



# Reconciling Tradition and Modernity: Addressing Dementia Care Challenges in South Korea's Aging Society

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**Abstract**— South Korea is rapidly transitioning into a super-aged society, with citizens over 65 projected to compose 20 percent of the population by 2025 and 37 percent by 2045. The exponentially increasing senior population has intensified the prevalence of dementia, creating significant challenges for caregivers and exposing the deficiencies of the elderly care system. Despite government initiatives such as the National Dementia Plan and the Dementia Responsibility System, issues like inadequate infrastructure, insufficient caregiver support, and a growing number of elderly individuals living alone continue to threaten the nation's growing senior population. This paper examines the underlying causes of these challenges by tracing the societal shift from Confucian filial piety to modern individualism. Historically deeply rooted in family obligations, South Korean society struggles to reconcile traditional values with a more contemporary lifestyle, introducing a societal problem referred to as *Shingoryeo jang*, modern elder abandonment. This paper explores the shortcomings of the current policies and contrasts South Korea's approach with successful dementia care models in countries such as the United States. Reviewing the policies, the paper provides a recommendation for future steps: to prioritize dementia as a primary public health issue, address end-of-life care gaps, and adopt a balanced framework for care interventions. By facing and embracing the reality of modern individualism in South Korea, the country can foster systematic improvements to support its aging population and mitigate issues stemming from dementia.

**Keywords**— Dementia, filial piety, public health, South Korea, super-aged.

## I. INTRODUCTION

South Korea is facing a demographic crisis, with seniors aged 65 and above making up 17.5 percent of the population, a figure expected to reach 20 percent by 2025, marking the nation's entry into a super-aging society. By 2045, South Korea is projected to have the world's most-aged population. This rapid increase in the senior population has brought about diverse social and health concerns with the most prominent being dementia. The rising number of dementia patients in proportion to the senior population has burdened caregivers lacking sufficient government support. Struggling to cope, many caregiver families abandon their dementia patients in public facilities ill-equipped to provide proper care. Despite government efforts to improve the lives of dementia patients by establishing national policies and responsibility systems, stories of elderly individuals left to navigate unfamiliar and often harsh environments alone are becoming disturbingly common. In response to these issues, this paper aims to investigate the causes behind this nationwide crisis to guide the government's future steps.

Beginning with an analysis of the Korean government's past and current efforts to improve the national dementia responsibility system, the paper delves deeper into the shortcomings of dementia treatment in South Korean



society. In examining its causes, the paper traces back to earlier civilizations of South Korea, in which filial piety was a fundamental value. The paper contrasts the heavily Confucianist society of the past with the shifting landscape of Korean society into an individualistic society, and how it transformed care for elderly dementia patients. South Korean society's deep-rooted filial culture, emphasizing filial duty and collective responsibility, hampers the transition to an individualistic approach, resulting in inadequate dementia care that fails to address the needs of individuals in a more modern, individualistic context. This paper ends with a set of suggestions that the Korean government can follow to improve its national dementia responsibility system.

## II. BACKGROUND

### *i. South Korea's Dementia Policy*

A significant milestone in South Korea's dementia policy occurred in 2008 when the government launched the Dementia Management Comprehensive Plan. This plan had four primary objectives: early detection of dementia, comprehensive and systematic dementia management, establishing effective infrastructure, and reducing the burden of supporting dementia patients while improving negative perceptions. The plan was divided into goals referred to as Dementia Comprehensive Management Measures (2008-2012), the Second National Dementia Plan (2013-2015), the Third National Dementia Plan (2016-2020), and the Fourth National Dementia Plan (2021-2025). Each stage targeted different goals to incrementally improve the nation's dementia and elderly care system.

However, despite the government's efforts and systematic approach, significant gaps still existed, and the plan fell short of adequately easing the burden on families and caregivers. Acknowledging the complexity of dementia management and the need for comprehensive support, the government introduced the Dementia National Responsibility System in 2017 as a part of the ongoing national dementia plan. This initiative served as a source of support for dementia patients and their caregivers by promoting social awareness and expanding protective measures. Its key components included the nationwide expansion of dementia relief centers, the establishment of dementia relief hospitals, and the reduction of the financial burden from medical and long-term care expenses. The policy successfully increased public awareness of dementia and significantly lowered patient medical costs, reducing out-of-pocket expenses from 60 percent to just 10 percent.

Yet, the national dementia plan seems to have backfired. Despite South Korea being praised for its swift implementation of early-stage dementia prevention policies, the nation now faces another pressing issue: the growing number of elderly individuals living alone. Currently, 21 percent of the senior population—approximately 2 million people—live by themselves, and this figure continues to rise. The national dementia plan, which relies heavily on government medical resources and institutions to provide a significant portion of patient care, may have inadvertently led to the misconception that the state would take full responsibility for elderly individuals with dementia. This misunderstanding is particularly problematic given the plan's inherent flaws. Managed by the Ministry of Health, the project enforces standardized direct management across 252 regions in South Korea, which stifles effective public-private cooperation with private medical institutions. Such cooperation is crucial, however, to ensuring that an adequate number of medical personnel are available at dementia care centers. Without such cooperation, issues such as limited manpower, miscommunication, and inefficient collaboration arise, ultimately hindering effective treatment. This misguided overreliance on state care has led South Korean adults to place their



parents in nursing homes or government facilities, despite these institutions often falling short of providing sufficient care. Within a year, the number of senior centers had increased 17.2% from 2023 to 2024. As a result, the very system designed to help vulnerable dementia patients has instead contributed to their isolation and inadequate treatment.

### ***ii. Comparative evaluations of dementia care across nations***

In contrast to the growing concerns about South Korea's national dementia plan, the United States has demonstrated considerable success in maintaining the healthy lives of both dementia patients and their caregivers by providing sufficient resources for elders and their families. Overall, the US has a higher financial input per capita in their elderly care and, as a result, was able to create a monitoring system for patients with dementia. The US's elderly care is especially superior in End-of-Life(EOL) care for dementia patients and the training of caregivers; while the US has educational resources for EOL care for caregivers at home, South Korea does not have a sufficient and efficient education system. The United States took a monumental step in 2000 by establishing the National Family Caregiver Support Program (NFCSP) to alleviate the burdens of caregivers and promote lasting care in the home environment. The program is dedicated to reducing the psychological strain on families and volunteers who care for the elderly at home and to support long-term care by offering information sessions, counseling, education and training, and rest. Notably, the NFCSP extensively supports not only the blood-related family of the elderly but also anyone providing care (such as unofficial caregivers or volunteers). Furthermore, the United States has various organizations for caregiver and elderly support including the Family Caregiver Alliance (FCA), National Center on Caregiving (NCC), National Alliance for Caregiving (NAC), Generations United, and Eldercare Locator.

Interestingly enough, the strong individualistic society of the United States provides a better care system for elders than a strong Confucianist society like South Korea. In the US, the government is actively funding the development of an efficient caregiver program, which will be assessed using randomized control trials(RCT). On the other hand, even with the presence of the National Dementia Plan, most dementia patients in South Korea are being taken care of by family members. Family members suffer from difficulty and lack of resources and education, and on top of that, the structured therapeutic intervention program, a randomized trial to assess the efficacy of therapeutic intervention programs for decreasing caregiver burden, has been proven insufficient by the RCT. Despite South Korea's Confucian ideals, which traditionally emphasize filial piety and caring for the elderly, the nation currently faces the troubling reality of having insufficient care for elders and even the highest rate of elderly suicides among OECD countries. To understand this alarming phenomenon, examining historical practices and underlying cultural shifts is essential.

## **III. EXAMINATION OF HISTORICAL PRACTICES**

### ***i. Korean Confucianism***

For centuries, Korean dynasties have embedded Confucianism into their laws and cultures. First preached by Confucius and originating in China, Confucianism is a humanistic philosophy emphasizing the four major virtues: ren (humanity), li (ritual propriety), yi (appropriate conduct), and zhi (practical knowledge). These four virtues form the foundation for principles guiding five relationships: ruler and subject, father and son, elder brother and younger brother, husband and wife, and friend and friend. The principles permeated the cultures of East-Asian



countries, shaping their laws and way of life. Among these, filial piety, a fundamental principle referring to the duty of a child to its parents, became a cornerstone for familial and cultural structures.

### ***ii. Goryeo's Confucianism***

Confucianism was first introduced to the Korean peninsula during the mid-Goryeo dynasty in 1289, during King Chungryul's regime. While advocating for a Buddhist state, the Goryeo dynasty highly valued Confucian etiquette, Inhyo, generosity, and filial piety. Inhyo emphasized its practical implications in everyday life, naturally diffusing itself into the values of Goryeo. During its early implementation, Confucian culture was greatly promoted in Gukjagam, the dynasty's education system managed by the king. King Seongjong, the sixth king of the dynasty, mandated everyone return to filial piety, claiming the law was rooted in its values. The filial laws stipulated that filial piety is not simply an ethical and moral code, but a virtue that must be practiced through absolute obedience to the parents and three years of rituals after their death. Those who failed to uphold filial piety would face severe punishments such as beating or even banishment, highlighting the importance of this value in maintaining social order and harmony within the family and broader society.

Filial piety is characterized by three crucial actions: respecting one's parents, not dishonoring one's parents and family, and making parents feel comfortable by providing generous care and service. Considered a fundamental duty of a child, filial piety was to be practiced both during the parents' lives and after their passing by giving regular memorial services and entering a mourning state.

### ***iii. Chosun's Confucianism***

A similar but new Confucian culture was formed as the Goryeo dynasty fell and the Chosun dynasty emerged. While Confucianism in Goryeo was comprehensive and practical, although not deep, Chosun Confucianism was monotonous and narrow-minded. The kings ruled the country based on this philosophy and maintained strict laws about filial duty. The filial laws stated that two sons should return to their homes to take care of their parents once they reach 70 and 90. If the sons failed in their duty, they would receive harsh punishments including beating, banishment, and execution.

## **IV. NAVIGATING THROUGH THE CULTURAL TRANSITION**

### ***i. Shifting Cultural Paradigm***

Given this strong Confucianist-centered history, why is Korea experiencing such pressing issues regarding elder care? To explain this phenomenon, we must delve deeper into Korea's technological, economic, and societal development during the 70s. Still recovering from the destructions of the Korean civil war, the nation had suffered major companies' bankruptcies and economic depression during 1950s and 1960s. It was the 1970s that marked a pivot in South Korean society and economy through rapid industrialization. Within 4 years between 1972 and 1976, the annual economic growth rate increased by 10%. Korea's rapid development transformed the once heavily Confucian society into an individualistic one as it shifted the focus of Koreans from past traditions to pursuing contemporary and modern ideas. The concept of filial piety was not as emphasized as it was decades ago, consequently rendering elderly dementia patients helpless.



This is largely credited to the aging society of South Korea. According to the National Statistical Office, South Korea will enter a super-aged society with elders consisting of 20 percent of its population by 2026. On top of this, the decreasing proportion of households living with children due to changes in family types and lifestyles; more intergenerational family structure has been splintered into small nuclear family units. Additionally, divorce rates and single-parent rates have increased. Within these shifting shapes of families, elderly inclusion is not obvious and focused on nuclear family members, further weakening the consciousness of elderly support.

### ***ii. Shin-goryeojang***

In just under a hundred years, Korean culture has changed so drastically from the Goryeo and Chosun dynasties that a practice unimaginable then has become commonplace now. Shin-goryeojang is a word derived from goryeojang, an unfilial phenomenon, in which people abandoned their elderly parents during the late Goryeo dynasty. Only supported by rumors, many dismissed the existence of this practice due to no records in history confirming its existence. Rumors state that if elders became burdensome, people would incarcerate them in a stone cell with little food and water and leave them to die. However, this sad tale has slowly started to become a reality in the form of shin-goryeojang. Combined with the prefix shin, meaning new, shin-goryeojang describes a modern form of elderly abandonment at care centers and hospitals.

Shin-goryeojang exists in various forms including elderly living alone in impoverished areas, abandoned at care centers and hospitals, or forsaken in isolated areas. Oftentimes, these abandoned elders suffer from a poor environment and treatment. Elder neglect and abuse is common; for the past 5 years, the number of reported cases of elder abuse has been gradually increasing and in 2023, there were 7025 reported cases. A care center in a rural region in Korea was exposed to have abused its elders in inhuman forms such as ignoring medical help, imprisoning them, and restricting their external communications.

Despite the rapid changes in ways of life, Korean society has not yet deviated from the Confucian ideology. This calls for a shift in approach as we embrace the newly arising individualism. As evident, filial piety has not been enforced as strictly as it was in the past. To not lose it, how should it be calcified into policies and institutions?

### ***iii. Current Flaws of the national dementia plan***

In response to these concerns, the government initiated the dementia national dementia plan to alleviate the financial burden. However, with about half of the 2022 parliamentary audit conducted, the evaluation of the responsibility system was failing. The evaluation specifically noted the lack of responsiveness to the rapidly increasing number of dementia patients, the lack of infrastructure for dementia relief hospitals, and the problem of effectiveness due to a lack of diagnostic performance. Its aim to build nationwide public care centers is failing due to insufficient funds. Furthermore, Korea selectively provides government support to families under a certain level of income, increasing the excluded families' private costs and burdens in using social care.

Currently, policies related to supporting families caring for the elderly can be found in the home care service provided by the Long-Term Care Insurance System for the Elderly. This service provides home care, home bathing, home nursing, and day and night care services to the elderly who have been assessed as grade 3 or higher, and

provides welfare equipment rental and benefits for family caregivers. It provides temporary protection and care services, and cash benefits to families caring for the elderly, thereby reducing their physical, mental, and economic burdens. However, in order for the elderly in the care family to use this service, they must meet the following conditions. They must be aged 65 or older or under 65 with a geriatric disease, have difficulty performing daily life on their own for more than 6 months, and have a grade of 1-3. Even if they are qualified, there are many restrictions on using the service. Home care can be used for up to 4 hours a day, there is a 15% out-of-pocket cost, and the monthly limit for home care benefits was set at 878,900 won (560 dollars) in 2012.

While government efforts continue to enhance the responsibility system, caregivers still struggle to support their elders, and cases of shin-goryeojang are on the rise.

## V. FUTURE STEPS

As we can see from history, Korea's national values are rooted in Confucianism. Modern society has rendered this belief unimportant, but the phenomenon is reversible through proper management and care of elders with dementia. South Korea has the highest senior suicide rate among the OECD nations. While many blame weakened filial duty as the root cause and as a response to attempts to improve this value, the increasing individualism can be seen as a naturally occurring phenomenon in a rapidly developing nation like South Korea. Therefore, people should approach shin-goryeojang by improving the current responsibility system rather than the culture itself. As visible from the case of the United States, comprehensive support in the form of the national dementia responsibility system can also be executed within an individualistic society. Likewise, South Korea should move away from a fixation on the fundamental duties created by filial piety to embrace the rising individualism and its inevitable effects on care for elders.

First and foremost, South Korea should recognize dementia as a public health priority. Several comparison studies were performed to evaluate the dementia policies of various countries around the world. Among the seven country subjects, South Korea's insufficient caregiving family support stood out among the others. South Korea is the only country among the sample that does not recognize dementia as a public health priority despite being one of the most aged countries in the world. To fix this problem, South Korea should implement the Global Action Plan (GAP), which aims to ensure that 75 percent of countries provide training and support for caregiving families by 2025. South Korea's adoption of GAP will make it possible for people to access better support, earlier diagnosis, and improved treatment options.

The responsibility system should also improve End-of-Life (EOF) care of dementia patients. Among the 11 targets set by the WHO as guidelines for developing dementia policies, South Korea failed to fulfill the target aiming to provide accessible EOL care. On the other hand, Korea has satisfactorily met the standard for early dementia care. A comparison study examining the various OECD countries' major national dementia policies and their preparedness for early medical action showed South Korea's advancement in care for elders on the onset of dementia, satisfying all four early action policy evaluations. Ever since the establishment of the national dementia plan, the government has focused on the following areas: improved awareness, early detection, increased

registered patients, expansion of local resources, and establishment of an information system. Likewise, none of these focus areas support end-of-life dementia patients and their care.

Emphasized early action naturally leads to focused care within hospitals. The table below displays the possible policy approaches for eleven targets set by the WHO.

**Table 1. South Korea's national dementia plan performance based on the 11 targets**

Possible Policy Approaches	South Korea
<b>Target 1: dementia risk reduction</b>	
Intensifying preventive awareness	+
Intensifying preventive activities (lifestyles, program)	+
Research for prevention	+
<b>Target 2: early diagnosis of dementia</b>	
Increase the availability and accessibility of diagnostic services	+
Provide training to primary care staff in identifying dementia	+
Post diagnostic support to link people to appropriate services	+
<b>Target 3: dementia awareness and friendliness</b>	
Public awareness campaigns to reduce stigma	+
Targeted education of those who come into contact with PWD	+
Dementia education in schools	-
<b>Target 4: support for caregivers of PWD</b>	
Increase the availability and uptake of respite care services	+
Provide training to caregivers (informal caregivers)	+
Provide support to caregivers (focused on peer-to-peer support)	+
<b>Target 5: safe and appropriate environment for PWD</b>	
Supporting the improvement of the residential environment	+
Introduction of an alternative housing model	+
<b>Target 6: safe and high-quality long-term-care services for PWD</b>	
Standardizing long-term-care services	+
Training dementia-related workforce for care service	+
Monitoring the management of BPSD	-
Promoting human rights and decision-making for PWD	+
<b>Target 7: adequate health facilities for PWD</b>	
Training staff in recognizing and responding to PWD	+
Establishing specialized staff and dedicated wards in hospitals	+
<b>Target 8: EOL care for the dignity of PWD</b>	
Improving accessibility to EOL care for PWD	-
Training care home staff in EOL care for PWD	-

<b>Target 9: coordinated and proactive care closer to home</b>	
Establishing multidisciplinary services	+
Providing acute services outside of the hospital	-
<b>Target 10: dementia research and innovation</b>	
Promoting user-centered development and assessment of technologies	+
Developing measures to facilitate research	+
<b>Target 11: information systems for dementia</b>	
Developing national systems to gather information	+
Recording and sharing patient data	+
Enabling access to data of available services and resources	+

Above, the + signs indicate that the possible policy approach is already addressed in the national dementia plan, whereas - signs indicate otherwise. The table's highlighted sections show the major shortcomings of South Korea's national dementia plan. As explained above, Korea fails to fulfill any of the targets concerning EOL care for patients with dementia. Additionally, while early detection services and research are actively promoted at hospitals, hospitals do not provide services outside of their institutions. The lack of attention and medical care outside of hospitals leaves elders living alone in danger, unable to alleviate the shin-goryeojang issue. The government should equally weigh their focus on both hospital and at home care to aid elders without sufficient support.

To effectively practice these three suggestions and future modifications, the government should use a leveled framework as shown in the image below.

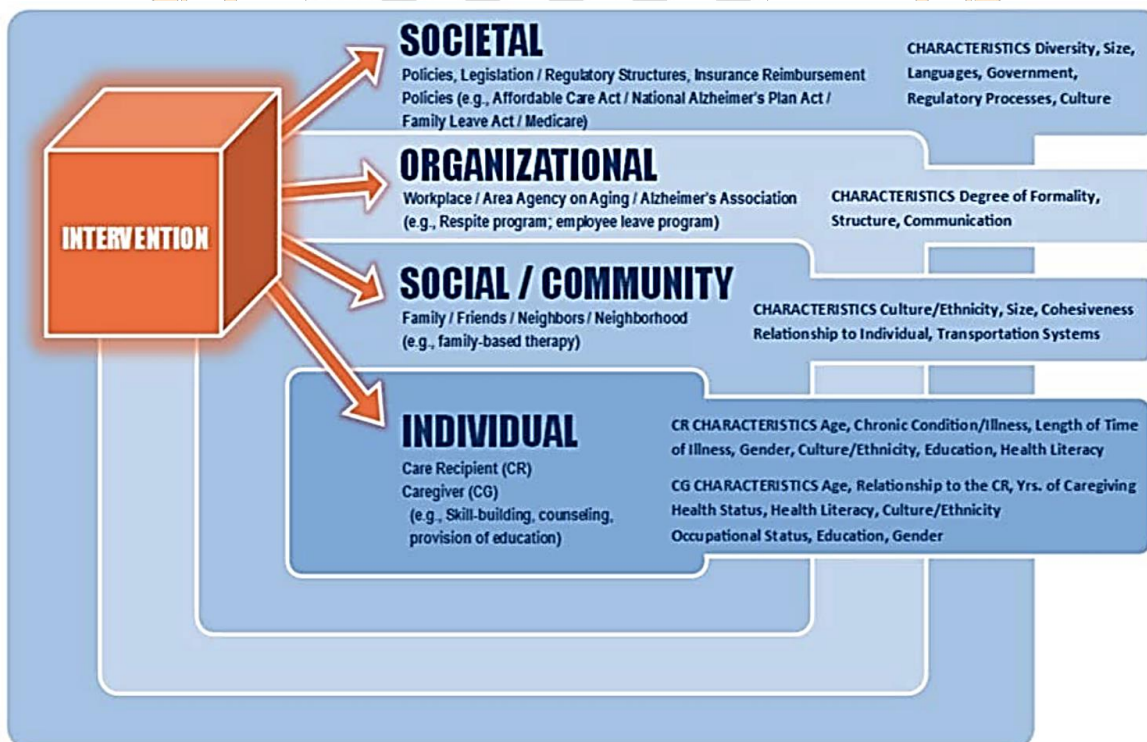


Figure 1. Care Intervention Framework





While the three suggestions above are centered around the societal role and focus for dementia care, all levels must cooperate to create an accepting and safe society for patients with dementia.

## VI. CONCLUSION

With an exponentially increasing senior population, South Korea is at great risk for elderly health issues, especially dementia. Dementia is a public health issue that requires collective help. Hence, government efforts should be directed towards improving the current dementia responsibility system by approaching this issue differently by targeting EOL care for patients with dementia and early detection service and medical care in domestic settings outside of hospitals. Abandoning the long-held traditional filial piety culture is challenging, but the government and individual citizens should face the reality of current Korean individualism instead of ignoring its presence. Pursuing this new rising individualism would help the cooperation of young and old generations, ultimately improving the lives of elderly dementia patients.

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