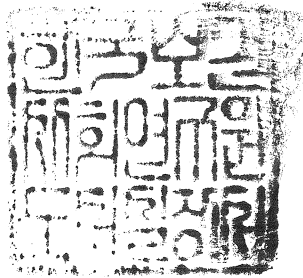


WORKING PAPER 94-01

Development Comprehensive National
Policies on Ageing:
Life-long Preparatory Measures Including
Social Security

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KOREA INSTITUTE FOR HEALTH AND SOCIAL AFFAIRS



Working Paper 94-01

**DEVELOPMENT OF COMPREHENSIVE
NATIONAL POLICIES ON AGEING:
LIFE-LONG PREPARATORY MEASURES INCLUDING
SOCIAL SECURITY**

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Author : Ka-Oak Rhee
Publishing institute : **Korea Institute for Health and Social Affairs**
san 42-14, Bulgwang-dong, Eunpyung-ku,
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TEL: 355-8003~7, FAX: 352-9129/2181

FOREWARD

Since 1960, Korea has experienced a dramatic slowdown in population growth and a consequent rapid demographic transition. Of the changes in the population composition, increase in the number and proportion of the elderly population is the most significant. Those aged 65 and over total 2.4 million (5.5 per cent of the total population) in 1994. The percentage of those 65 and over to the total population will increase even more rapidly after the year 2000.

More significantly, the role of the family for caring for the elderly is no longer taken for granted. Traditionally, the multi-generational household was prevalent in Korea, but the number of the elderly living alone or with a spouse only is rapidly increasing. Thus, caring for the elderly is no longer a family matter, and has become a social issue.

A fundamental problem in social care for the aged, as in any policy area, is the gap between the increasing dependency needs of the elderly and the insufficient support provided by the care system. The goal of social policy concerning ageing problems aims at filling the gap, and from this point of view, it is necessary to identify needs of the elderly and the social care required for them.

Consequently this study which focused on the living status of the elderly and development of welfare policies and programmes for them, can be highly evaluated. I hope that the study will be helpful to those who are interested in ageing problems of Korea. Finally,

special acknowledgement and appreciation go to the author, Dr. Ka-Oak Rhee, whose efforts made this research paper possible. I would also like to extend my sincere thanks and gratitude to Mr. Vincent Williams for his valued advice and assistance in preparing this English paper.

Ha-Cheong Yeon, Ph.D.

President

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CHAPTER 1

INTRODUCTION

This study was conducted as a part of "Assistance in the development of comprehensive national policies on ageing: Life-long preparatory measures including social security," a research project of the Social Development division of ESCAP(Economic and Social Commission for Asia and the Pacific). The purposes of the study are as follows: 1) to collect and analyze existing statistics and studies on ageing and to examine current social welfare policies and programmes for elderly persons, 2) to suggest the direction of policies on ageing in order to prepare for the future ageing society and to develop welfare policies for elderly persons in the future as well as at present.

This study uses two research methods: Literature review is used for demographic data, national budget, current policies and programmes for elderly persons, and current status of elderly persons. Focus group discussion was designed in order to collect qualitative data, which can show a more tangible perception about the living status and problems of Korean elderly people. Twelve groups were formed by main characteristics such as region, and the discussions of the focus groups were analyzed qualitatively.

This study is composed of five parts: 1) demographic trends, 2) policies and programmes pertaining to elderly persons, 3) living conditions of elderly persons, 4) analysis of findings of focus group discussions, and 5) summary and policy recommendations.

CHAPTER 2

DEMOGRAPHIC TRENDS¹⁾

1. Trends of population growth

The population of the Republic of Korean elderly people is constantly growing, while that of the youth group(0-14) keeps declining. In 1966 the percentage of the total population aged 60 years and over was 5.2 per cent, 65 years and over 3.3 per cent and 70 and over 1.8 per cent. In 1994 the figures were 8.7 per cent, 5.5 per cent and 3.3 per cent respectively. It is expected that these trends will continue, creating a rate of more than 10 per cent for the number of people aged 60 and over in 2000, and nearly 20 per cent in 2020.

According to a recent estimation, the annual average growth rate of the elderly and the total population between 1990 and 1995 will be 3.7 per cent and 0.9 per cent respectively. The increase rate in the proportion of Korean elderly to the total population is considered to be growing much faster than in other industrialized countries.

This increase in the proportion of the elderly is largely due to the decrease in the birth rate and the sustained increase in life expectancy promoted by improvement of public health and medical technology. For example, the crude birth rate was 40.4/1,000 persons in 1961 but became 15.5 in 1990. On the other hand crude death rate had been 10.7/1,000 persons in 1961 and became 6.0 in 1990.

1) In the following tables due to the rounding error the column does not add to exactly the total shown.

Table 1. Proportion of age-specific population to total population, 1966-2020

(Unit: %)

Age Group	1960	1966	1970	1975	1980	1985	1990
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
0-14	42.3	43.5	42.1	38.1	33.8	29.9	25.7
15-59	52.7	53.2	52.5	5.6	60.1	63.3	66.7
60-64	2.1	1.9	2.1	2.1	2.2	2.5	2.7
65-69	2.9 ¹⁾	1.5	1.4	1.6	1.7	1.8	2.1
70-74	-	1.8	1.9	1.9	2.2	2.5	2.9
75-79	-	0.6	0.6	0.6	0.6	0.8	0.9
80 and over	-	0.3	0.4	0.4	0.5	0.5	0.7
60 and over	5.0	5.2	5.4	5.6	6.1	6.8	7.6
65 and over	2.9 ¹⁾	3.3	3.3	3.5	3.9	4.3	5.0
70 and over	-	1.8	1.9	1.9	2.2	2.5	2.9
Age group	1994	1995	2000	2005	2010	2015	2020
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
0-14	23.7	23.2	21.2	20.3	19.1	17.5	16.0
15-59	67.6	67.8	68.2	67.6	67.1	66.6	64.5
60-64	3.2	3.3	3.9	4.0	4.3	5.2	7.0
65-69	2.2	2.3	2.9	3.4	3.5	3.9	4.7
70-74	1.6	1.7	1.9	2.4	2.8	3.0	3.4
75-79	0.9	1.0	1.2	1.4	1.8	2.2	2.3
80 and over	0.7	0.7	0.9	1.1	1.3	1.7	2.1
60 and over	8.7	9.0	10.7	12.1	13.7	15.9	19.5
65 and over	5.5	5.7	6.8	8.2	9.4	10.7	12.5
70 and over	3.3	3.4	3.9	4.8	5.9	6.8	7.8

Note: 1) The proportion in 1960 was that of the elderly aged 65 and over to the total population.

Sources: 1) Economic Planning Board, Population and housing census report, 1960-1985.

2) National Statistical Office, Population and housing census report, 1990.

3) National Statistics Office, Population projection for 1990-2021, 1991.

Table 2. Vital statistics, 1961-1990

	(Unit: per 1,000 persons)						
	1961	1966	1970	1975	1980	1985	1990
Crude birth rate	40.4	34.6	29.5	24.6	23.4	16.4	15.5
Crude death rate	10.7	9.5	9.8	7.3	6.7	6.3	6.0
Natural increase rate	29.7	25.1	19.7	17.3	16.7	10.1	9.5

Source: Economic Planning Board, Social indicator, each year.

By virtue of the above factors, the life expectancy at birth has been consistently increasing from 55.3 years in 1960 and 63.2 years in 1970, up to 71.3 years in 1990. It is expected to be 74.3 years in 2000.

Table 3. Life expectancy at birth, 1960-2020

	(Unit: years)							
	1960	1970	1980	1990	1995	2000	2010	2020
Both	55.3	63.2	65.8	71.3	72.9	74.3	76.1	77.0
Men	53.0	59.8	62.7	67.4	69.5	71.3	73.8	74.9
Women	57.8	66.7	69.1	75.4	76.6	77.4	78.6	79.1

Source: Ministry of Health and Social Affairs, Guideline for welfare of elderly people, 1993.

In 1989, the life expectancy at 60 years old was 14.9 years for men and 19.9 years for women, making 5 years' difference. But it became 11.7 years and 15.9 years at 65 years old, and 9.0 years and 12.3 years at 70 years old. This result shows that age difference of life expectancy continuously decreases as age increases.

Table 4. Age-specific life expectancy, 1983-1989

	(Unit: years)							
	1983		1985		1987		1989	
	Male	Female	Male	Female	Male	Female	Male	Female
60 years old	13.7	19.0	14.1	19.4	14.5	19.6	14.9	19.9
65 years old	10.9	15.2	11.2	15.5	11.4	15.7	11.7	15.9
70 years old	8.4	11.8	8.6	12.0	8.8	12.1	9.0	12.3

Source: Economic Planning Board, Standardized lifetime of Koreans, 1990.

2. Ageing index and aged dependency rate

As previously discussed in this paper, the number of aged people continuously increases, and this growing trend seems apparent in the ageing index. The ageing indexes of the 60 years and over and 70 years and over groups, were 11.9 and 4.1 in 1966, and 29.8 and 11.3 in 1990 respectively.

Table 5. Ageing index, 1960-2020

	1960	1966	1970	1975	1980	1985	1990
60 and over	14.8	11.9	12.9	14.7	17.9	22.8	29.8
65 and over	9.2	7.6	7.9	9.1	11.4	14.5	19.4
70 and over	5.2	4.1	4.6	5.0	6.5	8.5	11.3
	1995	1995	2000	2005	2010	2015	2020
60 and over	36.5	38.8	50.3	59.6	71.8	91.1	121.8
65 and over	23.2	24.5	31.9	40.2	49.1	61.5	78.2
70 and over	13.8	14.6	18.4	23.5	30.8	39.2	48.9

Sources: 1) Economic Planning Board, Population and housing census report, 1960-1990.

2) National Statistical Office, Population and housing census report, 1990

3) National Statistics Office, Population projection for 1990-2021, 1991.

The ageing indexes of both groups of 60 years and over and 70 and over are estimated as 36.5 and 13.8 respectively in 1994. It is predicted that the ageing indexes of both groups will be 50.3 and 18.4 in 2000, and 121.8, and 48.9 respectively in 2020. The increasing aged dependency rate will lead to a lack of labor force, and unbalanced rate of the elderly for whom the productive young age group will care.

Table 6. Aged dependency rate, 1960-2020

	1960	1966	1970	1975	1980	1985	1990
60 and over	11.3	10.1	10.3	10.0	10.1	10.8	11.5
65 and over	6.7	6.2	6.1	6.0	6.2	6.6	7.2
70 and over	3.7	3.3	3.4	3.2	3.5	3.8	4.1
	1994	1995	2000	2005	2010	2015	2020
60 and over	12.9	13.3	15.6	17.9	20.5	23.9	30.2
65 and over	7.8	8.0	9.4	11.4	13.1	15.0	17.5
70 and over	4.5	4.6	5.2	6.4	7.9	9.0	10.3

Sources: 1) Economic Planning Board, Population and housing census report, 1960-1985.

2) National Statistics Office, Population and housing census report, 1990.

3) National Statistics Office, Population projection for 1990-2021, 1991.

3. Sex ratio and marital status

The demographic structure of the Korean elderly people indicates significant difference of life expectancy and widowhood by gender. The sex ratio(males per 100 females) of total population is 101.4 in 1994. The sex ratios of population groups aged 60 and over, 65 and over, 70 and over were 66.4, 59.3, and 53.8 respectively in 1994.

Table 7. Sex ratio of elderly population, 1960-2020

	1960	1966	1970	1975	1980	1985	1990
Total pop.	101.6	101.4	100.8	101.2	100.5	100.2	100.7
60-64	83.3	81.9	83.3	83.0	83.2	77.7	74.7
65-69	75.6	71.8	71.6	73.4	72.5	73.7	71.6
70-74	68.5	64.7	62.1	61.0	61.5	61.3	64.5
75-79	65.4	56.9	53.2	50.2	47.8	49.6	51.3
80+	57.8	50.1	44.2	38.2	33.3	31.7	34.1
60 and over	74.7	70.7	69.8	68.9	67.3	65.7	64.8
65 and over	69.8	64.9	62.1	61.3	59.5	59.4	60.0
70 and over	65.7	59.6	55.8	52.5	51.0	50.7	52.6
	1994	1995	2000	2005	2010	2015	2020
Total pop.	101.4	100.3	100.1	100.0	99.6	98.9	98.2
60-64	80.5	82.9	92.2	94.5	96.2	97.5	96.0
65-69	68.1	68.9	76.7	85.9	88.7	90.8	92.2
70-74	64.9	63.7	61.9	69.8	78.9	82.1	84.2
75-79	52.5	53.3	53.9	53.6	61.5	69.8	73.3
80+	34.9	34.8	37.2	39.4	40.9	46.2	52.4
60 and over	66.4	67.4	72.2	75.9	79.2	82.2	4.4
65 and over	59.3	59.4	62.5	68.1	72.3	75.7	78.5
70 and over	53.8	53.6	53.4	57.4	63.9	68.0	71.2

- Sources: 1) Economic Planning Board, Population and housing census report, 1960-1985.
 2) National Statistics Office, Population and housing census report, 1990.
 3) National Statistics Office, Population projection for 1990-2021, 1991.

Furthermore, the sex ratio for the population aged 80 years old and over is 34.7, showing a remarkably higher rate of female population at old age. The higher proportion of female population than male can be explained as due primarily to higher life expectancy of females, and partially to a higher death rate of males in their 40s.

Table 8. Rates of aged people living with spouse, 1960-1990

(Unit: %)

	1960	1966	1970	1975	1980	1985	1990
60 and over							
Both	50.9	48.9	50.3	52.9	53.0	55.5	54.9
Male	76.6	77.5	80.3	83.3	84.7	86.5	86.3
Female	31.0	28.7	29.4	31.9	31.6	35.2	34.5
65 and over							
Both	43.2	41.3	41.6	44.6	45.0	47.9	47.2
Male	70.0	71.0	73.5	77.6	79.9	82.2	82.6
Female	24.4	22.0	21.7	24.3	24.3	27.4	26.0
70 and over							
Both	35.5	32.9	33.5	35.3	36.1	39.2	38.6
Male	62.4	62.4	65.7	69.5	73.0	76.1	77.1
Female	17.7	15.4	15.5	17.3	17.3	20.4	18.3

- Sources: 1) Economic Planning Board, Population and housing census report, 1960-1985.
 2) National Statistical Office, Population and housing census report, 1990.

Regarding marital status of those aged 60 years and over, the rate of married population was 48.9 per cent in 1966, 53.0 per cent in 1980, and 54.9 per cent in 1990 showing a consistently increasing trend. The rate of the upper old age group, 70 years and over, was 32.9 per cent in 1966, 36.1 per cent in 1980, and 38.6 per cent in 1990, leading to the lower rate than the younger aged groups. The higher mortality of the male population ultimately caused a higher rate of widowhood for the female elderly; 86.3 per cent of males aged 60 years and over were with wives, while only 34.5 per cent of females were with husbands in 1990.

4. Geographical distribution of aged population

The most noticeable feature of demographic trend during the industrializing period is rapid urbanization. The rates of urbanization of those aged 60 years and over, 65 years and over, 70 years and over were 19.1 per cent, 18.6 per cent, and 18.1 per cent respectively in 1960, but they 54.7, 53.6, and 52.5 in 1990.

Table 9. Rates of urban population, 1960-1990

	(Unit: %)						
	1960	1966	1970	1975	1980	1985	1990
Total pop.	28.0	33.5	41.1	48.4	57.2	65.4	74.4
60 and over	19.1	23.3	27.2	33.1	39.1	46.5	54.7
65 and over	18.6	22.4	25.6	31.7	38.0	45.3	53.6
70 and over	18.1	21.7	24.3	30.0	36.4	44.3	52.5

Sources: 1) Economic Planning Board, Population and housing census report, 1960-1985.

2) National Statistics Office, Population and housing census report, 1990.

Table 10 shows that the proportion of aged population to the total population in rural areas is significantly higher than in urban areas. The rate of aged population of 60 years and over was 5.6 per cent in urban, but 13.5 per cent in rural areas in 1990. This trend comes from more rapid out-migration of younger age groups from rural to urban areas. It is expected that urbanization will continue during the next several decades.

Table 10. Percentage of the elderly population by area, 1960-1990

(Unit: %)

	1960	1966	1970	1975	1980	1985	1990
Urban							
60 and over	4.1	3.6	3.6	3.8	4.1	4.9	5.6
65 and over	2.5	2.2	2.1	2.3	2.6	3.0	3.6
70 and over	1.4	1.2	1.1	1.2	1.4	1.7	2.1
Rural							
60 and over	6.8	6.1	6.7	7.3	8.6	10.5	13.5
65 and over	4.2	3.9	4.2	4.6	5.6	6.8	9.0
70 and over	2.4	2.1	2.5	2.6	3.3	4.1	5.4

Sources: 1) Economic Planning Development, Population and housing census report, 1960-1985.

2) National Statistics Office, Population and housing census report, 1990.

The number and percentage of households by area reflect the trend of increase in city and decrease in rural areas. As of 1990 the proportion of households in city areas was 74.5 per cent to the total households, while it was only 35.9 per cent in 1966.

Table 11. Number and percentage of households by area, 1960-1990

(Unit: 1,000 households, %)

	1960	1966	1970	1975	1980	1985	1990
Urban							
	1,255	1,813	2,377	3,331	4,670	6,331	8,462
	(28.8)	(35.9)	(42.6)	(50.1)	(58.6)	(66.1)	(74.5)
Rural							
	3,102	3,244	3,199	3,317	3,299	3,241	2,892
	(71.2)	(64.1)	(57.4)	(49.9)	(41.4)	(33.9)	(25.5)

Sources: 1) Economic Planning Board, Population and housing census report, 1960-1985.

2) National Statistical Office, Population and housing census report, 1990.

CHAPTER 3

POLICIES AND PROGRAMMES PERTAINING TO ELDERLY PERSONS¹⁾

1. Policies and programmes to promote life-long preparation for old age

There are four public pension programmes, all designed as contributory social insurance schemes. Three are for people employed in particular occupations, such as government employees from 1960, military personnel from 1963 and private school teachers from 1975. The fourth, known as the National Pension, was instituted in 1988 for people employed in the workplace of 10 or more employees.

Table 12. Public pension programmes

Programmes	Started year	Coverage
National Pension	1988	Workers aging 18-60 of private industries with five or more employees
Government Employees Pension	1960	Government officers, police, law officers, etc.
Military Personnel Pension	1963	Tenured military officer sergeants
Private School Teachers Pension	1975	Teachers of private schools

1) In the following tables due to the rounding error the column does not add to exactly the total shown.

The Korean government enacted the National Welfare Pension Act in 1973. However, due to economic recession during the 1970s, the enforcement of the Act was postponed until 1988 when the Act was entirely reformed into the National Pension Law. The National Pension programme became one of the most important income maintenance programmes. From 1992 this National Pension programme covers all workers in the workplace of 5 or more employees. Workplaces employing less than 5 workers and self-employed are able to be covered on a voluntary basis. The number of covered employees is about 5 million which is about 20 per cent of the economically active population aged 15-60. In July 1995 the coverage will be extended to cover residents in rural areas, including self-employed, farmers, and fishermen. This programme will eventually be expanded to cover the self-employed in urban areas. However, since the National Pension programme only began in 1988, the current elderly are not eligible for the benefits.

There are four types of benefits under the National Pension programme; old-age pension, invalidity pension, survivors pension, and lump-sum refund. The old-age pension is paid to the persons who have been insured for 20 or more years and are not engaged in remunerative works at age 60. The reduced old-age pension is paid to the persons who have been insured between 15 to 20 years. The old-age pension for the economically active old persons between age 60 and 65 who have been insured for 20 or more years will be paid at a reduced rate. In addition, a special old-age pension is paid to those who were between 45 and 60 years old on January 1, 1988, and have been insured for 5 or more years when they reach age 60. The invalidity pension is paid to the persons who have been insured for one or more years, and are not completely recovered within two years (from the first medical examination) after they become disabled. The survivors pension is paid to the family members when pensioners

or persons who have been insured for one or more years die. Finally, the lump-sum refund is paid to the insured or their survivors who do not meet the eligibility requirement for the pensions.

Table 13. Number of eligible recipients and pensioners, 1985-1992

	(Unit: persons)		
	1985	1988	1989
Eligible recipients			
National Pension	-	4,432,695	4,520,948
Government Employees Pension	696,951	767,123	810,069
Private School Teachers Pension	123,821	141,311	149,542
Military Personnel Pension	135,000	150,000	150,000
Pensioners			
National Pension	-	-	59,438
Government Employees Pension	9,078	18,084	21,204
Private School Teachers Pension	16,145	16,881	18,832
Military Personnel Pension	32,369	37,136	38,496
	1990	1991	1992
Eligible recipients			
National Pension	4,651,678	4,768,536	5,021,159
Government Employees Pension	843,262	884,648	922,098
Private School Teachers Pension	153,922	159,295	165,334
Military Personnel Pension	150,000	150,000	150,000
Pensioners			
National Pension	257,318	383,251	493,217
Government Employees Pension	25,396	29,719	165,334
Private School Teachers Pension	19,054	19,941	24,780
Military Personnel Pension	39,503	40,369	41,892

- Sources: 1) National Pension Cooperation, Annual pension statistics, each year.
 2) Korea Teacher's Pension Cooperation, Annual pension statistics, each year.
 3) Government Pension Management Cooperation, Annual pension statistics, each year.
 4) Korea Ministry of Defense, Annual pension statistics, each year.

The standard level of benefits is approximately 40% of the last average income for the insured. However, as the benefit level is scheduled more favorable for the lower income groups in order to achieve income redistribution, the lowest income group receives 100 per cent of their last income while the highest income group receives less than 40% of their last income. The National Pension is financed by equal contributions from employer and employee, and part of the administrative expenditure is financed by the government.

Of the 493,217 pensioners of the National Pension, the number of those aged 60 and over was only 20,228(4.1 per cent) in 1993, which is only 0.6 per cent of the total elderly population aged 60 and over. It is expected that 9.6 per cent of the elderly aged 60 and over will be pensioners in 2008. Other pension programmes which are targeted for specified occupational groups, cover less than 1 per cent of all the elderly aged 60 and over.

There is also the Retirement Payment which was introduced by the Labor Standards Law of 1953. This Law stipulates that workplaces with 10 or more full-time workers should provide a lump-sum retirement payment. The amount of payment at retirement depends on the length of working period and the level of the worker's final earning. It is designed to give more favor to workers who worked longer periods.

Table 14. Age distribution of the pensioners in the the National Pension programme, 1989-1992

	(Unit: persons, %)			
	1989	1990	1991	1992
Total	59,438 (100.0)	257,318 (100.0)	383,251 (100.0)	493,217 (100.0)
Below 55	49,511 (83.3)	238,136 (92.5)	357,537 (93.3)	456,742 (92.6)
55-59	3,368 (5.7)	9,610 (3.7)	12,642 (3.3)	16,247 (3.3)
60-64	6,458 (10.9)	9,438 (3.7)	12,857 (3.4)	19,773 (4.0)
65 and over	101 (0.2)	134 (0.1)	215 (0.1)	455 (0.1)

Source: National Pension Cooperation, Annual pension statistics, 1989-1992.

2. Policies and programmes for elderly persons

1) Development of welfare policies for the elderly

The Elderly Welfare Law for the Aged was enacted on 5 June 1981 to establish legal grounds for the improvement of welfare for the elderly. The Law was amended on in 1990, and again in 1993. This Law contains three basic principles. Firstly, the elderly who have devoted themselves to bring up their children and to develop society and nation, should be guaranteed a sound and stable life with dignity. Secondly, the elderly should be guaranteed opportunity for jobs, according to their abilities, and for participation in social activities. Thirdly, the elderly themselves should try to maintain their health and to contribute to social development through effective utilization of their knowledge and experiences. According to this law, various welfare programmes have been developed and expanded, and the budgets for those programmes have been continuously increased.

In addition to the Welfare Law for the Elderly, several social welfare laws were enacted during the late 1980's. As above mentioned, the National Pension programme was also started in 1988.

The Division of Elderly Welfare in the Ministry of Health and Social Affairs, which is independent from the Division of Family Welfare, was established to improve efficiency of the welfare programmes for the elderly in November 1990.

Table 15. Welfare programmes and policy development for the elderly people

Year	Programmes and policy development
1980	Special Treatment programme for the elderly established
1981	Welfare Law for the Elderly enacted
1981	Elderly Job Bank implemented
1982	Special Treatment programme for the elderly expanded
1982	Charter of Respect for the elderly promulgated
1983	Free Health Check-up programme for the elderly implemented
1990	Division of Welfare for the Elderly established independent of the Division of Family Welfare
1990	Welfare Law for the Elderly amended
1990	Old Age Allowances provided to low-income elderly
1991	Elderly Employment Promotion programme

2) Budget for elderly people

The welfare budget is determined by the fiscal limit of the central government, and the GNP. The national budget for the year 1993 was 14.3 per cent of the GNP and the social security budget was less than 1 per cent of the GNP. Of the social security budget, the welfare budget for the aged was only 3.4 per cent in 1993 and 1.8 per cent in 1994.

Table 16. Proportion of welfare budget, 1987-1994

	(Unit: %)			
	1987	1988	1989	1990
National budget/GNP	16.0	14.9	16.1	14.9
Social security budget/GNP	0.6	0.7	0.8	1.0
Social security budget/National budget	3.7	4.5	5.2	6.6
Social welfare services budget/ National budget	0.3	0.3	0.3	0.5
Social welfare services budget/ Social welfare budget	8.1	6.3	5.8	7.7
Welfare budget for the aged/ National budget	0.02	0.02	0.03	0.14
Welfare budget for the aged/ Social security budget	0.6	0.6	0.6	2.5
Welfare budget for the aged/ Social welfare services budget	7.8	8.8	10.5	33.3
	1991	1992	1993	1994
National budget/GNP	14.1	14.3	14.3	-
Social security budget/GNP	1.0	0.9	0.9	-
Social security budget/National budget	7.0	6.4	6.4	6.0
Social welfare services budget/ National budget	0.5	0.5	0.6	0.5
Social welfare services budget/ Social welfare budget	7.4	8.9	9.0	7.9
Welfare budget for the aged/ National budget	0.13	0.17	0.22	0.11
Welfare budget for the aged/ Social security budget	2.1	2.7	3.4	1.8
Welfare budget for the aged/ Social welfare services budget	28.2	30.2	37.7	22.3

Sources: 1) Ministry of Health and Social Affairs, Programmes for health and social welfare policies, 1987-1994.

2) Economic Planning Board, Budget for fiscal year, 1987-1994.

The proportion of the welfare budget for the aged to the welfare services budget has been growing since 1990. The main cause of the growth is the provision of 12 free public transportation coupons to all

the elderly aged 65 and over, initiated in 1990, and the Old Age Allowance programme for the poor old persons aged 70 years and over in 1991. Until 1989 the free public transportation services were provided to the elderly without any government's budget support. However, the proportion of the welfare budget for the aged to the national budget decreased from 0.2 per cent in 1993 to 0.1 per cent in 1994. The decrease of the welfare budget for the aged in 1994 is mainly due to transfer of public transportation budget sponsored by the central government to the local governments.

Table 17. Proportion of the welfare services budget, 1987-1994

	(Unit: million Won, %)			
	1987	1988	1989	1990
Total budget	100.0 (46,877)	100.0 (51,707)	100.0 (66,470)	100.0 (113,803)
Nursery care	0.0	0.0	0.0	0.0
Child welfare	24.5	27.3	24.4	27.7
Elderly welfare	7.8	8.8	10.5	33.3
Women welfare	10.9	8.5	7.8	5.2
Handicapped welfare	35.6	39.2	44.4	26.0
Homeless welfare	13.1	11.6	9.7	6.1
Others	8.1	4.7	3.3	1.8
	1991	1992	1993	1994
Total budget	100.0 (139,479)	100.0 (190,911)	100.0 (219,036)	100.0 (210,997)
Nursery care	0.0	23.8	21.7	27.6
Child welfare	34.5	11.4	10.7	13.0
Elderly welfare	28.2	30.2	37.7	21.9
Women welfare	6.1	2.5	2.9	4.2
Handicapped welfare	23.9	20.3	20.1	25.1
Homeless welfare	5.9	4.3	4.2	5.3
Others	1.5	7.3	2.6	2.9

Sources: 1) Ministry of Health and Social Affairs, Programmes for health and social welfare policies, 1987-1994.

2) Economic Planning Board, Budget for fiscal year, 1987-1994.

Table 18. Welfare budget for the aged, 1989-1994

	(Unit: million Won, %)					
	1989		1990		1991	
	Expendi- ture	%	Expendi- ture	%	Expendi- ture	%
Total budget	6,955	100.0	37,861	100.0	39,272	100.0
Transportation	-	-	28,746	75.9	24,984	63.6
Old Age Allowance	-	-	-	-	4,284	10.9
Free Health Check-up	861	12.4	811	2.1	811	2.1
Senior Hall	1,500	21.6	2,754	7.3	3,248	8.3
Day care	-	-	-	-	-	-
Community care	32	0.5	38	0.1	59	0.2
Aid for NGO	156	2.2	532	1.4	380	1.0
Filial piety prize	175	2.5	-	-	175	0.4
Administrative cost	30	0.4	-	-	17	0.0
Institutional care	4,201	60.1	4,980	13.2	5,313	13.5
	1992		1993		1994	
	Expendi- ture	%	Expendi- ture	%	Expendi- ture	%
	Expendi- ture	%	Expendi- ture	%	Expendi- ture	%
Total budget	57,715	100.0	82,654	100.0	46,203	100.0
Transportation	29,380	50.9	43,567	52.7	-	-
Old Age Allowance	16,067	27.8	22,826	27.6	22,826	49.4
Free Health Check-up	811	1.4	811	1.0	811	1.8
Senior Hall	4,756	8.2	5,161	6.2	5,351	11.6
Day care	12	0.0	36	0.0	50	0.1
Community care	216	0.4	216	0.3	302	0.7
Aid for NGO	387	0.7	398	0.5	398	0.5
Filial piety prize	-	-	-	-	-	-
Administrative cost	139	0.2	141	0.2	107	0.2
Institutional care	6,163	10.7	9,714	11.8	16,700	36.1

Note: 820 Won=US\$ 1

Source: Ka-Oak Rhee, et al., Social supports for the aged, Korea Institute for Health and Social Affairs, 1990.

Table 18 indicates that the main proportion of the welfare budget for the aged has been paid for the long-term institutional care. In 1989, 60.1 per cent of the welfare budget for the aged went to institutional care. But surprisingly, 13.2 per cent in 1990 and 11.8 per cent in 1993 went to institutional care, leading to a very rapid drop in the proportions. Despite the diminishing trend of the proportional expenditures on institutional care, the absolute amount has been consistently increasing.

3) Current welfare programmes for the aged

(1) Policies for economic security

a. Public assistance

The Livelihood Protection Law was enacted in 1961 to guarantee minimum standard of living and to enhance self-reliance capabilities of the poor. There are various kinds of public assistance benefits provided to the poor under this law. The recipients of the public assistance are selected annually by the local governments based on the income/property criteria set up by the Ministry of Health and Social Affairs. As of 1993, there were about 1.7 million (3.9 per cent of total population) recipients of the public assistance.

The recipients of the public assistance are classified into three groups; Domiciliary care recipient, Institutional care recipient, and Self-reliance support recipient. Domiciliary care and Institutional care recipients are composed of those people who cannot work because of disability or their age, and those who are institutionalized in welfare facilities. Therefore, they are provided with overall public assistance benefits which include livelihood, medical, educational, maternity, and funeral aid. However, in the case of self-reliance support recipients who are composed of the able bodied poor, major emphasis is placed on supporting their self-reliance, while the basic public assistance

benefits such as medical and educational aid are provided to them too. Table 19 shows the eligibility criteria and benefits of public assistance programme.

Table 19. Eligibility for the public assistance, 1994

	Eligibility criteria		Types of aid
	Monthly income/person	Property/household	
Domiciliary care	below 160,000 won	below 17 million Won	livelihood, medical, educational, maternity, funeral aid
Self-reliance support	below 170,000 Won	below 20 million won	medical, educational aid, job training
Institutional care	Institutionalized in welfare facilities		same as Domiciliary care

Source: Ministry of Health and Social Affairs, '94 Major programme data, 1994.

In 1993, the number of the elderly receiving public assistance was 316,594, which covers 13.4 per cent of the total elderly aged 65 and over or 18.6 per cent of the total recipients. Because the elderly are an economically vulnerable group, they make up a high percentage of the public assistance recipients. The elderly aged 65 and over account for 39.4 per cent of the total Domiciliary care recipients.

In addition, the Old Age Allowance was provided for the poor elderly persons from 1991, and 10,000 Won per month per person was paid to 51,000 persons. In 1993, 15,000 Won per month per person was provided to 181,000 elderly persons (7.4 per cent of those 65 years and over) aged 70 and over. This programme was designed to solve the problems which arose from the National Pension programme, which allowed no provision for those who have already reached the pensionable age of 60.

Table 20. Recipients of the public assistance, 1993

(Unit: persons, %)

	Total	Domiciliary ¹⁾ care	Institutional ²⁾ care	Self-reliance support
Total recipients(A)	1,702,211	304,622	77,843	1,319,746
65 and over(B)	316,594	120,128	7,067	189,399
B/A	18.6	39.4	9.1	14.4
B/65 and over	13.4	5.1	0.3	8.0
A/Total population	3.9	0.7	0.2	3.0

Notes: 1) Domiciliary care: 65,000 Won/month per person (820 Won=1 US\$).

2) Institutional care: 65,000 Won/month per person

Source: Ministry of Health and Social Affairs, Analysis of public assistance system in Korea, 1993.

b. Employment promotion programmes

For all persons, regardless of age, employment provides the important benefits of income and activity. For old workers, cessation of employment results in a severe decrease in income, as well as a potential loss of meaningful and rewarding activity. Therefore, the employment promotion programme may be one of the most important programmes to secure stable and meaningful lives for the elderly. Although extension of compulsory retirement age and re-employment of the retired elderly take place in private businesses recently, partly affected by a shortage of labour, Korean elderly are still forced to retire earlier than those in other countries.

In the case of government officials, compulsory retirement age varies according to their positions and grades. In general, however, they must retire at age 61, while those engaged in special duties such as military officers retire earlier. Compulsory retirement age of government official is shown in Table 21.

able 21. Retirement age of government officials

Classification	Age
Officer in general position	
- 5th grade and over	61
- below 5th grade	58
Professor/teacher	65
Judge	60-70
Policeman	58-61
Military officer	43-63

There are three job placement programmes that provide elderly people with an opportunity to earn income by making good use of their free time: 1) Elderly Job Bank, 2) Elderly Workplace, and 3) Elderly Employment Promotion. The Elderly Job Bank programme started in 1981 and 60 Banks are operated by local branch offices of the National Association of Senior Citizens in 1994. The government subsidized each of the 60 Banks with 300,000 Won per month for administrative expenses. In 1992, approximately 88,000 old persons found short-term or long-term part-time jobs through these Banks.

Table 22. Employment through the Elderly Job Banks, 1985-1992

	(Unit: persons)					
	1985	1988	1989	1990	1991	1992
Total	40,903	78,205	94,227	81,735	85,282	88,009
Short-term (less than a month)	38,992	64,993	75,499	62,899	59,445	62,571
Long-term	1,911	13,272	18,728	18,846	25,837	25,438

Source: Ministry of Health and Social Affairs, Programmes for health and social welfare policies, 1992.

The Elderly Workplace programme started in 1986 and 272 workplaces are operated by voluntary organizations with government assistance of 2 million Won for the initial establishment of each workplace. In these places, elderly persons undertake simple handicrafts such as making envelopes, grow crops, and so on.

The Elderly Employment Promotion programme was begun in 1992. The government enacted the Employment Promotion Law for the Aged in 1991, which was effective from 1992. The main target of this Law is the workers aged 55 and over. The Law prescribes the responsibility of the government in promoting employment of the aged and strengthening job providing programmes for the aged. The Law also encourages the owners of workplaces employing 300 or more workers, to employ 3 or more per cent aged 55 and over. In addition, this Law gives preference for certain jobs(selling bus tokens and cigarettes, attending parking lots and public parks, etc.) to elderly persons.

(2) Health and medical policies

There are three kinds of health promotion programmes for elderly people; medical insurance, medical assistance, and Free Health Check-up for the low-income elderly.

There are three programmes under the medical insurance scheme: 1) Employees Insurance, 2) Government Employees and Private School Teachers Insurance, 3) Self-employed Insurance. The Employees Insurance programme was introduced in 1977, Government Employees and Private School Teachers Insurance in 1979, Self-employed Insurance for the rural areas in 1988, Self-employed Insurance for the urban areas in 1989. As of 1989, all Koreans have been covered by these programmes(90 per cent by the medical insurance programmes, 10 per cent by the medical assistance programme). With the achievement of the national medical insurance the utilization rate of

health services has been improved. The proportions of aged 60 and over for Employees Insurance, Government Employees and Private School Teachers Insurance, Self-employed Insurance were 7.3 per cent, 11.3 per cent, and 6.9 per cent respectively in 1991.

Table 23. Proportion of the elderly by insurance programme, 1985-1991
(Unit: %)

	1985	1987	1989	1990	1991
Employees Insurance					
Total population	100.0	100.0	100.0	100.0	100.0
60 and over	5.8	6.0	6.6	7.3	7.7
65 and over	3.2	3.3	3.8	4.4	4.8
70 and over	1.4	1.5	1.8	2.4	2.7
Government Employees and Private School Teachers Insurance					
Total population	100.0	100.0	100.0	100.0	100.0
60 and over	9.3	10.4	11.1	11.3	11.5
65 and over	6.1	6.9	7.5	7.7	7.9
70 and over	3.7	4.7	4.7	4.8	5.0
Self-employed Insurance					
Total population	-	-	100.0	100.0	100.0
60 and over	-	-	6.8	6.9	7.1
65 and over	-	-	4.6	4.6	4.7
70 and over	-	-	2.8	2.8	2.8

Source: Korea Medical Insurance Co., Medical insurance statistical yearbook, 1985-1992.

The Korean government also provides Free Health Check-up Services for the aged 65 and over with low-incomes. There are two stages of this health service. The first stage service consists of primarily routine medical tests checking overall health status of elderly people. The second stage service is an advanced test for those needing a more thorough check-up. About 140,000 aged people (6.1 per cent of those aged 65 and over) received the Free Health Check-up services in 1992. The health screening showed that about

34.5 per cent of those receiving the Free Check-up had one or more kinds of health problem.

Table 24. Number of beneficiaries of Free Health Check-up services, 1983-1992

Year	Number of beneficiaries	Rate of illness	(Unit: persons, %)
			Proportion of beneficiaries to the total elderly
1983	186,743	39.8	11.6
1984	198,836	41.3	11.9
1985	198,896	29.9	11.4
1986	201,627	28.8	11.3
1987	191,336	27.2	10.4
1988	188,720	27.7	9.9
1989	194,107	31.6	9.9
1990	186,298	31.4	9.2
1991	189,329	30.6	8.6
1992	138,876	34.5	6.1

Source: Ministry of Health and Social Affairs, Annual reports, 1983-1993

(3) Institutional care

There are six kinds of institutional care facilities for the aged people in Korea:

- (a) Free elderly home for the aged people in need
- (b) Free nursing home for the aged people in need
- (c) Low-cost elderly home for the aged people in need
- (d) Low-cost nursing home for the aged people in need
- (e) Charged elderly home
- (f) Charged nursing home facilities

6,838 aged people were cared for in 113 free facilities in 1993. The government paid 90 per cent of the total cost for the facilities. Low-cost facilities charge 143,000-184,000 Won/month per person, but

residents are required to deposit 24 months' charge in advance. Charged facilities cost about 350,000-600,000 Won/month per person, but residents are required to deposit 20-50 million Won in advance.

Table 25. Number of long-term care facilities for the elderly and their residents by type, 1985-1993
(Unit: facilities, persons)

	Total	A	B	C	D	E	F
1985 Facilities	68	63	4	-	-	1	-
Residents	5,059	4,769	290	-	-	-	-
1986 Facilities	72	64	8	-	-	-	-
Residents	5,387	4,788	599	-	-	-	-
1987 Facilities	76	66	10	-	-	-	-
Residents	5,648	4,961	687	-	-	-	-
1988 Facilities	80	67	12	-	-	1	-
Residents	6,164	5,043	1,081	-	-	40	-
1989 Facilities	93	69	18	-	4	2	-
Residents	6,379	4,962	1,324	-	39	54	-
1990 Facilities	98	71	18	1	6	2	-
Residents	6,593	4,962	1,447	8	114	62	-
1991 Facilities	106	72	19	1	10	4	-
Residents	6,822	4,930	1,497	15	226	154	-
1992 Facilities	123	76	28	1	14	3	1
Residents	7,239	4,848	1,802	15	318	236	20
1993 Facilities	135	79	34	2	14	5	1
Residents	7,525	4,830	2,008	23	377	260	27

Notes: A = Free elderly home
 B = Free nursing home
 C = Low-cost elderly home
 D = Low-cost nursing home
 E = Charged elderly home
 F = Charged nursing home

Source: Ministry of Health and Social Affairs, Programmes for health and social welfare policies, 1985-1993.

(4) Family support

With expansion of the public welfare programmes, the government has also made efforts to strengthen the family support system. In order to enhance the spirit of respect for the elderly, the government annually awards prizes to filial sons, daughters-in-law, and exemplary traditional families. In addition, the government provides various benefits to those who take care of their old parents, through tax deductions, housing loans, and special monthly allowances for the government officials. Since 1982 the government has rewarded about 340 persons every year in recognition of their pious conduct. In addition, for those who take care of their aged parents there are various tax incentives. And civil service workers who live with older parents are also eligible for 15,000 Won of government monthly allowance.

(5) Special Treatment programme for the elderly

The Elderly Special Treatment programme was started for those aged 70 and over in 1980 by a governmentn ordinance, and it was expanded to those aged 65 and over from 1982 by the provision of the Elderly Welfare Act of 1981. This programme provides elderly people with discounts on public transport and on admission to public facilities such as parks and museums. In addition to these discounts, this programme provides elderly persons with 12 free bus coupons per month upon request.

CHAPTER 4

LIVING CONDITIONS OF ELDERLY PERSONS

1. Economic security

1) Economic status

As usual in other developing countries, Korean society has been experiencing rapid industrialization since the 1960s. Old citizens, who were devoted to primary industries such as farming or fishing, have been losing their job and social identity in today's technology-oriented society.

The Korean Gallup Institute shows that most of Korea's old citizens express awareness of their financial insecurity in their later life.

Table 26. Self perception on economic situation of the elderly, 1989

(Unit: %)

	Very insecure	Somewhat insecure	So so	Not insecure	Unknown	Total
Overall	29.2	35.3	26.6	8.5	0.4	100.0
60-64	28.9	36.5	27.0	7.2	0.3	100.0
65-69	27.1	37.1	26.8	8.8	0.3	100.0
70-74	32.1	31.7	27.2	8.4	0.7	100.0
75-79	32.2	33.9	22.2	11.1	0.6	100.0
80 and over	24.7	37.1	29.2	9.0	0.0	100.0

Source: Korea Gallup Survey, Life style and value system of the elderly in Korea, 1990.

2) Employment

Employment is very important in terms of self-achievement, as well as income source. In 1960, 422,000 persons aged 60 and over were involved in part- or full-time employment(including self employment). This was 28.1 per cent of the total elderly population. However in 1992, 1,492,000 people in the same age group(41.9 per cent) were employed.

The economic activities of elderly people has become more prominent on the farmland. The proportion of the aged(60 and over) to the total farming population increased from 5.0 per cent in 1966 to 25.2 per cent in 1992, while non-agricultural workers increased from 2.1 per cent to 4.1 per cent.

Table 27. Employment rate by sex and age group, 1960-1992

(Unit: 1,000 persons, %)

	1960	1966	1970	1975
(A)	14,821	16,476	18,194	21,471
(B)	7,425	8,654	10,199	12,340
(C)	7,318	8,368	9,745	11,830
(D)	4,949	5,425	6,167	7,489
(E)	2,369	2,942	3,578	4,341
(F)	1,502	1,512	1,704	1,944
(G)	437	356	441	603
(H)	422	348	438	598
(I)	324	261	290	387
(J)	98	87	148	211
(K)	49.4	50.8	53.6	55.1
(L)	68.0	66.8	69.1	70.6
(M)	31.4	35.2	38.6	40.0
(N)	28.1	23.0	25.7	30.8
(O)	50.5	41.7	41.4	48.8
(P)	11.4	9.8	14.7	18.3

Table 27. (continued)

	1980	1985	1990	1991	1992
(A)	24,751	28,324	32,256	32,321	32,831
(B)	14,454	15,554	18,487	19,012	19,385
(C)	13,706	14,935	18,036	18,576	18,921
(D)	8,462	9,107	11,695	11,068	11,312
(E)	5,243	5,828	7,341	7,508	7,609
(F)	2,268	2,756	3,319	3,418	3,557
(G)	719	878	1,294	1,361	1,497
(H)	714	876	1,289	1,357	1,492
(I)	457	530	711	760	841
(J)	257	346	577	597	651
(K)	55.4	52.7	55.9	57.5	57.6
(L)	69.3	65.2	73.1	68.9	69.3
(M)	41.8	40.6	45.1	46.2	46.1
(N)	31.5	31.8	38.9	39.7	41.9
(O)	50.1	48.5	54.4	56.3	59.8
(P)	19.0	20.8	28.6	28.9	30.3

- Notes: A = Number of people aged 15 and over
 B = Number of people aged 15 and over economically active population (the employed+the unemployed)
 C = Number of people aged 15 and over who are employed
 D = Number of employed male aged 15 and over
 E = Number of employed female aged 15 and over
 F = Number of people aged 60 and over
 G = Number of people aged 60 and over economically active population (the employed+the unemployed)
 H = Number of employed people aged 60 and over
 I = Number of employed male aged 60 and over
 J = Number of employed female aged 60 and over
 K = $C/A \times 100(\%)$ L = $D/\text{Number of males aged 15 and over} \times 100(\%)$
 M = $E/\text{Number of females aged 15 and over} \times 100(\%)$
 N = $H/F \times 100(\%)$ O = $I/\text{Number of males aged 60 and over} \times 100(\%)$
 P = $J/\text{Number of females aged 60 and over} \times 100(\%)$

- Sources: 1) Economic Planning Board, Population and housing census report, 1960-1985.
 2) National Statistical Office, Population and housing census report, 1990
 3) Economic Planning Board, Annual report on the economically active population survey, 1960-1985.
 4) National Statistical Office, Annual report on the economically active population survey, 1990-1992.

3) Employment status

In 1992, 74.3 per cent of workers aged 60 and over were self-employed and managed their own business or family business. In contrast, only 39.2 per cent of workers aged 15 and over were in the same status(self-employed). 60.8 per cent of workers aged 15 and over were employed workers(51 per cent were full-time), but only 25.7 per cent(14.8 per cent were full-time) aged 60 and over were employed. The lower rate of employed workers for the aged is due to the higher rate of self-employment and family business. Overall, the rate of full-time employment for the aged has been continuously increasing from 5.1 per cent in 1985, 10.3 per cent in 1990, 11.3 per cent in 1991, to 14.8 per cent in 1992.

Table 28. Employment status, 1985-1992

(Unit: 1,000 persons, %)

	1985		1990		1991		1992	
	Number	%	Number	%	Number	%	Number	%
15 and over	14,935	100.0	17,511	100.0	18,036	100.0	18,921	100.0
Employed	8,090	54.2	10,354	59.1	10,865	60.2	11,504	60.8
Full	5,081	34.0	8,635	49.3	9,034	50.1	9,738	51.5
Temporary	1,622	10.9	1,719	9.8	1,831	10.2	1,767	9.3
Daily	1,386	9.3	-	-	-	-	-	-
Self-employed	6,845	45.8	7,157	40.9	7,171	39.8	7,417	39.2
Employer	842	5.6	1,083	6.2	1,163	6.4	1,353	7.2
Private business	3,821	25.6	3,969	22.7	3,937	22.0	4,089	21.6
Family work	2,182	14.6	2,105	12.0	2,071	11.5	1,974	10.4
60 and over	876	100.0	1,196	100.0	1,289	100.0	1,492	100.0
Employed	148	16.9	260	21.7	302	23.4	383	25.7
Full	45	5.1	123	10.3	146	11.3	221	14.8
Temporary	23	2.6	137	11.5	156	12.1	162	10.9
Daily	80	9.1	-	-	-	-	-	-
Self-employed	729	83.2	937	78.3	987	76.6	1,109	74.3
Employer	39	4.4	36	3.0	39	3.0	50	3.4
Private business	490	55.9	635	53.1	679	52.7	779	52.2
Family work	200	22.8	266	22.2	269	20.9	280	18.8

Source: 1) Economic Planning, Board, Annual report on the economically active population survey, 1985.

2) National Statistical Office, Annual report on the economically active population survey, 1990-1992.

4) Occupation

The kinds of job on which Koreans work are shown in Table 29. In 1985, 30.9 per cent of Koreans at all ages were working in agriculture, forestry, and fishing. But only 19.6 per cent were doing so in 1992. Of the working elderly aged 60 and over, 67.9 per cent were working in agriculture, forestry, and fishing in 1985. Still decreasing, 58.1 per cent of the working population aged 60 and over were working in agriculture, forestry, and fishing in 1992, indicating that elderly workers remain in traditional jobs, while the younger age group prefers industrial (technology) or service jobs.

Table 29. Employment rate by occupation, 1985-1992

(Unit: %)

	1985		1990		1991		1992	
	Total pop.	60+	Total pop.	60+	Total pop.	60+	Total pop.	60+
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Agriculture, forestry & fishing	30.9	67.9	22.7	62.8	21.4	60.3	19.6	58.1
Mining	0.9	0.1	0.5	0.1	0.4	0.2	0.4	0.1
Manufacturing	23.3	5.6	27.7	8.6	26.9	9.0	26.6	9.5
Electricity, gas & water	0.2	0.0	0.3	0.0	0.4	0.1	0.4	0.0
Construction	6.3	2.8	6.5	3.2	7.4	4.0	8.3	4.3
Wholesale & retail trade, restaurants & hotels	21.8	14.3	21.4	12.9	21.7	13.6	22.0	13.9
Transport, storage & communication	4.6	0.5	5.0	1.1	5.1	1.2	5.3	1.3
Financing, insurance, real estate & business services	3.5	2.7	4.9	3.2	5.2	3.2	5.5	3.6
Social & personal service	12.3	6.1	14.2	8.2	14.6	8.4	14.9	9.1

Sources: 1) Economic Planning Board, Annual report on the economically active population survey, 1985.

2) National Statistical Office, Annual report on the economically active population survey, 1990-1992.

5) Desire for jobs

Desire for a job by elderly people is unquestionably high. The Korean Gallup Institute reported that 77.2 per cent of the Korean aged 60 and over strongly desire to have a job. 63.2 per cent of the employed elderly and 63.3 per cent of the unemployed elderly answered that they still wanted to work primarily for financial reasons.

Table 30. Desire for jobs by elderly employed, 1989

(Unit: %)

	Still want to work	Want to quit	Not clear	Total
Overall	77.2	22.4	0.4	100.0
60-64	77.6	21.6	0.8	100.0
65-69	80.0	20.0	0.0	100.0
70-74	71.4	28.6	0.0	100.0
75-79	88.2	11.8	0.0	100.0
80 and over	40.0	60.0	0.0	100.0

Source: The Korea Gallup Survey, Life style and value system of the elderly in Korea, 1990.

Table 31. Reasons for continuing to work, 1989

(Unit: %)

	Need money	For pleasure	Social activities	Health promotion	Others	Unknown	Total
Employed	63.2	11.1	2.2	18.4	4.8	0.4	100.0
60-64	64.4	8.9	4.4	18.9	3.3	0.0	100.0
65-69	68.7	7.5	0.0	18.7	5.0	0.0	100.0
70-74	48.6	22.9	0.0	14.3	11.4	2.9	100.0
75-79	66.7	6.7	0.0	26.7	0.0	0.0	100.0
80 and over	0.0	100.0	0.0	0.0	0.0	0.0	100.0
Unemployed	63.3	12.3	4.0	12.9	6.6	0.9	100.0
60-64	60.0	14.3	3.8	11.4	8.6	1.9	100.0
65-69	69.7	8.3	2.8	12.8	6.4	0.0	100.0
70-74	61.5	15.4	5.5	11.0	5.5	1.1	100.0
75-79	62.5	12.5	7.5	15.0	2.5	0.0	100.0
80 and over	61.1	5.6	0.0	27.8	5.6	0.0	100.0

Source: The Korea Gallup Survey, Life style and value system of the elderly in Korea, 1990.

2. Health care

1) Self-perception on health condition

Self-perception on health condition of elderly people was investigated by the Korea Institute for Health and Social Affairs in 1992. In this survey 45.4 per cent of those aged 60 and over, 46.8 per cent of those aged 65 and over and 46.8 per cent of those aged 70 and over felt that their overall health condition was not satisfactory. On the other hand, the survey of the Korean Statistical Office revealed that 42.9 per cent of those aged 60 and over graded their health status as 'not healthy' or 'bad condition' in 1992. Therefore, it can be said that roughly 40-50 per cent of the Korean elderly estimate their health status as unfavorable.

Table 32. Self perception on health condition based on KIHASA survey, 1992

(Unit: %)

Age	Unhealthy	So so	Healthy
Overall	14.2	18.1	67.7
60-64	42.7	20.8	36.4
65-69	46.9	20.9	32.2
70-74	48.4	22.5	29.1
75 and over	45.6	22.7	31.7
60 and over	45.4	21.5	33.1
65 and over	46.8	21.9	31.2
70 and over	46.8	22.6	30.5

Source: Kun-Yong Song, et al., National survey on health behavior, Korea Institute for Health and Social Affairs, 1992.

Table 33. Self perception on health condition based on EPB and NSO surveys, 1986-1992

(Unit: %)

	Total	Very healthy	Healthy	So so	Unhealthy	Very unhealthy
1986						
Total pop.	100.0	8.9	39.8	34.7	14.5	2.1
60-64	100.0	4.3	26.9	36.5	27.1	5.2
65 and over	100.0	4.9	25.6	30.3	32.8	6.4
1989						
Total pop.	100.0	11.2	43.6	27.4	15.6	2.2
60 and over	100.0	3.7	27.6	28.4	33.0	7.3
1992						
Total pop.	100.0	5.8	40.7	35.3	16.3	1.9
60 and over	100.0	2.5	24.5	30.2	36.2	6.7

Sources: 1) Economic Planning Board, Social indicator, 1986-1989.

2) National Statistical Office, Social indicator, 1992.

2) Physical and mental activities

(1) Physical difficulties

It is reported that of elderly persons in Seoul aged 60 and over, 1.1-4.4 per cent (depending on functional classification) have one or more physical or mental difficulties. In particular, more than 30 per cent of the respondents had physical difficulties with eyesight, arms, legs, and teeth. The worst physical condition was teeth: about 63 per cent of the elderly had one or more teeth problems.

(2) Activities of daily living

As for daily living activities, 90 per cent of the respondents answered that they could maintain daily lives without assistance. These results suggest that despite some physical constraints, the Korean elderly do not have a noticeable level of difficulties for independent daily activities.

Table 34. Physical activities of daily living

(Unit: %)

Physical condition	Overall	60-64	65-69	70-74	75-79	80 ⁺
Hearing						
Have disability	1.6	0.3	0.5	1.2	3.1	7.5
Somewhat bad	15.3	10.4	15.7	13.6	21.6	30.4
So so	20.4	15.6	17.4	27.2	22.6	32.8
Good	62.6	73.0	66.4	57.9	52.7	29.3
Eyesight						
Have disability	2.5	1.0	1.4	4.4	5.6	3.4
Somewhat bad	31.5	29.2	29.3	32.2	34.7	44.3
So so	36.4	36.9	33.7	38.3	36.1	39.9
Good	29.6	32.9	35.6	25.1	23.6	12.3
Teeth						
Have disability	3.8	1.9	2.1	4.3	5.2	15.4
Somewhat bad	47.7	44.7	45.2	48.2	56.3	55.3
So so	26.9	29.2	26.5	31.0	21.8	15.6
Good	21.6	24.1	26.2	16.6	16.8	13.7
Digestion						
Have disability	1.1	1.2	0.8	1.1	1.4	1.3
Somewhat bad	21.0	21.6	19.7	18.0	22.2	29.0
So so	32.1	27.5	29.5	38.4	36.3	39.1
Good	45.9	49.7	50.0	42.5	40.0	30.5
Arm movement						
Have disability	3.0	4.2	3.4	1.0	2.1	2.1
Somewhat bad	30.4	23.6	29.5	29.4	39.5	52.4
So so	30.2	29.0	29.3	34.0	34.9	20.3
Good	36.4	43.1	37.7	35.5	23.5	25.2
Leg movement						
Have disability	4.4	4.5	4.3	3.5	6.4	4.0
Somewhat bad	39.2	28.9	38.7	43.9	45.6	65.6
So so	26.3	28.1	26.9	24.7	29.0	15.6
Good	30.0	38.6	30.0	28.0	18.9	14.8
Total	100.0	100.0	100.0	100.0	100.0	100.0
(N)	(905)	(296)	(259)	(175)	(112)	(64)

Source: Ka-Oak Rhee, et al., Development of home helper system, Korea Institute for Health and Social Affairs, 1991.

Table 35. Activities of daily living

(Unit: %)

Daily activities	Overall	60-64	65-69	70-74	75-79	80 ⁺
Cooking and eating						
Always need assistance	8.3	4.6	6.6	7.4	8.5	33.4
Sometimes need assistance	11.9	9.5	10.4	10.2	18.8	21.1
No need for assistance	79.9	85.8	83.0	82.4	72.7	45.5
Cleaning and laundry						
Always need assistance	10.5	6.4	9.3	10.0	16.0	25.6
Sometimes need assistance	13.7	9.4	13.0	12.4	14.8	37.9
No need for assistance	75.8	84.2	77.6	77.6	69.2	36.5
Bathing						
Always need assistance	2.7	1.3	1.9	2.1	6.3	8.0
Sometimes need assistance	6.4	3.7	5.1	6.7	7.1	21.7
No need for assistance	90.9	94.9	93.0	91.2	86.6	70.2
Changing clothes						
Always need assistance	2.0	0.9	1.6	1.7	5.3	3.4
Sometimes need assistance	2.1	0.8	1.9	1.1	2.5	10.4
No need for assistance	96.0	98.2	96.5	97.2	92.2	86.2
Use of public transportation						
Always need assistance	9.9	3.2	6.6	10.7	14.9	43.8
Sometimes need assistance	9.6	5.7	7.4	10.6	18.5	17.8
No need for assistance	80.5	91.2	86.1	78.7	66.6	38.4
Walking out						
Always need assistance	4.3	2.5	1.9	5.2	8.6	12.6
Sometimes need assistance	6.8	2.7	5.6	5.5	7.5	33.4
No need for assistance	88.9	94.8	92.6	89.3	83.9	54.0
Indoor activities						
Always need assistance	1.8	0.6	1.1	2.1	5.1	3.4
Sometimes need assistance	1.8	0.4	0.9	2.4	3.3	8.1
No need for assistance	96.4	99.1	98.0	95.5	91.6	88.5
Toilet use						
Always need assistance	1.7	0.7	1.6	1.5	5.1	1.9
Sometimes need assistance	1.7	0.3	1.1	2.3	2.5	7.5
No need for assistance	96.6	99.1	97.3	96.1	92.4	90.6
Visit banks, public offices						
Always need assistance	9.9	2.8	6.3	12.1	15.6	41.3
Sometimes need assistance	10.3	6.3	7.5	10.6	16.7	27.6
No need for assistance	79.8	90.9	86.3	77.3	67.7	31.1
Total	100.0	100.0	100.0	100.0	100.0	100.0
(N)	(905)	(296)	(259)	(175)	(112)	(64)

Source: Ka-Oak Rhee, et al., Development of home helper system, Korea Institute for Health and Social Affairs, 1991.

(3) Prevalence rate of dementia

The prevalence rate of dementia among the aged 60 and over is about 7 per cent (Table 36 came out of answers of primary caregiver on the subjects). The prevalence of dementia gradually increases as the subjects get old, showing the highest rate of 31.5 per cent for those aged 80 and over. Overall, prevalence of the dementia is higher for women than men.

Table 36. Prevalence rate of dementia among the elderly living in Seoul, 1991

Prevalence of dementia	(Unit: %)					
	Overall	60-64	65-69	70-74	75-79	80+
Both	7.0	7.0	4.7	6.6	7.5	31.5
Men	4.6	4.6	1.6	4.5	8.2	26.0
Women	10.6	10.6	9.8	9.3	7.0	33.8

Source: Ka-Oak Rhee, et al., Development of home helper system, Korea Institute for Health and Social Affairs, 1991.

3) Prevalence of illness

The prevalence rate of illness in the 'last 2 weeks' among the elderly aged 60 and over was 676.0 per 1,000 persons, while the nationwide prevalence rate of illness amounted to 403.8 per 1,000 persons in 1992.

However, the prevalence rate of chronic illness was much higher than that of the total population. The rate of elderly people was 655.5 per 1,000 persons per year, while the rate of the total population was 271.9.

Table 37. Prevalence rate of illness, 1992

	(Unit: times)			
	Total pop.	60 ⁺	65 ⁺	70 ⁺
Overall	403.8	676.0	693.3	683.3
Infections and parasitic diseases	9.4	8.7	8.3	4.2
Neoplasms	2.0	4.6	5.3	6.3
Endocrine, nutrition and metabolic diseases and immunity disorders	7.8	21.6	20.1	13.6
Diseases of blood and blood-forming organs	2.6	3.8	4.7	5.2
Mental disorders	7.0	5.7	5.9	5.2
Diseases of the nervous system and sense organs	25.7	56.2	66.9	65.8
Diseases of the circulatory system	22.8	74.4	72.2	63.7
Diseases of the respiratory system	124.6	97.6	99.5	104.5
Diseases of the digestive system	66.8	81.7	75.8	64.8
Diseases of the genito-urinary system	9.9	8.7	7.1	4.2
Diseases of the skin and subcutaneous tissue	15.1	11.4	10.7	10.4
Diseases of the musculoskeletal system and connective tissue	69.7	222.6	228.5	226.8
Symptoms, signs and ill-defined conditions	17.4	44.1	55.1	75.2
Injury and poisoning	23.1	34.9	33.2	33.4

Source: Kun-Yong Song, et al., National survey on health behavior, Korea Institute for Health and Social Affairs, 1992.

Table 38. Prevalence rate of chronic illness, 1992

(Unit: times)

	Total pop.	60*	65*	70*
Overall	217.9	655.5	662.5	674.1
Infections and parasitic diseases	3.4	6.1	6.5	6.3
Neoplasms	2.3	4.6	4.7	6.3
Endocrine, nutrition and metabolic diseases and immunity disorders	12.6	32.3	29.6	21.9
Diseases of blood and blood-forming organs	3.5	4.6	5.9	6.3
Mental disorders	7.5	8.0	7.1	6.3
Diseases of the nervous system and sense organs	19.9	57.7	69.3	74.2
Diseases of the circulatory system	32.2	92.7	85.8	75.2
Diseases of the respiratory system	21.5	50.9	51.5	63.7
Diseases of the digestive system	56.1	76.7	66.9	61.7
Diseases of the genito-urinary system	8.1	11.0	10.1	4.2
Diseases of the skin and subcutaneous tissue	11.0	8.0	6.5	8.4
Diseases of the musculoskeletal system and connective tissue	72.0	238.1	246.3	246.6
Symptoms, signs and ill-defined conditions	10.5	39.9	49.1	70.0
Injury and poisoning	11.3	25.1	23.1	23.0

Source: Kun-Yong Song, et al., National survey on health behavior, Korea Institute for Health and Social Affairs, 1992.

4) Mortality

Crude death rate is one of the most common indicators of the comprehensive socio-economic status of a country. The crude death rate of those aged 60 and over has been consistently decreasing since 1960.

Table 39. Trend of crude death rate, 1985-1992

(Unit: per 1,000 persons)

		Total pop.	60 ⁺	65 ⁺	70 ⁺
1985	Both	5.7	47.0	61.9	82.7
	Male	6.7	60.9	80.2	109.6
	Female	4.8	37.8	51.0	69.1
1986	Both	5.6	49.4	68.1	97.8
	Male	6.5	69.4	04.7	193.5
	Female	4.7	37.9	51.4	70.0
1987	Both	5.5	46.3	62.4	84.8
	Male	6.4	57.7	78.3	106.9
	Female	4.7	38.8	52.9	73.4
1988	Both	5.5	44.0	59.1	80.5
	Male	6.3	55.5	75.2	103.0
	Female	4.6	36.5	49.7	69.1
1989	Both	5.6	43.8	58.1	80.5
	Male	6.4	56.2	74.9	104.4
	Female	4.7	35.8	48.0	67.0
1990	Both	5.4	42.6	56.1	76.8
	Male	6.2	53.1	69.7	95.5
	Female	4.6	35.8	48.0	67.0
1991	Both	5.5	43.1	57.9	81.7
	Male	6.2	54.5	74.9	111.8
	Female	4.7	36.1	48.6	68.3
1992	Both	5.3	39.9	53.6	73.4
	Male	6.0	48.4	65.1	88.7
	Female	4.6	34.4	46.7	65.2

Source: 1) Economic Planning Board, Annual report on the cause of death statistics, 1985-1989.

2) National Statistics Office, Annual report on the cause of death statistics, 1990.

Age specific death rates are shown in table 40. In 1992, the cause of the highest death rate among total population was 'malignant neoplasm' and among the aged 60 and over was 'pulmonary circulation diseases'(946 per 100,000 persons). For the aged 65 and over, the cause of the highest death rate is 'signs, symptoms and ill-defined conditions'(1,141/100,000 persons), and the second is 'cerebrovascular diseases' (758/100,000 persons).

Table 40. Cause-specific death rate, 1987-1992

(Unit: 100,000 persons)

Cause	1987				1988			
	Total	60 ⁺	65 ⁺	70 ⁺	Total	60 ⁺	65 ⁺	70 ⁺
Total	383	3,103	4,115	5,496	375	3,003	4,041	5,433
A	16	78	90	103	14	74	88	101
B	78	493	523	516	83	530	510	510
C	3	11	14	18	3	13	13	18
D	37	340	427	539	33	304	416	533
E	5	42	54	68	6	45	52	67
F	35	1,010	327	455	33	984	318	450
G	61	601	784	1,003	61	593	764	992
H	2	12	15	20	1	12	15	20
I	84	1,160	1,752	2,631	79	1,081	1,706	2,602
J	61	118	129	143	62	118	125	141
Cause	1989				1990			
	Total	60 ⁺	65 ⁺	70 ⁺	Total	60 ⁺	65 ⁺	70 ⁺
Total	364	2,802	3,737	5,054	360	2,683	3,502	4,662
A	13	68	82	96	13	66	79	95
B	86	556	617	636	89	564	614	622
C	3	12	15	19	4	13	17	23
D	31	285	368	479	29	259	328	430
E	7	67	88	124	8	75	99	140
F	30	965	294	411	30	954	306	427
G	61	585	771	1,016	61	577	750	973
H	2	14	19	26	2	16	21	29
I	64	924	1,336	2,082	58	740	1,129	1,743
J	66	131	148	165	68	145	159	179
Cause	1991				1992			
	Total	60 ⁺	65 ⁺	70 ⁺	Total	60 ⁺	65 ⁺	70 ⁺
Total	375	2,751	3,574	4,835	383	2,779	3,656	4,868
A	12	66	79	95	12	65	80	98
B	89	571	633	674	100	559	621	643
C	4	22	29	40	4	13	17	24
D	25	227	296	396	25	256	331	444
E	10	74	96	133	11	74	100	145
F	32	961	358	520	27	946	309	442
G	61	581	771	1,031	72	573	758	1,007
H	2	19	25	37	3	16	21	30
I	67	767	1,105	1,698	53	734	1,141	1,803
J	72	160	181	213	73	144	161	185

Notes: A = Infection and parasitic diseases
 B = Malignant neoplasms
 C = Non-inflammatory diseases of central nervous system
 D = Hypertensive diseases
 E = Ischemic heart diseases
 F = Diseases of pulmonary circulation and other forms of heart diseases
 G = Cerebrovascular diseases
 H = Disease of the musculoskeletal system and connective tissue

I = Signs, symptoms and ill-defined conditions

J = Injury and poisoning

Sources: 1) Economic Planning Board, Annual report on the cause of death statistics, 1985-1989.

2) National Statistics Office, Annual report on the cause of death statistics, 1990.

5) Medical costs

Most of the illnesses of the aged are chronic malignant syndromes, which requires long-term care. Medical costs of elderly people compared to the total population have been constantly increasing. The medical costs per elderly person aged 60 and over are approximately 1.9 times those of the average for the entire. Due to rapid increases in medical costs of the elderly, financing medical insurance is likely to emerge as a critical problem in the near future.

Table 41. Proportion of benefits for the elderly to the total population by insurance programme, 1985-1991

	(Unit: %)				
	1985	1987	1989	1990	1991
Employees Insurance					
Total population	100.0	100.0	100.0	100.0	100.0
60 and over	8.9	11.1	13.3	14.1	13.6
65 and over	4.8	6.4	8.0	8.5	7.5
70 and over	3.2	3.1	3.9	4.2	5.0
Government Employees and Private School Teachers Insurance					
Total population	100.0	100.0	100.0	100.0	100.0
60 and over	12.3	15.3	18.8	19.3	20.9
65 and over	7.5	9.5	12.0	12.5	13.6
70 and over	4.1	5.2	6.7	7.1	7.8
Self-employed Insurance					
Total population	-	-	100.0	100.0	100.0
60 and over	-	-	12.8	12.2	13.5
65 and over	-	-	8.0	7.6	8.5
70 and over	-	-	4.1	4.0	4.6

Source: Korea Medical Insurance Co., Medical insurance statistical yearbook, 1985-1991.

Table 42. Health expenditure per person per year, 1985-1991

	(Unit: Won, %)				
	1985	1987	1989	1990	1991
Employees Insurance					
Total population	47,752 (100.0)	49,398 (103.4)	64,796 (135.7)	75,336 (157.8)	79,285 (166.0)
60 and over	72,458 (100.0)	85,533 (118.0)	124,797 (172.2)	138,594 (191.3)	152,110 (209.9)
65 and over	70,957 (100.0)	87,377 (123.1)	128,442 (181.0)	135,774 (191.3)	149,503 (210.7)
70 and over	73,921 (100.0)	92,242 (124.8)	129,324 (174.9)	123,992 (167.7)	136,286 (184.4)
Government Employees and Private School Teachers Insurance					
Total population	52,410 (100.0)	58,167 (111.0)	75,921 (144.9)	84,095 (160.5)	87,567 (167.1)
60 and over	67,987 (100.0)	80,239 (118.0)	122,449 (180.1)	136,634 (201.0)	150,272 (221.0)
65 and over	62,613 (100.0)	73,981 (118.2)	114,464 (182.8)	128,994 (206.0)	142,463 (227.5)
70 and over	55,467 (100.0)	65,566 (118.2)	102,299 (184.4)	116,928 (210.8)	127,858 (230.5)
Self-employed Insurance					
Total population	-	-	27,229 (100.0)	67,739 (248.8)	74,474 (273.5)
60 and over	-	-	49,178 (100.0)	115,677 (235.2)	135,130 (274.8)
65 and over	-	-	46,052 (100.0)	108,584 (235.8)	128,427 (278.9)
70 and over	-	-	38,902 (100.0)	94,100 (241.9)	112,827 (290.0)

Source: Korea Medical Insurance Co., Medical insurance statistical yearbook, 1985-1991.

6) Use of health care facility

Regarding the use of health care facilities, 42.8 per cent of those aged 60 and over, 45.1 per cent of 65 and over, and 48.3 per cent of 70 and over did not visit health care facilities(e.g. hospitals, clinics) at all for the year 1992.

Table 43. Outpatient visit rate to health care facilities per year, 1992
(Unit: %)

	Never	1 day	2-20 days	21 days or more
Total	48.1	10.5	38.7	2.7
60-64	38.7	8.5	44.4	8.5
65-69	40.5	8.8	41.0	9.7
70-74	41.3	7.9	43.1	7.7
75 and over	54.0	6.8	34.1	5.1
60 and over	42.8	8.1	41.1	8.0
65 and over	45.1	7.9	39.3	7.7
70 and over	48.3	7.3	38.2	6.3

Source: Kun-Yong Song, et al., National survey on health behavior, Korea Institute for Health and Social Affairs, 1992.

The high concentration of medical facilities and personnel in cities generates problems of accessibility to the health facilities in rural areas. 90.3 per cent of all general hospitals and 89.1 per cent of clinics were distributed in cities in 1992.

7) Health maintenance

It is also unfortunate that the majority of elderly persons do not make adequate efforts for promoting their own health status. For example, more than 60 per cent of the aged do not refrain from smoking and drinking, use physical exercise, or dietary planning. The rate of elderly persons not smoking and drinking decreased from 3.3 per cent in 1989 to 2.6 per cent in 1992.

Table 44. Practice rate of health promotion behavior, 1992

(Unit: %)

	Total	Physical exercise	Dietary control	Smoking & alcohol control	Nutrition	Others	None
1986							
60-64	100.0	6.9	8.4	5.2	13.1	0.8	65.6
65+	100.0	5.1	9.4	4.1	15.3	0.5	65.6
1989							
60+	100.0	4.6	5.1	3.3	12.3	1.4	73.3
1992							
60+	100.0	8.6	9.2	2.6	15.1	2.6	61.8

Sources: 1) Economic Planning Board, Social indicators, 1986.

2) National Statistical Office, Social indicators, 1992.

3. Residential and care arrangement

1) Household structure

The most prominent trend of the household structure is the decrease of the extended family and increase of the nuclear family in Korea. In addition, the number of single-member households has been constantly increasing from 2.3 per cent in 1966 to 9.0 per cent in 1990. The proportion of the extended family households to the total households has also been decreasing from 20.6 per cent in 1966 to 9.5 per cent in 1990.

Table 45. Household structure, 1966-1990

(Unit: %)

	1966	1970	1975	1980	1985	1990
Total	100.0	100.0	100.0	100.0	100.0	100.0
Nuclear family ¹⁾	64.7	71.5	67.7	68.3	68.8	68.0
Extended family ²⁾	20.6	19.9	11.9	10.9	10.2	9.5
Single-member ³⁾	2.3	-	4.2	4.8	6.9	9.0
Others	12.4	8.5	16.2	16.0	14.1	13.5

Notes: 1) Nuclear family = Households composed of married couple and their children

2) Extended family = Households composed of married couple, their parents, and their children

3) Single-member = Households composed of only one person

Sources: 1) Economic Planning Board, Population and housing census report, 1966-1985.

2) National Statistical Office, Population and housing census report, 1990.

The structural transition shows another trend in generation composition. The proportion of households composed of three generations (married couple, children, and parents), decreased remarkably from 23.3 per cent in 1966 to 12.2 per cent in 1990. But the proportion of one generation and single-member households increased from 5.5 per cent and 2.3 per cent in 1966 to 10.7 per cent and 9.0 per cent, respectively in 1990. In 1990, 66.3 per cent of all the households were two-generation households.

Table 46. Generational composition of households, 1960-1990

	(Unit: %)						
	1960	1966	1970	1975	1980	1985	1990
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
1 generation	7.5	5.5	6.8	6.7	8.3	9.6	10.7
2 generation	64.0	65.6	70.0	68.9	68.5	67.0	66.3
3 generation	26.9	23.3	22.1	19.2	16.5	14.4	12.2
4 and more generation	1.6	2.5	1.1	0.9	0.5	0.4	0.3
Single-member	-	2.3	-	4.2	4.8	6.9	9.0
Living with non-family members	-	0.8	-	-	1.5	1.7	1.5
Unknown	-	-	-	-	-	-	-

Sources: 1) Economic Planning Board, Population and housing census report, 1960-1985.

2) National Statistical Office, Population and housing census report, 1990.

In addition to the household structure, the number of household members living in the same dwelling unit reflects some noticeable trends. The number of households with four or fewer members has been constantly increasing, but those with six or more have been decreasing since the 1960s. This result is comparable with the increasing trend of the nuclear family structure in Korea.

Table 47. Changes in household size, 1960-1990

(Unit: %)

	1960	1966	1970	1975	1980	1985	1990
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0
1 person	2.3	2.8	-	4.2	4.8	6.9	9.0
2 persons	7.1	7.7	9.7	8.3	10.5	12.3	13.8
3 persons	11.7	11.6	13.3	12.3	14.5	16.5	19.1
4 persons	14.7	14.0	15.5	16.1	20.3	25.3	29.5
5 persons	15.8	15.4	17.7	18.3	20.0	19.5	18.8
6 persons	15.2	15.6	16.9	16.6	14.7	12.4	5.9
7 persons and over	32.8	32.9	26.9	24.2	15.2	7.2	3.9
Others	0.3	-	-	-	-	-	-
Average	5.7	5.5	5.2	5.0	4.5	4.1	3.7

Sources: 1) Economic Planning Board, Population and housing census report, 1960-1985.

2) National Statistical Office, Population and housing census report, 1990.

2) Households of elderly people

The proportion of households with elderly person(s) was 22.6 per cent of all households in Korea in 1988. Two nation-wide surveys show that the proportion of the households with the elderly to the total households, decreased from 26.3 per cent in 1985 to 22.6 per cent in 1988. Despite this trend, the proportion of elderly households of a single or couple only, to the total households rather grew from 4.1 per cent in 1985 to 5.2 per cent in 1988. By the same token, the proportion of the elderly who live alone or with a spouse only, increased from 22.6 per cent in 1985 to 24.7 per cent in 1988. A significant and increasing proportion of the Korean elderly population are living apart from their children (Table 48). It seems that the traditional sources of social support for the elderly mainly provided by the cohabiting children are not taken for granted any more.

Table 48. Proportions of households with elderly aged 60 years and over, 1985 and 1988

Proportions	(Unit: %)	
	1985	1988
Households with elderly persons/total households	26.3	22.3
Elderly households of a single or couple only/ total households	4.1	5.2
Elderly households of a single or couple only/ households with elderly persons	20.5	22.9
Elderly population/total population	6.8	7.1
Elderly population living alone or with a spouse/ total population	1.7	1.9
Elderly population living alone or with a spouse/ elderly population	22.6	24.7

- Source: 1) Ka-Oak Rhee et al., A Study on structural characteristics of households with the elderly, Korea Institute for Population and Health, 1989.
- 2) Jong-Kwon Im et al., Study on aged population in Korea, Korea Institute for Population and Health, 1985.

The proportion of elderly persons living alone or with spouse only to the total elderly in 1988, was highest 32.8 per cent in rural areas and lowest 15.9 per cent in metropolitan areas. In the same respect, the proportion of elderly households of a single person or couple only out of the total households with elderly persons, was highest 30.9 per cent in rural areas and lowest 14.7 per cent in metropolitan areas.

Table 49. Regional distribution of the elderly living alone or with spouse only, 1988

Living arrangement	(Unit: %)			
	Nationwide	Metropolitan	Cities	Rural
Elderly living alone or with spouse only	24.7	15.9	18.4	32.8
Elderly households of a single or couple	22.9	14.7	17.0	30.9

Source: Ka-Oak Rhee et al., Study on the structural characteristics of households with the elderly, Korea Institute for Population and Health, 1989.

The proportion of the elderly households of a single person or couple increased from 11.3 per cent in 1988 to 27.8 per cent for all the households of rural towns in 1993. The increasing trend of empty-nested(aged parents only) households reflects the large scale of out-migration of the young age group from rural to urban areas in Korea.

Table 50. Proportion of households with the elderly, 1988 and 1993

	(Unit: %)		
	1988		1993
	Nationwide	Rural	Rural
HE /Total households	22.6	36.6	54.0
HEC/Total households	5.2	11.3	27.8
HEC/HE	22.9	30.9	51.5

Notes: HE = Households with elderly

HEC = Households with the elderly living alone or with a spouse only

- Sources: 1) Ka-Oak Rhee, et al., Study on the elderly living single and with spouse only, Korea Institute for Population and Health, 1989.
 2) Eung-Suk Kim et al., Structural characteristics of urban households and family support systems, Korea Institute for Health and Social Affairs, 1993.

3) Family support

As the aged population increases, the number of frail or disabled elderly Koreans who need assistance in normal daily life also increases. In Korea needs for the physical care of the elderly have been mostly provided by family caregivers.

Table 51. Physical caregivers for the elderly

(Unit: %, persons)

Caregivers	Elderly households	Households of the elderly living single or with a spouse only
None	1.6	12.0
Spouse	13.2	51.8
Son/daughter-in-law	55.0	17.5
Daughter/son-in-law	5.4	7.3
Relatives	24.1	7.2
Others	0.6	2.1
Unnecessary	-	2.1
Total	100.0	100.0
(N)	(1,641)	(4,593)

- Sources: 1) Jong-Kwon Im, et al., A Study on aged population in Korea, Korea Institute for Population and Health, 1985.
 2) Ka-Oak Rhee, et al., A study on the elderly living single and with a spouse only, Institute for Population and Health, 1989.

The concept of family care for the elderly is prevalent, but filial duty by all sons and daughters instead of the first son only is emerging among younger and urban people. More significantly, the role of the family for supporting the elderly is no longer taken for granted. It is also becoming more difficult to take care of frail elderly people in the home. This may be due to several factors such as the changing values of family life, the nuclearization of the family, the decrease in family size, and women's increasing participation in the workforce and social activities. It is worth noting that many

elderly living with their adult married children expressed emotional burdens in spite of being relatively better-off in terms of financial support and physical care. However, the elderly living alone or with a spouse only suffer from loneliness as well as economic and health problems.

Table 52. Consciousness of the elderly on who should care for them, 1988

Caregivers	(Unit: %)		
	Nationwide	Urban	Rural
First son	25.2	22.6	31.7
All sons	17.8	15.7	22.9
Daughter	0.5	0.5	0.4
All sons and daughters	35.8	39.2	27.3
Self-support	5.8	16.8	13.2
Society/others	5.0	5.2	4.5

Source: Economic Planning Board, Social indicators, 1988.

4) Institutional care

In 1993, 0.3 per cent of the elderly(7,525 persons) were accommodated in 135 long-term care facilities. The quality of the institutional care in free nursing homes and elderly homes which are for those aged 65 and over under the public assistance programme, is rather low due to the limited amount of government assistance.

In addition, the extremely low wages for workers has failed to attract many qualified personnel in free or low-cost residential homes. In short, institutional care programmes have not been well developed yet in Korea and there still remains much room for improvement.

Table 53. Rate of the residents in long-term care facilities, 1960-1993
(Unit: facilities, persons, %)

Year	No.of facilities	No.of residents	Rate of the residents to the total aged 65 ⁺
1960	39	2,314	0.28
1966	42	2,565	0.27
1970	44	2,283	0.23
1975	45	2,441	0.20
1980	48	3,159	0.22
1985	67	5,059	0.29
1986	72	5,387	0.30
1987	76	5,648	0.31
1988	79	6,124	0.32
1989	93	6,379	0.32
1990	98	6,593	0.31
1991	106	6,822	0.31
1992	123	7,239	0.32
1993	135	7,525	0.31

- Sources: 1) Ministry of Health and Social Affairs, Annual reports on crucial agenda, 1985-1993.
 2) National Statistical Office, Population and housing census report, 1990.
 3) National Statistical Office, Population projection for 1990-2021, 1991.

4. Recreation and mobility

Along with the rapid economic growth, need for the recreation and mobility of the elderly have been increased. However, the existing social service programmes for the elderly are few in number. The situation for recreation and mobility for the elderly can be described in two categories: 1) leisure activities, and 2) social activities.

1) Leisure activities

Leisure activities of the Korean elderly are more home-based than community-oriented, and the number of leisure activities is very limited.

Table 54. Leisure activities of the elderly, 1984

(Unit: %, persons)

Leisure activities	Both	Male	Female
No time for leisure activities	15.7	17.1	14.9
Baby-sitting	17.1	7.3	23.6
Visiting children and friends	19.9	19.4	20.2
Going to park or Senior flat	7.2	14.1	2.7
Going to neighborhood	0.9	1.8	0.1
Reading	3.0	4.5	2.0
Watching TV or listening to radio	29.2	31.5	27.7
No leisure activities	7.0	4.3	8.8
Total	100.0	100.0	100.0
(N)	(3,704)	(1,471)	(2,233)

Source: Jong-Kwon Im, et al., A study on aged population in Korea, Korea Institute for Population and Health, 1985.

Elderly persons spent time mostly at home watching television, taking care of grandchildren and so on. Many elderly women tend to help with household work and baby-sitting. It is known that the satisfaction level from help-giving household tasks is low.

2) Social activities

Since the elderly in Korea spend most of their time staying at home, their social activities are very limited. There are three types of facilities for social activities: Senior Hall, Senior Schools, and Welfare Center for the Elderly.

The Senior Halls are the most popular elderly welfare facilities in Korea. The regional Senior Flats began to be established in the early 1950s by voluntary donations from local people. In 1992 there were about 21,000 Senior Halls with members comprising more than one-third of the total elderly population aged 60 and over. However, organized programmes are seldom offered in the Senior Flats which usually are composed of one room. Most of the elderly people spend their time there by sharing their loneliness and playing cards with peers.

Senior Schools are the second most common welfare facilities provided for elderly Koreans. They have become popular since the middle of the 1970s and are operated by voluntary organizations. The number of Senior Schools is estimated around 1,000, but most of Senior Schools are not providing well organized programmes.

There are two Welfare Centers for the Elderly in Seoul, founded by Seoul city government and administered by private service organizations since 1989. These centers provide a variety of social services, such as home helper service, leisure activities, counselling service, rehabilitation service, and educational programmes.

CHAPTER 5

ANALYSIS OF FINDINGS OF FGD (FOCUS GROUP DISCUSSIONS)

1. Group composition

Twelve groups were organized according to the following break characteristics. 1) life cycle stage(elderly parents aged 60 and over vs. adult children aged 40-59); 2) place of residence (urban area vs. rural area); 3) socio-economic status(better off vs. poor); 4) sex(male vs. female). However, there was no breakdown of the socio-economic status in rural area.

Table 55. Group design of FGD

(Unit: group)

	Elderly		Adult children	
	Male	Female	Male	Female
Urban				
Better off	1	1	1	1
Poor	1	1	1	1
Rural	1	1	1	1
Total(12)	3	3	3	3

- group 1: urban better off male elderly
- group 2: urban better off female elderly
- group 3: urban poor male elderly
- group 4: urban poor female elderly
- group 5: rural male elderly

- group 6: rural female elderly
- group 7: urban better off male adult children
- group 8: urban better off female adult children
- group 9: urban poor male adult children
- group 10: urban poor female adult children
- group 11: rural male adult children
- group 12: rural female adult children

2. Guidelines

In this research only the topics satisfying the following two criteria were included in the guidelines for the focus group discussions: first, the topics should be appropriate for utilization when developing Korea's welfare policies for the elderly and second, the data collection of such topics must be easily obtained through FGD method. The seven topics selected and discussed were as follows:

- Recognition of the old age
- Preparation for the old age
- Living arrangements of the elderly
- Support for elderly parents
- Roles of the elderly within the family
- Social changes as recognized by the elderly
- Requests of the elderly for the government welfare policies

1) Guidelines for elderly persons

Topic 1. Recognition of the old age

- 1.1. Do you think yourself as an old person?
- 1.2. When do you think to be an old person?
(probe: age, event, etc.)

Topic 2. The preparation(economic, health) for the old age

- 2.1. Did you prepare for the old age?
- 2.2. If you have no preparation, what is the main reason?
- 2.3. In our culture, old parents usually spend most of their income and property in bringing up their children, so they reserve little for their old age. How do you think about this?

Topic 3. Opinion on living arrangement

- 3.1. Which child do you live with?
- 3.2. How do you prefer to live in relation to your children?
(probe: co-resident, at near distance, at distance)
- 3.3. If you have several children, how do you decide with which child to live? and why?

Topic 4. Support(assistance and care) for elderly parents

- 4.1. At present, what kinds of support do you receive from adult children?
- 4.2. Does the assistance and care received from your children differ according to the living arrangement?
(probe: comparison between living with children and living away from children/comparison among the eldest son, the second eldest son and daughters)
- 4.3. If you become sick or need home nursing care, are you confident that you would be cared for by your children?
- 4.4. Are you satisfied with assistance and care from children?
- 4.5. Do you have any difficulty or burden in receiving support from children?
- 4.6. What kind of care do you wish to receive from children?
- 4.7. Does the assistance and care received by you from children differ according to your characteristics? (probe: wealth, possession of property, work status, health, character, etc.)

Topic 5. Role of the elderly in the family

- 5.1. In case you live with children, how do you contribute to the household?
- 5.2. How do you help children who live away?

Topic 6. Changes in social recognition for elderly

- 6.1. Are the present times different from the past? In what ways? Which do you prefer? And why?
- 6.2. Would the extent or type of assistance and care the elderly receive from children differ from nowadays, when your children would be your age? if so, how? Why?

Topic 7. Life satisfaction of the elderly

- 7.1. At present, what do you wish most?
- 7.2. How would you like to spend the rest of your life?
- 7.3. How do you look back upon the past? How do you assess your life?
- 7.4. What do you expect from government regarding helping the elderly? (probe: financial, health, social, living arrangement, etc.)
- 7.5. What else do you want to talk about?

2) Adult children

Topic 1. Recognition for the old age

- 1.1. When do you think to be an old person? (probe: age, event, etc.)
- 1.2. How do you think about your old age?

Topic 2. Preparation(economic, health) of the old age/expectation for support from children in the old age

- 2.1. Are you preparing for your old age?
- 2.2. Do you think that you could depend on children for assistance and care or would you need to depend on yourself in old age?
- 2.3. Where do you prefer to live in old age in relation to your children? (probe: co-resident, at near distance, at distance)
- 2.4. If you have several children, how do you decide with which child to live? and why?
- 2.5. What kind of support would you expect to receive in the old age?
- 2.6. In our culture, old parents usually spend most of their income and property in bringing up their children, so they reserve little for their old age. How do you think about this matter?
- 2.7. Would the extent or type of assistance and care the elderly receive from children differ from nowadays, when you would be your parent's age? if so, how? Why?

Topic 3. Support(assistance and care) for elderly parent

- 3.1. How do you prefer to live in relation to your parents/parents-in-law? (probe: co-resident, at near distance, at distance)
- 3.2. At present, what kinds of assistance and care do you give to elderly parents?
- 3.3. Do you have any difficulty or burden in supporting elderly parents?

Topic 4. Roles of elderly in the family

- 4.1. If you live with elderly parents, what kind of help do elderly parents give regarding household affairs?
- 4.2. Do elderly men and women help in the same way?
- 4.3. How do the elderly parents help you, if they live away?

Topic 5. Welfare need of the elderly

- 5.1. What kind of programmes do you think that government should provide for the elderly nowadays? (probe: financial, health, social services)
- 5.2. What kind of programmes do you think that the government should plan to provide for the elderly in your old age?
- 5.3. What else do you want to talk about?

3. Recognition of the old age

1) Acceptance of being an old person

The majority of all six elderly groups said that they perceive themselves as old persons. It was noted, however, that in groups of urban poor male elderly and rural male elderly persons, there were more individuals who did not perceive themselves as old persons than in any other groups. Their rationale can be summarized as: "while I am gainfully engaged in economic activities, I am not an old person." It was noted in focus group discussions among elderly persons that the term 'old' was negatively received as implying, in general, 'worthless and inert'.

[An 'old person' is not a pleasant term to be referred to as]

"The term 'old person' reminds me of 'house servant'...In Japan they got rid of this word and use 'mature age' instead. Why don't they use the word 'ripe' instead of 'old'."
(Urban better off male elderly, age 70)

2) Recognition of an 'old person'

(1) Realization of 'old age' by the elderly and the adult children

Most of the elderly persons in all six elderly FGD and six adult children FGD agree on the time of becoming 'old'. They believed that deterioration of physical condition (or loss of stamina) and changes in their life patterns were the signs of getting old. Only in exceptional cases 'old age' was associated with its literal meaning of 'getting old in years'.

(2) Occasion(s) of becoming an 'old person'

All six elderly groups pointed out 'physical weakening', 'when given the elderly certificate', 'gathering with other elderly people at community Senior's Hall or Senior's School'.

[Physical weakness]

"When I found myself aching all over, I began to admit myself an 'old' person, even if I don't feel 'old'. I tire so easily at work. In myself I still feel like a maiden, but I must be old." (Urban poor female elderly, age 73)

[Visiting the elder's center]

"When I was about 65 years old, my daughter-in-law suggested that I should visit a Senior's School, so that I shouldn't be a loner... Until that time I didn't think I was old, but in the Senior's School I realized my age, mixing with all those gray-haired old fellows... What a pity that I

have already become an old woman!" (Urban better off female elderly, age 72)

[Since all my duties have been over]

"Until I still had a child to marry off, I felt I had yet a duty unperformed. After my youngest had married and left me,... I had no more duty to do for my family... I came to think about that I have no more to do, and I became 'old'." (Urban better off male elderly, age 68)

[When a grandchild has come in my family]

"When my daughter-in-law had born my grandchild... I was called by the name of 'grandmother'... Then people regarded me as 'old'." (Urban better off female, age 71)

[After retirement]

"When I was retired at the age of 50, I began to feel myself 'old': I couldn't find any job for myself, and had nothing to do." (Urban better off male elderly, age 70)

[As far as I am engaged in working]

"It's not like the old days when adult children engaged themselves in agriculture with their parents, who after passing the age of 60 didn't have to cultivate land... Now that all the adult children are working at factories and industries in urban areas, old people past 70, even 80 need to work.... As far as I am engaged in agricultural work and earning money for myself, how can I be an 'old' man?" (Rural male adult child, aged 48)

(3) 'Ageing' seen by FGD groups

In the elderly focus groups, especially urban poor female and rural female are apt to think when they get old in age, they are old persons. 'Getting old in age' is when changes either physical or in

their life patterns occur, around 60 in the case of rural female and around 65 to over 70 in other elderly groups. Worthy of note is that, generally speaking, more interviewees in the rural male group than in any other groups tend to think as long as they work they are not old.

[In the country we have to work, so we are not old]

"Nowadays only men well over 70 or 80 could be justly called as elderly... I myself work and don't feel old." (Rural male elderly, aged 68)

3) How to live in an old age

Initial response of all focus groups to this topic was that they had never given much thought about it before. But as discussion was further evolved they began to express hopes about physical fitness for the remaining years and short deathbed period that will not impose too much stress upon other people. Urban better off elderly group mostly wished for their children's prosperity and wellbeing. Rural and urban poor elderly expressed their need to get a job.

4. Preparations for the old age

Three major areas covered under this topic were: 1) Whether the focus groups participants have prepared or are preparing for their own later life, and if so, what kinds of preparation? 2) If they have no preparations at all, what is the holdback? 3) What were their opinions on the cultural norm that Korean parents spend almost all their fortune for children's education and marriage, and as a result wind up with little resources for their own later life. Regarding this subject, considerable difference of opinions was noticed between the elderly and adult children groups.

1) Elderly groups

What was revealed by the analysis of the elderly focus group discussion data was that they understood 'preparations for the old age' almost exclusively in economic(financial) terms and only two interviewees mentioned about 'maintaining a healthy life' and 'psychological preparation for being old'. For the urban better off elderly groups, 'to successfully bring up children' seemed to be the only preparatory measures for their own old life. In other words, though they could not afford to set aside for their own future when they were young, now that their children are well off and support their parents, their devotion to the children would be the best preparation for their later life in an indirect sense. In reality the majority of the urban better off elderly group participants were leading reasonably comfortable lives depending upon how economically successful their children were. Even in the cases of male participants with enough economic resources to allow them old age comforts, this result did not come about because they intended it that way, as illustrated by an elderly man.

[Never let my own children experience a hungry stomach]

"Even after I reached the age of 60 I have never thought about old age preparations... My parents left nothing to me, I myself came through hunger and cold.... My sole goal was for my own children not to repeat the hunger and cold I experienced. So I saved even a penny. As a result I have enough money for my old age, even though I never intentionally prepared for it." (Urban better off male elderly, age 68)

The elderly participants generally agreed and put emphasis on the fact that their generation lived through a time when Korea was in difficulties. Because of the economic and social hardships of those times they could barely make ends meet and in their eagerness to

first educate their children, old age preparations were not at all on their mind.

2) Adult children

All the urban better off adult children have some old age preparations like savings in the bank or in the form of old age insurance, while urban poor participants said they couldn't afford it. In the rural area, although the participants were fully aware of the necessity of old age preparations, the income earned from farming leaves hardly any room for it. In brief, old age preparations depend much upon the income level of each group.

3) Priority of children's education and old age preparation

In Korean culture, the parents usually spend most of their income and property on their children's education so that they are left with little resources for their old age. The participants were encouraged to exchange opinions about this trend. All focus groups agreed that "education takes priority over old age preparations." However, while for the elderly it was simply not possible to both educate their children and prepare for their future old age, because in their youth Korea was experiencing economic and social hardships, the adult children group in general said they will educate children at the same time they prepare for old age. In conclusion, unlike the elderly groups, education and old age preparations are not mutually incompatible for the adult children generation and this difference is noteworthy. In addition, female adult children groups were relatively more keen about investing in the children's education than their male counterparts.

[Knowing nothing but child rearing]

"I just reared children, seven of them. I knew nothing about old age preparations." (Urban better off female age 71)

[Childrens' education, first]

"I think, a priority should be given to education, even if there might be a great sacrifice from parents. But I don't think I would be dependent on my children when I get old. I will support everything for my children's education before I prepare my later life. However, I abhor spending too much money on children's wedding." (Urban better off female adult children, age 47)

[No more than children's education]

"Childrens' education, yes. I still have two school age children. When they are through with their education in fifteen years, I shall be nearly 70 years old. I have a little bit of farmland to myself. I am never going to give this land to my children before my death." (Rural male adult children, age 54)

In contrast to the above cases and especially among the urban better off elderly participants, many regrets were expressed about having had to spend all their money for education in expectation that they would be properly supported in their old ages, but finally having to totally depend upon their children now.

[Now that I've given my children all I have...]

"I had some farmland, and did farming for 18 years by myself. One day I thought I wanted some rest, and gave the land to my children... I was so ignorant at that time. My son got the land now, he doesn't want to support me so willingly. I regret that I didn't keep the land for myself." (Urban better off female elderly, age 71)

5. Opinions on living arrangements

1) Actual and preferred living arrangements

To facilitate understanding of the differences of opinion existing between the elderly and adult children groups, comparative analysis was conducted under the following five topics: (1) elder's actual state of coresidence with children, (2) adult children's actual state/experience of coresidence with parents, (3) type of living arrangement preferred by the elders, (4) adult children's opinion on coresidence with parents, and (5) type of living arrangements preferred by the adult children in their old age.

(1) Elder's actual state of coresidence with children

Several types of coresidence could be seen in the rural area: coresidence with the oldest son, coresidence with a son other than the oldest, living alone or with a spouse. The reason for these phenomena could be explained by the fact that in the rural areas the oldest son is given priority over other children in education and the relatively highly 'educated' oldest son would tend to find a job and live in the cities.

In the urban low income elderly group, various types of coresidence were shown as follows: coresidence with the oldest sons, living alone with spouse, coresidence with the youngest son, coresidence with daughter, coresidence with grandchildren only. Numerous cases were noted of the elders who have to take care of unmarried children, young grandchildren as well as sick children.

On the other hand in the urban middle income male and female groups the prevailing type of coresidence was with the oldest son. This seems to be because the children were mostly well-to-do and the traditional norm of coresidence with the oldest son has no intervening factor.

(2) Adult children's experience of coresidence with parents

The majority of rural adult children were either presently living with parents or had lived with them in the past. In the urban area, however, only few adult children in both middle and low income brackets were coresiding with parents.

(3) Type of coresidence with children preferred by elders

While variables such as financial problems and children's jobs could prevent the actual coresidence, in all the discussion groups except for urban low income female elderly, the most preferred choice was coresidence with children. The reasons for their preference are first, because the elders feel lonely, second, the elders have to contribute in household chores when both son and daughter-in-law work, third, the elders's deteriorating health calls for care-giving by their children, and fourth, financial inability leaves the elders no option other than dependency on the children. Another finding is that the elders freely expressed themselves when it comes to their feeling of loneliness and traditional norm of coresidence with children, but when the reasons of coresidence were financial disability on their part or household duties needed in the double income family, the elders tend to be reluctant to relate their stories.

[I would feel lonely without children]

"I don't even imagine that I can live apart from my children. I like my children. When they are away from home even for a little while I feel so lonely. My children might experience strain from living with old parent like me. I might bother my children living together, but I have no other choice for emotional reason. As far as I take care of all household works for them like now, it would be still okay." (Urban better off female elderly, age 64)

[Coresidence is desirable for new married daughters-in-law]

"In my family I made it a rule, that the daughters-in-law, should learn the family tradition and be accustomed to our family culture by living together with us for several years. When my first son married I let the couple live with us together. I will have my first son's family move out after few years, and second son's couple would take over the same procedure. We all go through experiences of loving and hating, and suffer sometimes from conflicts with each other in the same household. But living together we could learn to accept each other and to be a family. The grandchildren would also learn to love their grandparents when living with one another under the same roof. After we have become a family, I will willingly let my children leave only with their nuclear family."(Urban better off male elderly, age 68)

The urban low income female elderly participants were in a totally different and difficult situation where the elders work and at the same time support their children, and not the other way round, because the children are either economically unable to support themselves or physically ill or both. A few urban poor male elders expressed the same desire of rather living alone if the economic situation permits them to do so.

The urban better off elderly participants cited in-law conflict and limitation of freedom caused by daughter-in-law as reasons they didn't want coresidence.

[I wish I could live alone]

"My first son got divorced and is living with me. I'm 73 years old, I don't want to take care of my children anymore. I wish my son would remarry and leave me. I am quite tired of cooking meals, washing clothes for him at my age." (Urban poor female elderly age 72)

[I wish to live by myself, if financially I could afford it]

"It would be best, if old parents live by themselves and adult young couples live by themselves, as far as I could afford my living cost by myself. But someday if I would get physically disabled and need to be cared for, I would have to live with my son's family. Otherwise I would not like to live with my married children."(Urban poor male elderly, age 66)

[I prefer us to live by ourselves]

"These days young people do not want to live with old parents and want to enjoy their lives by living as a nuclear family. I don't want to live with my children's family, either. Suppose that my daughter in-law live with us together, I can not take off clothes freely during a hot day in summer. I had lived with my first son and his wife for 4 months. We lived upstairs where there was no bathroom and had to share the one bathroom downstairs. It was an awful awkward experience for me. My old wife wants us to live by ourselves also, because we can cook what we like and enjoy our lives as we prefer. Now my daughter-in-law tends to cook the favorite foods of her husband and children. To live separately means extra cost of living and housing, but it would be much better for our emotional and mental health." (Urban better off male elderly, age 83)

As seen above elderly persons generally want to coreside with their children. However, urban poor female elderly persons rather prefer to live apart from their children, because they want to get out of the household chores and economic strains.

(4) Opinion of the adult children on the coresidence with their parents

Almost all adult children agreed that even though there may exist in-law conflicts and other strains, they feel it's their duty to

support their parents in their old age. They also pointed out there are also benefits: they can take more pride in themselves fulfilling their filial duties. The traditional concept of filial piety still prevails in today's adult children generation in Korea.

[When parents are frail, it's our duty to live with them]

We weren't born without our parents. What would you feel if your own son would reject you when you became old?"
(Rural male adult children, age 55)

[Despite the in-laws' conflicts, I have to support the parents]

"My mother-in-law is constantly nagging. We cannot avoid in-laws' conflicts. So what? We have to live with her and support her until her death."(rural male adult children, age 40)

(5) Preferred living arrangements by the adult children in their old age

Most adult children preferred living separately in their old age to avoid in-law conflicts they had experienced while coresiding with their own parents-in-law. In the rural female adult children group, however, the preference is on the coresidence even though in reality children's jobs, etc. might prevent this. The most preferred living arrangement is to live separately but in the same neighborhood where they can easily go see their children.

[I will live apart from my children]

"I think we are a generation in a transition period, a generation to sacrifice. We have to support the old parents, but we cannot expect that kind of filial duty from our children. I would give my children what I could do for them, but would not expect to be supported by them in my old age. I will not give them any burden." (Urban better off male adult children, age 58)

[I would avoid in-laws' conflict]

"I had such hard times living with my parents-in-law. My father-in-law even beat me up, and my mother-in-law snatched my hair. But I took care of them. No daughter-in-law would do it these days. I will never let my daughter-in-law experience the same in-laws' conflict. I will not live with my son's family." (Urban poor female adult children, age 55)

[I wish my children would live with us]

"My children are working in a city away from home. I miss them...but they have jobs out there. My husband was sick the other day and missed them so badly. He called them to visit us this weekend. I wish my children would live with us and be near to us. I believe all parents do so." (Rural female adult children, age 45)

A difference of opinion noted here is that unlike the elderly participants who want coresidence with their children, the adult children did not consider this as an option although these adult children themselves thought they ought to coreside with their parents.

2) Most preferred child to coreside with

(1) Elderly group

For the majority of elders the most preferred child to coreside with was their son, the oldest son if possible, because it is the 'tradition'.

(2) Adult children group

The rural female adult children preferred to live with either their favorite son or the eldest son. Living with daughters was out of the question since this was against the traditional norm. The other

adult children group also wished coresidence with a son, if not necessarily the oldest son. Unlike the elders who have a fixed idea of coresidence with 'the oldest son', the adult children were more flexible, though they also wished to live with a son. Considering, however, the fact that the adult children in general are a generation with only one son, this observation may be insignificant.

[Coresidence with the eldest son is trouble-proof]

"Traditionally the first son has been expected to live with his parents. So the first son is mentally prepared for it. If the old parents live other than with the first son), they always end up having lots of conflicts and troubles. So I can say definitely that old parents should live with the first son's family."(Urban better off female adult children, age 40)

6. Caring for elderly parents

The following topics were discussed with relations to the support for elderly parents: (1) what kinds of support do the elderly receive from children; what kinds of support do adult children give to their parents; what kinds of support do the elderly and adult children want to receive from their children; (2) what far do the elderly and adult children think they can expect from their children; that is the degree of support and the degree of satisfaction; (3) strains of care-receiving and strains of care-giving as seen by elderly and adult children.

1) Content of support from children

(1) Kinds of support which the elderly receive from children

Common to all elderly focus groups was the interest in the financial support offered by the children. Most of the better off elderly participants received pocket money from their children except

for those few who were on pension or who had enough economic resources of their own. Urban poor elderly and rural elderly group participants, on the other hand, didn't receive pocket money because their children themselves could barely manage economically, as illustrated below.

[How can my children give me some money, when they're in need]

"I'd love it, if my children could give me some money. I know their economic situation. They can not afford to give me some pocket money. Even though they are my own children, it is terribly difficult for me to ask them for some money. I cannot bring myself to ask for it." (Rural male elderly, age 65)

(2) Kinds of support which the adult children give to their parents

The kinds of support that adult children were giving to their parents were usually in the form of pocket money, phone calls and visitation expenses, looking after the sick parents, etc. These could be seen in all the discussion groups except in rural areas where the farmers can obtain money only by selling their crops in the harvest season, money-giving was not that common. In giving pocket money to parents, urban better off female adult children have a double standard: when they give money to their parents-in-law they don't hesitate to tell their husbands, while when it comes to giving money to their own parents, they don't feel comfortable and hide that fact to their husband. On the other hand, it was said that adult children's own young children, the new generation did not differentiate in supporting their own parents and parents-in-law.

[Giving my old parents no pocket-money at all]

"To give pocket money to my parents?. No. I do buy my parents what they want, and take them to places they would like to visit. But I don't give them money. Maybe I am not that nice to my parents, or perhaps I don't have that much money as a farmer." (Rural male adult children, age 39)

[Difference between giving support for my own parents and parents-in-law]

"Each time I see my own parents I give them money willingly as much as my economic situation permits. It is out of my gratitude. (Do you tell your husband about it?). Not always, once out of three times, maybe(laugh). I feel more comfortable that way." (Urban better off female adult children, age 47)

[My own daughter doesn't differentiate her own parents and parents-in-law]

"The young generation is not like us. Even when they buy a small gift, my daughter buys two: One for her mother-in-law, the other for me. My son-in-law also thinks it's perfectly okay." (Urban better off adult children, age 52)

(3) Kinds of support the elderly wish to receive from children

Kinds of support from their children the urban poor female elderly wished most was material help. The other elderly groups emphasized non-material care such as more visits or phone calls from children, showing more respect that elderly people deserve, etc. Another viewpoint was that filial piety is for the children to become successful in life.

[To have some financial support from the children]

"When I was in financial trouble, a little bit of support would help me a lot. I would be probably out of that trouble. But my children had just ignored my situation. I felt sorry for myself." (Urban poor female elderly, age 73)

[My wish to be respected as a parent]

"What I wish from my children is not any economic support. What I appreciate mostly is my children duly respecting me as a parent. Sometimes my son goes into his room directly without even saying a hello to me, when he came back home. I understood that he probably had a lousy day at work, but I felt so hurt and isolated. Emotional filial piety might be more important than financial support, I think." (Urban better off male elderly, age 70)

[More conversation, and more attention]

"First of all, the warm hearted attitudes and thoughtfulness to me from my children. It's much more important to our old parents than anything else." (Rural male elderly, age 72)

[Their own success in life is just filial piety]

"The only thing which I wish from my own children is that they become a faithful person to their own family, to become a respectful citizen, and to be a useful member of the society. That is real filial piety for us." (urban better off male elderly, age 68)

- (4) Kinds of support which the adult children want from their own children in old age

Most adult children's expectation from children were similar to those of the elderly, i.e., frequent visits and phone calls, nursing

when they fall ill, obedience, etc. But unlike the elderly, the adult children do not expect any economic support from their children.

Some adult children dreaded the possibility that no child may help them when they are old and sick, some expressed uneasiness when asking for support from daughters instead of sons.

[I wonder if my children would take care of me]

"What I am afraid of mostly is that my children would not take care of me, when I am frail and old. I hope that my children would not abandon me." (Urban poor male adult child, age 46)

[Let the children make me feel comfortable with them]

"I hope they will keep contact with me and have daily conversation with me, so that I would not be alienated. Material support would not be that important." (Urban poor female adult child, age 48)

[It's difficult to ask my daughter for some money]

"I once tried to tell my daughter that 'I'm all out of rice. Please give me 20,000 won for my living'. But I could not utter that sentence. Not any word came out from my mouth. I'd rather borrow money from other people. My married daughter belongs to her husband's family, and she is not any more my child." (Urban poor female adult child, age 55)

2) Extent of expected supports from the children

(1) The elderly persons

The elderly groups discussed 'whether their children will support them when their health deteriorates', and the majority said

they would. They counted on sons, especially on the oldest. On the other hand, feelings of insecurity about their future prevailed among urban poor elderly participants, since their children's own economic situation or physical inability will prevent them from giving any support to old parents.

[I doubt if my son could support me]

"I don't think my son would take care of me when I'm sick. When they became tired of taking care of a frail parent, you never know what could happen. I wish I could die without suffering from a long tedious illness." (Urban poor female elderly, age 72)

[I am worried for my future]

"I had a stroke and am partially paralysed. But I am taking charge of almost all house chores. Despite my contribution these days, I am not sure if my son's family would take care of me, when I could not manage daily activities by myself. I am worrying about this a lot." (Urban better off male elderly, age 61)

(2) The adult children

Most adult children said living together can be too much of a burden to their children, and since they want to avoid possible in-law conflicts they prefer to live alone. One or two participants from each group, however, expected support from their children. Unlike the other adult children groups, about half of the urban low class male adult children took it for granted that their children provide care. One urban poor female had a daughter only, and worried about the possibility of being sent to an institution against her wish.

[It's children's duty to support their own parents]

"My children are in their mid-30's and supporting me now. How can children reject their parents in any case?" I will support my parents in any case. (Urban poor male adult child, age 58)

[I have to go to the nursing home, because I don't have a son]

"We have no son, and my husband is sick. If my daughter gets married and I would be widowed, probably I have to go the nursing home." (Urban poor female adult child, age 55)

3) Burdens and strains of caregiving

(1) Strains felt by the elderly

No particular sense of burden was reported by most of the elderly parents in receiving support from their children. One urban female elderly however, expressed a feeling of uneasiness when her children, especially her daughter gave her pocket money. For the urban male and female elderly groups, conflict with their daughter-in-law was the chief cause of strains, while the urban poor male female groups' first concern was their children's poor economic situation that prohibited any material help from their children.

(2) Strains felt by the care-giving adult children

Adult groups were about equally divided: one group with no complaint, the other with difficulties arising from inter-generation gaps regarding life styles, values or in-law conflicts about household initiatives, etc. Female adult children had lots of difficulties especially in caring for a bed-ridden father-in-law.

[Nagging of my mother is a real problem]

"My mother is 80 years old and living with me. She is nagging all the time. It is fine with me, because she's my own mother. But for my wife it's not that easy to bear her nagging. I don't think it is fair that my mother insists on everything in her own way and criticizes her daughter-in-law according to her old fashioned ways of living. She always wants to rule over everybody and won't give in, even if she's obviously wrong. My wife can hardly stand my mother. I am used to being caught in the middle between my mother and wife. I hate living together with my mother."(Rural male adult child, age 58)

[It's hard to care for a father-in-law]

"For my father-in-law I should bring meals to his room and wait on him." It is not easy to care for him. (Rural female adult child, age 58)

[It's hard to take care of partially paralysed father-in-law]

"My father-in-law had a stroke and is partially paralysed one side of his hands and legs. He can move by himself, but he cannot change his clothes so often. He does not want to be served by me in changing his clothes. It bothers me a lot to see him in dirty clothes."(Urban better off female adult child, age 55)

7. Role of the elderly in the family

1) Contributions of the elderly

Regardless of their areas of residence, sex, and social status, the elderly in all groups contributed to their family in one way or another. Despite their contributions, most elderly persons didn't perceive their contributions. Elderly women provided assistance to

family members in housekeeping and domestic matters, or farming in the case of rural areas. Elderly men were more likely to participate in family events as a representative of the family. In addition, urban better off male elderly provided their family with economic help, while urban poor male elderly assisted them in household chores. Elderly parents' contributions to the non-coresiding children were not mentioned except rural elderly groups who send their produce from the farmland to their children living elsewhere.

[To help household chores]

"I do not contribute to my children in financial support. I can say I am helpful in terms of taking care of the grandchildren, when my daughter-in-law goes out, and even for overnight. I prepare them lunch boxes, and I do laundry and cleaning. That's all I do."(Urban better off female elderly, age 72)

[I help my daughter-in-law in cooking traditional Korean foods]

"I live with my first son's family. My daughter-in-law is 38 years old and hasn't made soy paste or red bean paste by herself. She always says to her husband, 'mother should live long. I don't know how to make these foods'. And I send my children, who are living apart from me, the grains and vegetables which I farmed. They are so happy, saying these foods are much more delicious than those on the market, and their friends envy them." (Rural female elderly, age 71)

2) Old parents' contributions seen by the adult children

The elderly's contributions as seen by their coresiding adult children were their assistance with housekeeping, child care and household chores. Also pointed out is that their children as well as

the adult children themselves learn their manners and learn to respect elders. Another benefit cited was since the parents coreside with them, their own house tends to be the gathering place for the siblings and relatives. Generally speaking, elders in urban poor and in rural area were more appreciated with regard to their contributions than their urban better off counterparts, especially so in the rural areas where the elders are engaged in farming, as long as they are in good health.

[To be advised on procedure for the death anniversary, and so on]

"I have received countless benefits by living with my father. Until today my father has to teach me each time how to perform ceremonies on death anniversaries of my ancestors, because I keep on forgetting. Not only that, old people usually stay home and watch over the house. Yes, that's another benefit when you have business outside. Besides, the grandparents are good company to the children. One more important thing is that my siblings can often gather in my house, because my parents stay with me."(Urban poor male adult child, age 59)

[Because of my parents, I can't yell in the house]

"When my parents are at home, I abstain from getting into argument with my wife or scolding my children. You know, I cannot let my old parents hear my yelling. This helps me maintain peace in my family." (Rural male adult child, age 40)

[I felt secure when away from home, because parents watched over my house]

"I got lots of help. When I was out for field working, my parents-in-law watched over the house and I didn't have to worry about the house. And when I got back home, they greeted me, saying 'you must have had a hard day'. By

hearing it I used to feel refreshed. Now that they are dead, I miss all those things very much."(Rural female adult child, age 58)

8. Social changes perceived by elderly persons

1) Perception of elderly persons toward the past, present and future

In general the elderly thought that at present they are better off than they were 10-20 years ago, because of higher standard of living and conveniences in life. The female elderly groups in particular judged so on the ground that they have all the conveniences inconceivable in the past for household management. Some urban poor elderly and rural elderly group said however that the old times were better because the past society had higher moral standards and also the old people were paid better respect. On a more personal note, some poor elderly participants said they missed the old times when they had more money and were physically healthy. About the future society and how it is going to treat the old, the prevailing opinion was that because of the future social and economic developments and increased sense of economic security, the future elderly generation will enjoy a better life than the present. Contrary to the above opinion, the urban better off male elderly group predicted a future society that would not treat the old people with respect. A few urban poor female and rural male elderly group participants were of a similar opinion that in the future society the old people will feel more alienated.

On the whole the elderly assessed themselves as being materially better off, not hungry, more comfortable, but less respected than their counterparts in the past. The future elder generation, as they can foresee, will live in a better environment, in an affluent society with extended public welfare benefits for the old people.

2) Future society perceived by the adult children

In the adult children's discussions, the majority said the elderly will have a better treatment 10 or 20 years later when they will be old. Urban poor male, urban better off female, rural male adult children groups were optimistic. Those who were on the pessimistic side were the rural female adult children group, while the urban better off male adult children group were divided into the pessimistic and the optimistic.

9. Expectations on government policies

1) Elderly's priorities regarding the welfare policies

In expectation of the government's welfare services for elderly people, the better off elderly living in metropolitan areas wanted the government to increase the number of free tokens for public transportation for the elderly, while the below middle class elderly people wanted the extended medical care and employment opportunity which reflect the difficult economic situation the latter was situated in. While the urban better off and poor elderly groups were more conscious and concrete about their requests, the rural elderly groups were more passive, non-specific, and non-conscious of their right to make any suggestions on the government policy. Naturally, more prominent in the rural area than in the urban area, was the tendency to solve the old age problems through private support system rather than in the framework of public welfare system.

2) Adult children's priorities regarding welfare policies

Concerns of adult children, except for those better off in the urban areas, were focused on economic issues, such as increasing Old Age Allowance and the number of free coupons for public bus services,

employment opportunities and residential care facilities for elderly people with moderate fee. Particularly, adult children of rural areas wanted to have a separated pension scheme to secure the farmers' old age, and extended social medical care, and government's care of the elderly people with no children.

Table 56. General characteristics of elderly participants

	UB	UP	R	Total
Total				
No. of groups	2	2	2	6
No. of participants	13	17	15	45
Gender				
Male	7	8	8	23
Female	6	9	7	22
Age				
60-69	5	6	5	16
70-79	6	8	7	21
80 and over	2	3	3	8
Education				
None	-	4	6	10
Primary school	7	6	6	19
Middle school	4	3	2	9
High school	-	2	-	2
University or higher	2	-	-	2
No formal education	-	2	1	3
Marital status				
With a spouse	9	9	13	31
Without a spouse	4	8	2	14
Health status				
Good	7	5	4	16
Not bad	4	3	7	14
Bad	2	9	4	15
Chronic disease				
Yes	6	13	7	26
No	7	4	8	19

Table 56. <continued>

	UB	UP	R	Total
Medical services				
Medical insurance				
- Employees	5	-	2	7
- Government Employee & Private School Teachers	2	1	3	6
- Self-employed	6	-	8	14
Medical assistance				
- Class I	-	5	-	5
- Class II	-	5	1	6
- Class III	-	6	1	7
Living arrangement				
With married children				
- With son	11	4	7	22
- With daughter	-	1	-	1
With unmarried children	1	8	2	11
Without children				
- With a spouse only	1	3	5	9
- Alone	-	-	1	1
- With others	-	1	-	1

Note: UB = Urban better off groups
 UP = Urban poor groups
 R = Rural groups

Table 57. General characteristics of adult children participant

	UB	UP	R	Total
Total				
No.of groups	2	2	2	6
No.of participants	13	15	15	43
Gender				
Male	7	7	7	21
Female	6	8	8	22
Age				
Below 40	-	-	2	2
40-49	8	5	4	17
50-59	5	10	9	24
Education				
None	-	-	1	1
Primary school	-	2	11	13
Middle school	1	8	2	11
High school	1	4	1	6
University or higher	11	1	-	12
No formal education	-	-	1	-
Marital status				
With a spouse	13	13	15	41
Without a spouse	-	2	-	2
Health status				
Good	9	8	6	23
Not bad	3	4	6	13
Bad	1	3	3	7
Chronic disease				
Yes	2	6	10	18
No	11	9	5	25
Medical services				
Medical insurance				
- Employees	11	2	1	14
- Government Employee & Private School Teachers	-	1	-	1
- Self-employed	2	6	14	22
Medical assistance				
- Class I	-	-	-	-
- Class II	-	6	-	6
- Class III	-	-	-	-

Table 57. <continued>

	UB	UP	R	Total
Occupation				
Yes	7	6	15	20
No	6	9	-	15
Living arrangement				
With parents/parents-in-law	2	1	6	9
Without parents/parents-in-law				
- With children	11	14	14	30
- With a spouse only	-1	-	-	4

Note: UB = Urban better off groups
 UP = Urban poor groups
 R = Rural groups

CHAPTER 6

SUMMARY AND POLICY RECOMMENDATIONS

1. Summary

1) Demographic trends

The proportion of the elderly population aged 60 years and over to the total population in Korea has constantly increased. This age group is estimated to increase, reaching 20 per cent in 2020. Changes in the demographic structure resulting from fertility decline would create an acute shortage of young labor-force. As a result, the burden that the working population has to bear in order to support the elderly population becomes heavier.

Women tend to outlive men, and in Korea the difference in life expectancy at birth is more than 7 years. The sex ratio of elderly people aged 60 years old and over was 66.4 in 1994. In the future, older women will continue to outnumber men, especially in the age group of 70 and over. There are also sex differences in the incidence of widowhood among elderly persons. In 1990, 86.3% of the elderly men had spouses, while only 34.5% of the elderly women had spouses. The problems of elderly women seem to be much more serious than those of elderly men.

The proportion of the elderly population in urban areas was 5.6%, while that of those in rural areas was 13.5%. Such a disparity which has been caused by the migration of the younger workforce from rural areas into urban areas, brings up the seriousness of ageing in the rural areas.

2) Policies and programmes for elderly persons

There are two income security programs for elderly persons: public pension and public assistance. Pensions for people with special occupations, such as civil servants, military personnel and private school teachers, currently cover less than 1% of total elderly population. However, in 2008 when the old age pension will be provided under the National Pension, 9.6% of elderly persons aged 60 years and over is estimated to be covered. The Old Age Allowance as a public assistance programmes is provided to elderly persons aged 70 and over under public assistance. In 1993, 180,000 elderly persons received 15,000 won per month.

Health care programmes for the low-income elderly persons, include medical care, medical assistance, and free medical examination which is provided for the detection and prevention of diseases. In 1992, 138,876 elderly people aged 65 years and over received the benefit. The welfare budget for the aged in 1994 was 0.1% of the total national budget, which is insufficient to meet the needs of the increasing elderly population.

3) Living conditions of the elderly

(1) Economic situation

According to the Korea Gallup Survey in 1989, 64.5 per cent of the respondent elderly persons had financial difficulties. It revealed that most elderly people experience economic insecurity. The labor-force participation rate of the elderly population aged 60 and over was 41.9 per cent in 1992, which increased from 28.1 per cent in 1960. In particular, the increase in the participation rate of elderly women is noticeable: It has increased from 11.4 per cent in 1960 to 30.3 per cent in 1992. Most working elderly people(74.3 per cent) were employed in non-paying jobs in the form of self-employment or

family work business. In 1992, about 58.1 per cent of the working elderly were engaged as farmers, forestry workers or fishermen.

The ratio of the working elderly population to the total working population in rural areas has increased from 5.0 per cent in 1966 to 25.2 per cent in 1992, while in urban area from 2.1 per cent to 4.1 per cent. This rapid growth of the elderly population in rural areas shows the ageing of the agricultural workforce.

(2) Health care

The prevalence rate of illness among the elderly population aged 60 and over amounted to 676.0 per 1,000 persons in 1992, while the prevalence rate of the total population was 403.8. The prevalence rate of chronic illness among the elderly population was 655.5 per 1,000 persons, while that of the total population 271.9. The main cause of death among elderly people aged 60 and over was 'pulmonary circulation disease' and among elderly people aged 65 and over 'signs, symptoms and ill-defined conditions'.

Due to the complex symptoms presented by elderly people and the chronicity of their ailments, elderly persons are disproportionately large consumers of health care. The medical cost per elderly person aged 60 and over is approximately two times those of the average for the total population.

Even though the large majority of elderly people enjoy reasonably good health and lead independent lives, prevalence of senile dementia among elderly people increases with age. About 31.5 per cent of elderly people aged 80 years and above in Seoul suffered from senile dementia in 1991. Elderly women are more likely to suffer from senile dementia than elderly men.

(3) Residential and care arrangement

Change of household structure is characterized by decreasing extended family households and increasing single-member households. The proportion of elderly persons living alone or with a spouse only among the total households has increased from 1.9% in 1966 to 5.1% in 1990. And the average size of the household has decreased 5.7 persons in 1960 to 3.7 persons in 1990, which is related to the shortage of personnel caring for elderly members in the family.

In 1993, the number of facilities providing residential care for elderly people was 135, and 7,525 elderly persons(0.3% of the total elderly aged 65 and over) were admitted. Considering the growing elderly population, extended life expectancy and changes in responsibility on caring for elderly parents, the need of facilities for elderly people is expected to increase.

(4) Recreation and mobility

Leisure activities of the Korean elderly persons are more home-based than community-oriented, and the number of leisure actives is very limited. Since elderly persons in Korea spend most of their time staying at home, their social activities are also very limited. There are three types of facilities for social activities: about 21,000 Senior Hall, about 1,000 Senior Schools, and only two Welfare Centers for the Elderly.

4) Findings of focus group discussions

Twelve groups were organized according to the following main characteristics: 1) life cycle stage, elderly parents vs. adult children, 2) place of residence, metropolitan areas vs. rural areas, 3) socio-economic status, better off vs. poor, and 4) sex, male vs. female. The themes discussed in each group were as follows: 1) recognition of the old age, 2) the preparation for the old age, 3) opinion on living

arrangements, 4) caring for elderly parents, 5) roles of elderly persons in the family, 6) social changes perceived by the elderly, 7) expectations on government policies.

Most elderly people realized their old age through physical changes and life events, not through specific years. When they felt frail, their child got married, grandchildren were born, or they mixed with other elderly people in a neighborhood Senior Hall, they realized that they had become old. Most elderly persons did not recognize themselves as old persons as far as they were active economically.

Most elderly people could not prepare for their old age. Unlike elderly people, all adult children recognized the need of preparation for old age. However, adult children living in rural areas could not prepare for old age because of financial constraints. The preferred living arrangement among elderly persons was to coreside with a son, especially the first son. In fact, most of the better off elderly persons living in metropolitan areas lived with the first married son. However, elderly persons in rural areas rarely live with the first son.

Adult children in rural areas were more likely to take care of elderly parents, compared with those in metropolitan areas. Most adult children thought that children should take care of their elderly parents, for it could make them proud to others or it could be good for educating children. Nevertheless, adult children wanted to live separately with their children in old age, but at a short distance from their parents.

Almost all elderly people were active participants in family affairs. Elderly women provided assistance to family members in housekeeping and domestic matters, or farming in the case of rural areas. Elderly men were more likely to participate in family events as a representative of the family. In spite of these contributions, most elderly persons did not perceive their contributions.

In expectation of the government's welfare services for elderly people, the middle-class elderly living in metropolitan areas wanted government to increase the number of free coupons for public transportation for elderly people, while the poor elderly people wanted extended medical care and employment opportunities. Concerns of adult children, except for those of the better-off in metropolitan areas, were focused on economical issues, such as increasing the Old Age Allowance and the number of free coupons for public transportation services, employment opportunities and residential care facilities for elderly people with moderate fees. In particular, adult children of rural areas wanted to have a separated pension scheme to secure the farmers' old age.

2. Policy recommendations

1) Lifelong preparatory measures

(1) Income maintenance

First of all, the government should develop a complete social security system to guarantee proper income. As stated before, the compulsory coverage of the National Pension programme should be extended to all people.

One can think of an effective retirement saving scheme which government can offer: The government issues a government bond, for example, 'Old Age Bond' with the following characteristics:

- The interest rate of the bond is set at a certain fixed rate plus inflation rate.
- The fixed rate is made to be equal to the real economic growth rate.
- The bond can be sold when individuals become 60 or over, or disabled. If it is sold in other cases, a penalty charge should be levied on it.

Such a bond may stimulate the individual's effort to save for old age, because it is inflation-proof and useful only for those who want to save for a long period. This bond will also help government by allowing it to raise money needed for the expansion of social overhead capital, which is in great need in countries like Korea. The money raised by issuing the bond can also be used as a loan to the senior citizens' industry whose services will be in great demand in the near future in Korea.

(2) Health maintenance

It is also necessary to spread the life-long health practice movement and to prepare an effective health management system through the life cycle for healthy old-age. Proper nutrition intake and health practice activities through life lead to healthy life in old-age, in addition to a great impact on controlling excessive medical expense.

In addition, health education as a social education is also desirable for the would-be elderly currently in middle age. Dietary education and proper physical practice are the examples of health education. At the same time, preventive activities should be provided by health centers, health subcenters, and medical insurance associations and corporations.

As Korea has not yet made its primary step in preventive health programme for the elderly, particularly in health education and counselling, the establishment and operation of precautionary measures including health education and counselling is strongly needed with the rapid increase in the elderly population and the accompanied medical cost increase.

2) Security and support in old-age

(1) Basic direction of policy

Welfare policy for the elderly above all should put a priority on fulfilling basic needs of the elderly needing care in socio-economically difficult situations, and securing primary needs required for improvement of the elderly's welfare in a preventive and general context. Besides, considering regional and sex distribution of the elderly in Korea, welfare policy should be implemented with particular concern for the elderly in rural areas and the female elderly.

However, as the ageing society is imminent in the 2000s in Korea, needs of the elderly become more diversified. With this trend, welfare policy should be able to take into account the characteristics of individual elderly people and to meet various needs of the elderly with flexibility.

Minimum livelihood security is indispensable for the destitute and unhealthy elderly, while employment opportunity is necessary for the healthy elderly in need of money. Opportunity for volunteer activities and leisure programmes for the healthy and wealthy elderly should be available. Policy measures, when classified by characteristics of the elderly, are seen in table 58.

(2) Role share of government and NGOs

The main frame of sharing roles to implement welfare policies for the elderly could be summarized as follows: Firstly, government is responsible for fulfillment of the minimum needs in promoting welfare for the whole elderly population.

Table 58. Policy measures by characteristics of the elderly

〈Policy measures〉	〈Characteristics of the elderly〉	
Provide employment opportunity	→	To lower income bracket
Provide participation opportunity in volunteer activities	→	The upper income bracket
Give ageing allowance and public aid	→	The lower income bracket
Prepare and diversify paid-service	→	The upper income bracket
		Elderly in good health (Young-old aged 60-69)
		Elderly in poor health (Old-old aged 70 and over)

Table 59. Role share in implementing welfare policy for the elderly

Target	To secure the minimum livelihood	To satisfy the diverse needs
Supplier	Public sector	Non-governmental organizations
Features	- Nonprofit services	- Nonprofit services - Profit services by senior citizens industry
Needs	Basic needs	Non-governmental organizations
Contents	- Needs below the level of social minimum - Universal needs of the elderly	- Needs above the level of social minimum

Secondly, active participation of nonprofit welfare programmes by non-governmental organizations is required under the current situation, in which government does not effectively implement policy measures needed in fulfilling basic needs of the elderly population because of financial and personnel shortage.

Thirdly, senior citizens' industry takes part in providing the diversified welfare services so as to satisfy additional needs of the elderly for improving 'the quality of life'(social needs above the level of social minimum), which makes it a principle to give paid-service to beneficiaries.

3) Policy measures

(1) Income security

Income security is a key solution of the elderly problems. Thus, policy for the elderly in good health should put an emphasis on maximum utilization of the elderly by providing employment opportunity. The Elderly Employment Promotion Act in 1991 encourages employers of workplaces employing 300 or more workers to hire three or more percent of the total workers with the persons aged 55 and over. However, this Act should be reformed to make it compulsory. In addition, it should give the elderly persons opportunity of re-employment even after retirement and gradually prolong retirement age. In order to give re-employment opportunity, companies may open 'retirement preparing programmes' and on-the-job training for people who are reaching retirement age. Meanwhile, government should establish old-age vocational institutions, invest every effort to develop and distribute various types of occupations and re-employment programmes for the elderly, and activate functions of job centers such as the Elderly Job Bank.

Income policy for the elderly in poor health must secure the minimum living subsistence through the Old Age Allowance and public assistance system. The Old Age Allowance is at present paid to public assistance recipients aged over 70. The Old Age Allowance receiving age must gradually be lowered to 65 years, decreasing 1 year annually. It is also recommended to heighten the benefit level of the minimum livelihood.

(2) Health and medical care

Establishment of a health and medical system for chronic cases is urgent for efficient management of the elderly diseases. For this it is necessary to create close linkage between preventive and curative health sector and social welfare sector. It is recommended that physical therapy rooms and elderly clinics need to be established in health centers. The mobile clinic is another solution for the remote areas which are not accessible to medical facilities. In particular, the team approach which connects public physicians and nurse aids in health subcenters, health practitioners in townships(Ri), social welfare experts in towns(Eup, Myon, Dong) is required in rural areas. Therefore, effective measures can utilize potential medical resource with the support from private hospital for these public health facilities at field level.

For the demented and paralytic elderly, intensive nursing homes need to be established. It is necessary to establish and manage half-way health/welfare facilities efficiently as intermediary between nursing homes and community. In addition, professional clinics which deal specifically with the elderly patients are required nationwide. Geriatrics should be included in general hospitals or geriatric hospitals should be established. It will also be greatly helpful to develop hospice service for the near-death elderly. Increase and diversification of nursing homes are needed not only to cope with the increasing elderly diseases effectively, but also to meet needs of the elderly in

the upper income bracket as well as those in lower income bracket.

Considering the chronic characteristics of the elderly diseases, measures need to be devised so as to curtail the expenditure of the elderly. Medical insurance should extend benefit days for care and should cover costs of the elderly patients in nursing homes in a long-term aspect. Another welfare policy for the elderly is to emphasize community care.

For curtailing medical costs, it is necessary to increase the number of day care centers and short-term care facilities and promote the home helper system and visiting nurse system. Chronic diseases of the elderly (hypertension, diabetes, etc.) can be prevented with wide use of the Free Health Check-up, supplementing primary medical treatment. The effect is maximized when connected with other preventive programmes.

Developed countries actively promote preventive programmes in order to reduce the medical costs of the elderly. In the case of Japan, the Elderly Health Law regulates that health centers in cities, counties, and towns(Shi, Jong, Chon) and the elderly welfare centers must give education and counselling, targeting community people aged 40 and over and their families. One-third of the cost which is required in health education and counselling is borne by government, provinces, and cities/ counties respectively. Health education and counselling in Japan are practiced by distributing health checkbooks, technical training, visiting guidance, health diagnosis, and preventive services for the elderly, thus promoting preventive health programme for the elderly.

For the improvement of nutritional status of the elderly, health centers and the Senior Schools should provide dietary education in relation to health promotion and prevention of geriatric diseases, develop and distribute 'Dietary Guidance for the Elderly' as in Japan,

and provide counselling services on dietary habit. Using mass communications, it enlightens the elderly about indispensable nutrients like protein, calcium, vitamin D, warns them about animal saturated fat, and guides them to sustain appropriate dietary habits.

In the mean time, the group meal service is urgent needed to provide the elderly with opportunity to gather and have meals together. In America, private organizations started meals-on-wheels service for the elderly in the early 1950s, and the Federal government started to aid nutrition service for the elderly based on the "Older Americans Act" which supplied a group meal service for the elderly on a community base. Group meal service was found to solve isolation and loneliness of the elderly as well as promoting health of the elderly in a preventive context. This has also another strength because the elderly exchange necessary information while they are talking together. In developed countries, group meal service or meals-on-wheels service is long established as the commonest welfare service programme for the elderly.

(3) Housing policy

As the number of households with elderly living single or with a spouse separated from children is rapidly increasing, it is desirable to allow the separated elderly with qualifications to occupy public lease houses. Additionally, loan for housing repair and rebuilding, subsidy of house rent for the poor elderly, and housing allowance should be reviewed for those people. Introduction of the elderly care house may be considered as another alternative, in which a number of the elderly persons live together, provided with service by care-givers or nurses (for example, sheltered housing in England, service flats in Sweden). To secure comfortable and safe housing for the elderly, development of diverse types of housing is required, such as three-generation-houses or pair houses.

Developed countries aim at community care for the elderly with negative assessment on institutional care in respects of welfare cost effectiveness and economic efficiency. Therefore they practice broadly integral housing security policy to let the elderly live in the accustomed community through life.

(4) Institutional care

The primary objective of welfare institutions is to make institutions be "real home" for the elderly inmates, which can be realized only through modernization, socialization, and specialization of facilities. Diversified institutions are able to provide professional institutional care corresponding to the diverse needs of the individuals. To open facilities to the community leads to close relation with community people and increasing support, as well as preventing isolation of the elderly inmates.

However, welfare institutions should put a priority on increasing personnel expenditure and raising the quality of institutional care through rational appropriation of government aid. With easing requirements for entering free elderly welfare institutions, unoccupied facilities should be made available to needy elderly people. Uniform support to the residential care facilities in proportion to the inmate number should be changed to selective support by type and size of facilities and by areas.

The low-cost facilities which receive reasonable fees must be consistent with the original aim of the establishment. This means that the low-cost facilities were established, particularly targeting elderly people in the lower income bracket. Thus, increase in management cost and personnel expenses with government aid in parallel with decrease of entrance fee is indispensable for effective management of low-cost facilities. Specific needs of the elderly in the upper income bracket can be met by profit companies following the market supply principle.

(5) Leisure activities

As the Senior Hall is the most easily available leisure facility for the elderly at community level, it is desirable to improve its functions an information center and a chatting room for the elderly, that is a community welfare service center for the elderly.

The elderly workplaces in the Senior Hall may increase employment opportunity for the elderly, when linked to community organizations and companies, and the volunteer groups may be composed of the elderly who utilize the Senior Hall.

Establishment of kitchen and supply of meal service within Senior Halls must be considered for poor elderly people in the lower income brackets. It is necessary to establish the Senior Centers which provide various leisure opportunities for the elderly at city/county/town level.

(6) Activation of NGOs

As the Korean government does not satisfy fully the basic needs of the elderly population, the roles of nonprofit non-governmental organizations can be very crucial for improving welfare for the elderly. In general, encouragement of non-governmental social welfare organizations to conduct nonprofit programmes, is most important to increase their financial capability needed in facility management. For this, tax exemption should be given to nonprofit foundations. At the same time private foundations and organizations should obtain 'socialization of facility', advertizing various programmes and facts about facility management, to increase concern and trustworthiness of nonprofit foundations, resulting in increasing community financial support.

In addition, the government initiative method should be shifted to non-government organizations initiatives, to make collective

fund-raising more effective which was sporadically performed in the past. It is important to set up a delivery system of private resource mobilization for integration, adjustment, and equitable distribution of the fund. This can overcome the existing negative perception of people against compulsory fund-raising for social welfare.

On-line remittance is also desirable through banks and post offices, as an efficient fund-raising method. Fund-raising methods need to be developed using special facilities and market brands. Every company in the Economists Association is recommended to contribute a fixed proportion of net profit. In case of contributing to social welfare and philanthropy, full tax exemption should be granted, regardless of contribution amount. This tax exemption will increase participation of community people in social welfare institutions resulting in participation of non-governmental organizations in active welfare services in a long term perspective.

(7) Senior citizens' industry

When government is not able to deal with the diversified needs of the elderly who want to enjoy a more comfortable life in old-age, the modern senior citizens' industry is indispensable. However, government has a responsibility to protect old persons as consumers, legislatively and administratively. Thus government has to select senior citizens' industry companies cautiously, control quality of services such as geriatric treatment and nursing, and supervise its supply price. It is necessary to adopt the ombudsmen system for supervising the management of profit in the senior citizens' industry. Deposit insurance is advisable for securing the deposit of the elderly in case of bankruptcy of the owner of senior citizens' industry facilities.

As senior citizens' industry targets users with purchasing power basically following the market economy principle, financial support by

government does not seem to be necessary. However, from a long term perspective, a number of subsidies such as financial aid, low interest loan, tax benefit should be given to the senior citizens' industry selectively according to which income bracket of the elderly it targets or to what extent it corresponds to the needs of the whole elderly population.

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< CORRECTION >

Page	CONTENT	CORRECT	INCORRECT
3	Table 1. 1975 15-59	56.3	5.6
5	Table 5. 1970 65 ⁺	7.8	7.9
	1994	1994	1995
7	Table 7. 2020 65 ⁺	84.4	4.4
17	Table 16. 1992 Social welfare service budget /National budget	0.6	0.5