aim of this study was to examine the impact of social determinants of health among the elderly population through the lens of suicide and determine how it affects their quality of life.

This study has found that older Korean men who have experience economic disparities, live in rural areas, experience substance use, have lower educational attainment, and live alone tend to have lower mental and general health literacy, higher depression levels, and higher loneliness levels. Thus, resulting in higher suicide lethality rates and higher suicide completion rates. In terms of suicide methods, they tended to favor hanging

as their preferred method of committing suicide, compared to the U.S, where American older white men preferred a gun to complete the act. For women, household dynamics and their health are the main factors that contribute to their suicidal behaviors, but the attempts are less lethal, so Korean elderly women have lower completion rates. The social determinants of health that greatly affects the prevalence of suicidal behaviors among the Korean older aged groups are economic instability and healthcare inaccessibility. Within the economic instability sector, the main component was age discrimination and disparity between age groups such as, lack of job opportunities, workplace age restrictions, and mandatory retirement for the old-age population compared to the younger working people. This determinant had a positive correlation with suicide rates among elderly men rather than women because of the traditional gender roles in a household.

In terms of the healthcare determinant, the main component was health literacy and how literacy levels affect older adults from healthcare services utilization and treatment prevention. A higher literacy rate among the old-age groups (specifically, high-income, physically healthy, educated women) equates to increased chances of healthcare services utilization, increased levels of prescription adherence, higher self-rated health status, and lower depression and suicide rates. One surprising find was the minimal impact COVID-19 had on this population. According to several studies, the pandemic did not have a significant association with suicide rates, which can be surprising given that the general population tend to experience isolation and higher loneliness levels during quarantine, resulting higher suicidal behaviors. As for end-of-life treatments, the Korean population had positive responses to euthanasia, physician-assisted methods, and dying with dignity.

Based on these findings, this paper recommends that further studies conduct research to reduce the health determinants and support long-term solutions that can decrease the age disparity, while encouraging its citizens to remain engaged and active in

society. In terms of suicide prevention programs, government services and support groups should focus on implementing elderly programs that help them navigate society by reducing the economic, education, health care accessibility, health literacy and environmental disparities among the South Korean elderly population. In addition, initiatives to improve quality of care and end-of-life care should be at the forefront of suicide prevention programs and strategies to improve the overall quality of life and decrease the mental health issues among the elderly population. Acknowledging the social determinants of health as factors that contribute to the issues that the elders face today can help develop better community support groups and mental health support in all provinces in South Korea that can help all communities regardless of sociodemographic and economic factors.

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