

Old-age Income and Health Concerns in North Korea: Policy Implications for Inter-Korean Cooperation

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Population aging in progress in North Korea

In 2004, people 65 and older accounted for more than 7 percent of North Korea’s total population. Population aging may present itself as the biggest obstacle to sustainability for both Koreas. Increases in the elderly population, without economic growth and sufficient employment opportunities, are likely to lead to an intensification of absolute poverty. This may put a pressure on welfare spending and in turn to financial and economic sustainability.

Population aging brings changes in the labor force structure, leading to reduced labor force. Such impact may affect the financial sector and business activities and sap vitality from the economy. As the demand increases for old-age pension, old-age poverty reduction and health insurance benefits, so will the old-age dependency ratio.

Population aging is a common challenge facing both South and North Korea. This study thus examines North Korea’s population structure, takes a brief view of the life of the North Korean elderly, and draws implications for inter-Korean cooperation.

Changes in North Korea’s demographic structure

Data from the North Korean census revealed that the share of the population 65 and older grew from 5.3 percent to 8.5 percent in 2008. Projections have it that the elderly population in North Korea, after having passed the 7-percent mark, will continue to grow to account for 14 percent of the total population by 2033, which is 16 years after South Korea’s elderly population hit the 14-percent mark.

According to Statistics Korea, the South Korean statistical authority, it will take 30 years for those 65 and older as a share of the total population to increase from 7 percent to 15 percent in North Korea. According to Sunyoung Jeong (“The Impact of Population Structure on Employment,” Bank of Korea Issue Note 2013-15), it takes on average 24 years for a developing country and 40 years for an under-developed country to see those 65 and older increase from 7 percent to 15 percent.

[Table 1] Changes in the elderly population in North Korea

	65~74		75~84		85	
	2012	2013	2014	2015	2016	2017
1993	845,594	4.1	268,592	1.3	25,850	0.1
2008	1,575,931	6.6	467,616	1.9	53,101	0.2

Source: Statistics Korea. North Korean Census. http://kosis.kr/bukhan/statisticsList/statisticsListIndex.do?menuId=M_01_01_03&vwcd=MT_BOKHAN&rootId=101_101BUKHANB11

Another important feature of the North Korean population is that children under 10 years of age as a share have reduced over the years, suggesting a fertility decline. Children aged 0 to 4

have reduced from 10.2 percent in 1993 to 7.1 percent in 2008; children 5 to 9 years old reduced from 9.1 percent to 7.1 percent during the same period. As fertility decline continues, the old-age dependency ratio will rise.

Old-age income and health concerns in North Korea

The life expectancy of North Koreans was 74.1 years for women and 67 years for men in 1993 and 71 years for women and 64.1 years for men in 2008. The fall in the life expectancy is thought to have been driven by the famines of the mid-1990s. Although still substantially lower than South Korea's (85.9 years for women and 80 years for men), North Korea's life expectancy rose to 73.5 years for women and 66.7 years for men in 2019. Population aging is an issue that concerns both Koreas.

With the national rationing and elderly pension no longer in effect, old-age income support in North Korea is left at the mercy of *jangmadang*—consumer markets—and the family. In a 2017 survey of North Korean defectors, 68.9 percent of respondents said old-age pension was not functioning well; only 13.6 percent said they were in effect.

[Table 2] Is old-age pension in North Korea in effect?

	Very much in effect	Somewhat in effect	Neutral	Somewhat not in effect	Absolutely not in effect	Total
2017	4 (3.0)	14 (10.6)	23 (17.4)	25 (18.9)	66 (50.0)	132 (100.0)

Source: Geun-sik Chung et al. (2018). *Social Changes in North Korea 2017*. P. 102

The UN Resident Coordinator (2018) found in a survey conducted in South Hwanghae, North Hwanghae and Kangwon provinces that, on average, two people in work supported 2.5 older people and children in a family. Older adults in North Korea thus to a great extent have to rely for their income on *jangmadang*, a main source of income also for family support in general. Older North Koreans with no income or family of their own have to have recourse to an elderly home.

[Table 3] Percentage of older adults in need of assistance in ADL in North Korea

	Men (%)	Women (%)	Total (%)
Bathing	7.0	7.4	7.2
Dressing	4.7	5.5	5.2
Toilet	3.5	3.7	3.6
Mobility	3.3	3.3	3.3
Continence	3.1	2.8	2.9
Feeding	1.9	1.8	1.8
Total 60-plus (persons)	2,737	4,414	7,151

Source: Central Bureau of Statistics and United Nations Population Fund. (2015). *Democratic People's Republic of Korea: Socio-economic, Demographic and Health Survey 2014*. p. 113

[Table 4] Percentage of elderly by full/partial locomotor disability

	Men (%)	Women (%)	Total (%)
Seeing	7.1	10.7	9.4
Hearing	9.4	10.2	9.9
Walking/climbing stairs	18.4	22.1	20.7
Remembering/concentrating	9.1	10.9	10.2

Self-care	4.8	4.7	4.7
Speech	5.0	4.7	4.8
Total 60-plus (persons)	2,737	4,414	7,151

Source: Central Bureau of Statistics and United Nations Population Fund. (2015). Democratic People's Republic of Korea: Socio-economic, Demographic and Health Survey 2014. p. 116

According to the UN Resident Coordinator (2018), 22.4 percent of elderly North Koreans had a circulatory disease, 13.1 percent an osteoarthritic disease, 11 percent a digestive issue and 9.5 percent a respiratory disease. Also, more than 10 percent were reported to have a memory loss and some mental disorder. Chulsu Lee et al., in their “Issues and Tasks of Unification with Regard to Population, Health, and Welfare Integration” (2017), citing a 2014 WHO report, said that that 79 percent of deaths in North Korea were due to non-communicable diseases, of which 36 percent were attributed to cardiovascular diseases and 17 percent to cancer.

Inter-Korean cooperative attention should be given to non-communicable diseases and chronic conditions, as it has been given to the improvement of nutrition and the prevention of communicable and infectious diseases.

After the famines of the mid-1990s in North Korea, the principle of “free medical care for all” was rendered virtually inactive. As Table 5 shows, in a survey of North Korean defectors, 57.3 percent of respondents in 2017 (60.9 percent in 2018) said they were dissatisfied with North Korea’s free medical care. Only 12.2 percent in the 2017 survey (16.1 percent in 2018) said they were satisfied with the North Korean health system.

[Table 5] Satisfied or dissatisfied with North Korea’s free health care

	Very satisfied	Somewhat satisfied	Neutral	Somewhat dissatisfied	Very dissatisfied	Total
2017	8 (6.1)	8 (6.1)	40 (30.5)	15 (11.5)	60 (45.8)	131 (100.0)
2018	4 (4.6)	10 (11.5)	20 (23.0)	18 (20.7)	35 (40.2)	87 (100.0)

Source: Kyung-hyo Cheon et al. (2019). Social Changes in North Korea 2018. p. 110

[Table 6] Sources of treatment for illness or injury

	Frequency	%
Received treatment from a section doctor (paramedical)	5	5.7
Received treatment from a <i>li</i> -based people’s hospital or clinic	13	14.9
Received treatment from a city or <i>gun</i> people’s hospital	8	9.2
Received treatment from a province hospital	2	2.3
Took a medicine privately purchased from a market	44	50.6
Received treatment from an acupuncturist	5	5.7
Took herbal concoctions as a folk remedy	8	9.2

Source: Kyung-hyo Cheon et al. (2019). Social Changes in North Korea 2018. p. 104

Table 6 shows that more than half (50.6 percent) of respondents in a 2018 survey reported that when they fell ill or were injured, they took medicines purchased privately from a market. As few as 11.5 percent said they had received treatment from a professional-staffed people’s hospital or central hospital (province-, city-, or *gun*-level hospital). What is obvious from the table above is that the rate of use of health care facilities is deeply low. This may be because, due to financial difficulties, North Korea’s medial system is so ill-functioning that patients are

left having to purchase medicines from a market, and because, as recent interviews with former North Korean medical professionals demonstrated (Chulsu Lee et al. "The Issues and Policy Challenges of the Social Welfare Integration of North and South Korea," pp. 114~118), the current situation is such that it often takes a bribe to have a patient receive treatment properly and on time. It is all the more difficult for elderly people in North Korea, particularly those who have neither a sufficient income of their own nor a family, to have access to health care.

Policy implications

Firstly, inter-Korea cooperation needs to be focused on programs that can actually make a difference in the quality of life of the elderly. Such programs may have to begin with cooperative efforts to build elderly residential homes and elderly leisure facilities, proceeding by employing one-to-one matching programs to connect some of the exemplary cases of South Korea's well-functioning elderly welfare centers with their North Korean counterparts. Secondly, given how dependent North Korean older adults are on the market for their income, efforts need to be exerted to create jobs especially for those who are young-old. For example, inter-Korean cooperation may consider having the Kaesong Industrial Complex, when it resumes its operation, employ North Korean young-olds as a part of its workforce. Thirdly, inter-Korean cooperation needs to be target-specific. South Korea's local-level project on Bringing Back Eyesight to Older People and the senior dental care program may be considered as objects of inter-Korean cooperation. This is an important point to consider given that, as shown in Table 4, as many as 9.4 percent of the North Korean elderly have a seeing disability. Fourth, monitoring is a must in inter-Korean cooperation. Monitoring in inter-Korean cooperation should be aimed not at surveillance, but at transferring skills and techniques in an efficiency manner. If, as is hoped, monitoring works as a catalyst for inter-Korean communication, it may also work to reduce North-South disparities.