Frequency and Causes of Life-long Labour Force Loss in Rural Population of Korea

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This study was conducted in order to observe some descriptive epidemiological findings and causes of life-long labour force loss in the rural population of Korea, and to consider, on the basis of these observations, some principles of the necessary control measures.

The total number of subjects in the study was 27,172, all family members of 4,174 households. The study population was located in the 81 counties, out of a total of 138 counties, where the college students conducted service activities during the summer of 1974. In each village area where these service activities were conducted, one household per student interviewer was randomly selected. Student interviewers were instructed on the contents of the questionnaire prior to the survey.

The main contents of the questionnaire form included address, name, sex and age of each family members, and present 'life-long labour force loss, if any, of each family member. In cases of current labour force loss, the age of onset and causes were recorded.

Of the total households surveyed, 8.9% had family members (1-4 in number) with life-long labour force loss.

Of the total persons surveyed, the crude prevalence rate for life-long labour force loss was 15.1 per 1,000; and the age-standardized prevalence rates for male and female were 16.3 per 1,000 and 13.4 per 1,000, respectively. The rates, in both sexes, were gradually increased as the ages were increased.

The prevalence rates per 1,000, in order, for life-long labour force loss by the causes were 10.2 for senility, 2.4 for impairment of extremities, 1.2 for chronic diseases of internal organs, 0.5 for other conditions of musculoskeletal system, 0.4 for blindness in both eyes, 0.2 for impairments of spine, 0.2 for psychoses, and 0.1 for epilepsy. Among them the causes of impairment of extremities were stroke, poliomyelitis, accidents, arthritis and injury due to war operation, in that order of higher relative frequency.

The frequency ratios by age of onset were also observed by the causes and sex.
Table 1. Number and Proportion of Household and Population of Counties (Guns) of Korea Surveyed

<table>
<thead>
<tr>
<th>Province (Do)</th>
<th>No. of county</th>
<th>No. of household</th>
<th>Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gyeonggi Do</td>
<td>18</td>
<td>5</td>
<td>433,238</td>
</tr>
<tr>
<td>Ganeun Do</td>
<td>15</td>
<td>7</td>
<td>278,177</td>
</tr>
<tr>
<td>Chungcheongbuk Do</td>
<td>10</td>
<td>6</td>
<td>218,962</td>
</tr>
<tr>
<td>Chungcheongnam Do</td>
<td>15</td>
<td>6</td>
<td>412,381</td>
</tr>
<tr>
<td>Jeonlabug Do</td>
<td>13</td>
<td>12</td>
<td>343,573</td>
</tr>
<tr>
<td>Jeonnam Do</td>
<td>22</td>
<td>9</td>
<td>544,113</td>
</tr>
<tr>
<td>Gyeongsangbuk Do</td>
<td>24</td>
<td>19</td>
<td>571,448</td>
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<tr>
<td>Gyeongsangnam Do</td>
<td>19</td>
<td>17</td>
<td>431,565</td>
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<tr>
<td>Jeju Do</td>
<td>2</td>
<td>0</td>
<td>59,158</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>138</strong></td>
<td><strong>81</strong></td>
<td><strong>3,292,615</strong></td>
</tr>
</tbody>
</table>

Average number of family members: 5.62 for all counties (1970 census) and 6.51 for counties surveyed (1974).

**Method**

**Population Object**: This survey was conducted in 1974, and the total number of counties in the country was surveyed. Out of this, the survey was conducted in a systematic manner, and the number of counties surveyed was determined. The counties surveyed were selected from the total number of counties in the country, and the sample size was determined accordingly.

**Survey Method**: The survey was conducted by randomly selecting households from the entire population. The sample size was determined based on the population distribution in each county. The survey was conducted by randomly selecting households from the entire population.

**Data Collection**: The data collected were the number of households, population, and other socio-economic indicators. The data were analyzed using statistical methods to determine the trends and patterns in the population and socio-economic indicators.

**Analysis**: The analysis revealed that the population of the surveyed counties was significantly higher than that of the country as a whole. The age and sex distribution of the population was also analyzed, and it was found that the proportion of males was higher than that of females.

**Conclusion**: The survey results indicate that the population of the surveyed counties is significantly higher than that of the country as a whole. The age and sex distribution of the population was also analyzed, and it was found that the proportion of males was higher than that of females. The study recommends further research to understand the reasons behind this trend and to develop strategies to address the issues.
Table 2. Comparison of Population Structure by Age and Sex between All Counties (1970 Census) and Counties Surveyed (1974)

<table>
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</thead>
<tbody>
<tr>
<td></td>
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<td>%</td>
<td>No.</td>
<td>%</td>
<td>No.</td>
<td>%</td>
<td>No.</td>
<td>%</td>
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<td>%</td>
<td>No.</td>
<td>%</td>
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<td>0.3</td>
<td>55</td>
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<td>0</td>
<td>94</td>
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<td>0</td>
<td>50</td>
<td>0.2</td>
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</tr>
<tr>
<td>N. sp.</td>
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<td>—</td>
<td>0</td>
<td>—</td>
<td>0</td>
<td>—</td>
<td>42</td>
<td>—</td>
<td>31</td>
<td>—</td>
<td>2</td>
<td>75</td>
<td>—</td>
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<td>18,504,312</td>
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<td>(13,946)</td>
<td>(100.0)</td>
<td>13,132</td>
<td>(13,101)</td>
<td>(100.0)</td>
<td>52</td>
<td>27,172</td>
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</table>

*Numbers excluding those of age not specified are in the parentheses.
### Table 3. Prevalence for Households with Family Members of Life-long Labour Force Loss by Province (Do)

<table>
<thead>
<tr>
<th>Province (Do)</th>
<th>No. of household surveyed</th>
<th>No. of households by No. of family members of labour force loss</th>
<th>Total, with family members of labour force loss</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>1 member</td>
<td>2 members</td>
</tr>
<tr>
<td>Gyeonggi Do</td>
<td>159</td>
<td>10</td>
<td>0</td>
</tr>
<tr>
<td>Gangweon Do</td>
<td>252</td>
<td>12</td>
<td>3</td>
</tr>
<tr>
<td>Chungcheongbuk Do</td>
<td>200</td>
<td>20</td>
<td>1</td>
</tr>
<tr>
<td>Chungcheongnam Do</td>
<td>268</td>
<td>11</td>
<td>1</td>
</tr>
<tr>
<td>Jeonlabug Do</td>
<td>567</td>
<td>53</td>
<td>5</td>
</tr>
<tr>
<td>Jeonnam Do</td>
<td>434</td>
<td>31</td>
<td>0</td>
</tr>
<tr>
<td>Gyeongbuk Do</td>
<td>994</td>
<td>59</td>
<td>6</td>
</tr>
<tr>
<td>Gyeongnam Do</td>
<td>1,300</td>
<td>144</td>
<td>15</td>
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<tr>
<td>Total</td>
<td>4,174</td>
<td>340</td>
<td>31</td>
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</table>

### Table 4. Prevalence for Cases of Life-long Labour Force Loss by Sex and Current Age (1974)

<table>
<thead>
<tr>
<th>Current age</th>
<th>Male</th>
<th>Female</th>
<th>Not sp.</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No. of subject</td>
<td>No. of case</td>
<td>Rate per 1000</td>
<td>No. of subject</td>
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<td>109</td>
<td>0</td>
<td>0</td>
<td>95</td>
</tr>
<tr>
<td>1–4</td>
<td>988</td>
<td>1</td>
<td>0.6</td>
<td>1,668</td>
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<tr>
<td>5–9</td>
<td>1,823</td>
<td>6</td>
<td>4.3</td>
<td>1,916</td>
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<td>10–14</td>
<td>2,092</td>
<td>4</td>
<td>1.9</td>
<td>1,863</td>
</tr>
<tr>
<td>15–19</td>
<td>1,825</td>
<td>2</td>
<td>1.1</td>
<td>1,769</td>
</tr>
<tr>
<td>20–24</td>
<td>2,138</td>
<td>6</td>
<td>4.3</td>
<td>1,916</td>
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<tr>
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<td>1,059</td>
<td>3</td>
<td>2.8</td>
<td>784</td>
</tr>
<tr>
<td>30–34</td>
<td>778</td>
<td>10</td>
<td>12.9</td>
<td>688</td>
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<td>35–39</td>
<td>808</td>
<td>7</td>
<td>8.7</td>
<td>813</td>
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<td>40–44</td>
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<td>15.8</td>
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<td>70–74</td>
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<td>75–79</td>
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<td>333.3</td>
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<tr>
<td>Not sp.</td>
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<td>0</td>
<td>31</td>
</tr>
<tr>
<td>Total</td>
<td>13,988</td>
<td>205</td>
<td>14.7</td>
<td>13,132</td>
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面으로 보면, 母集層으로서의 郡部人口를 대체로 代

表한 것으로 보이도 좋은 것 같다. 

調査時の0歳を1歳に記録した場合があると思われるが、これ

面で郡部地域間における差異を考察することから役

果がある 것으로考えている。
Table 5. Prevalence for Cases of Life-long Labour Force Loss by Cause of Major Classification and Current Age (1974)

<table>
<thead>
<tr>
<th>Current age</th>
<th>No. of subject</th>
<th>Senility</th>
<th>Psychoses</th>
<th>Epilepsy</th>
<th>Blindness, both eyes</th>
<th>Impairment of extremities</th>
<th>Impairment of spine</th>
<th>Other conditions of musculoskeletal system</th>
<th>Chronic diseases of internal organs</th>
<th>Total</th>
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</thead>
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<td>0</td>
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<td>0</td>
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<td>0</td>
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<td>0</td>
<td>0</td>
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<td>0</td>
<td>0</td>
<td>3</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>20–24</td>
<td>2,586</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>4</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>7</td>
</tr>
<tr>
<td>25–29</td>
<td>1,850</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>30–34</td>
<td>1,467</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>7</td>
<td>0</td>
<td>0</td>
<td>3</td>
<td>11</td>
</tr>
<tr>
<td>35–39</td>
<td>1,621</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>3</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>40–44</td>
<td>1,428</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>1</td>
<td>3</td>
<td>4</td>
<td>13</td>
</tr>
<tr>
<td>45–49</td>
<td>1,211</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>6</td>
<td>0</td>
<td>1</td>
<td>7</td>
<td>16</td>
</tr>
<tr>
<td>50–54</td>
<td>1,023</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>1</td>
<td>4</td>
<td>13</td>
</tr>
<tr>
<td>55–59</td>
<td>844</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>6</td>
<td>0</td>
<td>3</td>
<td>2</td>
<td>25</td>
</tr>
<tr>
<td>60–64</td>
<td>699</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>6</td>
<td>0</td>
<td>2</td>
<td>2</td>
<td>44</td>
</tr>
<tr>
<td>65–69</td>
<td>476</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>4</td>
<td>66</td>
</tr>
<tr>
<td>70–74</td>
<td>308</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>5</td>
<td>0</td>
<td>1</td>
<td>3</td>
<td>65</td>
</tr>
<tr>
<td>75–79</td>
<td>231</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>66</td>
</tr>
<tr>
<td>80–84</td>
<td>94</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>34</td>
</tr>
<tr>
<td>85+</td>
<td>50</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>21</td>
</tr>
<tr>
<td>Not sp.</td>
<td>75</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>Tot. No.</td>
<td>27,172</td>
<td>278</td>
<td>4</td>
<td>2</td>
<td>10</td>
<td>64</td>
<td>4</td>
<td>14</td>
<td>33</td>
<td>409</td>
</tr>
<tr>
<td>Rate*</td>
<td>10.2</td>
<td>0.2</td>
<td>0.1</td>
<td>0.4</td>
<td>0.4</td>
<td>2.4</td>
<td>0.2</td>
<td>0.5</td>
<td>1.2</td>
<td>15.1</td>
</tr>
</tbody>
</table>

*Crude prevalence rate per 1,000 persons.

中에서 1 家口를 選定하는 경우에 제일 빈 휴가는 1點, 調查對象者の 性別 및 年齢別 構成이 母集団을 代表하려고 볼 수 있다는 점 둔으로 미루어 보아, 本 調查對象者는 데시로 全國 郡部人口を 代表할 수 있는 標本이라고 보아도 좋을 것 같다.

調査方法：本 調査是 1974年 7月 下旬에서 8月 上旬의 間에 中で 施行되었다.

本 調査를 위하여 調査員으로서 動員된 学生数는 全國 各地의 66個 専門学校、初級大學 및 大学으로부터의 各 4,000名이었으며, 調査員이 1家口석에 訪問調査한 것이 大部分이었으나 一部는 2~3家口석 調査한 경 우도 있었다. 그리하여 總 4,174家口에 대한 調査가 完了되었다.

調査が 実施される 約 2個月前 前に 各地方より 数百名の 調査員 代表者が 郵送の 完成を得られると、그들에게 請求가 調査書式에 대한 説明과 留意事項에 대하여 教育하였고、 그후 그림于 各道에서 全調査員에 대하여 傳達教育を 施行하였다.

調査書式の 主要内容は 調査對象家口の 住所、各家口員の 姓名、 性別、年齢(許)、家口員別 修身の 勞動能力喪失者の 有無、有する場合 氏名及び 姓氏年齢 等である。

成績

逆別 頻度：家口員中에 修身の 勞動能力喪失者が 有する家口数の 計による 逆別分布在 作業 4表에 나타나 있다。

中で 8.9%의 修身を 나타내었고、逆別分布は 4.5%에서 12.3%의 범위에서 측정량을 보 수 있으나 全部의 인

分布式 나타내고 있음을 알 수 있었다。家口員(平均 家口員数：6.51名)中에 修身の 勞動能力喪失者は 全家口

1名が으로 나타났다。

逆別 및 年齢別 頻度：修身の 勞動能力喪失者の 性別 및 年齢別 有率가 作業 4表에 나타나 있다。 調査對象者
### Table 6. Prevalence for Cases of Life-long Labour Force Loss by Cause of Major Classification and Sex

<table>
<thead>
<tr>
<th>Sex</th>
<th>No. of subject</th>
<th>Senility</th>
<th>Psychoses</th>
<th>Epilepsy</th>
<th>Blindness, both eyes</th>
<th>Impairment of extremities</th>
<th>Impairment of spine</th>
<th>Other conditions of musculoskeletal system</th>
<th>Chronic diseases of internal organs</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>13,988</td>
<td>118</td>
<td>1</td>
<td>2</td>
<td>6</td>
<td>44</td>
<td>2</td>
<td>11</td>
<td>21</td>
<td>205</td>
</tr>
<tr>
<td>Female</td>
<td>13,132</td>
<td>158</td>
<td>1</td>
<td>0</td>
<td>4</td>
<td>19</td>
<td>1</td>
<td>3</td>
<td>12</td>
<td>198</td>
</tr>
<tr>
<td>Not sp.</td>
<td>52</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td>Total</td>
<td>27,172</td>
<td>278</td>
<td>4</td>
<td>2</td>
<td>10</td>
<td>64</td>
<td>4</td>
<td>14</td>
<td>33</td>
<td>409</td>
</tr>
</tbody>
</table>

### Table 7. Prevalence Rate per 1,000 for Cases of Life-long Labour Force Loss by Cause of Major Classification and Sex

<table>
<thead>
<tr>
<th>Cause</th>
<th>Male</th>
<th>Female</th>
<th>Male</th>
<th>Female</th>
<th>P value (t-test)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Senility</td>
<td>8.4</td>
<td>12.0</td>
<td>9.8</td>
<td>10.4</td>
<td>P &gt; 0.6</td>
</tr>
<tr>
<td>Psychoses</td>
<td>0.1</td>
<td>0.1</td>
<td>0.1</td>
<td>0.1</td>
<td></td>
</tr>
<tr>
<td>Epilepsy</td>
<td>0.1</td>
<td>0</td>
<td>0.1</td>
<td>0</td>
<td>P &gt; 0.05</td>
</tr>
<tr>
<td>Blindness, both eyes</td>
<td>0.4</td>
<td>0.3</td>
<td>0.5</td>
<td>0.3</td>
<td>P &gt; 0.3</td>
</tr>
<tr>
<td>Impairment of extremities</td>
<td>3.2</td>
<td>1.5</td>
<td>3.3</td>
<td>1.3</td>
<td>P &lt; 0.001**</td>
</tr>
<tr>
<td>Impairment of spine</td>
<td>0.1</td>
<td>0.1</td>
<td>0.2</td>
<td>0.1</td>
<td>P &gt; 0.4</td>
</tr>
<tr>
<td>Other conditions of musculoskeletal system</td>
<td>0.8</td>
<td>0.2</td>
<td>0.8</td>
<td>0.2</td>
<td>P &lt; 0.05*</td>
</tr>
<tr>
<td>Chronic diseases of internal organs</td>
<td>1.5</td>
<td>0.9</td>
<td>1.6</td>
<td>0.9</td>
<td>P &gt; 0.1</td>
</tr>
<tr>
<td>Total</td>
<td>14.7</td>
<td>15.1</td>
<td>16.3</td>
<td>13.4</td>
<td>P &lt; 0.05*</td>
</tr>
</tbody>
</table>

### Table 8. Relative Frequency for Causes of Impairment of Extremities

<table>
<thead>
<tr>
<th>Cause</th>
<th>No. of case</th>
<th>Relative frequency (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poliomyelitis</td>
<td>10</td>
<td>21.7</td>
</tr>
<tr>
<td>Stroke</td>
<td>25</td>
<td>54.3</td>
</tr>
<tr>
<td>Arthritis</td>
<td>2</td>
<td>4.4</td>
</tr>
<tr>
<td>Accidents</td>
<td>7</td>
<td>15.2</td>
</tr>
<tr>
<td>Injury due to war operation</td>
<td>2</td>
<td>4.4</td>
</tr>
<tr>
<td>Total</td>
<td>46*</td>
<td>100.0</td>
</tr>
</tbody>
</table>

*The cases (18 in number) causes not specified are excluded.

男女の間の原因別、有病率を比較するため、統計学的に有意であると判断される内容に、四肢障害（P < 0.001）とその他の筋肉骨格系異常（P < 0.05）の2つを除いた。なお、当該の数値、有病率を比較するための対象者は、1,000当たり12.0人を男性で、
### Table 9. Number and Frequency Ratio* by Age of Onset for Cases of Life-long Labour Force Loss by Cause of Major Classification

<table>
<thead>
<tr>
<th>Cause</th>
<th>Number and frequency ratio (No. in parenthesis) by age of onset</th>
<th>Total**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Senility</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychoses</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Epilepsy</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Blindness, both eyes</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Impairment of extremities</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Impairment of spine</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Other conditions of musculoskeletal system</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Chronic diseases of internal organs</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>2</td>
<td>0</td>
</tr>
</tbody>
</table>

*Frequency ratio by age of onset represents the percentile ratio of sum of the rates of cases of each current age group, and an example of a calculation procedure for the ratio is shown on the Table 11.

**The cases age of onset not specified are excluded.

### Table 10. Number and Frequency Ratio by Age of Onset for Case of Life-long Labour Force Loss due to Senility by Sex

<table>
<thead>
<tr>
<th>Sex</th>
<th>Number and frequency ratio (No. in parenthesis) by age of onset</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Female</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

*Two cases of sex not specified are included.
Table 11. An Example of Calculation Procedure for the Frequency Ratio by Age of Onset, e.g. Life-long Labour Force Loss due to Senility (Both Sexes)

<table>
<thead>
<tr>
<th>Current age</th>
<th>No. of subject</th>
<th>No. and rate per 1,000 by age of onset</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>Rate</td>
</tr>
<tr>
<td>-------------</td>
<td>-----</td>
<td>------</td>
</tr>
<tr>
<td>0—49</td>
<td>23,372</td>
<td>0</td>
</tr>
<tr>
<td>50—54</td>
<td>1,023</td>
<td>0</td>
</tr>
<tr>
<td>55—59</td>
<td>844</td>
<td>0</td>
</tr>
<tr>
<td>60—64</td>
<td>699</td>
<td>0</td>
</tr>
<tr>
<td>65—69</td>
<td>476</td>
<td>0</td>
</tr>
<tr>
<td>70—74</td>
<td>308</td>
<td>0</td>
</tr>
<tr>
<td>75—79</td>
<td>231</td>
<td>0</td>
</tr>
<tr>
<td>80—84</td>
<td>94</td>
<td>0</td>
</tr>
<tr>
<td>85+</td>
<td>50</td>
<td>0</td>
</tr>
<tr>
<td>Not sp.</td>
<td>75</td>
<td>0</td>
</tr>
</tbody>
</table>

Total of rate: -- -- -- -- 14.9 -- 15.2 -- 43.9 -- 92.5 -- 461.0 -- 276.5 -- 255.1 -- 139.7 -- 181.3 -- 40.0 1,520.1

Percentile frequency ratio: -- -- -- -- 1 -- 1 -- 3 -- 6 -- 30 -- 18 -- 17 -- 9 -- 12 -- 3 100

*Weighted by the average.
發生年齡別頻度比：終身的勞動能力喪失者發生時年齢別頻度比가 제 9 표, 제 10 표 및 제 11 표에서 나타나 있다.

본 표는 发生的勞動能力喪失者의 원困別로 본 발생年齢別頻度比(表2)를 나타내고 있는데 그 주요 내용을 보면, 長者로 因한 경우 그發生은 40대에 서부터 나타나고 시작하며 50대에서 증가하고 60대에서 가장 높은頻度를 나타내었다가 70대 및 80대에서 多少 높은頻度를 보였다. 脳病発에 間한 경우 그發生은 10대~30대에서 나타났다. 丙 眼病로 因한 경우 그發生은 1~49세의 사이에서 나타났다. 四肢障病로 因한 경우 그發生은 0~79세의 거 의 全年齢層에서 나타났으며 65세 이상의 老年層에서 좀 더 높은頻度를 나타내었다. 脳病発로 因한 경우 그發生은 1~9歳에서 나타났으며, 其他 細胞異常系 異常으로 因한 경우 그發生은 出生時~64歲에서 나타났다. 肝臓의 慢性疾患으로 因한 경우 그發生은 20~74歳에서 서 나타났음을 알 수 있다.

제10표는 老者로 因한 終身の 労動能力喪失者의 性別別으로 본發生年齢別頻度比を 나타내고 있는데, 男女別에 別差異가 없는 것으로 보인다.

終身の 労動能力喪失者の 結果로 보아 그發生年齢別頻度比의 計算過程은 나타내고 있다. 現年齢 및 發生時年齢別로 各者를 計算한 다음, 發生時年齢別로 그 均率의 合計을 내고 그 合計者の 百分比는 그 均率が 본發生年齢別頻度比이다.
經濟의 인 문제에 대한 措置도 필요하게 된다.

今番 調査結果 나타난 死身的 勞動能力喪失의 原因들 을 살펴 보면, 그 原因의 發生狀態가 可能하다는 model로, 그 早期發見 早期診療를 通じて 死身的 勞動能力喪失의 進行을 防止할 수 있는 場合이 相當数 있으며, 그

모로 재活疎明의 措置를 通じて 社會復帰가 可能한 部分도 相當数 있는 것으로 보인다.

한편 그 原因의 研究를 위함 연구가 필요할 필요도 있

는데, 特히 死身로 因한 死身의 勞動能力喪失은 頻

度를 나타낸 重要なる 問題로서 앞으로 死身의 勞動機

能에 関한 醫學的 研究가 더욱 活発히 進行されて가며 그

發現時期을 더욱 老齢化시킬 수 있는 解答를 얻을 수 있

게 함이 필요하였다.

本 調査는 家庭訪問을 통한 問題에 의하여 이의を

する 문, 醫學的 方法의 現地調査가 並行되지 못하였기 때

문에 死身의 勞動能力喪失의 原因에 대한 場合, 原因에 对

한 醫學的 調査가 以下에 서하여, 死身的 勞動能力

喪失의 原因에 대한 보다 更に 具體이이고도 正確한 把握

이 不可避免이로는 調査作業上 得圏한 일이었으나, 

앞으로 이와 같은 原因에 대한 調査가 以下에 서하여

다양한 死身의 勞動能力喪失 問題의 解決方法에 더욱 頻度

が有する 基礎資料가 될 것으로 보인다. 死身的 勞動能力喪失에

関한 文献의 수가 적지 않아 보다 更に 具體의 場合

이 加해지지 못하였음을 附記한다.

要 約

韓国の 死身的 勞動能力喪失者の 頻度에 原因을 調査

把握함으로써 그 管理方案의 模索을 通じて 基礎資料를 얻

고자 함이 本 研究의 目的이다.

調査対象은 1974년 全國大學生 夏季聯合奉仕國의 活

動地域이었던 81個 部門의 對象 地域社員에서 過去로 뿐

야 選択된 총 4,174名の 全家員인 총 27,127명이었

다. 調査員으로서의 大學生 1名당 1家家仕を 通じて

家口員中의 死身的 勞動能力喪失者の 有無, 有無의

場合 그 原因 및 始作年齢 등을 調査하였으며 그 成績의 概

要는 다음과 같다.

死身的 勞動能力喪失者 (全家員 1〜4名) 가 있는 全家

員은 全體의 8.9%로 나타났다.

死身的 勞動能力喪失者는 全體의 8.9%로 나타났으며, 年齢標準化率로 본 性別 有病率

(1,000명)은 男 16.3, 女 13.4로 나타났다. 그리고 그

率は 年齢の 增加に따라 점차 増加되어었다.

死身的 勞動能力喪失者는 原因別 有病率(1,000하고)을 보

면, 老년 10.2, 四肢障害 2.4, 內臓障害의 慢性疾患 1.2,

筋肉骨格系의 其他 異常 0.5, 眼障害 0.4, 眼障害 2.4, 

精神病 0.2 및 臨床 1.1의 通じ로 나타났다. 그中 四肢

障害의 原因으로는 臨卒中症, 呼吸, 事故, 臨床疾 및

障害 등으로 나타났다.

原因別 및 性別로 死身의 勞動能力喪失의 發生年齢別

頻度比도 計算 觀察하였다.

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 위하여 助成하여 주신 文教部 및 成均館大學校 學生指導研究所,

 그리고 現地調査를 辦장하였던 1974年度 全國大學生 夏季聯合

奉仕國의 謝意を表するために 謝意를 드림니다.)

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