

ACT Health Community Profile

South Korea

There is great diversity and change within communities and people do not fit into a pre-determined and unchanging cultural box or stereotype. The information presented here will not apply to all people from South Korea[†] in Australia and this profile should be considered as guidance only. For example, while the 2011 Census provides useful and reliable data on a large number of characteristics, the dynamic nature of the communities means that important demographic changes may have occurred since 2011.

Key things to know:

- South Korea is one of the **fastest growing** overseas birthplaces in the ACT.
- Around 1 in 4 South Korea-born people in the ACT have **low English proficiency**. The most common language spoken in South Korea is **Korean**.
- It is very important to provide an **interpreter** when needed, and to make sure the interpreter speaks **the right language**.
- Several different religions are followed in South Korea, including **Christianity** and **Buddhism**.
- People from South Korea may be **unfamiliar** with the Australian health system.
- Make sure patients feel comfortable to **ask questions** about their treatment if needed.
- South Korea-born people may wish to take **traditional medicines** or eat **special food** to help them recover from some illnesses. Patients should be made to feel comfortable to discuss these choices.
- People from South Korea, especially women, may feel uncomfortable speaking about issues such as sexual health, and may prefer to be seen by health staff of the **same gender**.
- South Korea-born people may associate **mental illness** with stigma, and be reluctant to access mental health services.
- **Cost** of services or treatments may be a concern for South Korea-born people. Make sure patients know about out-of-pocket costs up front.



For an interpreter, call **131 450** for the Translating and Interpreting Service (TIS).

If you don't know your TIS client code, contact the Multicultural Health Policy Unit by phone on (02) 6205 1011 or email at multiculturalhealth@act.gov.au.

[†] Korea was divided into the Democratic People's Republic of Korea (North Korea) and the Republic of Korea (South Korea) in the 1940s. There were around 70 North Korea-born people living in Australia in 2011.ⁱ While there may be some cultural and linguistic similarities between North Korea and South Korea-born people, there are also important differences between these groups.

South Korea

2011 Census data: South Korea-born people

Population (Australia):	74,538 people ⁱ
Population (ACT):	1,559 people ⁱ
Gender ratio (Australia):	85.6 males per 100 females ⁱⁱ
Median age (Australia):	The median age of South Korea-born people was 32 years compared with 45 years for all overseas-born people ⁱⁱ and 37 years for the total Australian population. ⁱⁱⁱ

Age distribution of South Korea-born people (ACT, 2011):ⁱⁱ

Age (years)	Number	Per cent
0-19	295	19
20-39	878	56
40-59	329	21
60+	56	4

South Korea-born arrivals, past five years^{iv}

Year	Australia	ACT
2010	4,338	122
2011	4,332	132
2012	4,048	145
2013	2,954	99
2014	1,071	21

Migration history

Following the division of Korea into the Democratic People's Republic of Korea (North) and the Republic of Korea (South), and the subsequent Korean War (1950-53), some Korean women came to Australia as war brides and children as orphans, adopted by Australian families. The relaxation of immigration restrictions in the late 1960s provided the first opportunity for larger numbers of Koreans to enter Australia. In 1969, the first Korean immigrants arrived in Sydney under the Skilled Migration Program. However, there were only 468 Korea-born people recorded as living in Australia at the time of the 1971 Census.

Between 1976 and 1985, around 500 Korea-born immigrants arrived each year resulting in the number of Korea-born living in Australia increasing more than sixfold between the 1976 Census (1460) and the 1986 Census (9290).

From 1986 to 1991, there was a further increase in settler arrivals, with an average of about 1400 each year, many coming under the Skilled and Business migration categories. More than half of the Korea-born in Australia have arrived in the last ten years, including as students.^{viii}

Ethnicity

The vast majority of South Korean residents identify as ethnically Korean.^v

Language

The most common language spoken in South Korea is Korean. English is also widely taught.^{vi}

Religion

Several different religions are followed in South Korea, although most people do not identify any religion:^{vii}

Religion	Percentage of population
No religion	43
Christian (mainly Protestant)	32
Buddhist	24
Other/unknown	1

Ancestry, language and religion in the ACT (2011 Census data)ⁱⁱ

The most common ancestry responses[‡] of South Korea-born people in the ACT were:

Ancestry	Percentage of population
Korean	96
Australian	3
English	1

[‡] At the 2011 Census, up to two responses per person were allowed for the ancestry question. These figures represent people that identified the given ancestry in either response.

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An additional 280 people in the ACT, who were not born in South Korea, identified Korean ancestry.

The most common religions of South Korea-born people in the ACT were:

Religion	Percentage of population
No religion (not further defined)	27
Western Catholic	21
Presbyterian	21
Uniting Church	9
Buddhism	5

The most common languages spoken at home by South Korea-born people in the ACT were:

Language	Percentage of population
Korean	84
English	15

South Korea-born people in the ACT spoke English at the following levels of proficiency:

Proficiency	Percentage of population
Very well	27
Well	32
Not well	23
Not at all	2
Not stated/not applicable	16

Communication and respect

Older people are generally viewed with respect and honour in Korean culture. South Korea-born people may prefer formal introductions and greetings, and greeting older people first.

South Korea-born people may not feel comfortable with touching or being touched by someone they do not know well, especially the opposite sex.

South Korea-born people may prefer to avoid open disagreement or criticism. They may express negative thoughts indirectly as a result.

Korean surnames are generally placed before the given name, and Korean women usually keep their surname after marriage. South Korea-born people may prefer use of titles like Mr., Mrs., or Dr. to indicate respect.^{ix}

Health in Australia

In 2012, average life expectancy in South Korea was 81 years (78 years for males, 85 years for females) compared to 83 years for the total Australian population (81 years for males, 85 years for females).^x

In Australia, there is a higher prevalence of chronic hepatitis B infection among people born in South Korea (over 5%) compared to people born in Australia (around 1%).^{xi}

East Asian migrants in Australia, including South Korean migrants, may initially be at a higher risk of death due to nasopharynx and liver cancer compared to Australia-born people, but this risk decreases over time. East Asia-born people may initially be at a lower risk of death from colon, rectum, breast and prostate cancer but this risk increases over time. The risk of stomach cancer is higher among East Asian migrants and remains high.^{xii}

Health beliefs and practices

The family unit is often considered very important in Korean culture. South Korea-born people may wish to involve their family members in decision making about their health and other important matters.

Some South Korean people may believe that bad news regarding a family member's health should not be disclosed to the affected person, so that the family can protect them from worry or depression, and make difficult decisions on their behalf. Asking the patient how much they would like to know may be useful in these situations.^{xiii}

South Korea born-people may attribute the cause of illness to an imbalance of *yin* and *yang* in the body. Traditional health practices such as herbal medicine, acupuncture and cupping may be used to treat or prevent illness.

Some South Korea-born people may have negative beliefs regarding persons with disability or mental illness, although illness and disability related to ageing is generally accepted as normal. Illness and disability in younger people may be expected to be temporary.^{xiv}

South Korea

Social determinants of health

The overall literacy[§] rate in South Korea in 2002 was 98 per cent (99 per cent for males, 97 per cent for females).^{xv}

In 2011, 60 per cent of South Korea-born people aged 15 years and over in Australia had some form of higher non-school qualifications compared to 56 per cent of the total Australian population. Of the South Korea-born aged 15 years and over, 16 per cent were still attending an educational institution. The corresponding rate for the total Australian population was 9 per cent.

Among South Korea-born people aged 15 years and over in Australia, the participation rate in the labour force in 2011 was 58 per cent and the unemployment rate was 9 per cent. The corresponding rates in the total Australian population were 65 per cent and 6 per cent respectively.

The median individual weekly income in 2011 for South Korea-born people in Australia aged 15 years and over was \$352, compared with \$538 for all overseas-born and \$597 for all Australia-born. The total Australian population had a median individual weekly income of \$577.^{xvi}

Utilisation of health services in Australia

Research has shown that Korean migrants in Australia who hold Medicare cards often use government-subsidised biomedical health services, in addition to traditional medicine which can be expensive. Korean migrants may be reluctant to discuss their use of traditional medicine at biomedical health services.

South Korea-born people may expect to be prescribed medicine or given an injection when seeking health care.^{xvii} Health care providers should be aware of this and explain their choice not to prescribe medicine as relevant.

Migrant women from North East Asian countries, including South Korea, are less likely than Australian-born women to participate in cervical screening (Pap tests) at the recommended interval.^{xviii}

Developed by ACT Health Multicultural Health Policy Unit (2015) based on Queensland Health Multicultural Services' *Community Profiles* format (2011).

Date for review: March 2020

[§] People aged 15+ years who can read and write.