ASIAN POPULATION STUDIES SERIES
NO. 97

Population Aging in the Republic of Korea

Report of a study undertaken in
the Republic of Korea under the project
"Emerging issues of the aging of population"

ECONOMIC AND SOCIAL COMMISSION FOR ASIA AND THE PACIFIC
Bangkok, Thailand

UNITED NATIONS
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by

Ehn Hyun Choe

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PREFACE

The ESCAP secretariat, with financial support from the United Nations Population Fund, initiated in 1986 the project "Emerging issues of the aging of population in selected ESCAP countries". The first expert meeting under the project was held at Bangkok in September 1986. Twelve experts from eight countries and one representative each from UNFPA and WHO participated in the meeting. The meeting reviewed the situation of population aging in various countries of the region and prepared and adopted a study design for conducting country studies.

It was agreed that the country studies would be implemented in three parts. The first part would be based mainly on the analysis of data from population censuses and other sources. It would provide background information on the demographic and socio-economic situation of the aging. The second part of the study would comprise a special sample survey gathering various information on older people and resident care providers. A third part would include a review of existing policies and programmes concerning the elderly, and an overall evaluation of these policies, programmes and issues based on the above findings. That would provide a set of policy and programme recommendations to address the issues of an aging population as well as the needs of the elderly.

A series of meetings examined different parts of the reports thoroughly and made suggestions for ammendments as required. Professor Hal Kendig, Director, Lincoln Gerontological Centre, Ms. Penelope Kane of the Australian Development Studies Centre, Dr. Trinidad S. Osteria of the Institute of South East Asian Studies and Professor Tan Poo Chang of the University of Malaya provided valuable assistance for the improvement of the reports. The volumes (listed below) prepared under the project present rich sources of information concerning the population aging issues of the participating countries:

Population Aging in China (ST/ESCAP/795)	Study Team China National Committee on Aging
The Aging of Population in Malaysia (ST/ESCAP/796)	Dr. Hamid Arshat Mr. Tey Nai Peng National Population and Family Development Board Prof. Tan Poo Chang University of Malaya
Population Aging in the Republic of Korea (ST/ESCAP/797)	Dr. Ehn Hyun Choe Korea Institute for Population and Health
The Emerging Issues of Population Aging in Sri Lanka (ST/ESCAP/798)	Dr. P.D.A. Perera Marga Institute

The important findings of these studies and their detailed analysis from the regional perspective along with a set of recommendations were disseminated to and formed the basis of discussion among the policy makers and programme managers of the region in the Asian and Pacific Regional Seminar on Population Aging jointly organized by the United Nations Economic and Social Commission for Asia and Pacific, the United Nations Centre for Social Development and Humanitarian Affairs and the National Population and Family Development Board of Malaysia, and held at Kuala Lumpur from 17 to 21 July 1989. The Seminar deliberated on the major policy and programme issues concerning population aging and developed a set of recommendations entitled *Asia-Pacific Policies and Programmes for Population Aging.*

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Part One

STUDY OF THE KOREAN ELDERLY POPULATION

INTRODUCTION

The aging of a population is a relatively recent phenomenon in human experience. Apart from a few western European countries, it is only in the period following the Second World War that most of the economically advanced societies have experienced significant population aging. This phenomenon is still to be realized for most countries of the developing world. Public concern with population aging as a worldwide issue is even more recent, although it is important to note that nearly a century ago the French and Swedish had already directed considerable attention on their aging society and its potential impact on the vitality of their state and its culture.

For the developing nations, the rapid growth in the number of aged persons presents issues, barely perceived as yet, that must be addressed if social and economic development is to proceed effectively. In fact, this time marks a turning point in which the numbers of persons 65 years of age and over in the world are equally divided between the developed and the developing regions; from this point onward a rapidly growing majority of aged persons will be found in countries still developing. Concerted attention at this time to the issues arising from population aging and some of their policy implications provides at least an opportunity to anticipate future socio-economic development. (Myers, 1982)

During the past two decades and a half, efforts to deal with population problems in the Republic of Korea have been focussed largely on the reduction of population growth. The National population control programme has been a major means of achieving this goal. As the level of contraceptive prevalence increases, reduction of fertility is expected. Between the early 1960s and 1985, censuses and survey evidence indicated that the per cent of current use of contraception rose from about 12 per cent to 70 per cent, and total fertility rate fell to 2.1 in 1985, representing one of the most rapid fertility transitions in the developing world. Thus, the Republic of Korea has virtually completed the demographic transition from high birth and death rates to low birth and death rates during the last 25 years.

The country is at a turning point in population trends in several respects: with continuous decline in age-specific birth and death rates demonstrated in recent years, it is possible to project when the Republic of Korea will reach a permanent zero-growth stationary population and what the population size and age structure will be. Therefore, the central concerns of population policy are likely to shift from fertility and population control to other relevant issues.

Among many other areas of population concern, there has been growing concern over potential problems and needs that may arise from the increase in number and proportion of the elderly population. Attention is now being given to the long term implications and particularly to the socio-economic consequences of aging.

In order that welfare policies for the needy aged may be appropriately formulated and implemented, adequate background information on and knowledge of current status, future needs and related problems of the elderly are required. The concept of an aging population and the area of study concerning it are relatively new in the Republic of Korea. Empirical studies in this field are limited. Based on existing data and available documents, this report will attempt to provide the overview of background information related with elderly problems in the Republic of Korea.

A. COUNTRY BACKGROUND

1. General Setting

The Republic of Korea, traditionally known as the Land of the Morning Calm, occupies the Korean peninsula, a mountainous arm of land which extends roughly 1,000 km. in length and is 216 km. wide at its narrowest point. The peninsula is separated from China and the Soviet Union to the north by the national boundary of the Yalu and Tuman Rivers. To the east, the Japanese archipelago lies across the East Sea on the west, the Yellow Sea separates the Republic of Korea from the Chinese mainland. The coastline is much indented, with several major port cities in the Republic: Incheon, Pusan, Masan and Mogpo. There are several thousand offshore islands, though relatively few are of habitable size.

The Republic of Korea is a mountainous land, with numerous ranges of steep, rock faced peaks covering about 70 per cent of the total land area. Rivers are mostly short and swift; notable exceptions are the Nakdong, Kuin and 500 km. long Han, which flows through the capital city of Seoul on its course to the Yellow Sea. The Republic of Korea has a temperature climate with a rainy summer season when as much as half of the annual rainfall occurs.

The land area of the Republic of Korea is slightly under 100,000 sq. km., about the size of Austria or Portugal. Its population, according to the most recent Census in 1985 numbered 41.1 million, with a resulting density of 414 persons per sq. km., among the highest in the world.

Administratively, the Republic of Korea is devided into nine provinces and five special cities. In addition to its role as the national 1985 population of 9.6 million. Seoul is the financial, cultural, and educational centre of the nation, and is the home of one out of four Koreans. The other special city, Pusan is the nation's second largest population of 3.5 million in 1985, and the major port along southern coast of the Republic of Korea. Currently, 65 per cent of the national population lives in cities of over 50,000 population.

The Korean population in essentially a single homogeneous ethnic group, distinct from its Chinese and Japanese neighbours. The original settlers of Republic of Korea are thought to have been various Mongol tribes who migrated southward from what is now Manchuria onto the Peninsula in prehistoric times. As part of their common cultural heritage, present day Koreans share a single written and spoken language, and literacy is quite high. The combination of these two factors greatly enhances internal communications in the Republic of Korea, and facilitates the successful socio-economic development.

The basic ideology of Korean society has been, for many hundreds of years, a form of neoconfucianism. This ideology has fostered the evolution and persistence of serval traditional characteristics of marriage and family life, including the near universality of marriage, monogamy, extended family structure, and strong social pressure for having sons. Until recently, the strong family and regional ties deriving from Confucian teachings acted against the emergence on the Korean peninsula of a modern nation. The life of a Korean is marked by a number of significant milestones, formal "rites of passage", which are duly cerebrated and recorded by his family. The two most important, "dol" and "hawngap", respectively mark the first and sixtieth anniversaries of an individual's birth. The latter further denotes the completion of five 12 year animal cycles, a landmark of life calling for family celebration.

2. Economy

Any discussion of the recent economic history of the Republic of Korea must include reference to the wrenching effects of foreign intervention on national development. Liberated in 1945, from a 36 year period of Japanese occupation, the Republic of Korea soon afterwards became the battleground of destructive three year war which ended in 1953 in an uneasy armistice and political division roughly following the 38th parallel.

Traditionally an agrarian society, the recent economic growth of the Republic of Korea has

transformed the country into an industrial and rapidly urbanizing nation, with all the associated advantages and disadvantages of such a rapid development. Since the early 1960's. The Gross National Product has grown at an average annual rate of about ten per cent; per capita income has increased to $2,300 in 1987 according to government estimates. Agriculture has been modernized; the limited energy and mineral resources are being exploited, and exports continue to increase. Such progress, however, creates new problems of its own. Cities are growing faster than their capacities to absorb additional population, resulting in housing shortages and congestions. Rapid industrial development has raised the standard of living and contributed greatly to the balance of trade, but it has also created serious problems of air and water pollution in some of the nation's most densely populated areas.

Transportation and communication facilities, a pre-requisite to economic development are well developed. From early 1970s, a fourline highway was completed between Seoul and Pusan; numerous tributary routes to this main north-south link have brought all parts of the country into much more closer accessibility.

Guiding the course of recent economic development has been the series of Five Year Development Plans, initiated from early 1960s, with the goal of sustained and balanced growth in all sectors of the economy. From the targets of the fourth plan, beginning in 1977, are the establishment of a base for self-sufficient economy, the promotion of social development, and increased efficiency and technological innovation. Also an integral part of the nation's developmental effort is the New Village Movement a campaign to raise the living conditions of the Korean people, particularly in rural areas, beginning in early 1970s. The theory behind the movement is that a "self-supporting" community will be able to break the cycle of backwardness and poverty that has marked most of rural Republic of Korea for centuries, and lead to increased individual productivity and income, with a consequent higher living standard.

B. DEMOGRAPHIC ASPECTS

1. Population Aging

Aging is measured in several ways by demographers: as increase in average age (median age); as increase in the proportion of older persons in a population with the cut-off point being generally taken at 65 years of age; an increase in the aged dependency ratio (the number of persons 65 years old and older per 100 persons of intermediate working age 15 to 64); or as the ratio of the aged dependency ratio to the youth dependency ratio (persons under 15 per 100 persons of working age).

The aging of a population is more the product of declining fertility than decrease in mortality which is the fact documented in empirical demographic research. Decreases in fertility have generally followed decreases in mortality and are a product of forces of modernization. That is, declines in birth rates have been concomitants of increasing urbanization and industrialization and the changes in values, attitudes, behavior and social and economic conditions in general which they have generated. Thus, widespread declines in fertility accompanying industrialization and urbanization were initially observed in western nations in nineteenth century and did not occur in some of the developing society until the early 1970s. The impact of fertility decreases on population aging may be illustrated by the statistical presentation from the model population constructed by Ansley Coale and Paul Demeny as shown in Table 1. It is to be observed that as the birth rate declines, especially after the "transitional stage", all three indices of aging indicate sharp increase. It is also to be noted that the increase in birth rate in the transitional period of population dynamics is accompanied by declines in the aging indices. It is also apparent that as zero population growth is reached in the "modern stationary" population, a state already observable among some developed nations, the indices of aging given can be anticipated to assume unprecedented high levels.

Although it is declines in fertility which are more important than declines in mortality in the aging of a population, declines in the death rate

Table 1. Impact of decreases in the birth rate on the average age, the proportion of persons aged 65 years and over and on the aged dependency ratio, model populations

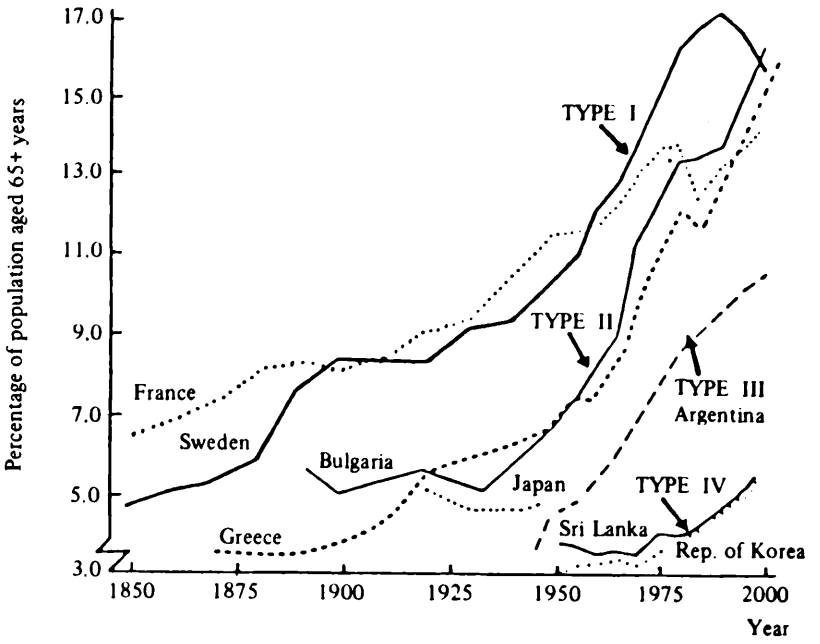
Population characteristics	Primitive stationary	Pre-modern	Transitional	Modern	Modern stationary
Birth rate	50.0	43.7	45.7	20.4	12.9
Death rate	50.0	33.7	15.7	10.4	12.9
Annual growth rate (per cent)	0.0	1.0	3.0	1.0	0
Per cent 65 years and over	2.9	3.4	2.6	10.3	18.5
Average age	25.5	25.1	21.8	32.8	40.0
Aged dependency ratio	5	6	5	16	30
Expectation of life at birth	20.0	30.0	50.0	70.0	77.5

Source: Binstock and Shanas, 1976.

have an important impact on the extension of life. That is, decline in mortality are accompanied by increases in longevity, expectation of life at birth and at older ages. It is the fact that initial declines in mortality are much greater for infants and children than for older persons. Initial declines in mortality operate to increase the proportion of young in a population which, of course, depresses the proportion of old even while it enables a larger proportion of infants born to live to older ages. In the meantime, however, a decline in fertility had the immediate effect of decreasing the proportion of young and, therefore, increasing the proportion of older persons (Kuroda and Hauser, 1981).

The United Nations has defined national populations as "aged" "mature" and "young" on the basis of their proportions 65 and over. Further clarification is made by Myers based on most recent population projections to the year 2,000 by the United Nations as shown in Figure 1.

France and Sweden exemplify "early aging" countries (Type I) that have aged in a steady and gradual manner over a century and a half, with the population of France aging over an even longer period of time. The populations of Greece and Bulgaria began aging at a later date, but since the 1920s the increases in the proportion of aged in both countries have been steady and quite marked. Greece and Bulgaria might be termed "intermediate" aging countries (Type II). A third group (Type III) includes Japan and Argentina, countries whose populations have aged considerably after 1950. In the next two decades, however, their paths in this regard are expected to diverge. These countries are "later"



Source: Centre Demographic Studies. Duke University.

Figure 1. Trends in percentage of population aged 65 years and over, age and over selected countries, 1850-2000

aging countries, but their rate of increase is rapid, corresponding to that of the intermediate grouping. Finally, "nascent" aging countries can be identified as Type IV. Sri Lanka and the Republic of Korea are expected to reach levels of aging just beyond 6 per cent by the year 2000.

2. Extension of Life and Aging Index

The aging of population in the Republic of Korea seems to differ in a number of ways from that experienced in Western countries. To be sure, aging did not begin with the initial decline of fertility in early 1960s when the birth rate declined slowly. The effect of the decline in the birth rate during that period was offset by the decline in mortality so that the age structure

Table 2. Empirical and expected tempo of aging

Country	Proportion of aged 65 years		Years required
	Year to reach 5 (per cent)	Year to reach 12 (per cent)	
Republic of Korea	1993	2022	29
Japan	1950	1990	40
U.S.A.	1925	1990	65
France	1790	1965	175

Sources: (i) Welfare white paper, Japan, 1985.
(ii) Population projection, EPB, Seoul, 1986.

showed more or less stable in the proportion of young, as illustrated in the model population profiles of "transitional" populations. It is only after the late 1970s that the aging process of the Korean population was initiated with the drastic decline in fertility which occured after the baby-boom cohort passed its active child-bearing period.

As a different perspective compared to the Western experience, the aging process, once begun, proceeded more rapidly. It took about a century for Western countries to increase their proportion of older people from around 5 to about 15 per cent. However, the Republic of Korea will increase its proportion of older persons at the same rate in less than half that time, that is in only 40 years from 1980 to 2020, according to recent population projections as shown in attached tables.

The Mean Age of the population was somewhat stable at about 23 years in 1960s. Then it started to rise after 1970 to 25 in 1975, and reached 27 years in 1985. The Mean Age increased by 4 years during the last two decades. It will be expected to continue to rise and reach 32 years by the end of the twentieth century and 37 years in 2020 when the Korean population will approach the zero growth rate.

Changes in the broad age structure of the Republic of Korea are also given in Table 4. In 1960, 43 per cent of the Korean population were under 15 years of age, only 3 per cent were 65 and over, and 54 per cent were of working age, the group 15 to 64 years. By 1970, the pro-

Table 3. Level of education for aged 60 years and over, 1966-1980

Education	1966	1970	1975	1980
All country				
Total	100.0	100.0	100.0	100.0
	(1 512)	(1 704)	(1 944)	(2 268)
No schooling	90.5	84.6	76.6	72.2
Elementary	6.7	11.4	18.1	20.8
Middle and high	2.3	3.2	4.3	5.6
College or more	0.5	0.8	1.0	1.4
Urban	23.3	27.2	33.2	39.1
Total	100.0	100.0	100.0	100.0
	(352)	(463)	(645)	(886)
No schooling	76.4	67.6	59.2	56.7
Elementary	15.3	21.4	28.5	29.1
Middle and high	6.4	8.6	9.8	10.4
College or more	1.7	2.4	2.5	3.0
Rural	76.7	72.8	66.8	60.9
Total	100.0	100.0	100.0	100.0
	(1 160)	(1 241)	(1 299)	(1 382)
No schooling	94.7	...	...	82.1
Elementary	4.1	...	...	15.5
Middle and high	1.0	...	...	2.1
College or more	0.7	...	...	0.4

Note: Number in parentheses indicates population in thousands.
Source: Population Censuses, 1966-1980, Economic Planning Board, Republic of Korea.

Table 4. Changes in age composition of the population, 1960-2020

Year	Population by age groups ('000)				Percentage distribution			Mean age	Index of aged pop.	Index of aging
	Total	0-14	15-64	65 +	0-14	15-64	65 +			
1960	24 989	10 729	13 438	822	42.9	53.8	3.3	23.4	6.1	7.7
1966	29 160	12 684	15 515	961	43.5	53.2	3.3	23.4	6.2	7.6
1970	31 435	13 241	17 155	1 039	42.1	54.6	3.3	24.0	6.1	7.8
1975	34 679	13 208	20 264	1 207	38.1	58.4	3.5	24.8	5.9	9.1
1980	37 407	12 656	23 305	1 446	33.8	62.3	3.9	26.2	6.2	11.4
1985	41 056	12 544	26 771	1 741	30.6	65.2	4.2	27.1	6.5	13.9
1990	43 601	11 868	29 709	2 025	27.2	68.1	4.7	28.3	6.8	17.1
1995	45 962	11 598	31 968	2 397	25.2	69.6	5.2	29.7	7.5	20.7
2000	48 017	11 078	33 969	2 972	23.1	70.7	6.2	31.7	8.8	26.8
2010	51 028	10 084	36 664	4 282	19.8	71.8	8.4	35.0	11.7	42.5
2020	52 473	9 259	37 445	5 772	17.6	71.4	11.0	37.2	15.4	62.3
Urban area										
1960	6 997	2 909	3 935	153	41.6	56.2	2.2	22.6	3.9	5.3
1966	9 781	3 929	5 637	215	40.2	57.6	2.2	23.1	3.8	5.5
1970	12 929	4 904	7 759	266	37.9	60.0	2.1	23.4	3.4	5.4
1975	16 770	5 901	10 487	382	35.2	62.5	2.3	24.0	3.6	6.5
1980	21 409	6 948	13 912	549	32.5	65.0	2.5	25.0	4.0	7.9
1985	26 428	7 840	17 798	790	29.7	67.3	3.0	26.2	4.4	10.0
Rural area										
1960	17 992	7 820	9 502	570	43.5	52.8	3.7	23.6	7.1	8.6
1966	19 379	8 755	9 878	746	45.2	50.9	3.9	23.5	7.6	8.5
1970	18 506	8 337	9 396	773	45.1	50.8	4.2	24.4	8.2	9.3
1975	17 909	7 307	9 777	825	40.8	54.6	4.6	25.6	8.4	11.3
1980	15 998	5 708	9 393	897	35.7	58.7	5.6	27.7	9.5	15.7
1985	14 005	4 274	8 782	949	30.5	62.7	6.8	29.7	10.8	22.2

Source: 1) Population and Housing Censuses, Economic Planning Board, 1960-1985.
2) Population Projections based on 1985 Population Census, National Bureau of Statistics, EPB, March, 1986.

portion of the young was relatively stable at 42 per cent, the proportion of the old was still relatively low at 3 per cent and those of working age stood at the same level. The demographic transition, particularly the fertility transition occured in 1980s producing an appreciable change in the age structure, a drastic decline in the child population, a steady increase in the adult population of working age, and a gradual increase in the older population. The percentage distribution of the three broad age groups changed considerably from 1960 to 1985, wherein the child population plummeted from 43 to 30 per cent, the population of working age rose from 54 to 65 per cent, and the older population increased from 3 to 4 per cent.

By the year 2000, according to recent population projections made by the Economic Planning Board the young will make up 23 per cent of the population; the aged, 6 per cent; and persons of working age will constitute 70 per cent of the total. By 2020, to demonstrate the acceleration in aging which may be anticipated, the aged would constitute 11 per cent of the total population, while the young would fall to 17 per cent and those of working age would reach about the 70 per cent level.

Another measure of aging is given by the "index of aging" which is the percentage of the persons 65 and over in relation to the persons under 15. In the 1960s, when the fertility was beginning to fall, the proportion of the elderly was only 3 per cent, and the proportion of the young was around 40 per cent, the aging index was 7.7. By 1985, the index had risen to 14, as the proportion of aged had risen to more than 4 per cent while the proportion of the young had declined to 30 per cent. By the year 2000, according to the recent projections, the index will increase to 27 and it will reach 62 by year

2020 whereas the proportion of young will be only about less than a-fifth of the total population (17 per cent).

As has been noted earlier, the aging of a population and the extention of life are quite distinct phenomena. The latter refers to the increase in years of life. One measure of this increase is reflected in the expectation of life at birth and at various ages. Female longevity is greater than male, especially in modern populations. The extension of life follows more the reduction in mortality than the decline in fertility. The estimated crude death rate in the Republic of Korea had already dropped to about 16 per 1,000 population in late 1940s following World War II. Expectation of life at birth had reached 51 years for males and 54 years for females in early 1950s. By 1980, The Republic of Korea's death rate had declined to an all time low of approximately 7 per 1,000 (Table 5); and expectation of life at birth for males had risen to 63 years and that for females had soared to 69 years. (Table 7). Thus, between 1955 and 1980, life expectancy of males had increased by 12 years, or 24 per cent. (Tables 8 and 9). Note that the gap between male and female life expectancy had risen over the period from 3 years to 6 years. Needless to say, the extension of life has important complications for the persons and for society.

3. Population Projections

When the Fifth Economic and Social Development Plan (1982-1986) was formulated, population projections were carried out based on the total fertility rate of 2.4 and an expected population of 41.2 million in 1985.

Findings from 1985 population census showed a count of 40.5 million which was 0.7 million less than the projected population and an annual growth rate of 1.25 per cent for the period of 1980-1985. On the other hand, the national fertility survey in 1984 estimated the total fertility rate as 2.1 which means that Korean fertility has undergone a drastic decline and reached almost the replacement level.

As a matter of course, this accelerated decline of fertility with the new age structure compelled the revision of the population projections for the formulation of the Sixth Economic and Social Development Plan (1987-1991). The usual cohort component method was used for the new projections.

Table 5. Projected demographic indicators, 1985-2023

Demographic indicator	Unit	1985	1990	1995	2000	2023
Total population	('000)	41 056	43 601	45 962	48 017	52 574
Population density	(/Sq.Km.)	414	440	464	484	530
Population growth	('000)	513	493	432	371	0
Rate of growth	(per cent)	1.25	1.13	0.94	0.77	0
Number of births	('000)	808	783	735	706	579
Crude birth rates	('000)	19.7	18.0	16.0	14.7	11.0
Total fertility rates	(Per woman)	2.05	1.89	1.75	1.75	1.75
Number of deaths	('000)	256	251	265	296	541
Crude death rates		6.2	5.8	5.8	6.2	10.3
Expectation of life at birth	(Years)					
Both sexes		68.0	70.2	71.5	72.6	74.2
Male		64.9	67.1	68.2	69.3	71.5
Female		71.3	73.6	75.0	76.2	77.0
Population composition						
Aged 0-14 years	(per cent)	30.6	27.2	25.2	23.1	17.2
Aged 15-64 years	(per cent)	65.2	68.1	69.6	70.7	70.3
Aged 65 or more years	(per cent)	4.2	4.7	5.2	6.2	12.5
Dependency ratio	(per cent)	53.4	46.8	43.7	41.4	42.3
Proportion of childbearing age	(per cent)	54.5	56.0	56.3	56.4	46.1
Proportion urban	(per cent)	65.4	71.6	75.3	78.3	

Table 6. Estimated crude birth rate and crude death rate, 1910-1985

Year	Estimated[1] crude birth rate	Estimated[2] crude death rate	Estimated natural increase rate
1910-1915	38	34	4
1915-1920	40	32	8
1920-1925	42	30	12
1925-1930	45	26	19
1930-1935	44	23	21
1935-1940	44	21	23
1940-1945	42	20	22
1945-1950	42	16	26
1950-1955	40	14	26
1955-1960	45	13	32
1960-1965	42	11	31
1965-1970	32	10	22
1970-1975	30	8	22
1975-1980	24	7	17
1980-1985	22	7	15

Sources: 1) R. Repetto, *et al, Economic Development, Population Policy, and Demographic Transition in the Republic of Korea,* Harvard University Press, 1981.

2) Estimated by National Bureau of Statistics, from UN-ESCAP, *Asian Population Studies Series, No. 76*, Bangkok, 1986.

Table 7. Past and future prospect of expectation of life at birth, 1925-2030

Year	Male	Female
1926-1930	32.4	35.0
1931-1935	36.3	38.5
1936-1940	40.6	44.7
1942	42.8	47.1
1955-1960	51.1	53.7
1960-1965	52.7	57.7
1966	59.7	64.1
1970	59.8	66.7
1978-1979	62.7	69.1
1985	64.9	71.3
1990	67.1	73.6
1995	68.2	75.0
2000	69.3	76.2
2005	69.8	76.8
2010	70.3	77.0
2015	70.8	77.0
2020	71.3	77.0
2025	71.7	77.0

Source: Fifth Five Year Economic and Social Development Plan, EPB, the Republic of Korea.

(a) Assumptions

It is reasonable to use mathematical techniques of extrapolation in order to project the future trends of mortality, fertility and migration. But it is not the case in the Republic of Korea where fertility has been changing drastically due to national fertility control programme and rapid socio-economic development. Therefore, assumptions on fertility was set on a policy target basis.

(1) Fertility

The abrupt decline of fertility among Korean women in last five years is encouraging to the population policy makers who have been taking the active role in birth control. They also regard the recent decline of fertility as the outcome of the government's reinforced drive since 1982 to curb the population growth. They are hopeful that the short-term population target, that is, to curb the annual rate of population growth to 1.0 per cent by early 1990's, will be realized with no setback, if the government for some years make efforts as it has done

Table 8. Life expectancy and survivorship of the Republic of Korea, 1955-1980

Age (year)	1955-1960		1978-1980	
	Life expectancy	Survivors	Life expectancy	Survivors
Male				
0	51.12	100 000	62.70	100 000
15	46.13	83 065	50.85	95 037
40	25.73	72 368	28.13	89 477
50	18.81	62 885	19.94	82 913
60	12.77	48 677	12.74	69 442
70	7.89	29 087	7.69	41 641
80	4.59	9 171	4.49	12 267
Female				
0	53.73	100 000	69.07	100 000
15	47.81	85 019	58.62	93 680
40	27.53	74 416	35.04	90 796
50	20.51	65 645	26.18	87 431
60	13.91	53 664	17.87	80 827
70	8.48	35 133	10.77	65 467
80	4.52	13 025	5.87	34 356

Source: KIPH, Statistics of Population and Family Planning in the Republic of Korea, Seoul.

Table 9. Trends in expectation of life at birth for the Republic of Korea by sex and age, 1955-2000

(years)

Age	Male							Female						
	1955-60	1961	1966	1970	1978-79	1990	2000	1955-60	1961	1966	1970	1978-79	1990	2000
0	51.12	54.48	59.74	59.80	62.70	67.10	69.30	53.73	60.61	64.07	66.70	69.07	73.60	76.20
1	56.31	57.93	62.04	62.08	63.73	67.87	69.55	58.09	63.59	66.51	68.81	71.02	74.76	76.63
5	54.88	55.33	59.44	59.05	60.30	64.29	65.86	56.58	61.11	64.00	65.59	68.23	71.08	72.85
10	50.64	51.34	55.54	54.40	55.62	59.45	60.98	52.31	57.23	60.18	60.81	63.46	66.17	67.86
15	46.13	46.67	50.95	49.68	50.85	54.59	56.09	47.81	52.68	55.59	55.97	58.62	61.24	62.85
20	41.74	42.30	46.47	45.10	46.21	49.81	51.27	43.51	48.40	51.17	51.26	53.86	56.35	57.88
25	37.48	38.12	42.07	40.68	41.69	45.11	46.50	39.37	44.44	46.80	46.62	49.16	51.50	52.95
30	33.39	33.93	37.66	36.24	37.17	40.42	41.75	35.20	40.40	42.44	42.06	44.43	46.69	48.04
35	29.74	29.83	33.24	31.86	32.64	35.76	37.02	31.26	36.28	38.08	37.55	39.68	41.91	43.17
40	25.73	25.83	28.86	27.61	28.13	31.19	32.38	27.53	32.19	33.76	33.13	35.04	37.20	38.36
45	22.17	22.00	24.54	23.56	23.96	26.78	27.87	23.95	28.14	29.42	28.83	30.57	32.60	33.66
50	18.81	18.45	20.19	19.76	19.94	22.59	23.57	20.51	24.22	25.03	24.72	26.18	28.16	29.12
55	15.64	15.26	16.66	16.34	16.17	18.75	19.61	17.11	20.43	20.60	20.86	21.93	23.93	24.78
60	12.77	12.20	14.10	13.22	12.74	15.24	15.97	13.91	16.65	16.99	17.28	17.87	19.95	20.68
65	10.16	9.76	11.34	10.62	9.89	12.27	12.87	11.00	13.21	13.29	14.03	14.13	16.27	16.89
70	7.89	7.36	6.48	8.48	7.69	9.76	10.24	8.48	9.82	10.07	11.17	10.77	12.99	13.50
75	6.04	5.67	4.76	6.76	5.79	7.70	8.05	6.36	7.10	7.92	8.70	8.17	10.11	10.50
80	4.59	3.96	3.76	5.36	4.49	6.00	6.24	4.52	4.42	5.85	6.56	5.87	7.55	7.83

Sources:
(i) Kim, Jeong Kun et. al., "Recent Mortality Trends in Korea", The journal of the Population Studies, No. 20, 1976,
(ii) EPB, NBOS, (Abridged Life Table for Republic of Korea 1978-79), 1980; and
(iii) UN, Unbridged Model Life Table for Corresponding to the new UN Model Life Tables for Developing Countries, New York, 1982.

Table 10. Changes of productive age population by broad age group, 1955-1985

		Population				Percentage distribution		
		Total	20-24 years	35-49 years	50-64 years	20-34 years	35-49 years	50-64 years
1955	Total	9 492 798	4 582 975	3 170 522	1 739 301	48.3	33.4	18.3
	Male	4 584 956	2 122 403	1 612 105	850 448	46.3	35.2	18.5
	Female	4 907 842	2 460 572	1 558 417	888 853	50.1	31.8	18.1
1960	Total	11 502 622	5 748 969	3 637 968	2 115 685	50.0	31.6	18.4
	Male	5 644 367	2 819 449	1 804 443	1 020 475	50.0	32.0	18.0
	Female	5 858 255	2 929 520	1 833 525	1 095 210	50.0	31.3	18.7
1966	Total	12 806 255	6 502 791	4 016 156	2 287 308	50.8	31.4	17.8
	Male	6 339 049	3 295 435	1 953 565	1 090 049	52.0	30.8	17.2
	Female	6 467 206	3 207 356	2 062 591	1 197 259	49.6	31.9	18.5
1970	Total	14 066 307	6 920 742	4 600 731	2 544 834	49.2	32.7	18.1
	Male	6 956 235	3 504 359	2 235 065	1 216 811	50.4	32.1	17.5
	Female	7 110 072	3 416 383	2 365 666	1 328 023	48.0	33.3	18.7
1975	Total	16 117 067	7 854 814	5 388 117	2 874 136	48.7	33.4	17.8
	Male	8 022 023	4 014 996	2 646 660	1 360 367	50.0	33.0	17.0
	Female	8 094 444	3 839 218	2 741 457	1 513 769	47.4	33.9	18.7
1980	Total	19 065 191	9 655 051	6 136 805	3 273 335	50.6	32.2	17.2
	Male	9 482 686	4 902 227	3 076 274	1 504 185	51.7	32.4	15.9
	Female	9 582 505	4 752 824	3 060 531	1 769 150	49.6	31.9	18.5
1985	Total	22 274 496	11 397 788	6 891 076	3 985 632	51.2	30.9	17.9
	Male	11 107 585	5 784 460	3 494 852	1 828 273	52.1	31.5	16.4
	Female	11 166 911	5 613 328	3 396 224	2 157 359	50.3	30.4	19.4

last 5 years. The medium variant of fertility assumption is based on that assumption, that is, the total fertility rate (TFR) drops steadily to 1.75 until 1995 and remains henceforth. Some countries like Singapore have experienced extremely sharp declines of fertility and recorded the bottom level of TFR, e.g. lower than 1.6. Granting Korea follows the same path of fertility change, the low variant fertility assumption is made. In the low variant assumption, TFR decreases to 1.6 in 1995, and remains in same level from the year onward. The high variant assumption is the most conservative: it assumes that TFR will drop to 1.9 in 1995, and remain at that level thereafter. The tentative interpretation of the high variant assumption is this: the government will curtail the budget for family planning programmes and channel it to public health and social welfare programmes; but the main factors leading fertility decline will be the changes in values and family life style. The TFR assumptions by variant are as follows.

Fertility assumptions in TFR, 1985-1995

Variant	1985	1986	1987	1988	1989	1990	1995
Medium	2.05	2.02	1.99	1.95	1.92	1.89	1.75
Low	2.05	2.00	1.95	1.90	1.86	1.81	1.60
High	2.05	2.03	2.02	2.00	1.99	1.97	1.90

Since a difference of two schedules of age-specific birth rate brings about little change in the total number of births or population growth if two TFR's are same and the difference is not extreme, the assumed Age-Specific Fertility Rates (ASFR) are not given here. But however the ASFR's are set so as to retain the age pattern of fertility to arrive at the given TFR.

(2) Mortality

Demographers have pointed that the mortality pattern of the Korean male is far from that of the Regional Model Life Table by Coale and Demeny or the Far Eastern Model Life Table by the UN is recently published. To make the matter worse, no model life table for Korean is available mainly because of the unreliable quality of vital statistics produced from the registration. There are very few empirical life tables available. Consequently, no attempt can be made to construct the model life table with the empirical life tables of various mortality levels.

The latest life table for Korean was constructed by NBOS, EPB, by the utilization of data obtained from the two-shot survey carried out in 1978-1981. According to the life table, the life expectancies at birth of male and female Korean were 62.7 and 69.1 respectively. The qx values of male in forties were very high compared with that of Coale-Demeny Regional Model Life Table and UN Far Eastern Model Life Table with the corresponding levels of life expectancy. It is assumed in the projection that the NBOS-made life table will represent the mortality pattern of the typical Korean; where the lx values are linearly extrapolated such that the life expectancy increases by 0.5 year annually until it reaches 70.0, and 0.25 thereafter. Assumed life expectancies are set as follows.

(3) International migration

The projection assumed that about 38,800 are leaving the country ever year, with no one coming into the country. The age-sex structure of the emigrants is adopted from a government record which the authority in charge of emigration tallied during last several years. According to the record, the emigration is very selective; majority of the emigrants are highly educated, economically, active and belong to the fertile age group. This means that emigration would have contributed more to lessening of the population growth rate than the number of emigrants indicates, e.g., the out-migration rate of 9 per thousand brings about decreases in population growth rate than the rate of 9 per thousand.

The migration assumption is given in number rather than in rate since the migration depends more on the world economy and the migrant-receiving countries than on the socio-economic situation of the sending country.

(4) Base population and sex ratio at birth

The base population is constructed from the census data of 1985. The census population by single age and sex is adjusted to mid-year population of 1985 by prorating, for the census enumeration was taken on November 1 in the Republic of Korea. Then, the mid-year population underwent a correction for the incomplete census enumeration and incorrect age reporting especially among infants. It is known that the completeness varies with age in the Republic of Korea as in other countries. The total of the base population was 41,056 thousands, while that of census population was 40,276 thousands.

It is mentioned that reported or registered sex ratio at birth in the Republic of Korea is

Assumed life expectancies, 1978-2000, by sex

Sex	1978-1979	1985	1990	1995	2000
Male	62.7	64.9	67.1	68.2	69.3
Female	69.1	71.3	73.6	75.0	76.2

highly suspect due to the son preference and delayed (and incomplete) registrations. However, the sex ratio at birth in the Republic of Korea is undoubtedly high. It is assumed in all variants the sex ratio is 106.5 throughout the projection period.

(b) Summary of population projections

By the Continuous strengthening of the population limitation policy in the Republic of Korea, the government set up a new target to achieve one per cent population growth rate by early 1990s. It appears that the target will be sufficiently met if the fertility continues to drop as the medium assumption prescribes. The size of population will increase to approximately 46 millions in 1995 with a growth rate of slightly lower than one per cent. By the year 2000, the size of population will reach 48 millions, and growth rate will be slowly decelerated to the 0.7 per cent level. Marking 50 millions in around 2005, the size of population will grow until it reaches 52.5 millions in the year 2025, where Zero Population Growth could be expected.

By definition, births and deaths are determined by the level of fertility and mortality, respectively. In addition, they vary with the age structure of the population. During the last decade, owing to the earlier baby boom generation, the number of births has not decreased even if the fertility has been steadily dropping.

Table 11. Population size and basic vital rates of the projected population

	Population	Crude rates (per 1000)		
	Size ('000)	Birth	Death	Growth
Medium Variant				
1985	41 056	19.7	6.2	12.5
1990	43 601	18.0	5.8	11.3
1995	45 962	16.0	5.8	9.4
2000	48 017	14.7	6.2	7.7
2005	49 710	13.4	6.8	5.9
2010	51 028	12.7	7.6	4.3
2015	51 963	11.9	8.6	2.6
2020	52 473	11.3	9.6	1.0
2025	52 574	11.0	10.3	–0.5
High Variant				
1985	41 056	19.7	6.2	12.5
1990	43 669	18.0	5.8	11.3
1995	46 256	16.0	5.8	9.4
2000	48 824	14.7	6.2	7.7
2005	50 930	13.4	6.8	5.9
2010	52 594	12.7	7.6	4.3
2015	53 854	11.9	8.6	2.6
2020	54 741	11.3	9.6	1.0
2025	55 243	11.0	10.3	0.8
Low Variant				
1985	41 056	19.8	6.2	12.5
1990	43 531	17.2	5.7	10.5
1995	45 669	14.7	4.8	9.1
2000	46 626	13.6	5.6	7.2
2005	49 159	12.5	6.5	5.2
2010	50 259	11.7	7.6	3.3
2015	50 882	10.8	8.8	1.2
2020	50 974	10.0	10.1	–0.9
2025	50 563	9.5	11.5	–2.8

Table 12. Age structure of the projected population

	Percentage distribution			Dependency ratio			C/W ratio
	Aged 0-14 yrs.	15-64 yrs.	64 + yrs.	Child	Aged	Total	
Medium							
1985	30.6	65.2	4.2	46.9	5.4	53.3	40.7
1990	27.2	68.1	4.7	39.9	6.8	46.8	35.2
1995	25.2	69.6	5.2	36.2	7.5	43.7	32.1
2000	23.0	70.8	6.2	32.5	8.7	41.3	29.6
2005	21.3	71.3	7.4	29.9	10.4	40.3	28.7
2010	19.8	71.8	8.4	27.6	11.7	39.3	28.3
2015	18.6	72.0	9.4	25.8	13.1	38.9	28.4
2020	17.6	71.4	11.0	24.6	15.4	40.0	28.7
2025	16.9	69.4	13.7	24.4	19.7	44.1	23.3
High							
1985	30.6	65.2	4.2	46.9	6.4	53.3	40.7
1990	27.3	68.1	4.6	40.1	6.8	46.9	35.8
1995	25.7	69.1	5.2	37.2	7.5	44.7	34.0
2000	23.9	69.8	6.3	34.2	9.0	43.2	32.3
2005	22.4	70.0	7.6	32.0	10.9	42.9	31.1
2010	20.9	70.5	8.6	29.6	12.2	41.8	30.4
2015	19.6	70.8	9.6	27.7	13.6	41.3	30.5
2020	18.8	70.1	11.1	26.8	15.8	42.6	31.5
2025	18.4	68.2	13.4	27.0	19.6	46.6	31.6
Low							
1985	30.6	65.2	4.2	46.9	6.4	53.3	40.7
1990	27.1	68.2	4.7	39.7	6.9	46.6	34.5
1995	24.8	70.0	5.2	35.4	7.4	42.8	30.2
2000	22.0	71.5	6.5	30.8	9.1	39.9	27.1
2005	19.9	72.2	7.9	27.6	10.9	38.5	26.3
2010	18.4	72.6	9.0	25.3	12.4	37.7	26.2
2015	17.3	72.5	10.2	23.9	14.1	38.0	26.2
2020	16.3	71.8	11.9	22.7	16.6	39.3	26.1
2025	15.4	69.9	14.7	22.0	21.0	43.0	25.7

Table 13. Sex ratio of elderly population, 1960-2000

Age	1960	1970	1980	1990	2000
Total	73.9	69.7	67.9	63.0	66.3
60-64	82.0	83.2	84.1	74.1	88.0
65-69	73.9	71.5	72.9	69.4	71.5
70-74	69.1	62.1	61.4	59.8	52.8
75-79	64.5	53.5	48.1	39.3	37.7
80 +	56.8	44.3	33.8		

Source: Economic Planning Board, Population Censuses and Projections, Republic of Korea, 1960-2000.

This phenomenon will not take place again during the projection period. In the other hand, the death rates will drop until mid 1990s, and then start to rise even if the mortality is assumed as decreasing steadily, for those who were born during the high fertility period are entering the older age group and the proportion of the younger population is getting smaller due to the fertility decline. However, the population is never to regain the past growth rate.

The most significant feature of the population change is the transformation of age structure. The percentage of younger age group will dwindle from 30 per cent in 1985 to 23 per cent in year 2000 and again to 17 per cent in year 2025. It is a result of the steady fertility decline. Economically active population in ages of 15 to 64 will be increasing until year 2015 than will start to decrease. In other words, the Republic of Korea will have the highest proportion of active population in those years throughout history. The proportion of the old age population will increase relatively slowly until the baby boom generation enters the old age around 2010.

C. HEALTH ASPECTS

1. Introduction

Until the 1980's little attention has been directed toward the health care of the aged and there are limited data available on the health problems of the aged and the health care services provided to the elderly within the existing health care delivery system.

In 1984, the Republic of Korea joined the four country aging study sponsored by WHO with Malaysia, Philippines and Fiji.

In this section, most of the data will be based on the results from the above mentioned study. The study population was drawn on a sampling basis from the whole country using the stratified random approach and weighting the groups accordingly. The subjects numbered 448 female and 489 males with a total of 977 persons. Tables 14 to 15 characterize the population.

2. Health and Functional Ability

Five approaches were used to evaluate the health status of the study population. Firstly, the respondents were asked to assess their overall health. Secondly, the survey included a question on accidents, injuries and chronic illnesses, and the relationship between these conditions and functional ability. Thirdly, a list which contained items on eight specific signs, symptoms and health problems was used. The fourth approach evaluated ability to perform daily tasks.

Instruments measuring physical and instrumental activities of daily living, which had been used and validated in other studies were modified to suit the cultures of the participating countries. Finally, the health status of the study population was assessed by inquiring about health service utilization pattern.

(a) Self-assessment of health

The subjects were asked to evaluate their health in three ways. Firstly, they were asked if they felt healthy. Secondly, they were asked to describe their health as very good, fairly good, average, fairly bad or bad. Finally, they were asked to compare their health with that of other people of the same age. This report used only the responses to the first question because all three questions were highly correlated.

The study results showed that at least half of the study population reported that they felt quite healthy, there was also a small sex difference, but in the reverse direction where 54 per cent of the men felt healthy compared to 45 per cent of the women (See Figure 2).

(b) Accidents, injuries and chronic illness

The subjects were asked if they had any disease, injury or accident or long term health problem or illness which affected their daily activities.

The results indicated that over 40 per cent of respondents reported a health problem which affected the activities of daily living.

Table 14. Sample population

Age	Whole country			Urban			Rural		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
Total	977	489	488	561	280	281	416	209	207
60-74	809	425	384	464	243	221	345	182	163
75+	168	64	104	97	37	60	71	27	44

Source: Journal of Korean Gerontological Society, No. 5, 1985, Seoul.

Table 15. Age, sex and urban-rural distribution of the sample

	Male					Total male	Female					Total female	Total male and female
	60-64 N(%)	65-69 N(%)	70-74 N(%)	75-79 N(%)	80+ N(%)	N(%)	60-64 N(%)	65-69 N(%)	70-74 N(%)	75-79 N(%)	80+ N(%)	N(%)	N(%)
Urban	44	77	122	21	16	280	65	80	75	36	24	280	560
	(41)	(49)	(62)	(37)	(40)	(50)	(59)	(50)	(38)	(63)	(60)	(50)	(100)
Rural	54	63	64	20	8	209	54	54	55	25	20	208	417
	(50)	(54)	(54)	(44)	(29)	(50)	(50)	(50)	(46)	(56)	(71)	(50)	(100)
Total	98	140	186	41	24	489	119	134	130	61	44	488	987
	(45)	(51)	(59)	(40)	(35)	(50)	(55)	(49)	(41)	(69)	(65)	(90)	(100)

Source: Same as Table 14.

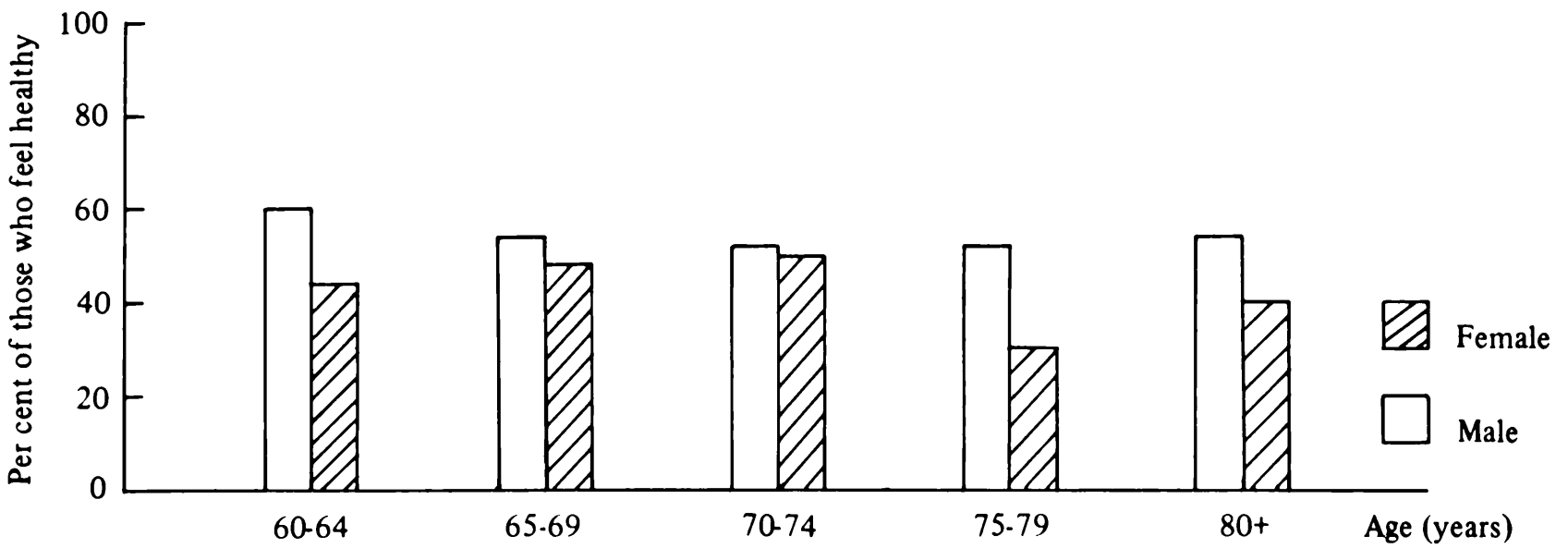


Figure 2. Percentage of people who feel healthy by age and sex

(c) Signs, symptoms and health problems

Responses to seven questions on specific symptoms revealed a high level of disability, particularly for visual and dental status visual problems were detected using a simple sight test administered by the interviewer and dental status addressed by asking the subjects whether they had difficulty chewing food (See Table 16).

The data revealed that visual impairment was less common, but it was still the most common condition after dental problems. One third of the study population had impaired vision in

Table 16. Number and percentage of people who have specific health problems by age and sex

Problem	Male						Female						Total both sexes N(%)
	60-64 N (%)	65-69 N (%)	70-74 N (%)	75-79 N (%)	80+ N (%)	Total male N (%)	60-64 N(%)	65-69 N (%)	70-74 N (%)	75-79 N (%)	80+ N (%)	Total female N (%)	
Foot problems restricting activity	16 (16)	18 (13)	33 (18)	6 (15)	7 (29)	80 (16)	30 (25)	24 (18)	26 (20)	13 (21)	10 (23)	103 (21)	183 (19)
Hearing problems	10 (10)	19 (14)	40 (22)	4 (10)	9 (38)	82 (17)	11 (9)	15 (11)	25 (19)	15 (25)	18 (41)	84 (17)	166 (17)
Sight problems	20 (20)	48 (34)	59 (32)	17 (41)	10 (42)	154 (31)	37 (31)	38 (28)	42 (32)	29 (48)	20 (45)	166 (34)	320 (33)
Evidence of cataract	5 (5)	24 (17)	16 (9)	5 (12)	4 (17)	54 (11)	10(8)	12 (9)	11 (8)	5 (8)	7 (16)	45 (9)	99 (10)
Dental prosthesis	34 (35)	61 (44)	66 (35)	12 (29)	12 (50)	185 (38)	42 (35)	66 (49)	54 (42)	20 (33)	9 (20)	191 (39)	376 (38)
Difficulty in chewing	43 (44)	82 (59)	126 (68)	24 (58)	15 (63)	290 (59)	56 (47)	80 (60)	84 (65)	43 (70)	34 (77)	297 (61)	587 (60)
Difficulty in walking 300 m	13 (13)	13 (9)	37 (20)	5 (12)	7 (29)	75 (15)	10 (8)	9 (7)	18 (14)	18 (30)	13 (30)	68 (14)	145 (15)

Source: Same as Table 14.

one or both eyes and the prevalence increased with age. A simple test to detect cataracts was also included in the evaluation of visual status. The figure was 10 per cent.

Difficulty associated with chewing was the most common problem for Koreans in the survey. Sixty per cent of the population found it hard to chew food. The prevalence of this problem increased by 20 per cent for men and 30 per cent for women from the youngest to oldest age groups. Older men were also more likely than younger men to have dental prostheses (50 per cent compared to 35 per cent).

Another problem reported more often by older respondents was difficulty in walking long distances. The percentage of subjects who experienced difficulties if they walked 300 metre or more was 15. The foot problems (bunion, corns, bent toes, varicose veins) restricted the activities of 19 per cent of subjects in the study. Men over 79 years old were particularly affected; 29 per cent of them had foot problems.

(d) Activities of daily living (ADL)

The ability to cope with activities of daily living (ADL) was assessed by asking 10 questions which were dichotomyed. The first category concerned questions relating to basic bodily functions (Physical ADL) – eating, dressing and undressing, caring for one's appearance, walking, getting in and out of bed, taking a bath or shower and getting to be toilet in time.

The second group pertained to activities related to independent community residence (instrumental ADL) – travelling beyond walking distance, shopping and handling one's own money. These categories were combined to create an ADL summary score. (See Tables 17 and 18).

The results of study item showed that 71 per cent of the older people were able to accomplish all the ADL. One fifth of all subjects had some problems with in continence. Thirty eight per cent of men in this age group had problems reaching the toilet in time. Less than 10 per

Table 17. Activities of daily living (ADL), summary score

No of activities performed	Male						Female						Total both sexes N (%)
	60-64 N (%)	65-69 N (%)	70-74 N (%)	75-79 N(%)	80 + N (%)	Total male N (%)	60-64 N (%)	65-69 N (%)	70-74 N (%)	75-79 N (%)	80+ N (%)	Total female N (%)	
Can do all ADL	77 (79)	106 (76)	135 (73)	8 (20)	11 (46)	337 (70)	95 (80)	104 (78)	88 (68)	31 (51)	21 (48)	339 (69)	676 (68)
Can't do one ADL	14 (14)	25 (15)	42 (23)	7 (17)	9 (38)	97 (20)	19 (16)	24 (18)	33 (25)	17 (28)	10 (23)	103 (21)	200 (20)
Can't do more than one ADL	6 (6)	9 (6)	4 (3)	7 (17)	4 (17)	31 (6)	4 (3)	7 (5)	13 (10)	13 (21)	13 (30)	50 (10)	81 (8)

Source: Same as Table 14.

Table 18. Number and percentage of people who are unable to perform activities of daily living by age and sex

Type of activity	Male						Female						Total both sexes N (%)
	60-64 N (%)	65-69 N (%)	70-74 N (%)	75-79 N (%)	80+ N (%)	Total male N (%)	60-64 N (%)	65-69 N (%)	70-74 N (%)	75-79 N (%)	80+ N (%)	Total female N(%)	
Travel beyond walking distance	3 (3)	5 (4)	11 (6)	5 (12)	4 (17)	28 (6)	2 (2)	7 (5)	11 (18)	12 (20)	5 (11)	37 (8)	65 (7)
Go shopping	7 (7)	11 (8)	7 (4)	6 (15)	3 (13)	34 (7)	5 (4)	4 (3)	10 (8)	8 (13)	10 (23)	37 (8)	71 (7)
Handle own money	1 (1)	0 (0)	7 (4)	5 (12)	2 (8)	15 (3)	2 (2)	5 (4)	9 (7)	9 (15)	9 (20)	34 (7)	49 (5)
Eat	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	1 (1)	1 (1)	0 (0)	0 (0)	2 (0)	2 (0)
Dress self	1 (1)	0 (0)	0 (0)	1 (2)	0 (0)	2 (0)	0 (0)	0 (0)	0 (0)	1 (2)	0 (0)	1 (0)	1 (0)
Take care of appearance	1 (1)	0 (0)	0 (0)	1 (2)	0 (0)	2 (0)	0 (0)	0 (0)	0 (0)	2 (3)	0 (0)	2 (0)	4 (0)
Walk	1 (1)	2 (1)	1 (1)	1 (2)	1 (4)	6 (1)	1 (1)	0 (0)	2 (2)	2 (3)	1 (2)	6 (1)	12 (1)
Get in /out of bed	1 (1)	3 (2)	4 (2)	1 (2)	1 (4)	10 (2)	2 (2)	1 (1)	2 (2)	2 (3)	2 (5)	9 (2)	19 (2)
Take bath	5 (5)	1 (1)	0 (0)	2 (5)	0 (0)	8 (2)	0 (0)	1 (1)	1 (1)	1 (2)	0 (0)	3 (1)	11 (1)
Get to toilet on time	18 (18)	23 (16)	36 (19)	8 (20)	9 (38)	94 (19)	19 (16)	27 (20)	36 (28)	20 (33)	14 (32)	116 (24)	210 (21)

Source: Same as Table 14.

cent of the aged population had problems with any instrumental ADL. Those who did, however, were likely to be in the older age groups. For each instrumental ADL, the prevalence of the problems rose with age.

3. Mental Health

The assessment of mental health was based on a simple measure of cognitive function, personal evaluations of mental well-being and a list of symptoms indicative of psychiatric disorders. The cognitive function items were summed to form a simple score form 0 to 15, with, 14 representing normal cognitive function and 0 a complete absence of cognitive function. Subjects were asked whether they had experienced difficulty sleeping, unusual feelings of tension or anxiety, loss of interest, severe depression, or extreme tiredness or forgetfulness. Four items relating to symptoms of psychoses were included. (See Tables 19 and 20).

The difference between the sexes were greatest for subjects over 79 years old. The disparity between male and female scores increased with age, from a difference of 2 per cent in the 60 to 64 years of age group to 32 per cent in the 80 and over age group. There were a great difference between urban and rural scores, it was 48 per cent of urban women who scored 12 or more on the cognitive function test compared to 35 per cent of rural women.

(a) Prevalence of symptoms

In general, the reporting of the five mental health problems (sleep difficulties worry and anxiety, loss of interest, tiredness and forgetfulness) remained static or increased with age. Sleep dif-

Table 19. Cognitive scores on fifteen items (per cent correct), by sex and urban/rural distribution

No. of correct responses	Urban residents			Rural residents		
	Male N (%)	Female N (%)	Total N (%)	Male N (%)	Female N (%)	Total N (%)
0-3	5 (2)	11 (4)	16 (3)	3 (2)	11 (6)	14 (3)
4-7	32 (11)	39 (14)	71 (13)	17 (8)	51 (25)	68 (17)
8-11	67 (24)	95 (34)	162 (29)	64 (31)	71 (34)	135 (33)
12-15	175 (63)	134 (48)	309 (55)	122 (59)	72 (35)	194 (47)
Total	279 (100)	279 (100)	558 (100)	206 (100)	205 (100)	411 (100)

Source: Same as Table 14.

Table 20. Number and percentages of people who have mental problems, by age and sex

Type of problem	Male						Female						Total both sexes N (%)
	60-64 N (%)	65-69 N (%)	70-74 N (%)	75-79 N (%)	80+ N (%)	Total male N (%)	60-64 N (%)	65-69 N (%)	70-74 N (%)	75-79 N (%)	80+ N (%)	Total female N (%)	
Sleep difficulties	34 (35)	66 (47)	66 (35)	11 (27)	9 (38)	186 (38)	43 (36)	58 (43)	62 (48)	28 (46)	16 (36)	207 (42)	393 (40)
Worried-tense	43 (44)	65 (46)	64 (35)	11 (27)	9 (38)	192 (39)	43 (36)	43 (32)	54 (42)	26 (43)	20 (45)	186 (38)	378 (38)
Lost interest	41 (42)	63 (45)	53 (28)	15 (37)	7 (29)	179 (37)	45 (38)	37 (28)	54 (42)	25 (41)	18 (41)	179 (37)	358 (36)
Depressed	28 (29)	48 (34)	55 (30)	12 (29)	5 (21)	148 (30)	41 (34)	40 (34)	46 (35)	22 (36)	18 (41)	167 (34)	315 (32)
Feel tired	43 (44)	75 (54)	93 (50)	23 (56)	10 (42)	244 (50)	68 (57)	75 (54)	81 (62)	38 (62)	29 (66)	289 (59)	533 (54)
Forgetful	37 (38)	71 (51)	86 (46)	22 (54)	14 (58)	230 (47)	58 (49)	68 (51)	72 (55)	40 (66)	31 (70)	269 (59)	499 (51)
Hear things	13 (13)	24 (17)	21 (11)	5 (12)	3 (12)	66 (13)	18 (15)	17 (13)	21 (16)	14 (23)	12 (27)	82 (17)	148 (15)
See things	11 (11)	22 (16)	17 (9)	2 (5)	5 (21)	57 (12)	14 (12)	15 (11)	16 (12)	11 (18)	9 (25)	65 (13)	122 (12)
Paranoid	6 (6)	13 (9)	23 (12)	3 (7)	1 (4)	46 (9)	13 (11)	8 (6)	12 (9)	9 (15)	5 (11)	49 (10)	95 (10)

Source: Same as Table 14.

ficulties, worry and anxiety, loss of interest and tiredness were reported by 30 to 50 per cent of the study population, and these proportions changed very little with age. Older subjects of both sexes, however, were more likely than younger subjects to report that they forgot things more often than they used to. There were no substantial sex differences for any variable. The presence of mental health problems was also, related to physical health and functioning. Subjects who were able to do all of the activities of daily living about which they were asked were less likely to report problems than those who could not execute all activities. The relationship between subjective evaluation of health and mental health problems was not quite so strong.

(b) Depression

The authors (Cheung, sung-Douk and Others, 1984) studied depression, using Zung's self-rating depression scales in 339 older males, and compared the results with those of 522 older females who lived in Seoul, Taegu and Gyongsan Areas during the period from the beginning of October 1983 Until the end of June 1984.

The results of study were reported as follows;

(1) There was a significant difference in the averages of total depression scores between the two groups. The older females were more depressive than the older males.

(2) The depression scores relating to hopelessness, personal devaluation, dissatisfaction, psychomotor, retardation and emptiness were relatively high in both groups. The scores of psychomotor agitation, crying spells, constipation and suicidal rumination were lower in both groups.

(3) The 11 older males (33.7 per cent) showed rather serious depression levels with scores of 50 or higher and the 295 older females (56.5 per cent) showed the same scores.

(4) Among the psychosocial factors, aging, occupation supporter, and place of residence were related to depression scores significantly in both males and females. Older females were more depressive than older males in where the supporter is either self or sons, with no occupation, illiterate, and no religion.

Prevalence of tuberculosis significantly decreased recently. In contrast, marked increases in the prevalence of malignant neoplasm, cerebrovascular disease, hypertension, cardiovascular disease are observed during the past 30 years. One of the explanation of the change in disease pattern is the improvement in eating habits and the level up of living standard in the Rep. of Korea. Obesity is a major problem for the elderly. It can present an increasing hazard to mobility and increase the tendency to diabetes and coronary heart diseases. Relationship between, nutritional unbalance and occurence of chronic disease among the aged need to further study in the Rep. of Korea.

4. Patterns of Cause of Dealth

The following Table 21 and Figure 3 present respectively the recent order and the changes in the order of the main causes of death.

Table 21. Cause of death for the population aged 65 years and over, 1980

Order/cause of death	Per cent of total deaths
1. Cerebrovascular accidents	14.21
2. Hypertensive disease	13.15
3. Malignant tumor	10.39
4. Asthma, bronchitis, pulmonary tumor	4.63
5. Poisoning toxic substance	2.57
6. Chronic live disease	1.88
7. Pulmonary tuberculosis	1.86
8. Pneumonia	1.48
9. Gastritis and duodenal ulcer	0.79
10. Adenoid cirrohsis	0.52

Source: Economic Planning Board, cause of death statistics 1980.

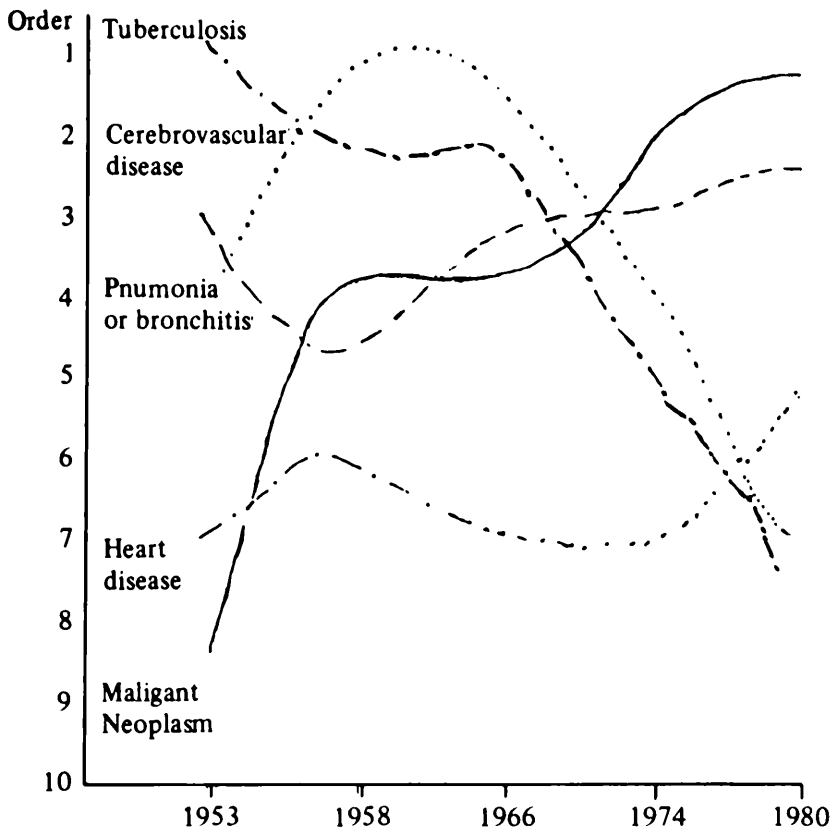


Figure 3. The order change curve of leading causes of death for Koreans, 1953-1980

Cause of deaths shown in this paper were those diagnosed by physicians. The leading cause of death had changed during 15 years period between 1966-1981, about their structures of proportion (See Table 22). In 1981, malignant tumor, hypertensive disease cerebrovascular accidents became the first three leading cause of deaths. This data implies the pattern of leading cause of deaths similar with Japan and Western developed countries.

The proportionate mortality that malignant neoplasm and cerebrovascular accident present together was only 4.5 per cent of the total deaths

Table 22. Leading causes of death, 1966 and 1981

Order	1966	1981
1.	Pheumonia	Malignant tumor
2.	Pulmonary tuberculosis	Hypertension
3.	Cerebrovascular disease	Cerebrovascular disease
4.	Infectious disease and parasitosis	accidents
5.	Malignant tumor	Senile disease
6.	Injury by accident	Chronic liver disease
7.	Asthma and bronchitis	Traffic accidents
8.	Meningitis	Pulmonary tuberculosis
9.	Hypertension	Suicide
10.	Gastritis and other related symptoms	Asthma and chronic bronchitis

Source: Economic Planning Board, Cause of death Statistics, 1966 and 1981.

but they became 22.08 in 1981 and 24.2 per cent in 1982. Cerebrovascular disease is conducted the major cause of death among these aged 65 years old and over. Heart attack will become a problem area for the aged because the dietary pattern has changed falling the Western concept.

The major diseases among the aged are known as the degenerative chronic diseases.

Kyoon Hong Kim and others in 1987 reported the recent trends in causes of death in the Republic of Korea based on data in 1984. The major findings were as follows (Human science, Vol. 11, No. 2, Feb. 1987):

(1) The total number of registered death cases were 227, 410 in 1984 among those which occurred during the same year.

(2) Whereas most of communicable diseases are no more important problems as the cause of death, malignant neoplasms and the diseases of circulatory system have increased during the last decade.

(3) The deaths due to injuries or poisonings are increasing especially among the younger group.

(4) As the men become forty or over, half of the deaths among them would be of the diseases of circulatory system and malignant neoplasms.

The proportionate mortality from malignant neoplasm was 3.6 per cent in 1961 but increasing to 30 per cent in 1984. The cause of death among these aged 65 years and over shows

Table 23. Percentage distribution of causes of death among the aged population (aged 65+ years)

Cause of death	Both sexes	Male	Female
Infectious and parasitic disease	3.26	4.39	2.22
Malignant neoplasms	13.51	16.73	10.55
Endocrine, nutritional and metabolic diseases of immunity disorders	2.19	1.98	2.39
Diseases of blood and blood forming organs	0.14	0.10	0.18
Mental disorders	0.46	0.49	0.43
Diseases of the nervous system and sense organs	0.62	0.69	0.56
Diseases of the circulatory system	40.73	38.26	42.99
Diseases of the respiratory system	6.71	6.84	6.58
Diseases of the digestive system	6.44	7.19	5.75
Diseases of the genitourinary system	1.22	1.15	1.29
Complications of pregnancy, childbirth and the puerperium	...	...	...
Diseases of the skin and subcutaneous tissue	0.22	0.03	0.02
Diseases of the musculoskeletal system and connective tissues	0.40	0.26	0.54
Congenital anomalies	0.01	0.01	0.01
Certain conditions originating in the perinatal period	...	...	...
Symptoms, signs and ill-defined conditions	18.68	15.14	21.93
Injury and poisoning	5.61	6.74	4.56
All causes of death	100.00	100.00	100.00

Note: Based only on the cases diagnosed by medical doctors (MD).
Source: Economic Planning Board, cause of death statistics, 1984.

Table 24. Trend of causes of death among the aged population (aged 65+ years)

Cause of death	1966	1980	1984 certificated by MD	1984 Classifiable
Infectious and parasitic disease	14.6	2.4	3.3	2.0
Malignant neoplasms	5.9	10.4	13.5	7.8
Endocrine, nutritional and metabolic diseases of immunity disorders	0.1	1.2	2.2	0.9
Diseases of blood and blood forming organs	0.9	0.2	0.1	0.1
Mental disorders	...	0.7	0.5	0.3
Diseases of the nervous system and sense organs	1.6	0.6	0.6	0.3
Diseases of the circulatory system	10.8	39.1	40.7	31.6
Diseases of the respiratory system	16.0	7.2	6.7	4.3
Diseases of the digestive system	7.0	7.7	6.4	4.8
Diseases of the genitourinary system	1.5	0.8	1.2	0.6
Complications of pregnancy, childbirth and the puerperium	0.5	...	...	...
Diseases of the skin and subcutaneous tissue	...	0.1	...	...
Diseases of the musculoskeletal system and connective tissues	...	0.4	0.4	0.4
Congenital anomalies	...	...	...	...
Certain conditions originating in the perinatal period	...	...	...	...
Symptoms, signs and ill-defined conditions	37.4	26.9	18.7	45.2
Injury and poisoning	4.5	2.3	5.6	1.7
All causes of death	100.0	100.0	100.0	100.0

Note: .... less than 0.5 per cent.

that over 40 per cent were due to circulatory system diseases, 13.5 per cent to malignant neoplasm 6.7 per cent to respiratory infection and 6.4 per cent to the digestive system (See Tables 23 and 24).

5. The Health Care Delivery System

The health care delivery system of the Republic of Korea has not yet been established to function for the older adults to receive comprehensive health care in terms of preventive secondary and tertiary rehabilitative or restorative care. While the government has set up the policy for the achievement of concensus about the equitable distribution of basic health services through the primary health care services since 1980 but the programme has not emphasized the health services for the elderly.

(a) Use of health workers and hospital services

The availability and use of health services was assessed in a number of ways. The subjects were asked about their contact with health workers, hospitals and nursing homes.

The subjects were the asked how often during the month prior to the interview they had consulted a doctor, nurse, pharmacist, traditional health woker or priest about their health problems (See Table 25). Most subjects in the study visited the doctors or pharmacists when they had a health problem. In the month preceding the survey, 20 per cent of the study population visited a doctor and 27 per cent saw a pharmacist. Very few people reported contact with other paramedical workers. There were no substantial sex differences, and an age trend was noted only for visits to the doctor. There was a slight decrease with age in the proportion of people who had seen a doctor. Only 5 per cent of the subjects had been in hospital at all in the month prior to the survey.

(b) Use of Medications

The subjects were asked if they had taken traditional medication in the month before the survey. Traditional medicine had been taken by 29 per cent of men and women in the month before the survey. There were no consistent age differences. An urban-rural difference was noted only for women: urban women were 9 per cent more likely than rural women to have taken traditional medicine in the last month (See Tables 26 and 27). The subjects were also asked if they had taken any medicines prescribed by a doctor during the month preceding the survey. Prescribed medicine had been taken by 24 per cent of the population. Usage was slightly lower in the oldest age group, in which 22 per cent of men and 17 per cent of women reported taking prescribed medicine. Unlike traditional medicine, this type of medication was used by more urban than rural dwellers (28 per cent compared to 17 per cent).

Table 25. Number and percentage of people who saw a health professional during last month, by age and sex

Type of health professional	Male						Female						Total both sexes N (%)
	60-64 yrs. N (%)	65-69 yrs. N (%)	70-74 yrs. N (%)	75-79 yrs. N(%)	80+ yrs. N (%)	Total male N (%)	60-64 yrs. N(%)	65-69 yrs. N (%)	70-74 yrs. N (%)	75-79 yrs. N(%)	80+ yrs. N (%)	Total female N (%)	
Doctor	23 (23)	32 (23)	34 (18)	10 (24)	4 (17)	103 (21)	23 (19)	25 (19)	24 (18)	9 (15)	4 (9)	85 (17)	188 (19)
Nurse	1 (1)	2 (1)	2 (1)	0 (0)	0 (0)	5 (1)	1 (1)	2 (1)	1 (1)	1 (2)	2 (5)	7 (1)	12 (1)
Pharmacist	25 (25)	47 (34)	37 (20)	10 (24)	2 (8)	121 (25)	45 (38)	37 (28)	37 (28)	12 (20)	12 (27)	143 (29)	264 (27)

Source: Same as Table 14.

Table 26. Number and percentage of people who took medication, by age and sex

Type of medication	Male						Female						Total both sexes N (%)
	60-64 N (%)	65-69 N (%)	70-74 N (%)	75-79 N (%)	80+ N (%)	Total male N (%)	60-64 N (%)	65-69 N (%)	70-74 N (%)	75-79 N (%)	80+ N (%)	Total female N (%)	
Prescribed	24 (24)	38 (27)	44 (24)	15 (37)	5 (21)	126 (26)	32 (27)	27 (20)	26 (20)	11 (18)	7 (16)	103 (21)	229 (23)
Over the counter	37 (38)	58 (41)	66 (35)	17 (41)	7 (29)	185 (38)	57 (48)	62 (46)	60 (46)	28 (46)	17 (39)	224 (46)	409 (41)
Traditional	28 (29)	41 (29)	44 (24)	15 (37)	7 (29)	135 (28)	36 (30)	37 (28)	39 (30)	18 (30)	9 (20)	139 (28)	274 (28)

Table 27. Number and percentage of people who need more medical care and who need more health aids, by age and sex

Service needed	Male						Female						Total both sexes N (%)
	60-64 N (%)	65-69 N (%)	70-74 N (%)	75-79 N (%)	80+ N (%)	Total male N (%)	60-64 N (%)	65-69 N (%)	70-74 N (%)	75-79 N (%)	80+ N (%)	Total female N (%)	
Medical care	41 (42)	67 (51)	70 (44)	15 (41)	6 (26)	199 (45)	60 (50)	66 (49)	58 (45)	29 (48)	16 (36)	229 (47)	428 (43)
Health aids	12 (14)	18 (15)	33 (21)	7 (19)	4 (17)	74 (15)	21 (18)	15 (11)	24 (18)	16 (26)	14 (32)	90 (18)	164 (17)

The third question concerning medications related to over the counter medicines. Over the country medication had been used by 38 per cent of men and 45 per cent of women. As with prescribed medicines, the oldest respondents were slightly less likely than younger respondents to report taking over the counter medicines. Consumption was also more common in urban areas; 49 per cent of urban residents, compared to 32 per cent of rural residents had taken over it.

The priority of health care services are given to the population control programmes and environmental sanitation, industrial health and the rural health improvement programmes. The geriatric practice of medicine has not yet been specialized nor the geriatric practitioner programme of nursing developed. There is a need to develop health manpower for the geriatric field. Recently, policy makers were concerned about the relationship between aging, and illness as the risk of illness and impairment increases with age and correspondingly, the personal and social costs of illness in late life are very high (See Figure 4).

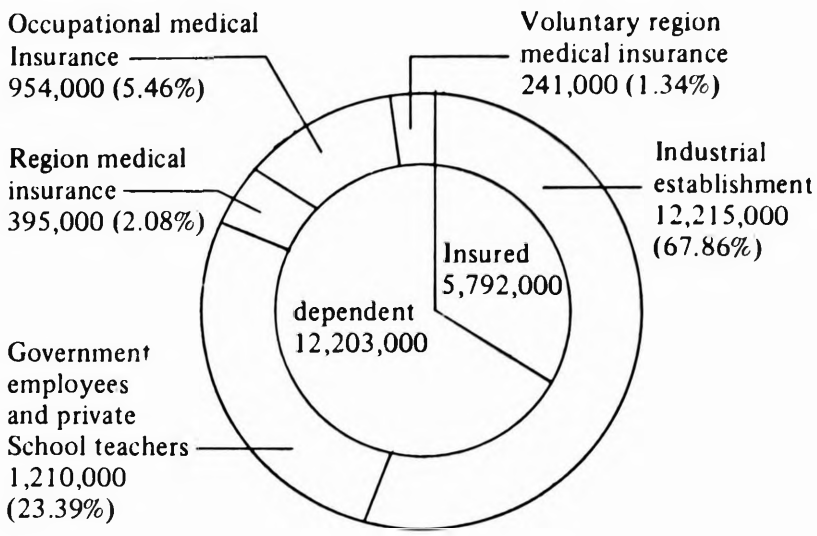


Figure 4. Medical insurance programmes, Republic of Korea, 1985

D. PSYCHOLOGICAL ASPECTS

1. Introduction

Comparing with other cultures, the Republic of Korea has several unique aspects on old age living and the care for the elderly. Even though the nation is in the turmoil of rapid transit to the industrialization, the traditional family support system is still maintained and the elderly themselves are expecting the traditional system of care. This tendency is reinforced because of the insufficient social security system provided by the government.

Therefore, the current status of research activities on the psychological dimension of aging will be discussed and the contents will be as follows:

(1) The result of the Republic of Korea Survey (Gallup) Polls

(2) Psychological distance of the elderly toward the family members

(3) Personality changes and stress coping in the late adulthood

(4) The need assessment of the elderly

(5) Age norms and life stages

(6) Change of cognitive ability with aging

(7) Reminiscence in the old age

(8) Some other themes

(9) Conclusion for this section

2. Psychological Aspects Reflected in the Gallup Poll

The Republic of Korea Survey (Gallup) Polls, Ltd. had undertable executed the first nationwide social surveyon the current status of Korean elderly in 1981 and published the results in 1984. The sample size was 1,427 senior citizens who lived in their own homes. This study was originally planned as a joint research with five other nations (Japan, Thailand, U.S.A., United Kingdom, and France) and the same questionnaire was used. However in the Republic of Korea, additional items were included such as or economic status, religion, marital status and remarriage.

(a) Life in the old age

Most of the Korean elderly perceived the "old age period" as starting from the inception of weakness or fragile health (44.1 per cent), and when the children are all grown-ups and married (20.4 per cent). Therefore, their criteria for "old age" are based on the physical health and vigor, as well as the parental/family role cycle.

The onset of old age is perceived to occur after the age of 60 (45.0 per cent), of 65 (18.8 per cent), of 70 and over (18.3 per cent). This means that traditionally the 60th birthday (so-called "Whan-Gap") has meaning and the family holds a big birthday celebration.

(b) Current concerns in the old age

The most frequent and important concerns are, poor health (43.8 per cent), and financial insecurity (40.8 per cent). Since there is no extensive health insurance or social security system in the Republic of Korea, most of the senior citizens do feel anxious about their life and the potential inability to secure adequate medial care.

The existence of "confidant" plays a very important role in the succesful aging and psychological adjustment. The elderly rely on their spouses (35.8 per cent), sons (54.2 per cent), daughters (17.0 per cent), sons-in-law or daughters-in-law (21.8 per cent). The importance of "sons" for the elderly is utmost and borne by the preference for sons in the traditional Korean society.

(c) Happiness and loneliness

As an index of the mental health status of elderly, happiness and loneliness measures were used. While most of the respondents feet happy they also expressed a high degree of loneliness (Table 28). Which this may indicate that they are not fully integrated in their family, friendship system, and society in general.

Table 28. Happiness and loneliness of the aged

(N = 1 427)

Happy		Lonesome	
Q: At your age, do you feel happy?		**Q: Are there any occasions in your daily life when you feel lonesome?**	
	(Per cent)		(Per cent)
1. very happy	27.3	1. quite often	28.5
2. somewhat	12.3	2. sometimes	25.8
3. some or equally happy	35.6	3. seldom	29.4
4. somewhat less happy	16.4	4. never	16.0
5. definitely less happy	7.5		
No Answer	0.8	No Answer	0.4
Total	100.0	Total	100.0

Source: Korea Survey (Gallup) Polls, Ltd., *Life style and value systems of the aged in The Republic of Korea*, Seoul, 1984.

3. Psychological Distance of the Elderly Toward the Family Members

To understand that the level of psychological adjustment and the mental health, the psychological distance toward the family members was used.

The Korean societal and family system maintain the traditional way of caring for the old parents and grandparents at home. Since the major respensibility for caring the elderly is on the shoulders of the eldest son and daughter-in-law, the psychological distance from them would be the key factory in the psychological well-being of the aged. Yoon (1981) measured the semantic structure and distance between elderly and their family members for the first time in the Republic of Korea. The ten subscales of the Osgood-type Semantic Differential (7 point scale) were used for 11 different family members (grandfather, grandmother, father, mother, husband, wife, son, daughter-in-law, daughter, grandson, and grand-daughter). One hundred

(50 males and 50 females) healthy retired or semi-retired elderly (61-82 years old) were interviewed. The results showed that in comparing the elderly with the younger subjects, the Evaluative factor received higher score, and the Potency factor did not show any distinctiveness among the family members. While the grandfather is perceived as the farthest member in the distance analysis ("near-far" dimension), mother, son, daughter, and grandson are the nearest ones. The unidimensional axis shows that the distance between mother and daughter-in-law or grandfather is the farthest. According to the semantic structure of the 11 family member concept as perceived by the aged (Figure 5), grandson, mother, and daughter made a separater but close cluster, and grandfather and husband made the farthest cluster.

Comparing with Kim's (1974) study, which was measured on 230 subjects and a wide range of ages, 20 through 65 years old, the elderly subjects perceived their family members as close and significant (Figure 6). The number of the Kim's subjects was 230, ranging from 20-65 years in age.

The comparison of the two studies is shown in Table 29. In every factors, the elderly subjects showed closer and higher score than the younger subjects. This tendency is salient in the Evaluative factor which means that the elderly perceived their family members close and more important than the younger subjects do.

4. Personality Changes and Stress Coping in the Late Adulthood

The personality characteristics, crisis management and coping patterns are changing with the aging process. Recently Cho (1986) attempted to prove the relationship between the situational variables and the changing process in the aged. The subjects were 40 elderly and 40 young men whose average ages were 70.3 and 19.7, respectively. The index was the difficulty level of the vocabulary task the subjects have chosen two experimental situations were set: 1) whether the number of points depends on the difficulty level of the task or not, and 2) whether the scores acquired would be revealed

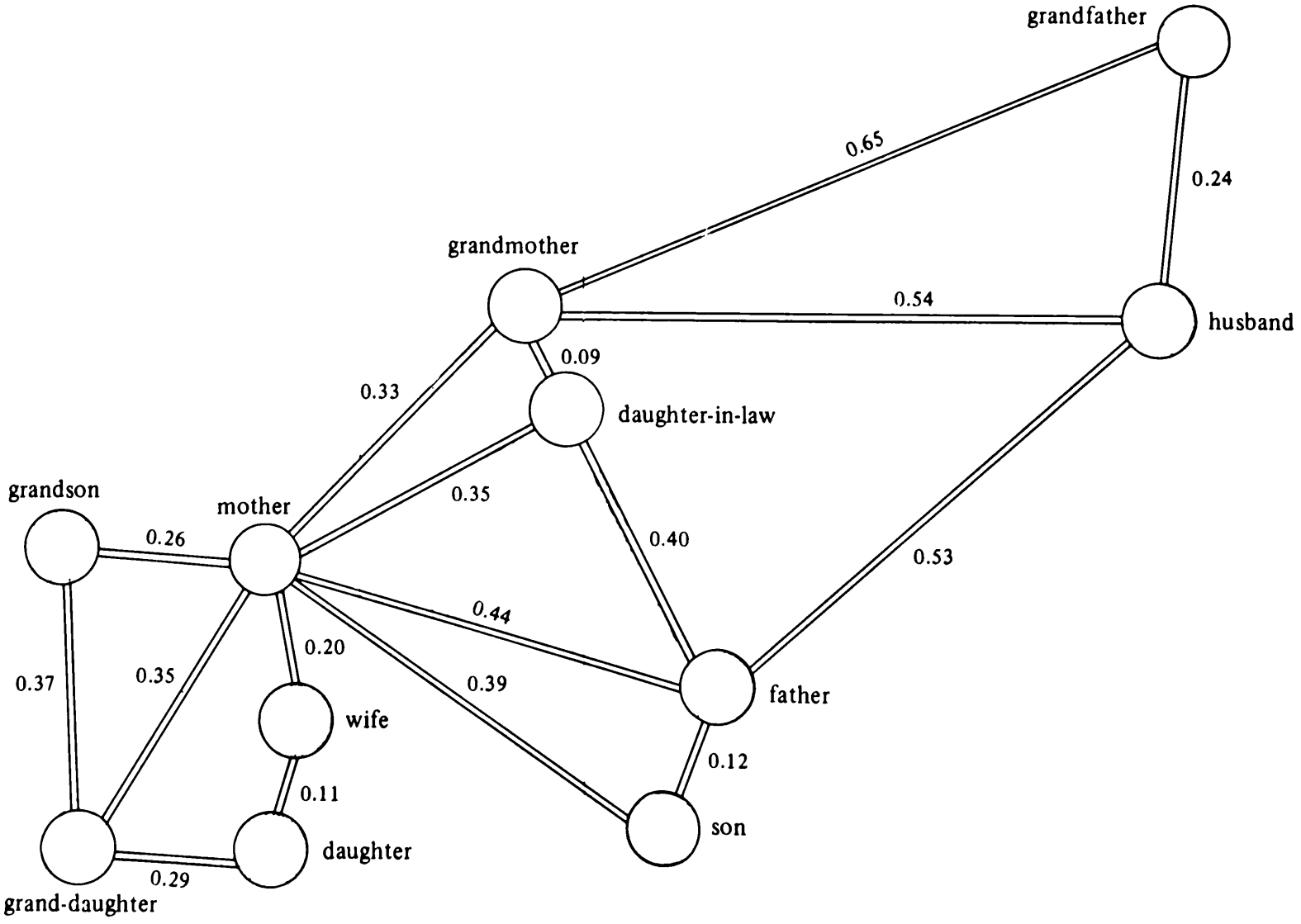


Figure 5. The semantic structure or 11 family member concept as preceived by the aged

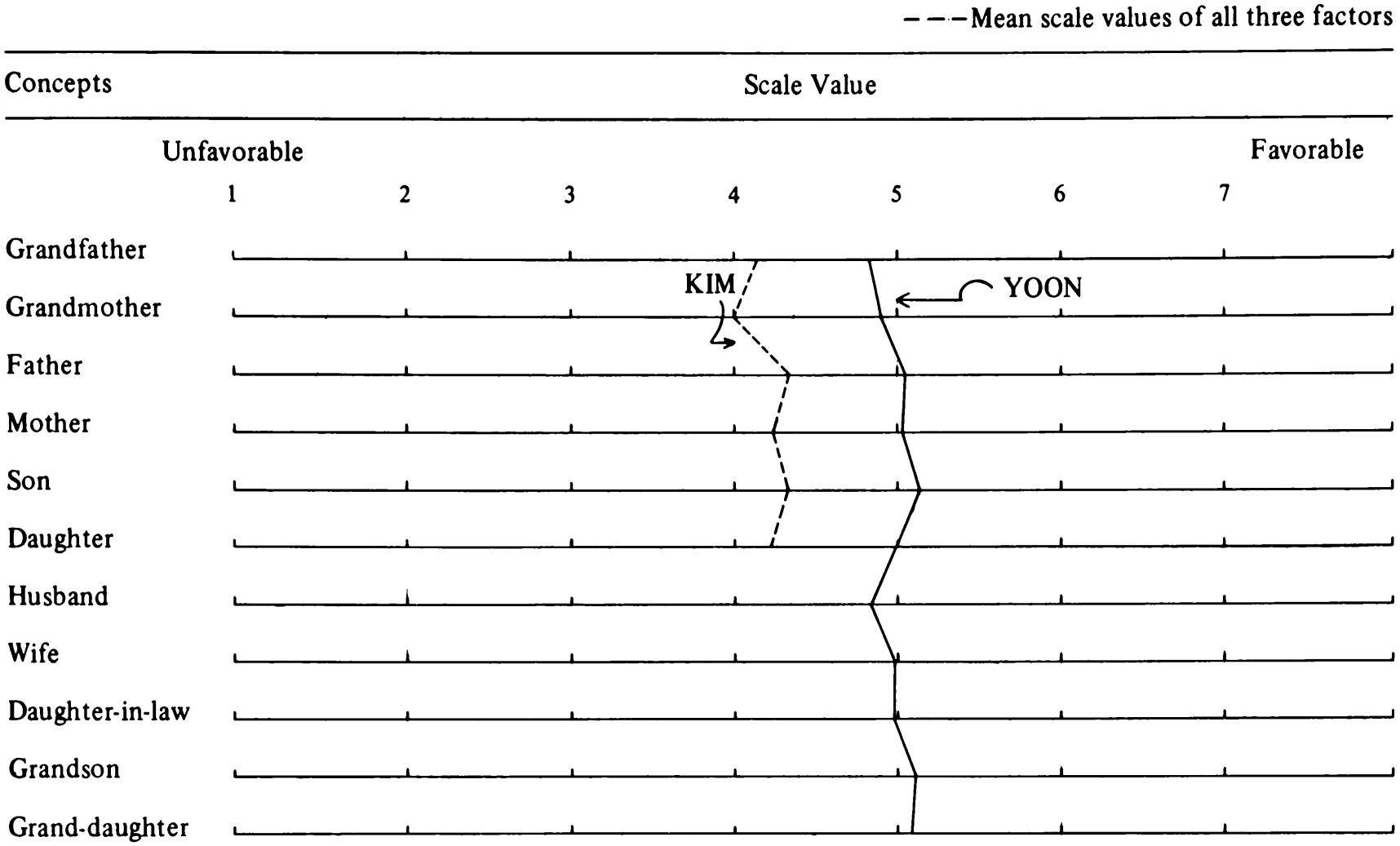


Figure 6. Profile comparison with the KIM (1974) study

to the public or not. The results can be summarized as the following:

(i) The age did not affect the task difficulty level;

(ii) Both age groups chose the higher difficulty level task in the condition which the engaged values of the task vary in proportion to the difficulty level of the task;

(iii) Both age groups chose the higher difficulty level task in the condition of revealing the scores to their public than in that of non-revealing;

(iv) The elderly group chose higher difficulty level task in the revealing condition than in the non-revealing condition. However, the younger groups did not show any task level difference of in both conditions. The result of this study suggests that the cautiousness of the elderly could be modified by the situational variables.

Kim (1986) explored the change of coping styles as a function of age and situational appraisal of events in adulthood. The theoretical framework was provided by Folkman and Lazatus's cognitive-phenomenological analysis of psychological stress. The subjects were 100 young women, aged 25 to 39 years, and 100 elderly women, aged 50 to 65 years. All 200 women completed a questionnaire concerning their coping responses to a recent stressful life event categorized by themselves as either a loss, a threat or a challenge. Three types of coping function-active, passive, and magical-based in Gutmann's Ego Mastery Type were analyzed. The active-passive coping functions were measured uni-dimensionaly and the magical coping function was measured separately. The relation between stress, locus of control over the problem's occurence, personal control over the resolution of the problem and coping behavior were analyzed. The results revealed that age and situational appraisal have significant effects on coping responses: The older women coped in a more magical way than the younger women, especially in loss situations. Regardless of age, most of the women coped in an active way in challenging situations, but in a passive or practical way in loss or threatening situations.

5. The Need Assessment of the Elderly

Filial maturity and family care for the elderly has been traditionally mandatory this is mormal in the Republic of Korea which still does

Table 29. Mean comparisons of the two studies

Family concepts	Factor	Yoon (N=100)		Kim (N=230)		CR
		Mean	SD	Mean	SD	
Grandfather	T	4.68	.82	4.21	1.23	3.92
	E	5.25	1.14	3.85	.82	10.77
	P	4.49	1.08	5.01	1.28	3.71
	A	4.13	1.14	3.78	1.50	2.33
	D	5.19	1.70	4.85	1.94	–
Grandmother	T	4.87	.65	4.04	1.45	6.92
	E	5.74	.92	4.21	.84	13.91
	P	4.25	1.11	3.45	1.29	5.71
	A	4.43	1.07	4.46	1.37	–
	D	5.79	1.34	5.56	1.69	–
Father	T	5.06	.71	4.77	1.49	2.42
	E	5.82	.86	4.28	.79	14.60
	P	4.58	1.20	5.31	1.36	4.87
	A	4.56	1.26	4.73	1.35	1.13
	D	5.64	1.58	5.78	1.85	–
Mother	T	5.05	.61	4.45	1.61	5.00
	E	6.03	.85	4.15	.78	18.80
	P	4.20	1.04	3.77	1.37	3.07
	A	4.59	1.08	5.06	1.24	3.36
	D	6.07	1.18	6.05	1.32	–
Son	T	5.13	.71	4.60	1.48	4.46
	E	5.93	1.07	4.49	.67	12.00
	P	4.58	1.08	4.76	1.51	–
	A	4.60	1.04	4.57	1.36	–
	D	5.91	1.34	6.10	1.52	–
Daughter	T	5.07	.73	4.33	1.74	5.29
	E	5.95	.99	4.67	.65	11.64
	P	4.16	1.07	3.17	1.33	7.07
	A	4.80	1.00	5.14	1.31	2.62
	D	5.79	1.21	6.28	1.32	3.27

Note: T = total, E = Evaluative, P = Potency, A = Activity, D = Distance only

not have a social security system. This attitude is gradually changing through rapid industrialization and change of the family structure. Yoon (1985, 1986) determined the basic needs of the elderly and the responsible party for the solution of those needs. The study aimed to identify perceptual differences about responsibility (self, family, or goverment) for the solution of the needs of the elderly in Korean society. A list of thirty different needs which covers six major categories (health/physical, financial, social, emotional, cultural and environmental needs) was administered to three groups (elderly citizens – age between 60 and 70, n=70; government officials in social service areas, n=86; leader of senior citizens' movement, n-79). The procedure of need assessment was 7 points Lickert-type scale (0-6 points). The results can be summarize as follows:

(i) Comparing with other areas, (Table 30) the elderly generally placed a high priority on the Health/physical needs, Emotional needs, and Environmental Improvement;

(ii) The government officials perceived the family as a major source of elderly care rather than the person and government;

(iii) Leaders of the senior citizens' movement suggest that the government act as a major provider of the elderly care programme (Table 31).

6. Age Norms and Life Stages

The characteristics of Korean life cycle can be understood by means of life line based on the unique Korean culture. The research of this area has just begun in the Republic of Korea and there are two major themes, the setting of the age

Table 30. Group comparisons for the thirty different needs of the Korean elderly (7 point scales: 0-6)

Category/item	Mean for each respondents group			T-test		
	Elderly (N=70)	Gov't Employee (N=86)	Leaders (N=79)	Elderly Gov't	Elderly Leader	Gov't Leader
I. Financial Needs						
2. Training for employment	2.214	2.163	2.519	.15	.86	1.23
15. Daily expense	3.357	2.814	4.215	1.71	2.75**	1.76
17. Taking a job	2.657	2.744	3.278	.25	1.52	1.73
28. Property ownership	3.243	3.488	4.823	.71	4.59***	5.34***
II. Health/physical needs						
4. Medical care	4.243	5.244	5.097	3.64***	2.47*	.97
16. Balanced nutrition	3.800	4.814	4.532	3.65***	2.14*	1.23
19. Maintenance of his own health	5.457	5.337	5.025	.69	1.75	1.39
25. Physical exercise	4.929	4.453	5.000	1.95*	.29	2.45*
31. Medical insurance	5.429	5.465	5.759	.20	1.80	1.81
III. Social activities						
7. Volunteer work	3.400	3.558	4.823	.52	4.53***	5.29***
13. Elderly classes	3.986	4.209	5.266	.71	4.12***	4.83***
30. Social clubs	4.629	4.233	4.405	1.52	.77	.67
IV. Emotional needs						
3. Friendship	3.686	5.186	4.987	5.27***	4.06***	.97
6. Maintenance of family tradition	4.114	4.837	5.494	2.49**	4.65***	2.99**
9. Care by the family when ill	4.814	5.395	5.127	2.48**	1.13	1.42
14. Religion	3.014	2.872	3.570	.40	1.42	2.41*
18. Respects from the young	4.386	4.953	4.873	2.25*	1.66	.38
20. Confidants	4.557	4.558	4.595	0.00	.26	.29
V. Cultural life						
1. Travelling	3.800	3.930	3.633	.45	.53	1.23
10. Senior centers	4.829	5.686	5.481	4.21***	2.77**	1.48
21. Utilization of facilities	3.386	4.942	4.633	5.26***	3.96***	1.13
22. T.V. and leisure	4.043	4.302	5.089	.86	3.51***	3.37***
23. Transportation	4.371	4.558	4.873	.68	1.62	1.15
27. Hobby	3.443	4.256	4.633	2.66**	3.76***	1.60
VI. Environmental improvement						
8. Move to a better house	3.214	3.605	4.038	1.17	2.28*	1.61
11. Safety from crime	4.471	4.558	5.089	.27	1.71	1.75
12. Innovations of residence surroundings	3.529	3.872	4.101	1.12	1.71	.89
24. Co-op for the elderly	3.514	2.442	3.329	3.09**	.36	2.62**
26. Counceling center	4.486	4.651	5.177	.60	2.48**	2.47*
29. Apartments/nursing home	4.271	3.930	4.797	1.07	1.48	2.95**

Note: * $P < .05$ ** $P < .01$ *** $P < .001$

criteria of events for the life stages and the determination of the age point for the different life stages.

(1) The life-line of a typical Korean can be explained in (Figure 7). Some of unique aspects are the onset age of legal adulthood (20 years old) and army services, (18 years and older males), retirement in most of the business fields (55 years old), Whan-Gap or sixtieth birthday, and sixty-fifth year of age, the age of retirement for teachers and high ranking government employees (Yoon, 1985, p. 28).

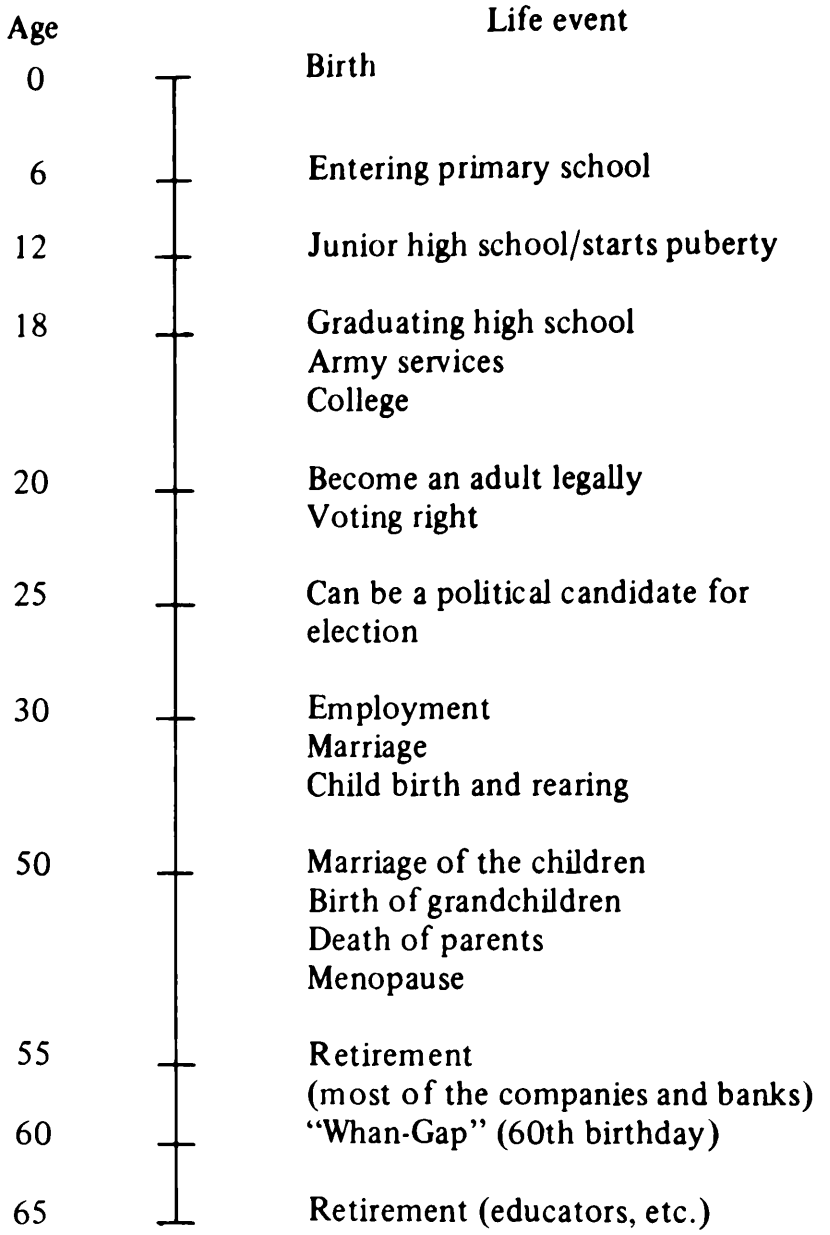
(2) The perception of appropriate ages for the different life stages is very important in the psychological adjustment. It has important meaning for the elderly people because the elderly respondents tend to perceive the onset of "old age" later than the younger respondents do.

Table 31. Responsible party for the resolution of the needs of the elderly

Items	Major responsible parties		
	Self	Family	Society/ government
I. Financial needs			
2. Training for employment	X		X
15. Daily expense		X	
17. Taking a job	X		X
28. Property ownership	X		
II. Health/physical needs			
4. Medical care			X
16. Balanced nutrition		X	
19. Maintenance of his own health	X		
25. Physical exercise	X		
31. Medical insurance			X
III. Social activities			
7. Volunteer work	X		
13. Elderly classes	X		X
30. Social clubs	X		
IV. Emotional needs			
3. Friendship	X		
6. Maintenance of family tradition		X	
9. Care by the family when ill		X	
14. Religion	X		
18. Respects from the young	X		
20. Confidants	X	X	
V. Cultural life			
1. Travelling	X	X	
10. Senior centers			X
21. Utilization of facilities			X
22. T.V. and leisure	X	X	
23. Transportation			X
27. Hobby	X		
VI Environmental improvement			
8. Move to a better house		X	
11. Safety from crime			X
12. Innovations of the residence surroundings	X		X
24. Co-op for the elderly			X
26. Counceling center			X
29. Apartments/nursing home			X

Yoon (1984) and Yoon and Shim (1986) had compared the perceptual difference on the onset ages of specific life stages between the younger and the older generation. The respondents were 200 elderlies (60 years and over) (Mean Age = 70.35 years) and 200 college students (Mean Age = 19.92 years).

Figure 7. Life-line of the typical Koreans



The results showed that the ages of the start of the different stages of the females are earlier than those of the males in general (Tables 32 and 33).

7. Change of Cognitive Ability with Aging

Experimental studies on the memory process learning with aging are very rare in the Republic of Korea, and so far only one study has been published.

Based on the levels-of-processing model of memory, Kim and Sohn (1982) tested the age-related deficits in the utilization of intralist relationships. Materials consisted of the rhyme-base-associate word set, totalling 21 free recall word sets. Subjects were 120 college students

Table 32. Life stages and the perception of their onset ages

Respondents group	Sex	Life stages					
		Young man	Young woman	Middle man	Middle woman	Old man	Old woman
College students (N = 200)	Male	19.69	18.50	39.54	35.60	61.36	54.66
	Female	21.02	19.80	39.51	37.60	58.61	55.56
Elderly (N = 200)	Male	21.77	20.08	38.06	35.44	62.06	57.45
	Female	22.64	22.29	39.02	38.32	62.00	60.72

Table 33. Appropriate ages for the marriage and child birth

Respondent group	Sex	Best age of marriage		Best age of first child birth	
		Male	Female	Male	Female
College students (N = 200)	Male	26.97	23.63	28.45	25.05
	Female	27.92	24.79	29.42	26.12
Elderly (N = 200)	Male	26.27	22.88	27.70	24.44
	Female	27.15	23.46	28.36	25.08

Source: Yoon and Shim, 1986.

and 36 elderly persons with an average age of 71. The study employed a completely randomized factorial design of 2 (age) x 2 (persentation method) x 2 (material organizational information). Materials were presented either individually by set or wholly with the total sets. Materials were organized either systematically in the order of the rhyme-base-associate word, or randomly by changing the relative word position in each set. Through test instruction, subjects were either informed or not informed on the organizing principle of the words set. An intentional learning model was used. Young adults recalled more base words, rhymes, and associates than the elderly subjects on immediate, delayed, and cued or uncued free recall. It implied the elderly utilized less semantic as well as non-semantic intralist relationships. However the age related memory deficit was due to physical or rhyme processing rather than to semantic processing. Another reason for the age-related memory deficit seemed to be the limited breadth of processing capacity which appeared to derive from attentional rigidity. The retrieval stage also seemed to be age-related to memory differences.

8. Reminiscence in the Aged

Since Butler (1963) has proposed the relationship between life review-process and the mental health status in the aged there has been a lot of researches on this topic. However, in the Republic of Korea only one study was reported which deals with the Korean elderly who live in Chicago, U.S.A. Han's (1986) study is the first attempt to adapt the naturalistic, observational research design to investigate elderly people's time investment on the past and the function of reminiscence by analyzing the spontaneous conversations under natural setting. The subjects consisted of 22 Korean elderly males who emigrated to U.S.A. The results showed that in spontaneous conversations under natural setting, elderly people spent more time talking about the topics of the present than the remote past (reminiscence), and that they used reminiscence as a way of story telling and information exchange frequently more than either as a way of life-review or as a way of maintaining and enhancing the present self.

9. Some Other Themes

The first book in the field of psychology or aging in the Republic of Korea, entitled "The Psychology of the Adulthood and Aging" has been published by Cone Yoon in 1985. This book covers the areas of gerontology and the aging process from the psychological point of view, including sensation, perception, memory, intellectual abilities, personality, adjustment, gender difference, and some topic of biology of aging.

Whereas, Yoon (1982) reviewed the current status of psychopathology in the late adulthood in the Republic of Korea. Especially, he discussed the developmental changes and uniqueness in the late adulthood; deterioration of

sensory/perceptual and intellectual abilities, changes of personality characteristics, the negative effects of compulsory retirement and loss of social roles, and death of one's spouse. In addition to those developmental events, learned helplessness and the ineffective functioning of personality system especially, depression in the aged are analyzed and discussed.

With the research line of mental health and adjustment, Yoon (1982) developed a life satisfaction scale of 20-item, composing with the two areas, positive/negative affect and experience. This life satisfaction scale for the elderly is frequently used to measure their mental health status and sense of well-being.

In addition to that, in order to measure the social prejudice and attitude toward the aging processes and elderly, a Quiz named, the Gyongsan Facts-on-Aging Quiz has been developed by Yoon (1981).

10. Conclusion

As briefly mentioned above, the psychology of aging research in the Republic of Korea is moving forward slowly but steadly since 1980. The major focus on the study of the psychological aspects of aging is the psychological adjustment, changes of personality and behavior characteristics, and development of research instruments. Even though the area which is covering currently is narrow, it will soon be expanded to the other areas of psychology of aging including memory and learning, health and intellectual functioning, and experimental methods.

E. FAMILY AND CULTURAL ASPECTS

In the traditional Korean society, the family with its patrilineal lineage is supposed to be not only a natural unit of community but an absolute essence of human life. This concept was complemented by filial piety as ethical truth. The filial duty was more demanded than parental obligation in family relations an attitude that contributed to the stabilization of social mores.

Under the Confucian family system the father rigned as the absolute head of the a family, and executed a ragid control over his family members. The status of the woman as a wife was very low, but her maternal status was valued highly. Entering old age, a man handed over his family status, family trade and properties to his son, whereas his aged wife handed down her household management to her daughter-in-law, and meantime their family tradition was handed to the next generation.

After retirement, the aged couple enjoyed respect from their families and community as senior citizens. Under the Korean stem family system, the eldest son along is entitled to inherit his family lineage and to take the responsibility of living with his parents looking after them. The other married sons are normally to live apart from their parents independently.

But the family as a social unit undergoes change in accordance with changing economic, political and social conditions by the rapid industrialization and the urbanization.

1. Living Arrangement

According to the national survey in 1980, the three generation family was reduced to 16.7 per cent, comparing with 24.0 per cent in 1966 survey. The three generation household was 12.9 per cent in urban areas and 22.0 per cent in rural areas. In the 1960 survey those were 15.9 per cent, and 28.5 per cent, respectively. In rural areas, more than one-fourth of the total households still remained in the three generation level.

Kim (1981) studied 400 aged persons in rural and urban areas (Seoul, North-Cholla, and South-Chungchong Provinces). As Table 36 shows, the largest of the elderly percentage (47.3 per cent) maintained the traditional stem family system by living together with their eldest son's family.

For those who live with their second or third sons and grandchildren, the proportion was one-third. This means the digression from the general concept that one's eldest son is obliged to support his parents. Meanwhile the fact that those giving apart from their parent families occupied one fifth of the total subjects reflects the increase of nuclear families.

Table 34. Number and percentage distribution of composition households by type and area

	Total households	One generation	Two generation	Three generation	More than three generation	One person household	Average members of household
1966	4 900 650	277 880	3 316 590	1 178 700	127 480	–	5.5
	(100.0)	(5.7)	(67.7)	(24.0)	(2.6)		
Urban area	1 735 430	140 440	1 289 070	276 230	29 690	–	5.1
	(100.0)	(8.1)	(74.3)	(15.9)	(1.7)		
Rural area	3 165 220	137 440	2 027 520	902 470	97 790	–	5.7
	(100.0)	(4.3)	(64.1)	(28.5)	(3.1)		
1970	5 576 277	376 468	3 905 660	1 230 232	63 917	–	5.2
	(100.0)	(6.8)	(70.0)	(22.1)	(1.1)		
Urban area	2 377 179	217 839	1 793 230	353 809	12 301	–	4.9
	(100.0)	(9.2)	(75.4)	(14.9)	(0.5)		
Rural area	3 199 098	158 629	2 112 430	876 423	51 616	–	5.5
	(100.0)	(5.0)	(66.0)	(27.4)	(1.6)		
1975	6 647 778	446 826	4 580 227	1 277 783	61 935	281 007	5.1
	(100.0)	(6.7)	(68.9)	(19.2)	(0.9)	(4.2)	
Urban area	3 331 248	275 169	2 427 459	461 645	16 315	150 660	4.9
	(100.0)	(8.3)	(72.9)	(13.9)	(0.5)	(4.5)	
Rural area	3 316 530	171 657	2 152 768	816 138	45 620	130 347	5.4
	(100.0)	(5.2)	(64.9)	(24.6)	(1.4)	(3.9)	
1980	7 852 244	658 416	5 457 340	1 311 755	41 990	382 743	4.5
	(100.0)	(8.4)	(69.5)	(16.7)	(0.5)	(4.9)	
Urban area	4 582 420	421 911	3 335 437	591 229	13 755	220 088	4.4
	(100.0)	(9.2)	(72.8)	(12.9)	(0.3)	(4.8)	
Rural area	3 267 824	236 505	2 121 903	720 526	28 235	162 655	4.7
	(100.0)	(7.2)	(64.9)	(22.0)	(0.9)	(5.0)	

Note: Exclude not blood relationship.

Source: Economic Planning Board, Population and Housing Censuses, 1966-1980.

Table 35. Composition of households by area

		One generation	Two generation	Three generation	More than three generation	One person household	Average members of household
1966	Total	5.7	67.7	24.6	2.6	–	5.5
	Urban area	8.1	74.3	15.9	1.7	–	5.1
	Rural area	4.3	64.1	28.5	3.1	–	5.7
1970	Total	6.8	70.0	22.1	1.1	–	5.2
	Urban area	9.2	75.4	14.9	0.5	–	4.9
	Rural area	5.0	66.0	27.4	1.6	–	5.5
1975	Total	6.7	68.9	19.2	0.9	4.2	5.1
	Urban area	8.3	72.9	13.9	0.5	4.5	4.9
	Rural area	5.2	64.9	24.6	1.4	3.9	5.4
1980	Total	8.4	69.5	16.7	0.5	4.9	4.5
	Urban area	9.2	72.8	12.9	0.3	4.8	4.4
	Rural area	7.2	64.9	22.0	0.9	5.0	4.7

Note: Composition rate of household by type $= \frac{\text{Different generation households}}{\text{Total ordinary households}}$

Source: Economic Planning Board, Population and Housing censuses, 1966-1980.

Table 36. Living arrangement for the aged by area

Living arrangement	Urban area	Rural area	Total
Independent state	19.0	20.5	19.8
Living with eldest son	50.5	44.0	47.3
Living with other sons	17.0	19.5	18.3
Living with married daughters	4.5	2.5	3.5
Living with unmarried children and grand-children	9.0	13.5	11.3

Source: Kim, Tae-Hyun, "Family services for the aged in Korean society", 1981.

Another research attempted to ascertain the aged persons preferences of living arrangement, and found that living with their immediate family was the most desired arrangement.

Table 37 shows the largest percentage of the elderly (83.3 per cnet) wanting to live with the whole family.

2. Marital Relations

Given the lower death rates and the tendency to marry men who are older than they are, women experience a very high risk of out-living their husbands and being widowed in old age.

Of the married women aged 60 and over in 1984, only 21.1 percent had a living spouse and 76.2 per cent were widowed. In contrast, the majority (82.8 per cent) of married aged men had a living spouse and only 16.0 per cent were widowed. In addition to different mortality rates, the sex disparity in marital status can also be accounted for the old men's greater propensity to remarry.

In fact although remarriage is relatively uncommon among the elderly, men (11.6 per cent) are over three times more likely to remarry in old age than woman (4.1 percent).

Ironically, the number of years that women can look forward to jointly surviving with their spouses has increased during the twentieth century, contrary to the growing sex gap in life expectancy.

As Table 35 shows, when the childless years of marriage are taken into account, the first childless years did not increase so much but the second after the last child's marriage has been increased to 19.4 years for the 1940-1945 birth cohort, compared to 4.3 years for the 1920-1925 birth cohort. Therefore marital relations among the elderly is important.

Table 37. Desired living arrangement

Desired living arrangement	Per cent
The whole family to live together	83.3
The younger and older members of the family to meet from time to time for meals and a chat	5.7
The younger and older members of the family to meet occasionally for a chat	4.2
The younger and older members of the family to have no contact at all	6.0
No reply	0.8
Total	100.0

Source: The Republic of Korea Gallup polls, 1984.

3. Inter-generational Relations

Changes in the age configuration of the family have served to reinforce intergenerational kin ties. With decrease in the age distance between generations and increases in life expectancy, many parents and children are finding themselves growing old together. The number and the proportion of elderly persons continue to increase, and two generations come together under the same class of "the aged for the first

Table 38. Percentage of living without spouse for elderly population, 1966-1980

Age	1966		1970		1975		1980	
	Male	Female	Male	Female	Male	Female	Male	Female
60-64	12.6	58.2	10.9	57.1	8.9	54.0	8.3	53.5
65-69	19.8	69.6	17.1	68.7	14.3	66.0	12.7	65.0
70-74	29.9	79.7	26.4	79.3	22.9	76.9	20.0	76.6
75 +	46.6	89.4	44.3	89.8	39.3	87.7	36.5	88.4

Source: Economic Planning Board, Population Censuses, The Republic of Korea, 1966-1980.

Table 39. Reason for living without spouse at old age, 1966-1980

Reason	1960	1970	1975	1980
Age 60-64				
Spouse death	99.0	98.5	98.7	98.6
Divorced	0.9	1.3	0.1	0.9
Not married	0.1	0.2	0.3	0.4
Age 65-69				
Spouse death	99.3	99.0	99.2	99.2
Divorced	0.5	0.8	0.5	0.5
Not married	0.2	0.2	0.3	0.3
Age 70-74				
Spouse death	99.6	99.4	99.4	99.5
Divorced	0.3	0.4	0.4	0.3
Not married	0.1	0.2	0.2	0.2
Age 75 +				
Spouse death	99.7	99.6	99.6	99.6
Divorced	0.2	0.3	0.2	0.2
Not married	0.1	0.1	0.2	0.2

Source: Economic Planning Board, Population Censuses, Republic of Korea, 1960-1980.

Table 40. Family life cycle of the Korean women

Stage	Birth cohort	
	1920-1925 Age	1940-1945 Age
First marriage	17	21.7
First child born	20	23.7
Last child born	34.3	27.9
Last child marriage	59.1	52.6
Death	63.4	72.0

Source: H. Kang, E. Choe, and J. Yoon, "A study on the family type and family life cycle", Korean Institute for Population and Health.

time in human history." Therefore, they tend to be classified into "young old" and "old-old".

Kin-keeping and care-providing responsibilities become increasingly difficult to fulfill. Specially when children are aging themselves and experiencing their own decrements in health and financial resources. Middle-aged persons experience difficulties in attempting to balance the multiple request and needs of aged parents and the young adult children. Based on the attachment theory a path model was constructed in which children's feelings of attachment lead to their attachment behaviours and in turn to their present helping behaviours and commitment to provide future help. Also included in the model were filial obligation, dependency, inter-personal conflict, and negative feelings resulting from helping behaviours.

Song (1986) studied 1,004 married adult children living in Seoul and in rural areas, and found that the higher the perception of mother's dependency and filial obligations, the greater was the attachment behaviour. The higher the present helping behaviour, the filial obligation and the feeling of attachment, the lower was the negative feeling after helping behaviour and the higher the future helping participation with mother.

Cicirelli (1980) found that present helping behaviours, attachment behaviours, and feelings of attachment had the strongest influence on commitment to provide future help. Filial obligation had an indirect influence mediated by attachment behaviours.

A new role of parental care taker has emerged for individuals in the "post-parental" stage. Although the nests of these individuals have been emptied of children, they are being refilled both psychologically and physically with aging kin. Most of these individuals though, will survive to experience still another family life-cycle stage. The'reempty nest' occurs after the death of aged parents.

As a consequence of broad-scale demographic trends, young people today are more likely to have older persons belonging to their kinship network than any earlier point in history. Grand-children may be important to older persons. The closest contact exists between contiguous generations. Table 5 shows that 46.5 per cent of old people under study have contact with grand-children at "most of time or frequently."

Table 41. Frequency of looking after grand-children

Frequency	Per cent
Most of time or frequently	46.5
Sometimes	21.1
Rarely	17.8
Never	13.9
No reply	0.8
Total	100.0

Source: Korea Gallup polls, 1984.

Park's study (1985) found that the proportion of nuclear family was higher in female old people than in male old people, and the conflict

Table 42. Percentage distribution of family patterns by sex

Family pattern	Male	Female	Both sexes
Nuclear Family	51.5	23.4	37.0
Extended Family	48.5	76.6	63.0
Total	100.0	100.0	100.0

Source: Park, G.B., "The study on elderly's family roles and life satisfaction", 1985.

between mother-in-law and daughter-in-law becames aggravated.

Lee (1985) analyzed the factor structure of the conflict source between mother-in-law and daughter-in-law. Lee's study of 187 mothers-in-law and 324 daughters-in-law shows that conflict sources on the part of mother-in-law was the daughter-in-law's selfishness, negligence of family affairs, different housekeeping management, duplicity, attitude toward husband, marriage performance without parent's consent and concern about grand-children.

On the part of the daughter-in-law, they may be identified as comparison of her situation with those of others, selfishness of mother-in-law, feeling of alienation from family affairs, lack of communication with mother-in-law, differences in the attitude toward relatives and toward traditional customs, concerns about grand-children, and mother-in-law's involvement with her own family.

In terms of work, arrangement the majority of the aged (32.0 per cent) still contribute substantially to the household work.

They may help around the house, look after grandchildren, talk, to and consult with or lead the family as a financial supporter and head of the household.

4. Family Support

According to Kim's study, most of the aged people except those who can economically support themselves (37.3 per cent) are supported by their children or grand-children. But the economic support from their children did not satisfy their needs. The seriousness of economic support is also illustrated by the fact that those who have no economic supporters at all consisted of 20.3 per cent of the subjects. Family

Table 43. Household work arrangement

Work arrangement	Per cent
Help around the house	52.3
Look after grand-children	36.6
Talk to an consult with	43.2
A wage earner	12.8
The head of household or family	35.3
Others	2.3
Not helpful	15.2
No reply	2.8
Total	100.0

Source: Korea Gallup polls, 1984.

services are insufficient to those who are in the low income class or without supporters. They need the economic support for social security.

The degree of emotional satisfaction varied based on the living arrangement with children. Those who live together with their eldest son's family are more dissatisfied than those who live apart from their families. This tendency reflects the instability in their emotional relationship with their married sons and their daughters-in-law which cause tension and conflict. On the contrary, the degree of emotional satisfaction was highest among those who live with the family of their married daughter. These facts lead to a conclusion that it would rather be desirable for the dissatisfied old people to receive economic, emotional, or service support from their married sons while living apart from them. However it would be more desirable if they maintain good mutual relationship through understanding.

There is an important aspect of female-famale relationship in the family. The period of time sharing in their lives is generally longer for females than for males. Mother and daughter relations are especially likely to be longlasting and important. When the aged are sick, families have assumed the principal responsibility for providing physical care and psychological sustenance to them.

The desirable caretakers of the sick elderly was elicited through to the question, "when you become weak in future, who would you like to take care of you?" Responses are that 55.4 per cent, indicated "son" and 18.9 per cent, "spouse".

In the U.S.A., 37.2 per cent of the aged indicated "spouse", 21.0 per cent "daughter",

Table 44. The desirable care taker of the sick elderly

Care taker	Per cent
Spouse	18.9
Son	55.4
Daughter	5.7
Daughter-in-law	11.3
Son-in-law	—
Sister or brother	0.3
Other relative	1.8
Home helper or visiting nurse	—
Volunteer	0.1
Staff of an old people's home	0.1
Hospital staff	0.2
Church staff	0.4
Others	0.1
I do not know or I have not thought about it	4.7

9.2 per cent home helper or visiting nurse, and 7.5 per cent, "son" (Korea Gallup polls, 1984).

5. Relations with Friends and Neighbours

Although intergenerational family relations have received the most attention, friends and neighbours may play important roles in the lives of older people. Blau (1973) emphasized the importance of friendship in old age. After retirement and widowhood, new involvements need to be established with age peers who share similar needs and experiences.

Most of the elderly (72.7 per cent) have close friends, and they are more likely to develop friendships with their neighbours (53.5 per cent). Part of the reluctance of older persons to move is explained by their deeply rooted ties to their neigbourhood and community and to the long term, by their localized friendship bonds that they have secured.

43.4 per cent of the aged have friendly talks with people in neighbourhood every day.

6. Summary

In 1966 there were approximately 961,000 old people 65 years of age and older (3.3 per cent of the total population). In1980, the number increased to 1,456,000 and the percentage has been increased to 3.8 per cent and society is growing old. Therefore, the burdens to take care of the aged become pressing. The majority of the aged in the Republic of Korea prefer support to be rendered by the families. The family among the aged is still one of the primary concerns in Korean society. Only if family care is not available, would they rely on social welfare.

Table 45. Frequency of having a friendly talk with people in the neighbourhood

Frequency	Per cent
Everyday	43.4
Four to five times a week	12.0
Two to three times a week	13.9
Once a week	13.4
Never	17.0
No reply	0.2

Source: Korea Gallup polls, 1984.

Most of the aged except those who are economically independent are still living with their eldest son or other sons. Therefore, the obligation of children to support their aged parents should not be neglected, even if the industrialization of society resulted in the increase of nuclear families. It should be firmly established as a standard of moral conduct.

Even though the primary obligation for the elderly care is imposed on the families of the aged, social support is necessitated for the aged who have no supporters and are in the low income class. The emotional dissatisfaction of the aged is derived from such factors as the digression of their relationship with their families, and the loss of their social status. To improve their emotional status, there is a need for the establishment of a family value system by wherever the families of old people can pay their respect to them and result in an increase in the interaction between the aged their families. As a future step diverse institutions and programmes for the aged should be considered.

Another emotional problem is a conflict stemming from their poor human relationship within their families. Their relationship is especially inadequate when they live together with their sons and daughter-in-law. In this case they should be induced to live together with their married daughters or to live apart from their sons.

There is a case of family service in which a son is responsible for economic support while a daughter is responsible for emotional and service support. This type of support should not be regarded as "abnormal" or "immoral" and should be encouraged.

F. CURRENT STATUS OF SOCIAL WELFARE FOR THE ELDERLY

As the result of the successful accomplishment of the series of economic development plans since 1962, the standard of living has been raised and remarkable progress has been made in medical science.

The changes in the structure of the population has affected relations among different generations of the Korean people. Culturally, the Korean family system of respecting elderly has been well maintained as a beautiful tradition. With the gradual force of industrialization and urbanization, social stability has been disturbed and values have been changed. The social problems did not emerge for the following reasons.

First, the roots of social activities lie in family groups. Most Koreans share strong feelings of family-ties, love and dependence in the family. As the oldest members of the household, the position of old people is still acknowledged and they are central symbols for the members of a family.

Second, this close relationship seems to be caused by mutual feelings of intimate family-ties which have been widely felt in the Republic of Korea. Even though there are a large number of nuclear families, relations between old people and their children have continued because of the form of extended family.

Third, the social role of old people remains. Old people play a very important role in their homes. Grand-parents, are a great help in their household cares and on ceremonial occasions such as marriages, funerals, and ancestor memorial days. The older generation fills a great role with their knowledge and experience. However, despite the general trend to care for old people in their household, the possibility that the problem of the elderly will gradually become more and more acute is faced.

1. Legal Provision and On-going Systems

(a) Legal provision

A welfare law was constituted on 5th of June, 1981 to improve the welfare of the aged

Table 46. Percentage distribution of the preferred chief supporters by age, and area

Residence and age	Total	First son	All sons	Daughters	Sons and daughters together	Self-support	Social welfare and others
1979	100	30.6	22.2	0.6	6.4	36.6	3.6
Urban area	100	26.8	12.5	0.6	6.6	50.4	3.1
Rural area	100	35.0	33.5	0.5	6.2	20.7	4.1
14-19 years	100	13.3	16.3	0.2	7.6	55.4	7.2
20-29 years	100	20.8	17.4	0.3	7.3	50.7	3.5
30-39 years	100	32.0	20.9	0.4	6.1	38.4	2.2
40-49 years	100	41.3	27.3	0.7	5.7	22.9	2.1
50-59 years	100	45.7	31.0	0.8	5.7	14.9	1.9
60 years old and over	100	51.7	30.0	1.9	4.8	8.2	3.4
1983	100	22.1	21.7	0.8	27.1	20.5	7.8
Urban area	100	18.5	20.4	0.9	28.7	22.6	8.9
Rural area	100	28.0	23.9	0.5	24.3	17.1	6.2
14-19 years	100	16.3	18.6	1.4	32.1	22.9	8.7
20-29 years	100	16.2	20.1	0.6	30.0	24.6	8.5
30-39 years	100	19.0	20.6	0.6	26.0	25.4	8.4
40-49 years	100	26.4	22.4	0.6	24.9	18.0	7.7
50-59 years	100	30.1	26.1	0.7	23.0	13.7	6.4
60 years old and over	100	36.9	27.4	0.9	20.7	8.5	5.6

Source: Economic planning Board, Social Statistics Survey, 1979-1983.

Table 47. Preparation for living at old age

Preparation	Aged less than 40 years	40-60 years	More than 60 years
Somewhat prepared	26.7	42.1	25.3
Insurance	5.3	8.6	3.2
Saving account	11.9	14.3	7.4
Private mutual funds	3.1	7.4	4.7
Pension	2.2	4.5	1.0
Others	4.1	7.3	9.1
No preparation	73.3	57.9	74.7

Source: Economic Planning Board, Social indicator for the Republic of Korea, 1984.

Table 48. Comparison of income sources for the elderly, for some countries, 1983

Sources	Rep. of Korea	Japan	U.S.A.	England
Employment	21.8	41.0	27.3	11.6
Public pension	1.7	64.6	82.1	87.7
Enterprise pension	—	8.4	27.1	35.5
Saving or private mutual fund	9.0	27.0	67.1	28.3
Rely on children	78.2	29.8	2.4	1.7
Others	5.7	7.5	11.6	20.0

Note: Some persons belong to more than two categories.

Source: Gallup survey report, Republic of Korea, 1983.

and to provide the necessary solutions for health maintenance of the elderly. This law contains three basic principles.

First, the elderly have devoted themselves to bring up their children and to develop society and nation. Therefore, they should be guaranteed a sound and stable life with dignity.

Second, they should be guaranteed job opportunities according to their abilities and the opportunity to their abilities and the opportunity to participate in social activities.

Third, the elderly should recognize in themselves the changes of body and mind caused by aging, and should try to maintain their health and to contribute to social development by effective utilization of their knowledge and experience.

Welfare plans for the elderly are included not only in this law but also in the established systems such as medical insurance and medical care. For the convenience of reference, current systems could be subdivided three parts as following.

1) Social aid and autonomous welfare of the elderly
2) Public aid system
3) Social insurance system

(b) Welfare systems for the elderly

(1) Social aid and autonomous welfare of the elderly

Social welfare systems giving preference to the elderly started on Parents' Day in May, 1980. It provided legal advice, Social Welfare Centers and Counseling Service operated by civilians. The preferential system includes fifty per cent discount of public fees, such as admissions to museum, national parks, old palaces, temples; theatres, public baths and etc. Welfare centres for the elderly were estabilished in 22 places to consult and to provide job opportunities for them. Nursing homes and facilities for the elderly are operating in 8,942 places, and also 758 classes for the elderly are established for their further education.

(2) Public aid system

The basic law for the public aid gives benefits for those people over 65 who are living alone and even in the case that their family has no capability of support. The ways of relief include facilities to provide nursing homes for the helpless people, to provide help for the poor who have no ability to support themselves and to provide medical care. There are special measures for disabled veterans and their families.

First, not all older people who need help can be accomodated in the facilities because of their shortage but the essential necessities of living such as the principle foods and side dishes, clothes, fuel, and funeral expenses are supplied by the government. About 4,300 people receive these benefits. 83,706 older people over 65 who need housing and 108,546 poor older people of lower age receive this aid, but, in case of the poor, educational aid, technical training, and

school attendance aid are being chiefly aimed at improving the earning abilities of those who support poor old people.

196,540 people over 65 received medical benefits in May 1984. Among them, those people living in special facilities or in need of housing are allowed free care. Older people in a poor household are given medical treatment.

Medical examinations for the elderly started in 1983, and are now provided to 200,000 per year. Low-income persons can get a medical examination once every other year, but from this year a second detailed examination is also given. To disabled veterans over 65 (about 4,900), the government gives compensation money, medical care, and resettlement funds.

(3) Social insurance system

The typical social insurance measure is to provide pensions for the elderly to cover financial difficulties after retirement. The administration proposed and announced plans for a nation welfare pension in 1973, but it is not yet operating. There are pension programmes for special jobs such as public officers, military, and teachers, but the number of recipients receiving these benefits (including dependents) is only five to six per cent of the nation.

Recipients of medical care insurance systems, started in 1973, now come to 19,110,000. This system plays a pivotal role in proving medical services to the nation. Without a doubt, the elderly are the chief recipients of this system.

2. National Policies and Programmes for the Elderly

The counter measures for the aged in the Republic of Korea could not exceed such action as establishing homes for the aged on a philanthropic basis and government services for them to the extent of the provision of "The law of aid for the poor" since 1961 (Law No. 913). However, on entering the 1980's, the government of the 5th Republic, with the background of continuous economic development, is promoting the establishment of a welfare society as one of the nation's goals, and has announced the basic directions of the welfare policy for the aged, proclaming "The welfare law for the aged" (1981) and "The charter of Respecting for the Aged" (1982). The distinctive feature of government welfare policy for the aged is that it is basically rooted in the traditional value systems and norms, and adds to these bases an effective Western social security mechanism; therefore, the backborn on the policy is to reaffirm our traditional family system and ethical principles, and to manifest the principal rule of "Family Help First-then Social Security." In order to realize these goals, the government announced to reflect several measures to improve welfare for older people during the 6th socio-economic development programme, 1987-1991.

(a) Maintenance and development of the family system

To keep a traditional family system based on traditional ethics and to hand down a regard for affectionate social relations in which we share the spirit of mutual help, repeated conscious efforts are required through the educational efforts of school and society. Moreover to make the virtue of filial piety acceptable to modern society, we have to develop this value based on mutual understanding and deligence.

To develop a system of filial piety in modern society, several economic inducements such as income tax reductions for the head of a household who lives with his parents, allowances for older people, and a housing policy that will enable the elderly to live in comfort must be considered.

(b) Assistance to develop an autonomous welfare work for the the elderly

We foresee several feasible welfare proposals: efforts to make good use of the leisure of the elderly, education for the elderly to adapt to social change, and various activities to contribute to community development. We have to activate the establishment of nursing homes and senior citizen housing. It is desirable to develop and distribute widely such activities as recreation, and providing worthwhile work by establishing lists of skills developed by the elderly.

Opportunities must be made for them to participate in social activities and to hand down their accumulated knowledge and experience to their descendents. We have to arrange get-together for older people in school units and these meetings may contribute greatly to enhance

various community activities such as proper juvenile guidance, social service activity, nature protection, and classes for the elderly.

If we harmonize and exchange out thought between generations with affectionate relations in these meetings, in schools, in religious groups, and in companies, a warm, thoughtful society will be established.

(c) Social help and extension of services

By extending welfare facilities for the elderly activities can be diversified, to provide a service network for the welfare of the elderly. We have to establish welfare centres for the elderly in cities, counties, towns which can be used for counseling, general education, recreating

We should pay attention to the fact that the well-off middle class has a high proportion of the same problems of older people and we should establish fee-charging facilities for the elderly in each community unit.

Also, we have to strengthen welfare services by putting sufficiency manpower in welfare facilities. We have to try to create an atmosphere for preferential treatment for the elderly. In addition to this, we have to support the development and systematization of autonomous and independent organizations of the elderly in which older people make the most of their roles.

We have the prospect of a coming generation of older people who will not have the burden of great medical expenses and who will have a stable income. Therefore, the occurance of social problems might be minimal. A welfare pension programme as a general system for the income security for the elderly covers 15 per cent at present and schduled to expand to cover 50 per cent from 1989. Medical insurance will be extended to all persons from the current level of approximately 50 per cent begining in 1988.

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Part Two

SURVEY OF POPULATION AGING IN THE REPUBLIC OF KOREA

INTRODUCTION

1. Purpose of the Survey

The rapid population growth, which necessitated a radical change in the country economy by creating Malthusian dilemma in developing society, subsequently proved to be a formidable barrier to the nation's efforts towards industrial development. The population problem began to receive serious attention of the Korean government around the time when its annual growth rate reached the peak in the late 1950s. A vigorous national campaign on population control programme launched since early 1960s resulted steady and secular decline of fertility and mortality for the first time in demographic history of Republic of Korea.

The fertility level which was estimated to be close to replacement level in 1985 while the life expectancy reached 65 years for men and 71 years for women. Thus, the Republic of Korea has virtually completed the demographic transition from high birth and death to low birth and death during past two and half decades. With continuous decline of fertility and mortality, it is possible to project when Republic of Korea will reach a permanent zero growth stationary population and what the population size will be with considerable changes in age structure. Therefore, the central of population policy are likely to shift from population control to other issues. Among many other areas of population concern, the related issue of aging population, distribution and urbanization are of increasing importance in recent years.

One of the important challenges facing Korean society over the next few decade is likely to be aging of the population. Because of the increasing interest and far-reaching effects of a rapid increase in the number of aged people, UN-ESCAP encouraged member countries to under-take the survey on population aging, which draws together the growing body of research and information on the subject.

One of the aims of this survey report is to encourage discussion and there by promote an awareness of the issues associated with aging in our society. An important point, which we recently understand, is that opportunities as well as problems will arise with a rapid increase in the aged population. It is important that this resource be fully utilized given the challenges, particularly in the health, social welfare and social security areas, which lie ahead.

2. Sample Populations and Methodology

At the time of discussion for the survey design, the ESCAP recommended three types of interviews separately: (i) elderly persons aged 60 and over, (ii) an adult living with an aged respondent, who provided the unpaid main primary care for that respondent, to be referred to as a "resident primary care provider" or RPCP, and (iii) further intensive interview of selected elderly person.

One of the basic aim of the survey was to obtain elderly information appropriately by urban and rural residence covering more than 300 households containing at least one elderly person but not be expected to be nationally representative.

With the advise of the local consultant, it was concluded that sample frame of the National Bureau of Statistics, Economic Planning Board, could be used to meet the objectives, and would provide good baseline information for the future survey related with elderly peoples.

Out of CDS (Current Demographic Survey) frame, 167 ED's (Census Enumeration District) was chosen and interviewed 4,306 households for the survey as shown in Table 1.

The Korean population is essentially a single homogeneous ethnic group, distinct from its Chinese and Japanese neighbours. As part of their common cultural heritage, present day Korean share a single written and spoken language and literacy is relatively high. All the ED's were listed separately for the urban and rural sectors and an implicit geographic stratification was built into the list as it was field in CDS multi-purpose survey frame of the National Bureau of Statistics. Based on the NEOS survey frame, purposive sample area was selected ran-

domly, allowing the inclusion of urban and rural areas. The results of this exercise, survey covered 288 elderly in rural area and 510 elderly in urban area. Survey also covered 538 RPCP interviews.

Table 1. Sample populations covered by the survey

Area	Households interviewed (per cent)	Elderly population	RPCP interviewed	Intensive interview of the elderly
Total	4 306 (100)	798	538	91
Urban (64 per cent)				
East Seoul area	977 (23)	116	99	22
North Seoul area	1 241 (29)	213	180	30
Taegu area	1 348 (31)	181	109	26
Rural (36 per cent)				
Jun-nam area	740 (17)	288	150	13

SURVEY FINDINGS

1. Demographic Characteristics

Demographic characteristics important in the analysis of the sex composition of the elderly include age, residence status, and marital status. Table 2 presents the sex ratio of the aged is 75.8, and the male death rate is considered to be higher than the female death rate. However, the sex ratio of the elderly aged 60 and over and under 65 years old is about 100, and the sex ratio of the elders aged 65 years and over tend to rise with respect to higher age. The relative difference in numbers of males and females in the age groups relates to the basis for the difference between male and female death rates.

The separate and joined contribution of several factors needs to be determined in the analysis of the difference in sex ratios of the aged. The age of the elders was in their twenties and thirties during the period of the Korean War. This implies a special aspect of the relation of mortality to the sex ratio of the elderly. Males, especially in their twenties and thirties during the period of the Korean War, were exposed to the special risk of participating in battle. Such interpretation is well supported by the difference in marital status of the male and female elders. Of the male respondents only 10.5 percents are widowed, while 89.0 per cent of the female respondents are widowed (Table 5).

The residence status of the elderly is presented in Table 3. Of the sample 63.9 per cents reside in urban areas, and 36.1 per cents of the elders in rural areas. Compared that the urbanization rate was 65.4 per cents in 1985, it may be argued that residence status has no effect on the living condition of the elders. Other demographic characteristics in the anlysis of the elderly are related to family size, religious affiliation, and educational attainment of the elderly. More than half of the elders live with no or one other family member (Table 6). Of the male elders 71.8 per cents are living in the family with one or two household members.

Of the elders 44.6 per cents live in empty nest without any other family members. This finding has important implication for social welfare policies aimed at solving social problems of the elders. The official poverty standared based on the amount of family income usually vary by family size, age of family members, and sex of family head. In estimating the poverty

Table 2. Sample elderly by age and sex

Sex	Age (years) Total 60+	60-64	65-69	70-74	75-79	80+	Unknown
Number							
Both sexes	798	227	224	162	106	78	1
Male	344	114	101	69	39	21	0
Female	454	113	123	93	67	57	1
Per cent							
Both sexes	100.0	28.4	28.1	20.3	13.3	9.8	0.1
Male	100.0	33.1	29.4	20.1	11.3	6.1	0.0
Female	100.0	24.9	27.1	20.5	14.8	12.6	0.2
Sex ratio	75.8	100.9	82.1	74.2	58.2	36.8	0.0

Table 3. Age, sex and residence of the elderly

Sex/residence	Age (years) Total 60+	60-64	65-69	70-74	75-79	80+
Both sexes	798	228	224	162	106	78
Urban	510	155	144	113	60	38
Rural	288	73	80	49	46	40
Male	344	114	101	69	39	21
Urban	218	75	60	50	21	12
Rural	126	39	41	19	18	9
Female	454	114	123	93	67	57
Urban	292	80	84	63	39	26
Rural	162	34	39	30	28	31

Table 4. Sample elderly by marital status, age and sex

Sex/marital status	Age (years) Total 60+	60-64	65-69	70-74	75-79	80+	Unknown
Both sexes							
Total	798	227	224	162	106	78	1
Married	338	124	105	60	32	16	1
Widowed	440	97	108	100	74	61	0
Divorced	12	5	7	0	0	0	0
Single	8	1	4	2	0	1	0
Male							
Total	344	114	101	69	39	21	0
Married	303	107	94	56	31	15	0
Widowed	36	6	4	12	8	6	0
Divorced	2	1	1	0	0	0	0
Single	3	0	2	1	0	0	0
Female							
Total	454	113	123	93	67	57	1
Married	35	17	11	4	1	1	1
Widowed	404	91	104	88	66	55	0
Divorced	10	4	6	0	0	0	0
Single	5	1	2	1	0	1	0

Table 5. Percentage distribution of sample elderly by marital status for each age group and sex

Sex/ marital status	Total						Urban						Rural					
	Age (years) Total 60+	60-64	65-69	70-74	75-79	80+	Age (years) Total 60+	60-64	65-69	70-74	75-79	80+	Age (years) Total 60+	60-64	65-69	70-74	75-79	80+
Both sexes																		
Total number	798	227	224	162	106	79	510	154	144	113	60	39	288	73	80	49	46	40
Total per cent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Married	42.4	54.6	46.9	37.0	30.2	20.5	41.6	51.9	44.4	37.2	26.7	25.6	43.8	60.3	51.3	36.7	34.8	17.5
Widowed	55.1	42.7	48.2	61.7	69.8	78.2	55.1	44.2	49.3	61.9	73.3	71.8	55.2	39.7	46.3	61.2	65.2	82.5
Divorced	1.5	2.2	3.1	—	—	—	2.0	3.2	3.5	—	—	—	0.7	—	2.5	—	—	—
Single	1.0	0.4	1.8	1.2	—	1.3	1.4	0.6	2.8	0.9	—	2.6	0.3	—	—	2.0	—	—
Male																		
Total number	344	114	101	69	39	21	218	75	60	50	21	12	126	39	41	19	18	9
Total per cent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Married	88.1	93.9	93.1	81.2	79.5	71.4	85.8	92.0	91.7	78.0	71.4	75.0	92.1	97.4	95.1	89.5	88.9	66.7
Widowed	10.5	5.3	4.0	17.4	20.5	28.6	12.4	6.7	5.0	20.0	28.6	25.0	7.1	2.6	2.4	10.5	11.1	33.3
Divorced	0.6	0.9	1.0	—	—	—	0.5	1.3	—	—	—	—	0.8	—	2.4	—	—	—
Single	0.9	—	2.0	1.4	—	—	1.4	—	3.3	2.0	—	—	—	—	—	—	—	—
Female																		
Total number	454	113	123	93	67	58	292	79	84	63	39	27	162	34	39	30	28	31
Total per cent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Married	7.7	15.0	8.9	4.3	1.5	1.8	8.6	13.9	10.7	4.8	2.6	3.7	6.2	17.6	5.1	3.3	—	3.2
Widowed	89.0	80.5	84.6	94.6	98.5	96.5	87.0	79.7	81.0	95.2	97.4	92.6	92.6	82.4	92.3	93.3	100.0	96.8
Divorced	2.2	3.5	4.9	—	—	—	3.1	5.1	6.0	—	—	—	0.6	—	2.6	—	—	—
Single	1.1	0.9	1.6	1.1	—	1.8	1.4	1.3	2.4	—	—	3.7	0.6	—	—	3.3	—	—

Table 6. Sample elderly by household size, age and sex

Household size (persons)	Age (years) Total 60+	60-64	65-69	70-74	75-79	80+
Both sexes						
Total	798	228	224	162	106	78
1 - 2	422	164	127	75	35	21
3 - 4	224	43	52	48	42	39
5 - 6	89	10	31	23	14	11
7 +	63	11	14	16	15	7
Male						
Total	344	114	101	69	39	21
1 - 2	247	103	78	39	19	8
3 - 4	57	7	14	17	10	9
5 - 6	22	1	6	9	4	2
7 +	18	3	3	4	6	2
Female						
Total	454	114	123	93	67	57
1 - 2	175	61	49	36	16	13
3 - 4	167	36	38	31	32	30
5 - 6	67	9	25	14	10	9
7 +	45	8	11	12	9	5

Table 7. Sample elderly by religion, age and sex

Religion	Age (years) Total 60+	60-64	65-69	70-74	75-79	80+
Both sexes						
Total	798	228	224	162	106	78
Buddhism	251	67	82	53	34	15
Protestantism	117	34	32	33	12	6
Catholicism	46	13	10	6	11	6
Confucianism	10	3	2	2	1	2
Folk religions	9	4	3	1	0	1
No religion	365	107	95	67	48	48
Male						
Total	344	114	101	69	39	21
Buddhism	96	31	36	19	9	1
Protestantism	37	10	11	11	3	2
Catholicism	12	5	1	2	2	2
Confucianism	4	1	0	1	1	1
Folk religions	3	2	1	0	0	0
No religion	192	65	52	36	24	15
Female						
Total	454	114	123	93	67	57
Buddhism	155	36	46	34	25	14
Protestantism	80	24	21	22	9	4
Catholicism	34	8	9	4	9	4
Confucianism	6	2	2	1	0	1
Folk religions	6	2	2	1	0	1
No religion	173	42	43	31	24	33

thershold in the United States specified for the applicable family size and age of household members, the elders aged 65 years and over are treated as dependents on other family members. That means the elders are out of economic activities and need any kinds of support from others for their living. For the elders who live in the empty nests to maintain their living, the government-level welfare policies such as monetary support and medical care are very important.

Of the sample 45.7 per cents report no religious affiliation (Table 7). Sex difference in religious affiliation is significant. Females have higher rate of having any religion to male elders, and tendency to be occupied with Buddhism and folk religion to males. The level of educational attainment of the elders is presented in Table 8. Of the elderly, 61.7 per cents report having no-schooling, and 20.8 per cents finishing elementary school. The differences by residence type and gender are significant in the level of educational attainment of the elders. Of the male respondents, 42.4 per cent didn't receive any kind of formal schooling, while 76.2 per cents of females didn't. And the rates of no-schooling are 49.4 per cent for the urban elders, and 83.3 per cent for the rural elders.

2. Economic Characteristics

In order to understand the economic reserve and living status of elderly, the survey asked household monthly income which elderly belongs that household. As generally understood that income variable is difficult and sensitive to obtain through household interview because respondents of ten reluctant to provide reliable information. Therefore only rough information could be obtained.

Out of 798 elderly, approximately 50 per cent fall into average household income of less than ₩300,000 (nearly US $500) and 30 per cent of elderly fall into between monthly household income of equivalent to US $500-1,000. Only 15 per cent of elderly are categorized as average household income of more than ₩700,000 (more than US $1,000).

Income distribution by urban and rural areas show significant difference. Wider distribution of income groups are found in urban areas, and the family incomes of the rural elders are concentrated in the relatively low level of the rural elders. Only 15 per cents have their family income more than 300 thousand won per month, while more than 60 per cent of the

Table 8. The elderly by level of education, sex and residence

Educational level	Both sexes			Male			Female		
	Total	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural
Total :	798	510	288	344	218	126	454	292	162
Elementary	191	148	43	106	73	33	85	75	10
Middle	46	44	2	34	33	1	12	11	1
High	45	43	2	37	36	1	8	7	1
Junior college	5	4	1	5	4	1	0	0	0
University or higher	19	19	0	16	16	0	3	3	0
Graduated :	273	235	38	185	156	29	88	79	9
Elementary	166	132	34	99	72	27	67	60	7
Middle	44	42	2	33	32	1	11	10	1
High	42	40	2	35	34	1	7	6	1
Junior college	2	2	0	2	2	0	0	0	0
University or higher	19	19	0	16	16	0	3	3	0
Drop-out :	33	23	10	13	6	7	20	17	3
Elementary	25	16	9	7	1	6	18	15	3
Middle	2	2	0	1	1	0	1	1	0
High	3	3	0	2	2	0	1	1	0
Junior college	3	2	1	3	2	1	0	0	0
University or higher	0	0	0	0	0	0	0	0	0
No schooling	492	252	240	146	56	90	346	196	150

urban elders have monthly family income of that level. The reason for the areal difference in the family income may be found from the fact that rapid urbanization followed by industrialization has concentrated national wealth in urban areas, or from the fact living cost for rural residents is lower than that for urban residents. (See Tables 9 and 10)

Chang (1986) estimated the minimum cost of living for a family of two persons as about 115,000 won in 1984 when the minimum cost

Table 9. The elderly by household income, residence and household size

Residence	Household size (persons)	Total	Household income (1,000 won)						
			Below 100	100-300	300-500	500-700	700-900	900-1,100	Over 1,100
Whole country	Total	798	153	290	173	79	37	22	44
	1	356	123	129	53	20	10	7	14
	2	66	10	36	11	5	1	1	2
	3 - 4	224	17	79	65	25	15	9	14
	5 - 7	125	3	38	36	22	8	5	13
	8 +	27	0	8	8	7	3	0	1
Urban	Total	510	49	148	138	74	35	22	44
	1	194	37	61	47	18	10	7	14
	2	52	5	28	10	5	1	1	2
	3 - 4	157	7	44	45	25	13	9	14
	5 - 7	88	0	12	30	20	8	5	13
	8 +	19	0	3	6	6	3	0	1
Rural	Total	283	104	142	35	5	2	0	0
	1	162	86	68	6	2	0	0	0
	2	14	5	8	1	0	0	0	0
	3 - 4	67	10	35	20	0	2	0	0
	5 - 7	37	3	26	6	2	0	0	0
	8 +	8	0	5	2	1	0	0	0

Table 10. Percentage distribution of the elderly by household income, residence and household size

Residence	Household size (persons)	Total		Household income (1,000 won)			
		Number	Per cent	Below 100	100-300	300-500	Over 500
Whole country	Total	798	100.0	19.2	36.3	21.7	22.8
	1	256	100.0	34.6	36.2	14.9	14.3
	2	66	100.0	15.2	54.5	16.7	13.6
	3 - 4	224	100.0	7.6	35.3	29.0	28.1
	5 - 7	125	100.0	2.4	30.4	28.8	38.4
	8 +	27	100.0	0.0	29.6	29.6	40.7
Urban	Total	510	100.0	9.6	29.0	27.1	34.3
	1	194	100.0	19.1	31.4	24.2	25.3
	2	52	100.0	9.6	53.8	19.2	17.3
	3 - 4	157	100.0	4.5	28.0	28.7	38.9
	5 - 7	88	100.0	0.0	13.6	34.1	52.3
	8 +	19	100.0	0.0	15.8	31.6	52.6
Rural	Total	283	100.0	36.7	50.2	12.4	2.5
	1	162	100.0	53.1	42.0	3.7	1.2
	2	14	100.0	35.7	57.1	7.1	0.0
	3 - 4	67	100.0	14.9	52.2	29.9	3.0
	5 - 7	37	100.0	8.1	70.3	16.2	5.4
	8 +	8	100.0	0.0	62.5	25.0	12.5

of living is employed as the absolute poverty line, some of the elders are living with monthly family income below the poverty level. And the elders below the poverty level should be the target people of the social welfare policies in the government level.

The elders are usually out of economic activities, and their livings are dependent on several types of financial support from others. The number of elders who are financially supported by others is 549, which is about 70 per cents of the total respondents. The financial aids to the elders are usually provided by sons and daughters of the 549 care-receiving elders, 315 cases (57.4 per cents) are dependent on their first son, 4.3 per cents on their first daughter, and 23.9 per cents on other son or daughter. (Tables 11-15)

Table 11. Number and percentage of financial support receiving elderly by age and sex

Age (years)	Both sexes	Male	Female
Number :			
Total	549	185	364
60 - 64	122	40	82
65 - 69	153	58	95
70 - 74	117	39	78
75 - 79	84	27	57
80 +	73	21	52
Percentage :			
Total	68.8	53.8	80.2
60 - 64	53.7	35.1	72.6
65 - 69	68.3	57.4	77.2
70 - 74	72.2	56.5	83.9
75 - 75	79.2	69.2	85.1
80 +	93.6	100.0	91.2

Table 12. Relationship of the financial supporters to the elderly who receive by age and sex of the elderly

Sex of the elderly/ Relationship	Age (years) Total 60+	60-64	65-69	70-74	75-79	80+
Both sexes						
Total	549	122	153	117	84	73
Spouse	11	8	2	0	1	0
First son	315	72	90	65	45	43
First daughter	24	4	11	6	3	0
Other son/daughter	131	29	34	35	21	12
Son/daughter-in-law	19	2	5	1	6	5
Other relative	11	2	1	3	1	4
Government services	14	2	4	0	3	5
Others	24	3	6	7	4	4
Male						
Total	185	40	58	39	27	21
Spouse	10	8	1	0	1	0
First son	112	24	34	24	16	14
First daughter	7	2	3	2	0	0
Other son/daughter	42	5	18	11	7	1
Son/daughter-in-law	3	0	1	0	1	1
Other relative	0	0	0	0	0	0
Government services	5	1	1	0	0	3
Others	6	0	0	2	2	2
Female						
Total	364	82	95	78	57	52
Spouse	1	0	1	0	0	0
First son	203	48	56	41	29	29
First daughter	17	2	8	4	3	0
Other son/daughter	89	24	16	24	14	11
Son/daughter-in-law	16	2	4	1	5	4
Other relative	11	2	1	3	1	4
Government services	9	1	3	0	3	2
Others	18	3	6	5	2	2

Table 13. Percentage distribution of the financial support receiving elderly by relationship of the supporter, age and sex of the elderly

Sex of the elderly/ Relationship	Age (years) Total 60+	60-64	65-69	70-74	75-79	80+
Both sexes	549	122	153	117	84	73
Total	100.0	100.0	100.0	100.0	100.0	100.0
Spouse	2.0	6.6	1.3	0.0	1.2	0.0
First son	57.4	59.0	58.8	55.6	53.6	58.9
First daughter	4.4	3.3	7.2	5.1	3.6	0.0
Other son/daughter	23.9	23.8	22.2	29.9	25.0	16.4
Son/daughter-in-law	3.5	1.6	3.3	0.9	7.1	6.8
Other relative	2.0	1.6	0.7	2.6	1.2	5.5
Government services	2.6	1.6	2.6	0.0	3.6	6.8
Others	4.4	2.5	3.9	6.0	4.8	5.5
Male	185	40	58	39	27	21
Total	100.0	100.0	100.0	100.0	100.0	100.0
Spouse	5.4	20.0	1.7	0.0	3.7	0.0
First son	60.5	60.0	58.6	61.5	59.3	66.7
First daughter	3.8	5.0	5.2	5.1	0.0	0.0
Other son/daughter	22.7	12.5	31.0	28.2	25.9	4.8
Son/daughter-in-law	1.6	0.0	1.7	0.0	3.7	4.8
Other relative	0.0	0.0	0.0	0.0	0.0	0.0
Government services	2.7	2.5	1.7	0.0	0.0	14.3
Others	3.2	0.0	0.0	5.1	7.4	9.5
Female	364	82	95	78	57	52
Total	100.0	100.0	100.0	100.0	100.0	100.0
Spouse	0.3	0.0	1.1	0.0	0.0	0.0
First son	55.8	58.5	58.9	52.6	50.9	55.8
First daughter	4.7	2.4	8.4	5.1	5.3	0.0
Other son/daughter	24.5	29.3	16.8	30.8	24.6	21.2
Son/daughter-in-law	4.4	2.4	4.2	1.3	8.8	7.7
Other relative	3.0	2.4	1.1	3.8	1.8	7.7
Government services	2.5	1.2	3.2	0.0	5.3	3.8
Others	4.9	3.7	6.3	6.4	3.5	3.8

Table 14. Relationship of the financial supporters to the elderly who receive by sex of the elderly and residence

Relationship	Both sexes			Male			Female		
	Total	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural
Total	549	354	195	185	129	56	364	225	139
Spouse	11	11	0	10	10	0	1	1	0
First son	315	198	117	112	81	31	203	117	86
First daughter	24	20	4	7	6	1	17	14	3
Other son/daughter	131	84	47	42	25	17	89	59	30
Son/daughter-in-law	19	8	11	3	0	3	16	8	8
Other relative	11	8	3	0	0	0	11	8	3
Government services	14	6	8	5	2	3	9	4	5
Others	24	19	5	6	5	1	18	14	4

Table 15. Percentage distribution of the financial support receiving elderly by relationship of the supporter, residence and sex of the elderly

Relationship	Total	Residence		Sex	
		Urban	Rural	Male	Female
Total : Number	549	354	195	185	364
Per cent	100.0	100.0	100.0	100.0	100.0
Spouse	2.0	3.1	0.0	5.4	0.3
First son	57.4	55.9	80.3	60.5	55.8
First daughter	4.4	5.6	1.0	3.8	4.7
Other son/daughter	23.9	23.7	11.9	22.7	24.5
Son/daughter-in-law	3.5	2.3	2.8	1.6	4.4
Other relative	2.0	2.3	0.7	0.0	3.0
Government services	2.6	1.7	2.0	2.7	2.5
Others	4.4	5.4	1.3	3.2	4.9

The fact that the elders are mostly dependent on their first son implies the patriarchal family system is still active in the Korean society. The traditional family system in the Republic of Korea is based on patriarchy, in which the relationship between parents and their first son is significantly different from that of other countries. China and Japan also have traditional patriarchal family system. But patriarchal authority of parents is transmitted to all the children in the family in China, and to only the sons, but equally, in Japan, while transmitted to the first son in the Republic of Korea. Thus the emotional solidarity between parents and their first son is very strong in the Republic of Korea, which makes the dependence of the elders on their first son natural. (Table 16-18)

People should not permitted to die of starvation or exposure what are essential for human being's life are minimum food and shelter necessary to maintain life itself. However, as society becomes more affluent, people want to have some opportunities to achieve the quality of life enjoyed by persons with an average amount of resources. The aged persons tend to be more satisfied with resources they have as being in their higher ages, with exception of the group of aged 75-79 years. (Tables 19-20)

But it is an important finding to be considered that the absolute rate of the elders who perceive having resources not enough to maintain their lives is significantly higher than the rate of those who perceive having enough self-evaluation on the amount of resources people have for their living is affected by two main factors: one is the property of human being that they can never be satisfied with what they have now; and the other is the actual amount of resources they have.

People tend to be not satisfied with, and want to have more than, what they have now, even when they have enough. Another explanation is that the resources are limited, and only few of human beings can possess the resources enough to maintain their livings. It is beyond the scope of this report to identify why the great portion of the elders are not satisfied with the resources they have. However, this finding suggest the importance of, and the need for further study on the social status of the aged people, the role of family during the period of modernization process, and the social barriers to economic activities of the elders.

J.S. Mill proposed that human beings be economic animal. It means that some monetary resources are essential to satisfy human beings' basic needs and to maintain their livings, especially in capitalists society. Tables 21 and 22 show that the elders with relatively higher level of family income tend to be more satisfied with their living conditons. The higher family income the elders have, the more likely they perceive their basic needs being fulfilled with monetary resources. And the elders with low family income tend to perceive their basic needs are not fulfilled at all.

It is interesting finding that there is not much relationship between family income and perception on basic needs for their living among the elders with monthly family income of 500,000 won or below, but the portion of the aged people who perceive as having enough

Table 16. Relationship of the care providers to the elderly by age and sex of the elderly

Sex of the elderly/ Relationship	Age (years) Total 60+	60-64	65-69	70-74	75-79	80+
Both sexes						
Total	798	228	224	162	106	78
Spouse	46	23	11	8	4	0
First son	423	124	121	85	49	44
First daughter	31	6	14	6	4	1
Other son/daughter	158	42	40	37	26	13
Son/daughter-in-law	26	2	6	4	8	6
Grandson/grand-daughter	8	0	0	4	1	3
Brother/sister	1	0	0	1	0	0
Other relative	6	3	2	0	0	1
Friend or neighbour	1	0	0	0	0	1
Voluntary worker	3	0	1	1	0	1
Gorvernment services	37	12	9	3	8	5
Others	58	16	20	13	6	3
Male						
Total	344	114	101	69	39	21
Spouse	40	20	9	7	4	0
First son	186	63	51	40	18	14
First daughter	10	3	5	2	0	0
Other son /daughter	57	13	23	11	9	1
Son/daughter-in-law	5	0	2	1	1	1
Grandson/grand-daughter	0	0	0	0	0	0
Brother/sister	0	0	0	0	0	0
Other relative	0	0	0	0	0	0
Friend or neighbour	0	0	0	0	0	0
Voluntary worker	2	0	0	1	0	1
Government services	19	7	3	2	4	3
Others	25	8	8	5	3	1
Female						
Total	454	114	123	93	67	57
Spouse	6	3	2	1	0	0
First son	237	61	70	45	31	30
First daughter	21	3	9	4	4	1
Other son/daughter	101	29	17	26	17	12
Son/daughter-in-law	21	2	4	3	7	5
Grandson/grand-daughter	8	0	0	4	1	3
Brother/sister	1	0	0	1	0	0
Other relative	6	3	2	0	0	1
Friend or neighbour	1	0	0	0	0	1
Voluntary worker	1	0	1	0	0	0
Government services	18	5	6	1	4	2
Others	33	8	12	8	3	2

menetary resources to fulfill their basic needs is significantly greater among those with monthly family income of more than 500,000 won than those with below 500,000 won. Without any consideration of household size and composition of family members, it is very dangerous to discuss family income as a standard of menetory resources to maintain livings in the normal level of the elders. However, it may be one of many indications for the policy makers to evaluate public welfare system.

Is there some relationship between the levels of educational attainment and satisfaction with resources to maintain basic life? If any, is the level of educational attainment an independent variable or intermediate variable affecting the level of satisfaction with resources they have. Table 23 and 24 show there is no significant difference in perception on basic needs among those who have different educational background. The elders who finished junior college or high level of education are

Table 17. Attitude of the elderly towards elderly care by age

Attitude towards elderly care	Age (years) Total 60+	60-64	65-69	70-74	75-79	80+
Best care provider						
Total	798	228	224	162	106	78
Son or daughter	624	168	177	131	89	59
Aged's home	38	13	8	8	3	6
Government services	120	45	33	20	11	11
Others	16	2	6	3	3	2
Desire for living in aged's home						
Total	798	228	224	162	106	78
Yes	105	31	28	18	14	14
No	509	141	139	113	71	45
No answer	184	56	57	31	21	19
Desire for voluntary work						
Total	798	228	224	162	106	78
Yes	99	39	31	20	4	5
No	699	189	193	142	102	73
Knowledge about voluntary work						
Total	798	228	224	162	106	78
Yes	36	20	11	1	2	2
No	762	208	213	161	104	76

Table 18. Percentage of the elderly by opinion of the best care provider, age and sex

Sex/best care provider	Age (years) Total 60+	60-64	65-69	70-74	75-79	80+
Both sexes						
Total : Number	798	227	224	162	106	79
Per cent	100.0	100.0	100.0	100.0	100.0	100.0
Children	78.2	74.0	79.0	80.9	84.0	74.7
Home for elderly	4.8	5.7	3.6	4.9	2.8	7.6
Social security	15.0	19.4	14.7	12.3	10.4	15.2
Others	2.0	0.9	2.7	1.9	2.8	2.5
Male						
Total : Number	344	114	101	69	39	21
Per cent	100.0	100.0	100.0	100.0	100.0	100.0
Children	75.3	68.4	79.2	78.3	84.6	66.7
Home for elderly	4.4	5.3	3.0	4.3	0.0	14.3
Social security	18.9	25.4	15.8	15.9	12.8	19.0
Others	1.5	0.9	2.0	1.4	2.6	0.0
Female						
Total : Number	454	113	123	93	67	58
Per cent	100.0	100.0	100.0	100.0	100.0	100.0
Children	80.4	79.6	78.9	82.8	83.6	77.6
Home for elderly	5.1	6.2	4.1	5.4	4.5	5.2
Social security	12.1	13.3	13.8	9.7	9.0	13.8
Others	2.4	0.9	3.3	2.2	3.0	3.4

Table 19. Attitude of the elderly towards basic need by age and sex

Attitude towards basic need	Age (years) Total 60+	60-64	65-69	70-74	75-79	80+
Both sexes						
Total	798	228	224	162	106	78
More than enough	67	16	18	14	8	11
Just enough	392	103	116	88	49	36
Not enough	339	109	90	60	49	31
Male						
Total	344	114	101	69	39	21
More than enough	29	10	7	6	4	2
Just enough	172	52	54	38	20	8
Not enough	143	52	40	25	15	11
Female						
Total	454	114	123	93	67	57
More than enough	38	6	11	8	4	9
Just enough	220	51	62	50	29	28
Not enough	196	57	50	35	34	20

Table 20. Percentage of the elderly by attitude towards basic need, age and sex

Attitude towards basic need	Age (years) Total 60+	60-64	65-69	70-74	75-79	80+
Both sexes						
Total : Number	798	228	224	162	106	78
Per cent	100.0	100.0	100.0	100.0	100.0	100.0
More than enough	8.4	7.0	8.0	8.6	7.5	14.1
Just enough	49.1	45.2	51.8	54.3	46.2	46.2
Not enough	42.5	47.8	40.2	37.0	46.2	39.7
Male						
Total : Number	344	114	101	69	39	21
Per cent	100.0	100.0	100.0	100.0	100.0	100.0
More than enough	8.4	8.8	6.9	8.7	10.3	9.5
Just enough	50.0	45.6	53.5	55.1	51.3	38.1
Not enough	41.6	45.6	39.6	36.2	38.5	52.4
Female						
Total : Number	454	114	123	93	67	57
Per cent	100.0	100.0	100.0	100.0	100.0	100.0
More than enough	8.4	5.3	8.9	8.6	6.0	15.8
Just enough	48.5	44.7	50.4	53.8	43.3	49.1
Not enough	43.2	50.0	40.7	37.6	50.7	35.1

Table 21. The elderly by perception on basic need, level of household income and sex

Perception on basic need	Household income (1,000 wons)							
	Total	-100	100-300	300-500	500-700	700-900	900-1,000	1,000+
Both sexes								
Total	798	153	290	173	79	37	22	44
More than enough	67	4	15	8	11	7	4	18
Just enough	392	49	142	100	47	22	16	16
Not enough	339	100	133	65	21	8	2	10
Male								
Total	344	55	134	75	35	19	8	18
More than enough	29	1	7	4	6	2	2	7
Just enough	172	17	68	45	19	11	6	6
Not enough	143	37	59	26	10	6	0	5
Female								
Total	454	98	156	98	44	18	14	26
More than enough	38	3	8	4	5	5	2	11
Just enough	220	32	74	55	28	11	10	10
Not enough	196	63	74	39	11	2	2	5

Table 22. Percentage of the elderly by perception on basic need, level of household income and sex

Perception on basic need	Household income (1,000 wons)						
	Total	-100	100-300	300-500	500-700	700-900	900+
Both sexes							
Total : Number	798	153	290	173	79	37	66
Per cent	100.0	100.0	100.0	100.0	100.0	100.0	100.0
More than enough	8.4	2.6	5.2	4.6	13.9	18.9	33.3
Just enough	49.1	32.0	49.0	57.8	59.5	59.5	48.5
Not enough	42.5	65.4	45.9	37.6	26.6	21.6	18.2
Male							
Total : Number	344	55	134	75	35	19	26
Per cent	100.0	100.0	100.0	100.0	100.0	100.0	100.0
More than enough	8.4	1.8	5.2	5.3	17.1	10.5	34.6
Just enough	50.0	30.9	50.7	60.0	54.3	57.9	46.2
Not enough	41.6	67.3	44.0	34.7	28.6	31.6	19.2
Female							
Total : Number	454	98	156	98	44	18	40
Per cent	100.0	100.0	100.0	100.0	100.0	100.0	100.0
More than enough	8.4	3.1	5.1	4.1	11.4	27.8	32.5
Just enough	48.5	32.7	47.4	56.1	63.6	61.1	50.0
Not enough	43.2	64.3	47.4	39.8	25.0	11.1	17.5

Table 23. The elderly by perception on basic need, education and sex

Educational level	Both				Male				Female			
	Total	More than enough	Just enough	Not enough	Total	More than enough	Just enough	Not enough	Total	More than enough	Just enough	Not enough
Total	798	67	392	339	344	29	172	143	454	38	220	196
Graduated:												
Elementary school	166	17	74	75	99	10	44	45	67	7	30	30
Middle school	44	2	21	21	33	2	15	16	11	0	6	5
High school	42	7	21	14	35	5	19	11	7	2	2	3
Junior college	2	0	2	0	2	0	2	0	0	0	0	0
University more	19	5	9	5	16	4	7	5	3	1	2	0
Drop-out												
Elementary school	25	1	14	10	7	1	4	2	18	0	10	8
Middle school	2	0	2	0	1	0	1	0	1	0	1	0
High school	3	0	1	2	2	0	1	1	1	0	0	1
Junior college	3	0	3	0	3	0	3	0	0	0	0	0
University more	0	0	0	0	0	0	0	0	0	0	0	0
No schooling	492	35	245	212	146	7	76	63	346	28	169	149

Table 24. The elderly by perception on basic need and education

Educational level	Total		More than enough	Just enough	Not enough
	Number	Per cent			
Total	798	100.0	8.4	49.1	42.5
No schooling	492	100.0	7.1	49.8	43.1
Elementary school	191	100.0	9.4	46.1	44.5
Middle school	46	100.0	4.3	50.0	45.7
High school	45	100.0	15.6	48.9	35.6
Junior college	5	100.0	0	100.0	0
University more	19	100.0	26.3	47.4	26.3

more satisfied with the resources they have than those with no or relatively low level of educational attainment.

But, only the limited number of respondents report the level of their educational attainment as finishing junior college or higher. Statistical interpretation based on only 24 cases may not provide any significant meaning of the findings. When estimating the effects of educational attainment on self-evaluation of the resources for living they have, we should take the difference in educational system between western and oriental societies including Republic of Korea into consideration. In the survey of this study, educational attainments include only the formal education the respondents have. There is significant difference in the purpose of education, teaching methods, and the contents of education between formal and traditional education system in the Republic of Korea. Without any comparative study on the effects of formal education and traditional education system, it will be naive to test and identify the direct effect of education on self-perception on thier living concitions with limited monetary resources.

The rate of the elders who are receiving public welfare is very low. This is not because the aged people live in good living condition with enough menetary resources, but because the government-level social welfare system is not well established in the Republic of Korea. There are many elders who have not enough resources to fulfill their basic needs essential for their living, and need financial aids from the government level.

Now, it is time for Koreans to make national consensus on what to do for the elders in society. There may be two alternative choices. One is to take nuclear family system followed by collapse of traditional value on family during the process of industrialization for granted to accept, and to develop government-level welfare policies for the elders. The other is to identify social problems of the elders as same as of the juveniles and education which can be solved in so family, and find out how to keep the traditional value on family in the industrialized society. One of these choices, or both of them can be very helpful in solving the social problems of the elders. However, the rate of the elders who are in the empty nests is 7.3 per cents of the total families in the Republic of Korea. The role of government is very important, and highly expected to the elders in empty nests.

There appears rural-urban difference in the rate of the working elders of the urban elders 16.7 per cents are in economic activities while 28.8 per cents of the rural elders are. This may be because of the difference in types of economic activities of the urban residents from the rural residents. The urban residents are usually employed in companies, and the urban elders can not find other jobs after their retirement. But the most of rural residents work in agricultural sector, and the rural elders can work until their physical condition becomes extremely poor. This interpretation is highly supported by the differences in the rates of working elders among the groups classified by their gender and residence types. (Tables 25-30)

The elders out of economic activities are living on their own savings and investments, or on financial aids from their children. Of the urban elders 7.1 per cents live on their savings while 4.2 per cents of the rural elders are (Table 31). And the rates of the elders receiving financial aids from their oldest son are 35.5 per cents for the urban and 40.0 per cents for the rural elders. The rates of the elders who live on monetary support from their first son is higher among the rural elders than among the urban elders (Table 15). This finding indicates that the traditional value of family, which says that the oldest son should support of his aged parents, is more active in rural areas (Table 34).

3. Health of the Elders

Health perception of the elders is presented in Tables 36-38. Of the sample 59.1 per cents perceive their health as being healthy, and 40.8 per cents as being not healthy. There appear some differences in perception on their health condition according to gender and residence types of the elders. The higher portions of the rural and male elders perceive their health condition as being healthy than the urban and female elders. However, Table 38 shows that perception on their health condition is not much related to the history of long-term

Table 25. The elderly by work status, age and sex

Work status	Age (years) Total 60+	60-64	65-69	70-74	75-79	80+
Both sexes						
Total	798	228	224	162	106	78
Working	67	16	18	14	8	11
Not working	731	212	206	148	98	67
Male						
Total	344	114	101	69	39	21
Working	29	10	7	6	4	2
Not working	315	104	94	63	35	19
Female						
Total	454	114	123	93	67	57
Working	38	6	11	8	4	9
Not working	416	108	112	85	63	48

Table 26. The elderly by occupation, age and sex

Sex	Age (years)	Total	Profes-sional	Admin. management	Clerical	Sales	Services	Agriculture & forestry	Trans-port	Others
Both sexes	Total	798	16	20	17	54	41	293	44	313
	60 - 64	228	8	8	8	18	24	68	19	75
	65 - 69	224	5	2	6	22	7	79	13	90
	70 - 74	162	2	7	1	12	5	52	6	79
	75 - 79	106	2	1	1	2	3	50	4	43
	80 +	78	1	2	1	0	2	44	2	26
Male	Total	344	9	19	6	37	19	134	32	78
	60 - 64	114	4	8	7	12	13	37	15	18
	65 - 69	101	2	2	6	15	3	43	8	22
	70 - 74	69	0	7	1	8	2	21	6	24
	75 - 79	39	2	1	1	2	1	21	1	10
	80 +	21	1	1	1	0	0	12	2	4
Female	Total	454	7	1	1	17	22	159	12	235
	60 - 64	114	4	0	1	6	11	31	4	57
	65 - 69	123	3	0	0	7	4	36	3	68
	70 - 74	93	0	0	0	4	3	31	0	55
	75 - 79	67	0	0	0	0	2	29	3	33
	80 +	57	0	1	0	0	2	32	0	22

Table 27. The elderly by number of employees in the organization and retirement age

	Total	Profes-sional	Admin. management	Clerical	Sales	Services	Agriculture & forestry	Trans-port	Others
Number of employees in the organization (persons)									
Total	798	51	51	30	125	100	325	89	27
Less than 5	87	10	3	2	27	23	6	15	1
6 - 20	45	7	7	6	2	4	3	14	2
21 - 300	28	2	8	6	3	2	2	4	1
301 or more	18	3	1	3	1	3	3	4	0
No answer	620	29	32	13	92	68	311	52	23
Age when stop working (years)									
Total	798	51	51	30	125	100	325	89	27
Before age 50	406	28	25	15	80	67	114	56	21
50 - 54	18	3	1	0	5	3	3	2	1
55 - 59	35	2	5	5	4	3	13	3	0
60 - 64	100	5	4	2	14	2	65	7	1
65 - 69	110	7	4	3	10	12	65	7	2
70 or more	76	3	5	1	5	5	52	5	0
Do not know	53	3	7	4	7	8	13	9	2

Table 28. The elderly by industry, sex and residence

Industry	Both sexes			Male			Female		
	Total	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural
Total	798	510	288	344	218	126	454	292	162
Farming, fishing	301	296	5	71	69	2	230	227	3
Mining	295	36	259	134	25	109	161	11	150
Manufacture	3	3	0	3	3	0	0	0	0
Electric	38	37	1	23	23	0	15	14	1
Construction	4	4	0	3	3	0	1	1	0
Retail (whole) sales	21	17	4	18	14	4	3	3	0
Transpotation	57	50	7	37	33	4	20	17	3
Financing	13	10	3	12	9	3	1	1	0
Individual service	21	21	0	19	19	0	2	2	0
Others	45	36	9	24	20	4	21	16	5

Table 29. Percentage distribution of the elderly by working life span, sex and age

Sex	Age	Total		-49	50-54	55-59	60-64	65-69	70+
		Number	Per cent						
Both sexes	Total	798	100.0	57.5	2.3	4.4	12.5	13.8	9.5
	60 - 64	227	100.0	53.3	2.6	5.3	10.6	20.7	7.5
	65 - 69	224	100.0	57.6	2.2	4.9	11.6	13.9	9.8
	70 - 74	162	100.0	61.1	3.1	4.3	11.1	11.1	9.3
	75 - 79	106	100.0	61.3	1.9	1.9	17.0	3.8	14.2
	80 +	79	100.0	57.0	—	3.8	17.7	12.7	8.9
Male	Total	344	100.0	45.3	3.5	5.8	16.0	16.0	13.7
	60 - 64	114	100.0	43.0	2.6	2.6	14.0	22.8	10.5
	65 - 69	101	100.0	40.6	4.0	5.9	17.8	16.8	14.9
	70 - 74	69	100.0	53.6	4.3	5.8	15.9	10.1	10.1
	75 - 79	39	100.0	46.2	5.1	2.6	17.9	5.1	23.1
	80 +	21	100.0	52.4	—	4.8	14.3	9.5	19.0
Female	Total	454	100.0	66.7	1.3	2.9	10.0	12.3	6.4
	60 - 64	113	100.0	63.7	2.7	3.5	7.1	18.6	4.4
	65 - 69	123	100.0	71.5	0.8	4.1	6.5	11.4	5.7
	70 - 74	93	100.0	66.7	2.2	3.2	7.5	11.8	8.6
	75 - 79	67	100.0	70.1	—	1.5	16.4	3.0	9.0
	80 +	58	100.0	58.6	—	3.4	19.0	13.8	5.2

Table 30. Percentage distribution of the elderly by working life span, sex and level of education

Educational level		Total		-49	50-54	55-59	60-64	65-69	70+
		Number	Per cent						
Both sexes	Total	798	100.0	57.5	2.3	4.4	12.5	13.8	9.5
	Primary	191	100.0	55.8	4.0	6.0	10.1	17.6	6.5
	Middle	46	100.0	66.3	—	3.0	19.8	5.0	5.9
	High	45	100.0	52.6	2.1	6.3	15.8	15.8	7.4
	College	5	100.0	80.0	—	—	20.0	—	—
	University	19	100.0	37.5	6.3	6.3	12.5	—	37.5
	No schooling	492	100.0	51.8	2.3	3.1	13.2	16.0	14.4

Table 31. The elderly by savings and benefits for retirement and age

Savings and benefits	Age (years) Total 60+	60-64	65-69	70-74	75-79	80+
Total	798	227	225	162	106	78
Savings	288	86	91	53	36	22
Real estate investment	201	57	50	49	22	23
Employment	25	8	7	3	4	3
None	284	76	77	57	44	30

Table 32. The elderly by main source of support, age and sex

Source of support	Age (years) Total 60+	60-64	65-69	70-74	75-79	80+
Both sexes						
Total	798	228	224	162	106	78
Working	168	93	51	15	8	1
Saving and investment	48	15	14	13	5	1
Pension	10	3	3	2	1	1
Spouse	12	7	3	0	2	0
First son	296	55	85	66	47	43
First daughter	26	6	10	5	4	1
Other children	155	29	39	41	26	20
Relative	65	16	13	16	10	10
Others	18	4	6	4	3	1
Male						
Total	344	114	101	69	39	21
Working	121	68	35	12	6	0
Saving and investment	31	10	8	9	3	1
Pension	5	2	1	2	0	0
Spouse	9	6	1	0	2	0
First son	98	15	28	26	17	12
First daughter	8	2	3	2	1	0
Other children	45	5	18	10	8	4
Relative	18	4	4	5	1	4
Others	9	2	3	3	1	0
Female						
Total	454	114	123	93	67	57
Working	47	25	16	3	2	1
Saving and investment	17	5	6	4	2	0
Pension	5	1	2	0	1	1
Spouse	3	1	2	0	0	0
First son	198	40	57	40	30	31
First daughter	18	4	7	3	3	1
Other chlildren	110	24	21	31	18	16
Relative	47	12	9	11	9	6
Others	9	2	3	1	2	1

Table 33. Percentage distribution of the elderly by main source of support, age and sex

Source of support	Age (years) Total 60+	60-64	65-69	70-74	75-79	80+
Both sexes						
Total : Number	798	228	224	162	106	78
Per cent	100.0	100.0	100.0	100.0	100.0	100.0
Working	21.1	40.8	22.8	9.3	7.5	1.3
Saving and investment	6.0	6.6	6.3	8.0	4.7	1.3
Pension	1.3	1.3	1.3	1.2	0.9	1.3
Spouse	1.5	3.1	1.3	0.0	1.9	0.0
First son	37.1	24.1	37.9	40.7	44.3	55.1
First daughter	3.3	2.6	4.5	3.1	3.8	1.3
Other children	19.4	12.7	17.4	25.3	24.5	25.6
Relative	8.1	7.0	5.8	9.9	9.4	12.8
Others	2.3	1.8	2.7	2.5	2.8	1.3
Male						
Total : Number						
Per cent	100.0	100.0	100.0	100.0	100.0	100.0
Working	35.2	59.6	34.7	17.4	15.4	0.0
Saving and investment	9.0	8.8	7.9	13.0	7.7	4.8
Pension	1.5	1.8	1.0	2.9	0.0	0.0
Spouse	2.6	5.3	1.0	0.0	5.1	0.0
First son	28.5	13.2	27.7	37.7	43.6	57.1
First daughter	2.3	1.8	3.0	2.9	2.6	0.0
Other children	13.1	4.4	17.8	14.5	20.5	19.0
Relative	5.2	3.5	4.0	7.2	2.6	19.0
Others	2.6	1.8	3.0	4.3	2.6	0.0
Female						
Total : Number						
Per cent	100.0	100.0	100.0	100.0	100.0	100.0
Working	10.4	21.9	13.0	3.2	3.0	1.8
Saving and investment	3.7	4.4	4.9	4.3	3.0	0.0
Pension	1.1	0.9	1.6	0.0	1.5	1.8
Spouse	0.7	0.9	1.6	0.0	0.0	0.0
First son	43.6	35.1	46.3	43.0	44.8	54.4
First daughter	4.0	3.5	5.7	3.2	4.5	1.8
Other children	24.2	21.1	17.1	33.3	26.9	28.1
Relative	10.4	10.5	7.3	11.8	13.4	10.5
Others	2.0	1.8	2.4	1.1	3.0	1.8

illness and health problem of the elders. Only 6.8 per cents of the sample are suffered from long-term illness and have health problem.

Tables 39-41 show numbers and percentages of elderly by their smoking and drinking habits.

The 238 elders of the sample are receiving medical care, which is 29.8 per cents of the respondents (Table 42). Of those who receive medical care, 66.8 per cents need additional medical care (Table 43). And 89 per cents of the rural elders who receive medical care need additional medical care. Table 45 shows the classification of physical care provider during the period of illness of the elders. During the period of their illness, the elders are provided physical care by their children and other relatives. The physical care of the male elders are frequently provided by their spouses, while physical care of female elders are mostly provided by their children.

Table 34. The elderly by main source of support, age and residence

Source of support	Both sexes			Male			Female		
	Total	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural
Number									
Total	798	510	288	344	218	126	454	292	162
Working	168	85	83	121	61	60	47	24	23
Saving and investment	48	36	12	31	20	11	17	16	1
Pension	10	9	1	5	5	0	5	4	1
Spouse	12	12	0	9	9	0	3	3	0
First son	296	181	115	98	68	30	198	113	85
First daughter	26	20	6	8	6	2	18	14	4
Other children	155	100	55	45	27	18	110	73	37
Relative	65	49	16	18	13	5	47	36	11
Others	18	18	0	9	9	0	9	9	0
Per cent									
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Working	21.1	16.7	28.8	35.2	28.0	47.6	10.4	8.2	14.2
Saving and investment	6.0	7.1	4.2	9.0	9.2	8.7	3.7	5.5	0.6
Pension	1.3	1.8	0.3	1.5	2.3	0.0	1.1	1.4	0.6
Spouse	1.5	2.4	0.0	2.6	4.1	0.0	0.7	1.0	0.0
First son	37.1	35.5	39.9	28.5	31.2	23.8	43.6	38.7	52.5
First daughter	3.3	3.9	2.1	2.3	2.8	1.6	4.0	4.8	2.5
Other children	19.4	19.6	19.1	13.1	12.4	14.3	24.2	25.0	22.8
Relative	8.1	9.6	5.6	5.2	6.0	4.0	10.4	12.3	6.8
Others	2.3	3.5	0.0	2.6	4.1	0.0	2.0	3.1	0.0

Table 35. Percentage distribution of the elderly by main source of support and level of education

Source of support	Total	Primary	Middle	High	College	University	No schooling
Total : Number	798	191	46	45	5	19	492
Per cent	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Working	21.1	23.1	11.9	12.6	20.0	37.5	29.0
Saving and investment	6.0	7.5	3.0	5.3	0.0	25.0	5.8
Pension	1.3	1.0	2.0	3.2	0.0	0.0	0.4
Spouse	1.5	1.5	3.0	1.1	0.0	0.0	1.2
First son	37.1	30.7	40.6	45.3	60.0	12.5	34.4
First daughter	3.3	2.0	5.0	1.1	20.0	6.3	2.7
Other children	19.4	22.6	19.8	18.9	0.0	18.8	18.5
Relative	8.1	8.5	10.9	10.5	0.0	0.0	6.9
Others	2.3	3.0	4.0	2.1	0.0	0.0	1.2

Table 36. The elderly by health status, age and sex

Sex/health problem	Age (years) Total 60+	60-64	65-69	70-74	75-79	80+
Both sexes	798	228	224	162	106	78
Healthy	472	156	145	86	55	30
Not healthy	326	72	79	76	51	48
Male	344	114	101	69	39	21
Healthy	227	87	72	40	22	6
Not healthy	117	27	29	29	17	15
Female	454	114	123	93	67	57
Healthy	245	69	73	46	33	24
Not healthy	209	45	50	47	34	33

Table 37. The elderly by health indicators and age

Health indicator	Age (years) Total 60+	60-64	65-69	70-74	75-79	80+
Feeling of health						
Total	798	228	224	162	106	78
Good	472	156	145	86	55	30
Bad	326	72	79	76	51	48
Major health problem						
Total	798	228	224	162	106	78
Good	368	98	111	69	53	37
Bad	430	130	113	93	53	41
Incidence of accident						
Total	798	228	224	162	106	78
Good	58	14	7	22	10	5
Bad	740	214	217	140	96	73
Use of medical treatment						
Total	798	228	224	162	106	78
Good	238	62	66	54	32	24
Bad	560	166	158	108	74	54
Need of additional medical treatment						
Total	798	228	224	162	106	78
Good	371	108	105	73	47	38
Bad	427	120	119	89	59	40

Table 38. The elderly living with/without any long-term illness/health problem and their health status by sex and residence

Sex/health problem	Total	Urban	Rural	Sex/health problem	Total	Urban	Rural
Both sexes	798	510	288	Do not have the problem	322	201	121
Have long-term illness	55	47	8	Healthy	227	136	91
Do not have the problem	743	463	280	Not healthy	117	82	35
Healthy	472	271	201	Female	454	292	162
Not healthy	326	239	87	Have long-term illness	33	30	3
				Do not have the problem	421	262	159
Male	344	218	126	Healthy	245	135	110
Have long-term illness	22	17	5	Not healthy	209	157	52

Table 39. The elderly by smoking and drinking habits and age

Habits	Age (years) Total 60+	60-64	65-69	70-74	75-79	80+
Smoking						
Total	798	228	224	162	106	78
Regularly	135	50	43	23	14	5
Often	220	65	63	44	28	20
Seldom	68	15	20	15	13	5
Never	375	98	98	80	51	48
Alcohol drinking						
Total	798	228	224	162	106	78
Regularly	90	42	23	14	9	2
Often	199	60	75	27	24	13
Seldom	110	28	30	26	21	5
Never	399	98	96	95	52	58

Table 40. Percentage distribution of the elderly by smoking habits, age and sex

Smoking habits	Age (years) Total 60+	60-64	65-69	70-74	75-79	80+
Both sexes						
Total : Number	798	227	224	162	106	79
Per cent	100.0	100.0	100.0	100.0	100.0	100.0
Regularly	16.9	22.0	19.2	14.2	13.2	6.3
Often	27.6	28.6	28.1	27.2	26.4	25.3
Seldom	8.5	6.6	8.9	9.3	12.3	6.3
Never	47.0	42.7	43.8	49.4	48.1	62.0
Male						
Total : Number	344	114	101	69	39	21
Per cent	100.0	100.0	100.0	100.0	100.0	100.0
Regularly	26.7	32.5	29.7	21.7	20.5	9.5
Often	37.5	45.6	37.6	29.0	33.3	28.6
Seldom	7.8	4.4	6.9	10.1	10.3	19.0
Never	27.9	17.5	25.7	39.1	35.9	42.9
Female						
Total : Number	454	113	123	93	67	58
Per cent	100.0	100.0	100.0	100.0	100.0	100.0
Regularly	9.5	11.5	10.6	8.6	9.0	5.2
Often	20.0	11.5	20.3	25.8	22.4	24.1
Seldom	9.0	8.8	10.6	8.6	13.4	1.7
Never	61.5	68.1	58.5	57.0	55.2	69.0

Table 41. Percentage distribution of the elderly by drinking habits, age and sex

Drinking habits	Age (years) Total 60+	60-64	65-69	70-74	75-79	80+
Both sexes						
Total : Number	798	227	224	162	106	79
Per cent	100.0	100.0	100.0	100.0	100.0	100.0
Regularly	11.3	18.5	10.3	8.6	8.5	2.5
Often	24.9	26.4	33.5	16.7	22.6	16.5
Seldom	13.8	12.3	13.4	16.0	19.8	6.3
Never	50.0	42.7	42.9	58.6	49.1	74.7
Male						
Total : Number	344	114	101	69	39	21
Per cent	100.0	100.0	100.0	100.0	100.0	100.0
Regularly	23.5	35.1	19.8	17.4	17.9	9.5
Often	34.9	36.0	49.5	18.8	30.8	19.0
Seldom	13.4	10.5	11.9	21.7	17.9	0.0
Never	28.2	18.4	18.8	42.0	33.3	71.4
Female						
Total : Number	454	113	123	93	67	58
Per cent	100.0	100.0	100.0	100.0	100.0	100.0
Regularly	2.0	1.8	2.4	2.2	3.0	0.0
Often	17.4	16.8	20.3	15.1	17.9	15.5
Seldom	14.1	14.2	14.6	11.8	20.9	8.6
Never	66.5	67.3	62.7	71.0	58.2	75.9

Table 42. The elderly by whether receiving medical care, age and sex

Medical care	Age (years) Total 60+	60-64	65-69	70-74	75-79	80+
Both sexes	798	228	224	162	106	78
Receiving	238	62	66	54	32	24
Not receiving	560	166	158	108	74	54
Male	344	114	101	69	39	21
Receiving	85	25	22	20	10	8
Not receiving	259	89	79	49	29	13
Female	454	114	123	93	67	57
Receiving	153	37	44	34	22	16
Not receiving	301	77	79	59	45	41

Table 43. The elderly receiving medical care by whether needing additional care, and by sex and residence

Additional care	Total	Urban	Rural
Both sexes	238	193	45
Need additional care	159	119	40
Do not need	79	74	5
Male	85	67	18
Need additional care	65	48	17
Do not need	20	19	1
Female	153	126	27
Need additional care	94	71	23
Do not need	59	55	4

Table 44. The elderly not receiving medical care by whether needing medical examination or treatment, and by sex and residence

Medical examination	Total	Urban	Rural
Both sexes	560	317	243
Need	212	99	113
Do not need	348	218	130
Male	259	151	108
Need	101	49	52
Do not need	158	102	56
Female	301	166	135
Need	111	50	61
Do not need	190	116	74

Table 45. The elderly by physical care provider during illness by age and sex

Sex of the elderly/Relationship of care provider	Age (years) Total 60+	60-64	65-69	70-74	75-79	80+
Both sexes						
Total	798	228	224	162	106	78
Spouse	225	95	67	36	18	9
Son/son-in-law	360	66	102	84	58	50
Daughter/daughter-in-law	82	26	21	15	12	8
Grandchildren	14	1	1	4	4	4
Relatives	8	3	2	1	0	2
Friends and neighbours	16	4	4	4	3	1
House maid	1	0	0	1	0	0
Self	8	5	1	0	1	1
Others	22	1	11	4	4	2
None	12	6	3	2	1	0
No illness	50	21	12	11	5	1
Male						
Total	344	114	101	69	39	21
Spouse	216	88	66	36	17	9
Son/son-in-law	77	9	19	23	16	10
Daughter/daughter-in-law	14	4	5	2	2	1
Grandchildren	0	0	0	0	0	0
Relatives	0	0	0	0	0	0
Friends and neighbours	2	1	0	0	1	0
House maid	0	0	0	0	0	0
Self	3	2	0	0	0	1
Others	6	0	3	2	1	0
None	3	0	2	1	0	0
No illness	23	10	6	5	2	0
Female						
Total	454	114	123	93	67	57
Spouse	9	7	1	0	1	0
Son/son-in-law	283	57	83	61	42	40
Daughter/daughter-in-law	68	22	16	13	10	7
Grandchildren	14	1	1	4	4	4
Relatives	8	3	2	1	0	2
Friends and neighbours	14	3	4	4	2	1
House maid	1	0	0	1	0	0
Self	5	3	1	0	1	0
Others	16	1	8	2	3	2
None	9	6	1	1	1	0
No illness	27	11	6	6	3	1

Table 46. The elderly by supportive devices being used and needed

Supportive devices	Age (years) Total 60+	60-64	65-69	70-74	75-79	80+
Using a supportive device						
Total	798	228	224	162	106	78
Cane	195	27	47	35	38	48
Walker	3	0	0	1	0	2
Wheel chair	0	0	0	0	0	0
Leg brace	3	2	1	0	0	0
Back brace	1	0	0	1	0	0
Glasses	445	152	133	93	47	20
Artificial teeth	145	44	40	32	21	8
Artificial limb	0	0	0	0	0	0
Hearing aid	5	3	2	0	0	0
Others	1	0	1	0	0	0
Need another supportive device						
Total	798	228	224	162	106	78
Cane	7	0	1	3	1	2
Walker	1	0	0	0	1	0
Wheel chair	3	0	1	1	0	1
Leg brace	1	0	1	0	0	0
Back brace	0	0	0	0	0	0
Glasses	40	13	8	7	3	9
Artificial teeth	50	13	13	14	9	1
Artificial limb	1	1	0	0	0	0
Hearing aid	34	2	4	10	12	6
Others	13	2	2	5	3	1
No need	648	197	194	122	77	58

Table 47. Percentage of the elderly using various physical aids by age and sex

Physical aids	Age (years) Total 60+	60-64	65-69	70-74	75-79	80+
Both sexes						
Total : Number	798	227	224	162	106	79
Per cent	100.0	100.0	100.0	100.0	100.0	100.0
Stick	15.7	3.1	8.5	14.2	27.4	59.5
Glasses	36.4	43.2	38.8	37.0	31.1	15.2
Artificial tooth	10.5	9.3	8.9	12.3	14.2	10.1
Others	37.4	44.4	43.8	36.5	27.3	15.2
Male						
Total : Number	344	114	101	69	39	21
Per cent	100.0	100.0	100.0	100.0	100.0	100.0
Stick	14.8	3.5	11.9	18.8	23.1	61.9
Glasses	39.8	44.7	39.6	43.5	30.8	19.0
Artificial tooth	7.6	3.5	5.9	11.6	12.8	14.3
Others	37.8	48.3	42.6	26.1	33.3	4.8
Female						
Total : Number	454	113	123	93	67	58
Per cent	100.0	100.0	100.0	100.0	100.0	100.0
Stick	16.3	2.7	5.7	10.8	29.9	58.6
Glasses	33.7	41.6	38.2	32.3	31.3	13.8
Artificial tooth	12.8	15.0	11.4	12.9	14.9	8.6
Others	37.2	40.7	44.7	44.0	23.9	19.0

Table 48. Percentage of the elderly who need supportive device by age and sex

Supportive devices	Age (years) Total 60+	60-64	65-69	70-74	75-79	80+
Both sexes						
Total : Number	798	227	224	162	106	79
Per cent	100.0	100.0	100.0	100.0	100.0	100.0
Stick	5.1	5.7	4.0	4.3	2.8	11.4
Glasses	6.3	5.3	5.8	8.6	8.5	2.5
Artificial tooth	4.4	1.3	1.8	6.2	11.3	7.6
Others	84.2	87.7	88.4	80.9	77.4	78.5
Male						
Total : Number	344	114	101	69	39	21
Per cent	100.0	100.0	100.0	100.0	100.0	100.0
Stick	4.9	6.1	5.0	4.3	2.6	4.8
Glasses	6.4	4.4	5.0	8.7	12.8	4.8
Artificial tooth	3.8	0.9	2.0	2.9	12.8	14.3
Others	84.9	88.6	88.0	84.1	71.8	76.1
Female						
Total : Number	454	113	123	93	67	58
Per cent	100.0	100.0	100.0	100.0	100.0	100.0
Stick	5.3	5.3	3.3	4.3	3.0	13.8
Glasses	6.2	6.2	6.5	8.6	6.0	1.7
Artificial tooth	4.8	1.8	1.6	8.6	10.4	5.2
Others	83.7	86.7	88.6	78.5	80.6	79.3

4. Activities of Daily Living and Housing

Activity in general, and interpersonal activity in particular, seem to be consistently important for predicting andindividual's sense of well-being in later years. As Burgers and Leba reported a greater amount of time in social and voluntary organizations to be characteristic of subjects with high personal adjustment.

The SAP (Social Activity Participation) score involves is based on the participation in 5 separate typse of activity:

(1) Family ceremonies, wedding, funerals, birth day parties.

(2) Theatre, movies, concerts, art exhbition

(3) Activities of clubs or association or societies

(4) Public library

(5) Park/garden

Frequencies of participation in each type are scored on a 4-point scale. Participating regularly in each type of social activity is weighted as 4, participating often as 3, rarely as 2, and never as 1. (Total score have a theoretical range of 5 to 20 point). Total scores are grouping 4 range: 5 points and below, 6-10 points, 11-15 points, 16 points and above.

According to our enquiry "How often do you participate in social activity?" as shown in Table 50, it shows 52.6 per cents of male elderly are belong to 6-10 points and 47.4 per cent of female elderly belong 11-15 points. Sex difference, if any, are minor.

Age difference in participation of activity, 60-64 age group share old people of the largest per cent (36. 7 per cent) marks 6-10 points, 65-69 age group marks below 5 points, 70-74 age group mark 11-15 points, 75-79 age group marks below 5 points and age groups of above 80 marks below 5 points. This shows that the older, the less points.

As (Table 49) shows that in health perception, difference most the aged who feel healthy (63.7 per cent) mark 6-10 points and,most the aged who do not feel healthy mark below 5 points. The more feeling healthy the more participating activity.

Table 49. The elderly by SAP (Social Activity Participation) score, sex and health status

SAP score	Feeling healthy		
	Total	Yes	No
Both sexes	798	472	326
- 5 points	32	16	16
6 - 10 points	397	253	144
11 - 15 points	368	203	165
16 + points	1	0	1
Male	344	227	117
- 5 points	10	5	5
6 - 10 points	181	131	50
11 - 15 points	153	91	62
16 + points	0	0	0
Female	454	245	209
- 5 points	22	11	11
6 - 10 points	216	122	94
11 - 15 points	215	112	103
16 + points	1	0	1

The social and family role among the elderly is very important to enable older persons to attain and maintain physical and mental well being.

The elderly role include: Belong to group and organization. Society, Taking care of grand children, participation in family decision making, incidence of trust, confidence, incidence of meeting relatives, friends, as (Table 50) shows that according to a questionnaire about belong to group and organization society, answer of "no" (not attend) are more than "yes" (attend). Specifically, in 60-64 old age and 70-79 old age are more elderly responsed "no" than "yes", but in 65-69, 70-74 and above 80 responsed more "yes" than "no".

Regarding elderly role about assisting in taking care of grand children, answer of "no" (63.3 per cent) are more than "yes" (36.7 per cent). Specifically, age difference in taking care of grand children, elders are reluctant to take care their grand children as they get older.

Similar pattern is also found with participation in family decision making, young-old are more positive than old-old. Age difference in participating in family decision making, 60-65, 65-69 old age are more "yes" than "no". Other age groups are more "no" than "yes". According to a question about having some on who trust and cinfide in, answer of "yes" are more than "no". In age difference 60-64, 65-69 old age are more "yes' than "no". Other age groups are more "no" than "yes". Similarly, about meeting relatives and friends, answer of "no" are more than "yes". In age difference, 60-64, 65-69 age group are more "yes" than "no". Other age group are more "no" than "yes". (See Table 52)

Table 50. The elderly by SAP (Social Activity Participation) score, age and sex

SAP score	Age (years) Total 60+	60-64	65-69	70-74	75-79	80+
Both sexes	798	228	224	162	106	78
- 5 points	32	4	10	6	7	5
6 - 10 points	397	146	110	68	45	28
11 - 15 points	368	78	104	88	54	44
16 + points	1	0	0	0	0	1
Male	344	114	101	69	39	21
- 5 points	10	1	4	3	2	0
6 - 10 points	181	76	53	29	17	6
11 - 15 points	153	37	44	37	20	15
16 + points	0	0	0	0	0	0
Female	454	114	123	93	67	57
- 5 points	22	3	6	3	5	5
6 - 10 points	216	70	57	39	28	22
11 - 15 points	215	41	60	51	34	29
16 + points	1	0	0	0	0	1

Note: A SAP score here is the sum of scores for five activities.
Score for each activity : regularly 4, often 3, rarely 2, and never 1.

Table 51. Percentage of the elderly by total ADL (Activities of Daily Living) score, age and sex

ADL score	Age (years) Total 60+	60-64	65-69	70-74	75-79	80+
Both sexes						
Total : Number	798	227	224	162	106	79
Per cent	100.0	100.0	100.0	100.0	100.0	100.0
- 14	2.8	1.3	0.9	1.9	2.8	13.9
15 - 21	13.3	6.6	9.4	13.6	20.8	32.9
22+	84.0	92.1	89.7	84.6	76.4	53.2
Male						
Total : Number	344	114	101	69	39	21
Per cent	100.0	100.0	100.0	100.0	100.0	100.0
- 14	2.0	0.9	0.0	1.4	5.1	14.3
15 - 21	12.2	7.9	13.9	10.1	12.8	33.3
22+	85.8	91.2	86.1	88.4	82.1	52.4
Female						
Total : Number	454	113	123	93	67	58
Per cent	100.0	100.0	100.0	100.0	100.0	100.0
- 14	3.3	1.8	1.6	2.2	1.5	13.8
15 - 21	14.1	5.3	5.7	16.1	25.4	32.8
22+	82.6	92.9	92.7	81.7	73.1	53.4

Table 52. The elderly's participation in some activities by age

Activities	Age (years) Total 60+	60-64	65-69	70-74	75-79	80+
Participation in social activities	798	228	224	162	106	78
Yes	295	91	79	57	41	27
No	503	137	145	105	65	51
Taking care of grandchildren	798	228	224	162	106	78
Yes	293	68	91	69	44	21
No	505	160	133	93	62	57
Participation in family decision making	798	228	224	162	106	78
Yes	433	138	137	87	53	18
No	365	90	87	75	53	60
Incidence of trust/confidence	798	228	224	162	106	78
Yes	495	156	148	94	60	37
No	303	72	76	68	46	41
Incidence of meeting relatives or friends	798	228	224	162	106	78
Yes	321	106	100	63	38	14
No	477	122	124	99	68	64
Housing separate soon/taking rest	798	228	224	162	106	78
Yes	571	162	169	108	77	55
No	227	66	55	54	29	23

In general, on the basis of this survey, the elderly like to contact with family, relatives, friends than participation group and organization society.

As shown in Table 53, about having confidents, most the aged answer are relatively positive (62 per cent). Residence difference in having confidents, urban residence have confidents more than rural residence, sex difference, if any, are minor. The difference in urban rural residence result from rural's children geographic moving to urban.

As (Table 54) shows that the elderly are asked to specify the name of relationship with confidante, they refer to son, daughter (38.6 per cent), spouse (33.1 per cent), friends (14.7 per cent), relatives (5.7 per cent), neighbor (3.2 per cent). Hence son daughter, spouse are important donfidante for the elderly. In all parts of Korea, regardless of the gender of the children nearest at hand, the elderly are usually surrounded by some of their children. Sex difference in relationship with confidante, majority of male (58.8 per cent) refer to spouse, while majority of female (61.2 per cent) refer to son, daughter. The data are explained by (Table 5)

Table 53. The elderly by whether having any confidants, sex and residence

Having confidants	Total	Urban	Rural
Both sexes	798	510	288
Have confidants	495	335	160
Do not have	303	175	128
Male	344	218	126
Have confidants	245	165	80
Do not have	99	53	46
Female	454	292	162
Have confidants	250	170	80
Do not have	204	122	82

Table 54. The elderly who have confidants by relationship of the confidants, age and sex

Sex of the elderly/Relationship of the confidant	Age (years) Total 60+	60-64	65-69	70-74	75-79	80+
Both sexes						
Total	495	156	148	94	60	37
Spouse	155	62	51	25	11	6
Son/daughter	199	47	55	44	31	22
Friends	75	27	22	14	11	1
Grandchildren	4	0	0	1	2	1
Relatives	28	9	13	2	3	1
Neighbers	14	5	4	2	0	3
Others	20	6	3	6	2	3
Male						
Total	245	90	78	45	21	11
Spouse	144	57	48	24	9	6
Son/daughter	46	12	13	13	4	4
Friends	31	10	10	5	5	1
Grandchildren	0	0	0	0	0	0
Relatives	13	6	3	1	3	0
Neighbers	5	2	2	1	0	0
Others	6	3	2	1	0	0
Female						
Total	250	66	70	49	39	26
Spouse	11	5	3	1	2	0
Son/daughter	153	35	42	31	27	18
Friends	44	17	12	9	6	0
Grandchildren	4	0	0	1	2	1
Relatives	15	3	10	1	0	1
Neighbers	9	3	2	1	0	3
Others	14	3	1	5	2	3

that the vast majority (88.1 per cent) of married aged men had a living spouse and only men had a living spouse and only 11.9 per cent were widowed. In contrast, of married aged women, only 11.0 per cent had a living spouse and 89.0 per cent were widowed. In age difference, spouse is high in 60-64 age group. Son, daughter is high in 65-69 age group and 70-74 age group, friends is high in 60-64 and 65-69 age group, and neighbor is high in 60-64, 65-69 age group.

The younger, the more established confidante with friends and neighbor. In female, spouse is higher in 60-64 age group compared with other age groups.

Regarding the elder's feeling about depressed, as shown in Table 55, reveal that answering "yes" is 22.9 per cent, and "uncertain" is 77.1 per cent which means majority of the aged does not feel much depressed. Age difference in feeling depressed, 60's aged is more "uncertain" and 70's, 80's are more "yes". Sex difference in feeling depressed, the vast majority of male aged (83.7 per cent) answered "undertain", only 16.3 per cent are "yes".

The majority of female aged (72 per cent) answered "uncertain", 28 per cent are "yes". Male aged are more difference than female of feeling depressed. The Elder's feeling depressed by sex and SAP score are presented in (Table 56). The age who feel depressed are higher in above 16 SAP score than other scores, the aged who uncertainly feel depressed are high in below 5 points. The more feeling depressed, the less SAP score. The more participating social activity, the less feeling depressed.

Refering to the housing status of, the elderly those who have separate room are 71.6 per cent responsed they have their own room (Table 57). Sex difference in having separate room, the vast majority of aged man (83.7 per cent) have separate room and aged women have separate room 62.3 per cent. In case of aged man, young old group (60-64), old-old group (above 80) are less separate room than middle-old groups.

In aged women have not separate room, 70-74 age group are high "have not" separate room. Other age groups are high "have" separate room.

Data on having level of house facility are presented in (Table 58). House facility are including supply of drinking water, cooking facilities, toilet familities, bathing facilities and heating facilities. Those house facilities are owned 73.7 per cent of the elderly, treatment is 14.4 per cent, monthly rent is 9.2 per cent. Age difference in having house facilities, the older, the more owned house facilities. Sex difference in having house facilities, aged man (78.5 per cent) owned more than aged woman (70.0 per cent).

Table 55. The elderly by whether feeling depressed, age and sex

Feeling depressed	Age (years) Total 60+	60-64	65-69	70-74	75-79	80+
Both sexes						
Total	798	228	224	162	106	78
Yes	183	52	45	38	27	21
Uncertain	615	176	179	124	79	57
Male						
Total	344	114	101	69	39	21
Yes	56	18	12	15	6	5
Uncertain	288	96	89	54	33	16
Female						
Total	454	114	123	93	67	57
Yes	127	34	33	23	21	16
Uncertain	327	80	90	70	46	41

Table 56. The elderly by whether feeling depressed, SAP score and sex

Feeling depressed	SAP score Total	-5	6-10	11-15	16+
Both sexes					
Total	798	32	397	368	1
Yes	183	4	91	87	1
Uncertain	615	28	306	281	0
Male					
Total	344	10	181	153	0
Yes	56	2	29	25	0
Uncertain	288	8	152	128	0
Female					
Total	454	22	216	215	1
Yes	127	2	62	62	1
Uncertain	327	20	154	153	0

Table 57. The elderly by whether having a separate room or not, age and sex

Having a separate room	Age (years) Total 60+	60-64	65-69	70-74	75-79	80+
Both sexes						
Total	798	228	224	162	106	78
Have a separate room	571	162	169	108	77	55
Do not have	227	66	55	54	29	23
Male						
Total	344	114	101	69	39	21
Have a separate room	288	91	88	59	34	16
Do not have	56	23	13	10	5	5
Female						
Total	454	114	123	93	67	57
Have a separate room	283	71	81	49	43	39
Do not have	171	43	42	44	24	18

5. Opinion and Perception

As shown in (Table 61), the most appropriate retirement age is under 60. (57.6 per cent) in the total respondents and 23.6 per cent responded to the age of 65-69.

In the male sample, only 52.3 per cent of them answered that the age under 60 and 28.5 per cent chose the age of 65-69 as retirement age. However, in the female sample, 61.5 per cent of the sample preferred the retirement age of under 60, which 19.8 per cent of them wish to retire at the age 65-69. Especially the percentage is pretty high in the occupational categories of primary industry (agriculture and fisheries).

And in the primary industry, the female perceives the retirement and earlier than the males do. For example, 77.9 per cent of the total female samples and 68.6 per cent of the male samples had chosen the age under 60 is the appropriate retirement age.

According to the Gallup Poll in 1984, the appropriate ages for retirement in Korea were as follows: 50 years-old (11.6 per cent), 55 years-old (6.3 per cent). 60 years-old (30.8 per cent),

Table 58. Percentage of the elderly by house facility, age and sex

Smoking habits	Age (years) Total 60+	60-64	65-69	70-74	75-79	80+
Both sexes						
Total : Number	798	227	224	162	106	79
Per cent	100.0	100.0	100.0	100.0	100.0	100.0
Owned	73.7	69.2	73.2	74.7	78.3	79.7
Treatment	14.4	18.1	13.8	16.0	7.5	11.4
Monthly rent	9.2	11.0	8.9	6.2	12.3	7.6
Others	2.6	1.8	4.0	3.1	1.9	1.3
Male						
Total : Number	344	114	101	69	39	21
Per cent	100.0	100.0	100.0	100.0	100.0	100.0
Owned	78.5	74.6	84.2	81.2	74.4	71.4
Treatment	11.1	14.0	6.9	11.6	10.3	14.3
Monthly rent	9.0	10.5	6.9	7.2	12.8	9.5
Others	1.5	0.9	2.0	0.0	2.6	4.8
Female						
Total : Number	454	113	123	93	67	58
Per cent	100.0	100.0	100.0	100.0	100.0	100.0
Owned	70.0	63.7	64.2	69.9	80.6	82.8
Treatment	17.0	22.1	19.5	19.3	6.0	10.3
Monthly rent	9.5	11.5	10.6	5.4	11.9	6.9
Others	3.5	2.7	5.7	5.4	1.5	0.0

65 years-old (10.3 per cent), and 70 years-old (11.1 per cent). While 42.8 per cent of the total samples in our study preferred the retirementage of 60 and over, while 52.2 per cent of the total of Gallup Poll sample adopted the same age bracket. Therefore, there is a decreasing trend of retirement age of 60 or over. While, generally speaking, anyway most of the respondents want to retire at the age of 60 and over the reality tells that the average retirement age is around 55 in Korea. Because of this kind of discrepancy, the middle-aged retirees have many problems in self-concepts, financial security and family stability.

The SRR (Status Respect and Recognition) score has shown that the major tendency of decrement of SRR according to the age increment (Table 62). The possible range of SRR score should be between 3 points (decreased) and 9 points (increased), and the 6 points is denoted as the unchanged. However most of the elderly respondents belong to 4-5 points (less than 6 points) bracket. This means the SRR is decreasing with age. This tendency is more prominent in the males than in the females.

On the bases of confucian ethics of the oriental society, all of the elderly people believe that they would be respected and honored by the younger generations without any conditions. According to the age ladder, they were supposed to be respected only by the old age itself. However, because of the abrupt social change and of the emphasis in the youth in the contemporary industrial society, they are not quite respected enough as they wish. And they do perceive the fact as it is. Therefore, they do feel more alienated and abandoned in the last part of their lives.

When the elderly is overer 75 years of age, the RLS (Retired Life Style) score is decreasing generally. And also especially the males has higher RLS scores than the females (Table 63). The score range could be between 5 points (No) and 15 points (Yes) and the midpoint is 10 points (Don't know). Most of the respondents belong to the bracket of 15 points in the male (83.4 per cent) and in the female (66.5 per cent). In the male respondents, the percentage of the maximum score respondents decreased from 85.96 per cent (in the group of age of 60-64)

Table 59. Percentage distribution of the elderly by preference of homes for the elderly, age, sex and residence

Prefer home for elderly	Total						Urban						Rural					
	Age (years) Total 60+	60-64	65-69	70-74	75-79	80+	Age (years) Total 60+	60-64	65-69	70-74	75-79	80+	Age (years) Total 60+	60-64	65-69	70-74	75-79	80+
Both sexes																		
Total number	798	227	224	162	106	79	510	154	144	113	60	39	288	73	80	49	46	40
Total per cent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Yes	13.2	13.7	12.5	11.1	13.2	17.7	12.9	13.0	12.5	13.3	10.0	17.9	13.5	15.1	12.5	6.1	17.4	17.5
No	63.8	61.7	62.1	69.8	67.0	58.2	69.8	68.8	69.4	69.9	75.0	66.7	53.1	46.6	48.8	69.4	56.5	50.0
Don't know	23.1	24.7	25.4	19.1	19.8	24.1	17.3	18.2	18.1	16.8	15.0	15.4	33.3	38.4	38.8	24.5	26.1	32.5
Male																		
Total number	344	114	101	69	39	21	218	75	60	50	21	12	126	39	41	19	18	9
Total per cent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.	100.0	100.0	100.0
Yes	12.8	11.4	11.9	10.1	17.9	23.8	12.4	12.0	13.3	10.0	14.3	16.7	13.5	10.3	9.8	10.5	22.2	33.3
No	63.0	62.3	63.4	71.0	48.7	66.6	67.4	70.7	65.0	68.0	57.1	75.0	55.6	46.2	61.0	78.9	38.9	55.6
Don't know	24.1	26.3	24.8	18.8	33.3	9.5	20.2	17.3	21.7	22.0	28.6	8.3	31.0	43.6	29.3	10.5	38.9	11.1
Female																		
Total number	454	113	123	93	67	58	292	79	84	63	39	27	162	34	39	30	28	31
Total per cent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Yes	13.4	15.9	13.0	11.8	10.4	15.5	13.4	13.9	11.9	15.9	7.7	18.5	13.6	20.6	15.3	3.3	14.3	12.9
No	64.3	61.1	61.0	68.8	77.6	55.2	71.6	67.1	72.6	71.4	84.6	63.0	51.2	47.1	35.9	63.3	67.9	48.4
Don't know	22.2	23.0	26.0	19.4	11.9	29.3	15.1	19.0	15.5	12.7	7.7	18.5	35.2	32.4	48.7	33.3	17.9	38.7

Table 60. Percentage distribution of the elderly by intending to do voluntary work, age, sex and residence

Intend to do voluntary work	Total						Urban						Rural					
	Age (years) Total 60+	60-64	65-69	70-74	75-79	80+	Age (years) Total 60+	60-64	65-69	70-74	75-79	80+	Age (years) Total 60+	60-64	65-69	70-74	75-79	80+
Both sexes																		
Total number	798	227	224	162	106	79	510	154	144	113	60	39	288	73	80	49	46	40
Total per cent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Yes	12.4	17.2	13.8	12.4	3.8	6.3	18.8	24.7	20.8	16.8	6.7	12.8	1.0	1.4	1.3	2.0	0.0	0.0
No	87.6	82.8	86.2	87.6	96.2	93.7	81.2	75.3	79.2	83.2	93.3	87.2	99.0	98.6	98.7	98.0	100.0	100.0
Male																		
Total number	344	114	101	69	39	21	218	75	60	50	21	12	126	39	41	19	18	9
Total per cent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Yes	15.7	20.2	15.8	13.0	5.1	19.0	23.9	29.3	26.7	16.0	9.5	33.3	1.6	2.6	0.0	5.3	0.0	0.0
No	84.3	79.8	84.2	87.0	94.9	81.0	76.1	70.7	73.3	84.0	90.5	66.7	98.4	97.4	100.0	94.7	100.0	100.0
Female																		
Total number	454	113	123	93	67	58	292	79	84	63	39	27	162	34	39	30	28	31
Total per cent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Yes	9.9	14.2	12.2	11.8	3.0	1.7	15.1	20.3	16.7	17.5	5.1	3.7	0.6	0.0	2.6	0.0	0.0	0.0
No	90.1	85.8	87.8	88.2	97.0	98.3	84.9	79.7	83.3	82.5	94.9	96.3	99.4	100.0	97.4	100.0	100.0	100.0

Table 61. The elderly by opinion about retirement age, and by occupation and sex

Occupation	Retirement age (years)					
	Total	-60	60-64	65-69	70-74	75 +
Both sexes						
Total	798	459	61	188	24	66
Professional	16	6	0	6	1	3
Administrative management	20	7	2	8	3	0
Clerical workers	17	10	0	7	0	0
Sales workers	54	25	6	16	2	5
Service workers	41	13	2	16	6	4
Agriculture/forestry	293	216	41	29	1	6
Transport	44	20	3	15	3	3
Others	2	1	0	1	0	0
No answer	311	161	7	90	8	45
Male						
Total	343	180	34	98	14	18
Professional	9	4	0	4	0	1
Administrative management	19	6	2	8	3	0
Clerical workers	16	9	0	7	0	0
Sales workers	37	15	4	12	2	4
Service workers	19	4	1	9	4	1
Agriculture/forestry	134	92	19	18	1	4
Transport	32	15	2	10	3	2
Others		0	0	1	0	0
No. answer	77	35	6	29	1	6
Female						
Total	453	279	27	90	10	48
Professional	7	2	0	2	1	2
Administrative management	1	1	0	0	0	0
Clerical workers	1	1	0	0	0	0
Sales workers	17	10	2	4	0	1
Service workers	22	9	1	7	2	3
Agriculture/forestry	159	124	22	11	0	2
Transport	12	5	1	5	0	1
Others		1	0	0	0	0
No answer	234	126	1	61	7	39

to 66 per cent (in the group of age of 80 and over). And in the females, the percentage of maximum scores respondents decreased from 81.5 per cent (in the group of age 60-64) to 35.08 per cent (in the group of age of 80 and over).

From these statistics, wer can conclude that the older the respondents the lower the score of Retired Life Style. Even though they have more extra time for leisure activity, religions worships, contact with their own grand children, and neighbors, their activities and active life styles are not quite dominantly revealed.

One thing very interesting item in this result, the females have more activity active life style than the males in the retirement. This is consistent with the general tendency of the research result obtained in the western cultures.

Table 62. The elderly by SRR (Status Respect and Recognition) score, age and sex

SRR score	Age (years) Total 60+	60-64	65-69	70-74	75-79	80+
Both sexes	798	228	224	162	106	78
3 points	1	0	0	1	0	0
4 - 5 points	710	204	201	147	91	67
6 - 7 points	87	24	23	14	15	11
Male	344	114	101	69	39	21
3 points	0	0	0	0	0	0
4 - 5 points	328	109	96	67	37	19
6 - 7 points	16	5	5	2	2	2
Female	454	114	123	93	67	57
3 points	1	0	0	1	0	0
4 - 5 points	382	95	105	80	54	48
6 - 7 points	71	19	18	12	13	9

Note: SRR score: decreased 3, same 6, and increased 9.

Table 63. The elderly by RLS (Retired Life Style) score, age and sex

RLS score	Age (years) Total 60+	60-64	65-69	70-74	75-79	80+
Both sexes	798	228	224	162	106	78
9 - 11 points	31	2	5	1	6	17
12 - 14 points	178	35	38	38	40	27
15 points	589	191	181	123	60	34
Male	344	114	101	69	39	21
9 - 11 points	4	0	1	0	1	2
12 - 14 points	53	16	12	12	8	5
15 points	287	98	88	57	30	14
Female	454	114	123	93	67	57
9 - 11 points	27	2	4	1	5	15
12 - 14 points	125	19	26	26	32	22
15 points	302	93	93	66	30	20

Note: RLS score: decreased 5, same 10, and increased 15.

APPENDIX 1

Questionnaire for the Aged Persons Interview

National Bureau of Statistics, EPB, Seoul, Republic of Korea

A. DEMOGRAPHIC CHARACTERISTICS

1.1 How old are you? . . . . . years

1.2 Sex

1 Male
2 Female

1.3 What is your present marital status?

1 Married
2 Widowed
3 Divorced/separated
4 Never married

1.4 How many persons normally live here including yourself? . . . . . persons

1.5 Which community do you belong to?
(Community/ethnic groupings, such as Chinese, and Malay, will be different from country to country. Country groupings have to be entered)

1
2
3
4

2. What is your religion?

1 Buddhism
2 Christianity
3 Hinduism
4 Islam
5 Others (specify)

B. ECONOMIC CHARACTERISTICS

3.1 What is your work status?

1 Working full-time

2 Working part-time
3 Not working and seeking job
4 Not working and not seeking job

3.2 If you have ever worked what is your current or most recent main occupation?

Occupational classes	Occupation
1. Professional, technical and related workers	
2. Administrative, executive and managerial workers	
3. Clerical workers	
4. Sales workers	
5. Famers, fishermen, hunters, loggers, miners, quarry-men and related workers	
6. Workers in transport and communication	
7. Craftsmen, production process workers and labourers	
8. Service, sport and recreation workers	
9. Workers not classifiable by occupation	

4. Are you a retired person?

1 Yes
2 No

5. Up to what age did/will you work? . . . . . years

6. Is the occupation in organized/unorganized sector?

1 Organized
2 Unorganized

7. Do you now receive any forms of care/support/help (money and others) from any person in this household? 1 Yes 2 No

7.1 If "Yes",who is your major or primary care provider?

Name . . . . . .

What is his/her relationship to you?

1 Spouse
2 Eldest son
3 Eldest daughter
4 Other child
5 Son-in-law/daughter-in-law
6 Grandchild
7 Brother/sister
8 Other relative

9 Friend/neighbour
10 Person from charity organization
11 Government welfare agency
12 Other (specify) . . . . . .

7.2 If "No", whom do you expect to be your primary care provider?

Name . . . . . .

What is his/her relationship to you?

1 Spouse
2 Eldest son
3 Eldest daughter
4 Other child
5 Son-in-law/daughter-in-law
6 Grandchild
7 Brother/sister
8 Other relative
9 Friend/neighbour
10 Person from charity organization
11 Government welfare agency
12 Other (specify) . . . . . .

8. Thinking about your situation now, would you say you:

1 do not have enough to provide for basic needs?
2 have just enough to provide for basic needs?
3 have more than enough to provide for basic needs?

9. What is the main source of your support?

1 Employment or work
2 Personal savings/investments
3 Pension/superannuation/provident fund
4 Spouse
5 Eldest son
6 Eldest daughter
7 Other son (s) and daughter (s)
8 Other relatives
9 Others (specify) . . . . . .

10. What is the level of your household income (both in cash and kind together)? (Provide five income classes for household income)

1
2
3
4
5

11.1 Does the household own any land?

1 Yes
2 No

11.2 If "Yes", what is the amount of land? .....

C. HEALTH

12. How do you feel about your present health; do you feel quite healthy?

1 Yes
2 No

12.1 If "No", have you had some accident, injury or long-term illness or long-term health problem which affects activities of daily living, including work?

1 Yes
2 No

What is your major health problem? (WHO classification of diseases) .....

12.2 Were you involved in any major accident in last five years?

1 Yes
2 No

What is your nature of accident? .....

13. Are you receiving any medical care or treatment at present?

1 Yes
2 No

13.1 If "Yes", do you feel that you need medical care or treatment beyond what you are receiving at this time?

1 Yes
2 No

13.2 If "No", do you feel that you need medical care or treatment?

1 Yes
2 No

14. Do you use any of the following aids all or most of the time?

1 Cane (including tripod-tip cane)	1	Yes	2	No
2 Walker	1	Yes	2	No
3 Wheel chair	1	Yes	2	No
4 Leg brace/back brace	1	Yes	2	No
5 Pace maker	1	Yes	2	No
6 Glasses	1	Yes	2	No
7 Denture	1	Yes	2	No
8 Artifical limb	1	Yes	2	No
9 Hearing aid	1	Yes	2	No
10 Other (specify)				

15. Do you need any aid (supportive or prosthetic devices) that you currently do not have?

1 Yes
2 No

15.1 If "Yes", what aid do you need?
(specify) . . . . . .

16. In recent years, when you were ill or needed physical care, who helped you most?

1 Spouse
2 Son/daughter-in-law
3 Daughter/son-in-law
4 Grand children
5 Other relatives
6 Friends/neighbours
7 Maid/paid helper
8 Yourself
9 Nobody to depend on
10 Never been ill/never needed care
11 Others (specify)

D. DAILY LIFE ACTIVITIES

17. In your daily life do you need help in any of following activities?

	1 No help	2 Partial help	3 Full help
1. Walking			
2. Toilette			
3. Dressing			
4. Cooking			
5. Eating			
6. Shopping			
7. Reading			

18. Do you smoke cigarette/tobacco in any form?

1 Regularly
2 Often
3 Rarely
4 Never

19. Do you drink any alcohol such as beer/wine/liquor?

1 Regularly
2 Often
3 Rarely
4 Never

E. SOCIAL ACTIVITIES

20. How often do you participate in social activities?

	Regularly	Often	Rarely	Never
1. Family ceremonies, wedding, funerals, birthday parties				
2. Theatres, movies, concerts, art exhibitions				
3. Activities of clubs or associations or societies				
4. Public library				
5. Park/garden				

21. Do you belong to any group/organization/society for the elderly or the retired?

1 Yes, formally
2 Yes, informally
3 No

22. Are you now assisting in taking care of any of your grandchildren?

1 Yes
2 No

23. Are you consulted or asked to participate in decision making of the family?

1 Yes
2 No

24. Do you have someone you can trust and confide in?

1 Yes
2 No

24.1 If "Yes", specify the name . . . . . .

25. Do you meet your relatives and friends as often as you would like?

1 Yes
2 No

F. HOUSING

26. Do you have a separate room for yourself (and your spouse)?

1 Yes
2 No

G. OPINION AND PERCEPTION

27. In your opinion what shoud be the retirement age for employed persons? . . . . . years

28. Do/Did you look forward to retirement?

1 Yes
2 No

29. Do/Did you have any saving of your own or benefits from somewhere to be derived after your retirement?

1 Yes
2 No

29.1 If "Yes", specify the source: . . . . . .

30. Since reaching age 60 years how do you feel about:

your status and role in the household?	1	Declined	2	Improved	3	Same
your honour/respect given by the community?	1	Declined	2	Improved	3	Same
your recognition?	1	Declined	2	Improved	3	Same

31. Given below are some of the best thing that accompany retirement. Do you agree or not?

1	More leisure	1	Agree	2	Disagree	3	Uncertain
2	More time for religious activity/meditation	1	Agree	2	Disagree	3	Uncertain
3	More time to spend with children/grandchildren	1	Agree	2	Disagree	3	Uncertain
4	Could spend more time for community/society	1	Agree	2	Disagree	3	Uncertain
5	More peace of mind	1	Agree	2	Disagree	3	Uncertain

32. In your opinion who is the best care provider of the elderly?

1 Children
2 Institutional care/home for the elderly
3 State social security for independent living
4 Others (specify) . . . . . .

33. If given the chance; would you consider living in a home for elderly with *no charge* from you?

1 Yes
2 No
3 Uncertain

34. Would you be interested in doing voluntary work for the welfare of the community?

1 Yes
2 No

34.1 If "Yes", what way do you think you can contribute? . . . . . .

35. Do you know any voluntary organizations working for the elderly?

1 Yes
2 No

35.1 If "Yes", specify . . . . . .

INTERVIEWERS ASSESSMENT

1. Time required to complete the questionnaire: . . . . . minutes

2. Do you think this respondent could be a good participant for qualitative, follow up interview?

   1 Yes
   2 No

3. Comments of the interview and observations if any . . . . . .

4. Comments of the supervisor . . . . . .

APPENDIX 2

Questionnaire for Resident Primary Care Provider (RPCP) Interview

National Bureau of Statistics, EPB, Seoul, Republic of Korea

A. DEMOGRAPHIC AND ECONOMIC CHARACTERISTICS

1. What is your religion?

1 Buddhism
2 Protestant
3 Catholic
4 Confusianism
5 Others (specific) . . . . . .

2.1 What is your and your spouse's work status?

Work status	Your work status	Your spouse's work status
1. Working full-time		
2. Working part-time		
3. Not working and seeking job		
4. Not working and not seeking job		

2.2 What is your and your spouse's current main occupation?

Occupational classes	Your occupation	Your spouse's occupation
1. Professional, technical and related workers		
2. Administrative, executive and managerial workers		
3. Clerical workers		
4. Sales workers		
5. Famers, fishermen, hunters loggers, miners, quarry-men and related workers		
6. Workers in transport and communication		
7. Craftsmen, production process workers and lobourers		
8. Service, sports and recreation workers		
9. Workers not classifiable by occupation		

3. What is your monthly income (both in cash and king together)?
What is the monthly income of your spouse (both in cash and kind together)?
(Provide five income classes in local currency for monthly income of RPCP and his/her spouse)

Income classes	Income of RPCP	Income of spouse
1.		
2.		
3.		
4.		
5.		

B. ROLES OF RPCP

4. For how long have you been taking care of the elderly person(s) in this household?
(If more than one elderly person in the household; give the elderly who take most of your time as the sample one and list him/her as No. 1. and others as Nos. 2, 3, etc.)

Name of elderly	Relationship of the elderly to RPCP	Length of time in years
1.		
2.		
3.		

(If there are more than one elderly persons in the household, following questions refer to the sample elderly.)

5. What are the main reasons for your becoming the RPCP of this elderly person?

1 As the only relative
2 Duty towards the elderly
3 Emotional satisfaction
4 Others (specify) . . . . . .

6. Are you facing any special problem while taking care of the elderly person?

1 Yes
2 No

6.1 If "Yes", what type of problem?

1 Financial
2 Physical
3 Health

4 Psychological/emotional
5 Stress
6 Others (specify) . . . . . .

7. When you grow old and need care, who do you expect to take care of you?

1 Eldest son
2 Other son(s)
3 Daughter(s)
4 Spouse
5 Brothers/sisters
6 Other relative(s)

8. In what way the elderly person is actually assisting you?

a. Taking care of grandchildren	1	Yes	2	No
b. Looking after the house	1	Yes	2	No
c. Preparing simple meals	1	Yes	2	No
d. Providing religious/other education	1	Yes	2	No
e. Others (specify)				

9. Do you expect the elderly person to assist in household work?

a. Taking care of grandchildren	1	Yes	2	No
b. Looking after the house	1	Yes	2	No
c. Preparing sample meals	1	Yes	2	No
d. Providing religious/other education	1	Yes	2	No
e. Others (specify)				

10. What role is the elderly playing in regard to decision making in the household?

a. Family expenditure	1	Yes	2	No
b. Education of children	1	Yes	2	No
c. Occupation of children	1	Yes	2	No
d. Marriage of children	1	Yes	2	No
e. Acquisition of assets	1	Yes	2	No
f. Others (specify)				

11. While taking these decisions does the elderly person consult you and/or other members of the household?

1 Consults RPCP
2 Consults other members
3 Does not consult anyone in the household

12. Does this interaction lead to any misunderstanding/tension?

1 Yes
2 No

13. Do you think a larger family can take better care of the elderly person than a smaller family?

1 Yes
2 No

14. Do you think it is a good idea to have institutional care for elderly persons?

1 Yes
2 No

14.1 If "Yes", why?

1 No children to take care of
2 Spare children/relatives from providing care
3 Better care is provided at institutions
4 Better opportunity to socialize with other elderly
5 Other (specify) . . . . . .

14.2 If "No", why not?

1 Children/relative can provide care
2 Cruel to allow the elderly to live with strangers
3 Too expensive
4 Others (specify) . . . . . .

C. PROGRAMMES FOR THE AGED

15. Do you think the government should provide supports for the care of elderly?

1 Yes
2 No
3 Uncertain

15.1 If "Yes", what kind of support?

. . . . . .

16. Do you think non-governmental/voluntary organizations should help in taking care of the elderly?

1 Yes
2 No

16.1 If "Yes", what kind of support? . . . . . .

APPENDIX 3

Questionnaire for the Qualitative Intensive Interview

National Bureau of Statistics, EPB, Seoul, Republic of Korea

A. GENERAL CONSCIOUSNESS

1. Do you think your efforts were rewarded in the process of economic development?

   1 Yes
   2 No

2. If possible, do you want to have a job?

   1 Yes
   2 No

2.1 If "Yes", what is it for?

   1 For the allowance of self/spouse
   2 For education of children
   3 To give allowance to grandchildren
   4 Because of being weary of having nothing to do
   5 Others (specify) .....

3. If born again, what occupation do you want?

   (Specify) .....

4. What is your opinion about the situation that your daughter or daughter-in-law with children has a job?

   1 Agree
   2 Disagree
   3 Don't know

5. What do you think of the new generations?

   1 Courteously
   2 Ill-mannered
   3 Don't know

5.1 If answered "2" or "3", what do you think is responsible for that?

   1 The contents of formal education
   2 The contents of home teaching

3 The contents of social education

4 Others (specify) .....

6. What do you think of one-child family?

1 Good

2 Don't know

3 A family should have two or more children

7. Should a family have sons?

1 Must have

2 Prefer to having not

3 Doesn't matter

4 Don't know

7.1 What is the main reason for having a son?

1 For a sacrificial rite

2 For receiving financial support at old ages

3 For emotional solidarity

4 Not to be despised by others

5 For satisfying the hope of elders in the family

6 For good structure of the family

7 Others (specify) .....

8. Do you think the present social status of your children is the result of your own teaching or care?

1 Yes

2 No

9. Do you think your children are taking as much care of you as you did for them?

1 Yes

2 No

10. Please specify a case the most worth in your life? .....

11. Do you have a good relationship with your family members?

1 Yes

2 No

11.1 If "No", what is the reason for that?

1 Physical reason

2 Because of areal difference

3 Because of economic difference
4 Having no time to develop the relationship
5 Others (specify) . . . . . .

12. What is the index of success in life?

1 Political power
2 Truth
3 Economic wealth
4 Glory and honour
5 Others (specify) . . . . . .

13. What type of living is desirable in your old aged?

1 Living together with children
2 Living with spouse only
3 Living in an asylum for the aged
4 Living with friends or relatives
5 Others (specify) . . . . . .

B. OPINIONS ON WELFARE POLICIES FOR THE AGED

14. What is your preference among the government-level and social welfare policies for the aged? (Please mark your preference.)

Extension of retirement age
Retirement on a pension
Social security for the living of the aged
Social security for the housing of the aged
Opportunities for jobs for the aged
Medical care for the aged
Public welfare facilities for the aged
Others (specify) . . . . . .

15. What should be added to the current respect-for-age policies such as discount or free charge for using bus or entering parks of the aged? Please, specify: . . . . . .

16. If a policy for providing well-nourished food to the aged is under taken, who should be in charge of the policy?

1 Religious or charitable organization
2 Government-level official organization
3 Community leaders organization
4 Others (specify) . . . . . .

17. What kinds of work do you want to do for your families, friends, neighbours, and community? Please specify three kinds:

1 .....
2 .....
3 .....

18. Do you want to take some courses of lifelong education?

1 Yes
2 No

18.1 If "Yes", what courses of education do you want? Please specify three courses:

1 .....
2 .....
3 .....

19. Is a family allowance for you included in the salary of your children?

1 Yes
2 No
3 Don't know

20. Do you have a medical insurance?

1 Yes
2 No

21. Is there any facility to spend your time such as the pavilion for the aged in your community or in your near place?

1 Yes
2 No

21.1 If "Yes", how often do you use that?

..... times per week

21.2 What do you do in that facility? Please specify 3 activities:

1 .....
2 .....
3 .....

22. What types of activity for the aged do you expect from charity organizations? Please specify:

.....

C. OPINION ON HEALTH CONDITION

23. How is your everyday life?

1 Joyful
2 So-so
3 Prosaic
4 No response

24. Compared to that of five years ago, how is your mental condition?

1 Better
2 Same
3 Worse
4 No response

25. Do you need newspapers or magazines with larger characters?

1 Yes
2 No
3 No response

26. Do you have any physical problem or disease which affects your health condition?

1 Yes
2 No
3 No response

26.1 If "Yes", what is that Please specify:

.....

27. How is your health condition, compared to that of five years ago?

1 Better
2 Same
3 Worse
4 No response

28. In your everyday life, are you suffered from your physical problem?

1 Not at all
2 A little
3 A lot
4 No response

D. LEISURE AND HOBBIES

29. Among the activities that you are not doing now, what do you want to do most for your leisure and hobbies? Please specify:

.....

29.1 Why don't you do that activity now?

1 For economic reason
2 For mental reason
3 For physical reason
4 Because of no time to do that
5 Because of no place to do that
6 Others (specify) .....

30. Please select two of the following activities which makes you the most happy in your everyday life.

1 Visiting family member or relatives
2 Reading newspapers or magazines
3 Listening radio or watching T.V.
4 Getting together with neighbours and friends
5 House Keeping
6 Participating in social and community activities
7 Participating in religious meetings
8 Participating in public service activities
9 Going on tour
10 Others (specify) .....

31. What type of support for your leisure do you expect from government or charity organizations? Please specify:

.....

E. OPINION ON RELIGION

32. Do you have any religious affiliation?

1 Yes
2 No

32.1 If "Yes", how often do you participate in the religious activities?

1 Three times per week or more
2 Twice a week

3 Once a week
4 Twice a month
5 Once a month

32.2 Do you think your religious affiliation is helpful for your livelihood?

1 Yes
2 No
3 Don't know

33. Would you accept the marriages of your children/grandchildren with persons with different religious from that of yours?

1 Yes
2 No
3 Don't know
4 Not applicable

34. How can you evaluate your own life overall?

1 Unsatisfied a lot
2 Unsatisfied a little
3 Don't know
4 Satisfied

35. What things do you prepare for your death? Please select all applicable to you:

1 Donation of cash and other property
2 Documenting a will about inheritance of property
3 Documenting a will about family, relatives, and friends
4 Others (specify) .....

36. If you have any comment, please say. .....

Part Three

REVIEW AND EVALUATION OF POLICIES AND PROGRAMMES FOR THE AGING

1. SITUATION OF THE AGING

Population aging and the increased longevity of older persons are signs as well as consequences of socio-economic development. In developed society, the trend of a declining fertility rate inevitably lead to aging of the population much earlier than the developing society.

For the developing nations, the rapid growth in the number of aged persons presents issues, barely perceived as yet, that must be addressed if social and economic development is to proceed effectively. In fact, today marks a turning point in which the numbers of persons 65 years of age and over in the world are equally divided between the developed the developing regions; from this point onward a rapidly growing majority of aged person will be found in countries still developing. Concerted attention at this time to the issues arising from population aging and some of their policy implications provides at least an opportunity to anticipate future socio-economic development.

During the past three decades, efforts to deal with population problems in the Republic of Korea have been focussed largely on the reduction of population growth. The National Population control programme has been a major means of achieving this goal. As the level of contraceptive prevalence increases, reduction of fertility is expected. Between the early 1960s and 1985, censuses and other related survey evidence indicates that the per cent of current use of contraception rose from about 12 per cent to more than 70 per cent, and total fertility rate fell from approximately 6 in early 1960s to 1.7 in 1988, representing one of the most rapid fertitity transitions in the developing world. Thus, the Republic of Korea has virtually completed the demographic transition from high birth and death rates to low birth and death rates during the last three decades.

The country is at a turning point in demographic trends in several respects: with continuous decline in age-specific birth and death rates demonstrated in recent years, it is possible to project when Republic of Korea will reach a permanent zero-growth stationary population and what the population size and age structure will be. Therefore, the central concerns of population policy are likely to shift from fertility behaviour and population control to other issues related with health and social welfare policy particularly in respect to family demography aspects.

Among many other areas of population concern, there has been growing concern over potential problems and needs that may arise from not only increase in number and proportion of the elderly population but also attention is now being given to the long-term implications and particularly to the socio-economic consequence of aging.

The Republic of Korea has been subjected to a high-oriented economic development policy during last twenty years. As a result per capita GNP rose significantly from $90 in early 1960's to approximately $4,000 in 1989. Contrary to the remarkable achievements in economic growth and stability, however, there still remain many problems to be addressed including the gap between economic development and the status of social welfare programmes. We need to pay more attention to the people who have so far been neglected, and try to solve the problems that they are now facing. Up to now, under the extended family system, family problems, particularly to do with aged parents, were generally dealt with by the overriding sense of children's obligation to love and respect their parents as filial piety deeply rooted from confucianism context. Social change mainly from the increasing industrialization and urbanization of Korean society, however, has put strains on our traditional family structure. The government intend to effort on developing programmes to support the public and persuade to keep on traditional family function, so that issues concerning elderly would initially be taken care by family at home. For those needy aged people who, for what-ever reason, cannot be properly taken care of by their families, gradual government support could be expanded through social security programme.

The Republic of Korea is on its way to becoming a welfare state, minimizing poverty gap

and enhancing equal distribution to share benefits from economic development. However, the aged population in the Republic of Korea, who have played a major role in establishing today's modernization, enjoy neither guranteed economic security nor any part of the nation's economic fruits. Economic development plans which have been promoted since the early 1960s, have led to rapid urbanization of Republic of Korea reached nearly 70 per cent in 1988 and expanded the trend of nuclear family. This has undermined the traditional respect for the aged and family care for the elderly. With the influx of Western culture, psychological factors such as dissipation of traditional values, generation gap and conflict between mothers and daughter-in-law have decreased family care of the aged.

Even though the aged have been taken care of by children at home, they have already been deprived of decision-making role in affairs and lost their patriachial status. This isolation from the family as resulted in greater number of old people living alone, which is increasing social problems. A significant number of the aged who do live with family members, are practically left alone.

The biggest problem for the aged in the Republic of Korea is the economic difficulty caused by forced early retirement. The present aged generation who were unprepared for retirement are threatened by economic insecurity as well as increasing separation from their families. The problem is particularly serious for the aged population in rural areas and the poor elderly in urban areas who were unable to prepare for the aged life because of high living costs and educational expenses for children.

Like the advanced countries, the Republic of Korea is beginning to show signs of increasing proportion of the aged population due to lower birth and death, rate, longer life expectancy and changing age structure. This increase of the aged population has demographic implication of social problem and necessity of social welfare policy.

Just as serious is the lack of institutional protection for the elderly, welfare services are extremely low both in quality and quantity aspects. Still worse, no concrete statistics for the actual number of aged people who require protection are partially available. Clearly, greater financial resources and more comprehensive laws are urgently needed to enhance the welfare of the aged.

The problems which the aged generation in the Republic of Korea are now facing are roughly four-fold as follows: Decrease in family care and increase in the number of aged persons living along on account of family dissolution; Low standard of living due to early retirement without mature pension; Increased isolation and psychological conflict because of value differences; Lack of social security and welfare service programmes.

This study demonstrates the Republic of Korea cannot resolve the problems of the aged through individual care system alone. An integral welfare policy which focuses on family and public care for the aged is indispensable. This study attempt current review and evaluation of policies and programmes of the elderly people in the Republic of Korea.

2. POLICY DIRECTIVES

Recognizing the need for the old age welfare policy, the Korean government constituted a Welfare Law for Aged on June 1981 to promote and improving better living arrangement and maintaining better health for the elderly (Social Welfare Law, No. 3453). This law contains three basic principles.

First, the elderly have devoted themselves to bring up their children and to develop society and nation. Therefore, they should be guaranteed a sound and stable life with dignity.

Second, they should be guaranteed job opportunities according to their abilities and the opportunity to their abilities and the opportunity to participate in social activities.

Third, the elderly should recognize in themselves the changes of body and mind caused by aging, and should try to maintain their health and to contribute to social development by effective utilization of their knowledge and experience.

Welfare plans for the elderly are included not only in this law but also in the established systems such as medical insurance and medical care. For the convenience of reference, I divide the contents of the system into three parts.

(1) Social aid and autonomous welfare of the elderly

(2) Public aid system

(3) Social and health insurance systems

(a) Social aid and autonomous welfare of the elderly

Social welfare systems giving preference to the elderly started on parents' Day in May, 1980. It provided legal advice, Social Welfare Centres and Counselling Service operated by civilians voluntarily through private sector. The preferencial system includes fifty per cent discount of public fees, such as admissions to museum, national parks, old palaces, temples, theatres, public baths and etc. Welfare centres for the elderly were established in 22 places to consult and to provide job opportunities for them. Nursing homes and facilities for the elderly are operating in 8,942 places, and also 758 classes for the elderly are established for their further education.

(b) Public aid system

The basic law for the public aid gives benefits for those people over 65 who are living alone and even in the case that their family has no capability of support. The ways of relief include facilities to provide nursing homes for the helpless people, to provide help for the poor who have no ability to support themselves and to provide medical care. There are special measures for disabled veterans and their families.

First, not all older people who need help can be accommodated in the facilities because of the shortage of these facilities, but the essential necessities of living such as the principle foods and side dishes, clothes, fuel, and funeral expenses are supplied by the government. About 4,300 people receive these benefits. 83,706 older people over 65 who need housing and 108,546 poor older people of lower ages receive this aid, but, in case of the poor, educational aid, technical training, and school attendance aid are being chiefly aimed at improving the earning abilities of those who support poor old people.

196,540 people over 65 received medical benefits from 1984. Among them, those people living in special facilities or in need of housing are allowed free care. Older people in a poor household are given medical treatment.

Medical examinations for the elderly started in 1983, and are now provided to 200,000 per year. Low-income persons can get a medical examination once every other year, but from this year a second detailed examination is also given. To disabled verterans over 65 (about 4,900), the government gives compensation money, medical care, and resettlement funds.

(c) Social and health insurance systems

(1) Nation pension system

As part of social support systems, social insurance measure is to provide pension benefits for the elderly to cover financial difficulties after retirement. The government administration has been planned and prepared basic document for implementing national pension scheme in 1973, but original plan was kept postpone until 1987. There are pension schemes implemented for particular jobs such as government officials (1960), military personal (1963), and school teachers (1974). Those who benefit from above system is only about six per cent of the nation as a whole. From January 1988, industrial workers of the establishment that has more than 10 employees are compulsorily insured, but farmers and fisherman including self-employers and workers of the establishment that has less than 10 employees are voluntarily insured; especially socio-economic characteristics of the farmer and fisherman are not properly reflected. This situation causes the problem that farmers and fisherman are, in fact, left excluded from the benefits of public pension system. From a review of literature about socio-economic background that the introduction of agricultural worker into public pension system in developed society such as Germany, France and Japan, tended to be introduced about 20 years later than the public pension for industrial workers.

(2) Medical insurance system

The Medical Insurance System of the Republic of Korea derives its origin from the Medical Insurance Law enacted and promulgated in 1963. However, the medical insurance scheme

on a compulsory basis had not been enforced for well over a decade on account of the immaturity of the contemporary socio-economic situations, while four (4) medical insurance societies for employees and seven (7) societies for the self-employed were established on a voluntary basis.

Meanwhile, according to the growing recognition of social security caused by the rapid economic development the Medical Insurance Law was entirely amended in December 1976 to compulsorily cover employees of workplaces designated on the basis of their number of employees. Since then the coverage has been gradually expanded, in 1981 from factories or organizations employing 500 workers or more to those employing 100 workers or more.

Further since 1983 the workplaces employing 5 workers or more has been covered on a voluntary basis, and in 1987 the workplaces employing 16 workers or more also were covered on a compulsory basis.

On the other hand the Medical Insurance Law for Government and Private School Employees which was separately enacted and promulgated in December 1977 came into force in January 1979. This law was to cover Governments and Private School Employees at the starts. But in 1980 the dependents of the career military personnel were included and the pensioners and civil servants inaugurated by election were also added in 1981.

In order to lay the foundation for application of medical insurance to the whole population, the Area Medical Insurance Programme to cover community residents in three Guns (counties) of Okgu, Hongchon and Gunwi came into operation on a pilot basis in July 1981, and in July 1982 the residents in other two Guns of Kangwha and Boun and one city of Mokpo were also covered under this Area Programme.

On the basis of above Area Programme's operation, the coverage was expanded to those residing in rural areas in 1988, and will be done to self-employed people in urban areas in 1989. By that time, nation-wide medical insurance coverage in the Republic of Korea will be achieved.

The Medical Insurance Law of the Republic of Korea is a dual system consisting of the Medical Insurance Act for employees of workplaces, community residents and self-employed persons; and the Medical Insurance Law for government employees, private school employees, servicemen's families and pensioners.

As of January 1988 the persons covered under the medical insurance of the Republic is 68.04 per cent of the whole population, and if the poor and needy under the public medical assistance are added, the total coverage will be 78.11 per cent. Government announced that medical insurance will finally reach whole population by July 1989 covering both urban and rural areas of the country.

3. POLITICAL PROCESSES AND THE AGING

Policies are a function of social realities, values, norms, available resources, and social priorties as key exist in given societies or given points in time.

In regard to policies in aging, here a four major factors that will continue to be of importance in the formulation of the direction of such policies;

(1) The political decision makers;

(2) The elderly people themselves;

(3) The families and social care gives; and

(4) The professional community, especially these concerned will health and welfare of older people.

It will be in the people appropriate cooperation of all these factors that the decisions will be made on the allocation and reallocation of resources for what the UN defined as the "humaintarian needs" of older people in the world-income, health, nutrition, housing, family relations, education, and activity; and for meeting the "developmental needs" – namely, areas that contribute to the development of societies by

the elderly – employment, meaningful involvement of societies of which the aged are and must remain an integral part.

The aim, then, of social policy for the aged, goes beyond share and mere physical survival of the millions of elderly the world over; beyond a concept of burden and dependency what we are morally bound to carry; but rather in the direction that the UN Vienna Plan expressed, that older people be "not a burden but an asset to society".

Government authorities planned to establish self paid institution on a step-by-step basis, for the aged separated from family among the middle to high income class without any support and relative on the aged who want to enter into institution for psychological reasons. Ministry of Health and Social Affairs in 1985 has established a standard fee of paid institution. But there are no legal standards for facilities or various subsidiary facilities. Therefore another task is to establish paid institution as a welfare facility by private company. With increase in national income and improvement of economic life, establishment of paid institution is inevitable. A survey on attitudes toward installment of paid institution indicate that two third or more of the respondents agree to the necessity of paid institution for elderly people, particularly in urban area. Family separation and decrease of care for aged occure for occupational reason, housing problem and women employment in addition to economic and psychological reasons. This phenomena may cause political problems for elderly care in respect to comprehensive social welfare of the country.

Primary responsibility of providing various social welfare service belong to the Ministry of Health and Social Welfare except voluntary private sector services. Social welfare service for the elderly known to be approximately one per cent of annual budget of the Ministry of Health in 1988.

As for the aging problems are related with various government ministries, an agency could work out co-ordination through concerned government ministries. There are two ministries called Ministers without Portfolio, which first one handle political liaison between political parties and government where as second one handles special issues designated by Prime Minister's office with legal official order.

In case of Republic of Korea, Office of the Second Minister without portfolio concentrate problems on Women, Children and Youth, and Elderly. Among those several issues, this office was designated to provide conprehensive review of current problem on aging covering following three aspects.

a. Problems related with aging policy

   (a-1) Study on weakness of administrative organization and lack of basic research

   (a-2) Study on insufficiency of existing aging policy

b. Immediate means of settling

   (b-1) Establish a special committee to deal countermeasure related with aging problem

   (b-2) Strengthening the administrative organization at central government level

   (b-3) Study to establish a specialized research institute on aging

c. Development of research criteria based on medium and long term basis

   (c-1) Retirement system, allowances, medical and health problems, etc.

   (c-2) Education, manpower utilization, and training, etc.

4. MACHINERY FOR PLANNING PROGRAMMES AND SERVICES FOR THE AGING

As a result of continuous population increase, urbanization and the rising level of public expectations, the basic needs of the people have expanded steadily, and investment in social development has been insufficient. Moreover, the rapid economic growth over the past three decades or so has been accompanied by uneven distribution of opportunities and an inequitable distribution of wealth.

The sixth five-year development plan (1987-1991), however, pursues a sustained growth-oriented development strategy with the aim of providing equal opportunities for employment and economic activity, and thus enhance the living standards of the people and ensure the fair distribution of the fruits of growth. In addition, the basic needs of the people such as health and medical care, housing, education will be met to the maximum extent possible within the ability of the Korean economy to pay. At the same time a minimum level of living for low income groups and handicapped persons will be secured.

Economic Planning Board takes charge of matters related to overall planning for development of the national economy, formulation and execution of the government budget, overall co-ordination of plans for mobilization of resources, investment, technical development and international economic co-operations. The EPB Minister is concurrently Deputy Prime Minister, and co-ordinates business among Ministries related particularly to economy and finance. It has office of budget, Bureau of overal planning, Central Statistical Office, etc. in order to evaluate and co-ordinate long term socio-economic development plan.

On the other hand, Ministry of Health and Social Affairs deals with matters related to public health, epidemic prevention, public hygiene and sanitation, medical and pharmaceutical administration, family welfare and family planning, etc.

Services for the elderly belong to Bureau of family welfare which is a bureau have to cover women, children and youth, as well as elderly problem. Recently, Ministry of Health organized a special committee to study and develop comprehansive plan for improving social welfare programme of the country during early half of 1989.

In the socialization of recent movement of democratization, the social request on redistribution of national economic benefit cable for keen public attention, therefore, it is necessary to make more efficient way of approach to execute the policy to meet the demands for social security.

5. PROGRAMMES AND SERVICE PROVIDED TO THE AGING IN DIFFERENT SECTORS

(a) Health

Due to a marked decline in mortality rates, and increases in the number of the aged, as well as a rise in chronic diseases in recent years, the problem of how to enable the aged population to lead a healthy life has emerged as one of the major social issues in the Republic of Korea.

In broader sense, diseases to which the aged are especially susceptible are nonexistent. Nevertheless, as one advances in age, he or she is exposed increasingly to degenerative and chronic diseases. The lack of the capacity on the part of the aged to cope with these illnesses imposes critical problem not only on the patients themselves but also on the members of their families as a whole.

While steps serving to completely prevent the aged from being affected by these illnesses may by difficult to take, we do need to devise

practical measures that contribute to minimizing disabilities or deaths resulting from these illnesses, through early detection of hidden patients, delivery of regular health care, and provision of inexpensive care systems.

To this end, the development of a health care plan for the elderly is one of the important problem areas even in developing countries.

The diseases affecting the aged in the Republic of Korea are now largely of respiratory digestive and neurological disorders. Worthy of special attention for the health of the aged is the degenerative, adult diseases at present.

The causes of the non-infectious diseases affecting the elderly have not yet been precisely determined and therefore makes preventive measures difficult to take, while hindering provision of effective health care.

The ratio of the diseases affecting the aged in recent year indicate that circulatory system are at 30.9 per cent, respiratory at 17.1 per cent, digestive at 8.6 per cent, mental disorder at 8.4 per cent, malignant tumor at 7.0 per cent, arthritis-rheumatism at 4.9 per cent, diabetes at 2.0 per cent and urinary at 1.1 per cent in that order.

Household Interview Survey also revealed that the rate of morbidity per 1,000 was higher by 1.3-2.2 times among males and females of over 60 years of age than the national average.

Particularly in the case of rural areas out of the elderly population over 60 years of age about 40 per cent was in need of medical care.

An analysis of disease-specific morbidity rates revealed that sickness associated with neurological and sensory organs comprised the overwhelming majority, followed by muscular and bone diseases, of with arthritis constituted 73 per cent from which about 2.5 times more females suffered than males. Of the circulatory diseases, hypertensive heart diseases were predominant and chronic lung diseases comprised the overwhelming majority in case of respiratory dosorders. Of the infectious and parasitic diseases, tuberculosis as a chronic disease poses still a major problem.

However diseases affecting the aged are mostly those of a degenerative and chronic natures.

Current morbidity rates (per 100,000) based on a survey conducted in recent year (1985) covering 78 per cent of the hospitals throughout the nation. Of the total number of in-patients, those over 60 years of age represented 28.8 per cent. On disease basis, malignant tumors showed the highest ratio.

Since diseases affecting the aged consist largely of on-going chronic illnesses, secondary prevention serving to minimize disabilities or deaths represents a step of primary importance. Accordingly, it is believed that in the interest of developing programmes contributing to effective control of the sickness affecting the aged the following aspects should be taken into consideration:

(1) Since disease affecting the aged progress in a chronic fashion, even quality medical care would serve little purpose, if it was provided as a stop-gap measure. A system ensuring continuous care therefore needs be developed.

(2) Chronic diseases increase in proportion to advancement in age. On the other hand, concern with care toward these diseases on the part of the patient or the members of their families tends to declined. Some measure should therefore be formulated to ensure that patients unidentified to be detected during the early stages of the disease development.

(3) A low-cost health care scheme should be developed calling for expenses which the patients themselves of their families are capable for meeting with their own resources.

(b) Housing

As with family relations, housing in old age depends critically on opportunities and choices in midlife. Most people become old in houses purchased many years earlier when children were at home and personal resources were high. The housing one brings to old age has many impacts on successful aging. Whether the aged in the future will be owning or renting will have major implications for their financial security. The characteristics and location of their dwellings will have an important bearing on their ability to keep living independently. Those whose

housing becomes inappropriate in old age will need to be able to move to more suitable accommodation.

The majority of the elderly in the Republic of Korea is living with their children and average household size of less than four people excluding elderly. There are a tendency for less of the older population to live with their children in rural areas, situation which at least in part is due to the selective rural to urban migration of younger people where as urbanization in the Republic of Korea reached more than seventy per cent by 1988. The policy and programme implications are on the one hand, to recognize that in the majority of cases assisting the aging is a case of assisting the whole family, and possibly the whole community, while on the other hand recognizing that there is a small and possibly increasing minority of cases where the aging do not have the family support which as the norm for most communities.

A Welfare law for Elderly, in its' article twelve stipulate that "Government and local authority should support for the construction of housing required for the elderly considering with convenience and facilities appropriate for the elderly". Notwithstanding the above legal provision, overall housing ownership rate in the Republic of Korea in 1985 has declined 53 per cent comparing to 78 per cent in 1966 according to findings from housing censuses which means housing shortages become getting worst.

(c) Education

Low educational level of the aged population group in the Republic of Korea is attributable to periodic gaps in education opportunities and in part to growing urbanization. Accordingly the older the aged group and the rural population, the higher the rate of the uneducated. People aged 60 or over have been born after the 1920, having gone through the Japanese rule and the Korean War. Although the present aged have greatly contributed to economic development during the 1960s and 1970s, they are neglected due to the forced retirement system and to the growing economically active population resulting from the baby boom after Korean War.

What's worse is that the aged have not prepared specific provisions for the aged life and invested most of their saving on their children's educational expenses. Since education level has a correlation with job position, retirement pension is relatively lesser for the uneducated aged. Moreover, low education level of the aged is a source of psychological conflict in family relations because of different value system of the highly educated children. These different value system and psychological conflict, in turn, lead to family separation and decrease in family care for the elderly. Recent survey (1988) shows considerable differences of education level of elderly and resident care providers.

Comparison of Education Level (per cent)

	Aged	R.P.C.P.
Elementary	85.6	28.1
Middle School	5.8	17.8
High School	5.6	32.7
College	0.6	4.9
University	2.4	6.8

Older persons often wish to continue learning. Providing learning opportunities to older persons through local chapters is one of the most important goals of KSCA. Learning new knowledge and skills for rapidly changing modern life is important for the elderly.

There are 17 older persons' colleges, 243 older persons' schools and 7,363 older persons' classes in the Republic of Korea. The local chapters of KSCA each have an older persons' class incorporated into the elementary school. By-in-large, however, the local chapter's educational activities are rather slow. They are rather in the trial stage. At present the local chapter members get together at least once a month regularly in the local elementary schools for class. During this school meeting older persons learn about developments in modern life or their socially useful knowledge from visiting lecturers.

(d) Income Security and Employment

When approaching the aged problem in the Republic of Korea sociologically, the primary factor is economic insecurity which is caused by early forced retirement and unpreparedness. A considerable number of the aged suffer from economic difficulties. 43 per cent of elderly

KSCA: Korea Senior Citizen's Association

person from recent survey (1988) responsed that they were suffering economically, 50 per cent responsed that somehow they are managing, and only 8 per cent responsed they are satisfied. The present elderly people who stay in low educational status and lack in employment opportunities are facing economic security. Due to the inadequacy of self-support or social support, economic insecurity of the aged is deepening. Considering problems will arise in the rural area who in particular had not prepared for the aged life because of high educational expense and high living cost.

It is also evident that the lower the position of the job, the earlier the retiring age. This explains the fact that the elderly retiring aged in lower positions with lower income cannot afford to have economic security under the absence of mature pension system. Basically, public pension system in the Republic of Korea requires 20 years to receive full benefit from the system which means it is difficult to provide proper benefit for the aged at current status. There is some movement regarding revision of welfare law for aged to consider minimum each benefit for aged sixty-five or more. As a public assistance programme, government is supporting for elderly (Aged 65 or more) through public welfare programme of the Ministry of Health.

Welfare Service for Elderly (1985)

Home Care	94 000 cases
Institutional Care	5 000 cases
Low Income Elderly	81 000 cases

According to a recent survey (1988) shows increasing trend for the age of retirement, 35 per cent of elderly prefered age 65 for most appropriate age of retirement. It is also known that only 8 per cent of elderly are currently working as economically active.

Recent statistics from the Ministry of Health indicate that the government made considerable effort to provide job opportunity required for elderly.

Recent Employment Guide for Elderly

	Job applicant	Job arranged
1982	4 014	3 177
1983	10 066	11 127
1984	25 268	21 647
1985	49 358	40 903
1986	87 778	81 137
1987	112 826	107 908

As we observe from above table, there is rapid increase of job applicant which means that the government should study carefully about utilization of elderly manpower.

(e) Welfare and Others

(1) Social aid and autonomous welfare of the Elderly

Social welfare systems giving preference to the elderly started since Parents' Day in May, 1980. It provided legal advice, Social Welfare Centres and Counseling Service operated by civilians. The preferencial system includes fifty percent discount of public fees, such as admissions to museum, national parks, old palaces, temples, theatres, public baths and etc. Welfare centres for the elderly were established in 226 places to consult and to provide job opportunities for them. Nursing homes and facilities for the elderly are operating in about 7,000 local chapters of Korea Senior Citizens Association and also couple hundred classes for the elderly are provided for their further education annually.

Along with recent political movement concerned with democratic society, group of elderly intend to mobilize their own power and initiating appeal to the government about their human right aspects.

(2) Public aid system

The basic law for the public aid gives benefits for those people over 65 who are living

alone and even in the case that their family has no capability of support. The ways of relief include facilities to provide nursing homes for the helpless people, to provide help for the poor who have no ability to support themselves and to provide medical care. There are special measures for disabled veterans and their families.

First, not all older people who need help can be accommodated in the facilities because of the shortage of these facilities, but the essential necessities of living such as the principle foods and side dishes, clothes, fuel, and funeral expenses are supplied by the government. About 5,000 people receive these benefits. More than 100,000 elderly living under poverty-line receive public aid through government welfare programme, educational aid, technical trainning, and school attendance aid are being chiefly aimed at improving the earning abilities of those who support poor old people.

More than 300,000 people over 65 received medical benefits since 1985.

Medical examinations for the elderly started in 1983, and are now provided to 200,000 per year. Low-income persons can get a medical examination once every other year, but from this year a second detailed examination is also given. To disabled veterans over 65, the government gives compensation money, medical care, and resettlement funds.

(3) Social insurance system

The typical social insurance measure is to provide pensions for the elderly to cover financial difficulties after retirement. The administration proposed and announced plans for a national welfare pension in 1973, but it has started from 1988. There are pension programs for special jobs such as government officials, millitary, and teachers, but the number of recipients receiving these benefits (including dependents) is only seven per cent of the nation.

Recipients of medical care insurance systems, strated in 1973, now come to cover 33 million people and reached 78 per cent by 1988. This system plays a pivotal role in providing medical services to the nation. Without a doubt, the elderly are the chief recipients of this system.

6. ADMINISTRATIVE STRUCTURE FOR IMPLEMENTING PROGRAMMES

Policy-making of social services for the old age welfare includes what the service is (contents of the service) and how it does that (delivery system of the service). This section deals with the way in which social policies for the old age welfare is made and implemented administative system for the service can be classified into three types of organization: government-level, public-level, can civil voluntary level organizations. Government-level organization includes central and local government structures.

(a) Contral Government

The ministry of Health and Social Affairs has primary responsiblities for the social policies on the old age welfare, which includes public assistance, social insurance and social work. Public assistance service is based on Life Care Act (1961) and Medical Care Act (1977), whose goal is to take monetary care of the elderly who can not be cared otherwise.

Of the social insurance policies, old age contributory pension is directly related to welfare of the elderly. National Pension Act (1986) was established for all people at age 60 and over to be able to maintain their income through benefits from retirement pension based on their contributions between their 18 and 59 years of age. Another social insurance policy is one based on Medical Insurance Act (1976), whose aim is to provide all people easy access to health care.

Social welfare service includes institutional care and home care of the elderly, which are based on Old Age Welfare Act (1981) and Social Welfare Work Act (1970). Table 1 presents the summary of social policies for the old age welfare in the Republic of Korea.

Table 1. Summary of social services for old age welfare

	Social insurance			
	Public assistance	Pension	Medical insurance	Social work
Related laws	- Life Care Act (1961)	- National Pension Act (1986)	- Medical Insurance Act (1976)	- Old Age Welfare Act (1981)
	- Medical Care Act (1977)	- Official Pension Act (1960)		- Social Welfare Work Act (1970)
Target population	- Elders with Low Income (about 10 percents of the elderly)	- All people	- All the elderly	- All the elderly (especially for elders with low income)
Types of benefits	- Monetary care - Medical care - Support to dependents' education	- Income maintenance through retirement pension and widowed pension etc.	- Health care - Maternity care	- Institutional care - Home care
Delivery system of service	- Ministry of Health and Social Affairs : Policy-making	- Ministry of HSA: policy-making and controlling the system	- Ministry of HSA: policy-making and controlling the system	- Ministry of HSA: policy-making
	- Local government implementing	- National Pension Corporation: managing and implementing	- Medical Insurance Corporation: managing and implementing	- Local government: implementing
Fisical resources	- Grants from government	- Contributions by employers and employees - Grants from government	- Contributions by beneficiants - Contributions by employers - Grants from government	- Contributions by beneficiants - Contributions by corporation - Grants from government

The Bureaus of family welfare, Social Affairs, Medical Insurance and social Affairs are involved in developing social services for old age welfare. Especially, the Bureau of family welfare has the section of family welfare established in 1981, whose works are mostly related to old age welfare. The works are:

(1) Developing social policies for family welfare,

(2) Developing social policies for old age welfare,

(3) Extending job opportunities for the elderly,

(4) Studying family system,

(5) Managing and developing facilities for the elderly, and

(6) Consulting social problems related to old age welfare.

Table 2 shows the administrative organization of the ministry of Health and Social Affairs whose works are related to public assistance and social insurance.

The Ministry of Health and Social Affairs, as one of central administrative organizations, proposes social policies for old age welfare, decides the direction of social services for old age welfare, puts forward laws and acts related to old age welfare, and makes a budget for implementing the services. The department makes a bill related to old age welfare with co-operation with other administrative organization and presents the bill to the National Assembly. The bill

Table 2. Administrative organization related to public assistance and social insurance

Type of service	Related organizations	Works
Public assistance		
i) Income maintenance	- Section of Life Care in the Bureau of social Affairs	- Selecting assistance recipients - Deciding amounts of assistance - Job training
ii) Medical care	- Bureau of medical insurance	- Managing medical care
Social Insurance		
i) Pension	- Section of Pension system in the Bureau of National Pension	- Making social policies on national pension system - Managing national pension system
ii) Medical insurance	- Section of Insurance system in the Bureau of medical insurance	- Making social policies on medical security - Managing medical insurance system - Works related to benefits from medical insurance

becomes a law or act with parliamentary approval.

(b) System of Local Government

The Ministry of Health and Social Affiars is itself responsible for the deliverly of social security benefits, but a system of local offices under control of the ministry of Home Affairs implements the delivery of social services. Especially, social policies related to public assistance and social work for old age welfare are implemented through a system of local government.

Two systems in province level are in charge of implementing social services for old age welfare. One is the section of family welfare in the Bureau of family welfare in provincial government, whose work is primarily related to implementation of social work for the elderly. And the other is the Section of Social Affairs of the Bureau of Health and Social Affairs, which is responsible for implementing public assistance system.

In county level, same systems of organization as those in province level are in operation for implementing social policies for old age welfare. There is no Bureaus in county level, though, two sections, the section of Home Welfare and the Section of social Affairs, do the work of implementing the social policies related to public assistance and social services for the elderly.

(c) Public Office for Social Service

Operation of social insurance system is different from that of public assistance and social work systems for old age welfare. Making policies and regislation of laws and acts related to medical insurance and pension systems are in the charge of the Ministry of Health and Social Affairs. However, implementation of the policies is undertaken through public corporations. National Pension Corporation, established by National Pension Act (1986), is responsible for managing and implementing pension system, medical insurance corporations, separately established and operated according to occupation, industry, and region, has responsibilities for implementing medical insurance system.

(d) Private Organizations

There are two types of private organization for developing old age welfare. One is civil

voluntary organizations, which work without any financial support from government. The other is government-financed organizations, which undertake the works planned by government.

Only a few civil voluntary organizations had been established in the Republic of Korea. Recently some religious organizations undertake social work for the elderly or establish charitable societies for the elderly. However, the voluntary organizations do not work systematically or nationwidely because of limitted resources, financial and personal.

A typical voluntary organization for developing the old age welfare is Korea Senior Citizen's Association. The association has its branches in all the provinces and counties, which take care of the facilities for the elderly and develop some programmes for their own well-being. The association administred by the old themselves is sometimes a pressure group and exercises political influence on the issues of the old age welfare, and receives some financial grant from government.

The social welfare corporations are government-financed organizations for old age welfare, whose primary work is to take care of welfare facilities for the elderly. Table 3 shows there are 76 facilities for old age welfare, and that 5,648 elders are the inmates of the facilities in 1988.

However, the elderly inmates in those facilities are the recipients of benefits from public assistence system. The ministry of Health and Social Affairs is itself responsible for the delivery of public assistence benefits, and thus the welfare corporations are nothing but implementing organizations of public assistence system.

Administrative structures for making and implementing social policies of old age welfare do not function well in the Republic of Korea. This might be because the works of the office related to old age welfare are relatively less weighted in the department itself, and are less co-operated with the works of other departments.

The amount of financial budget for old age welfare was 450 million wons in 1988, which is only 0.7 per cents of the total budget for the works of the Ministry of Health social Affairs during the fiscal year. The government department to which attention must be given in the discussion of social policy in the Republic of Korea is the Ministry of Health and Social Affairs. The departmental structure should be the best possible framework for policy co-ordination since each department takes on particular responsibilities for specific policy areas. However, the policy co-ordination with other departments were not performed well in the areas of old age welfare. The limitation of functions in the administrative structure of the central government results in the limited functions of the local government in implementing social policies for old age welfare.

Table 3. Number of old age welfare facilities and inmates

	1945[1)]	1955[1)]	1965[2)]	1975[2)]	1980[3)]	1988[4)]
Facilities	6	22	42	45	48	76
Inmates		439	2 567	2 444	3 136	5 648

Sources: 1) Ministry of Health and Social Affairs, 1980
2) Korea Conference on Social Welfare, 1977
3) Ministry of Health and Social Affairs, 1981
4) Ministry of Health and Social Affairs, 1988

7. ROLE OF NON-GOVERNMENTAL ORGANIZATIONS

Traditionally older persons in the Republic of Korea have been active participants in community affairs and have taken a leading role in the community development. Lately, however, these older persons who used to be an intergal part of their community are being isolated from major social activities as a result of the rapid industrialization of Korean society. This is an unfortunate phenomenon since the alienation of any segment of a population including older people from their community or society in general is detrimental for the well-being of that society.

However, the Korean government and people have begun to take steps to eliminate the undesirable social trend common in industrializing societies. Thus, the Korean government has passed a law to promote the welfare of older people and declared the "Charter for Older People" to restore their respected position in their communities. Meanwhile, the Korean people started a vigorous campaign mainly led by the elderly to promote their well-being. As a result of this movement, a nationwide organization (the Korean Senior Citizens' Association) for older persons was organized in 1982.

There are 2.9 million older persons who were aged 60 or over in the Republic of Korea in 1985. This makes up approximately seven per cent of the total Korean population. At present, roughly one third of this older population are members of the Korean Senior Citizens' Association (KSCA). This national organization and its local chapters are engaged in various activities and programmes to enhance the well-being of older persons although most of these programmes are still in the trial stage. It is anticipated that the organization (KSCA) and its local chapters will have a tremendous impact on the senior citizens in the Republic of Korea.

KSCA is composed of the national association with headquarters located in Seoul, the Republic of Korea, 13 regional association offices in metropolitan and provincial areas, 226 township association offices in small cities or local districts and 7,363 local chapters located in city neighbourhoods or rural villages. There are a president and four vice-presidents in the central headquaters offices. Under the president, there is a board consisting of 30 members who participate in the major decision-making process at the national level.

The board members vote for various plans or resolutions. Also, there is a national congress in which representatives of local chapters get together to examine and approve annual plans or programmes and the budget summitted by the executive office. Also, the executive members of the central offices are selected by this national congress.

In addition, there is an advisory committee which helps the executives by providing consultations regarding the management of the organization or developing programmes and plans for the welfare of older people. This committee consists of college professors and other professionals or experts of aging problems.

In the central offices there are several directors and staff members who carry out the organizational tasks under the supervision of the secretary general. The role of the secretary general is very important in the sense that he not only supervises all the staff in the central offices, but also participates in the major decision-making process as a member of the board.

The goal of KSCA is to promote the well-being of the Korean elderly by integrating them into their community. More specific objectives to be accomplished by each local chapter are:

(1) Providing sites and opportunities for older people to get together for social and recreational activities;

(2) Providing adult education programmes to increase older persons' knowledge and skills useful for their adaptation to the rapidly changing environment;

(3) Providing learning experiences to older people to enrich their later life and to help them to feel their life is worthwhile and meaningful;

(4) Promoting older persons' health by providing them with opportunities to learn or

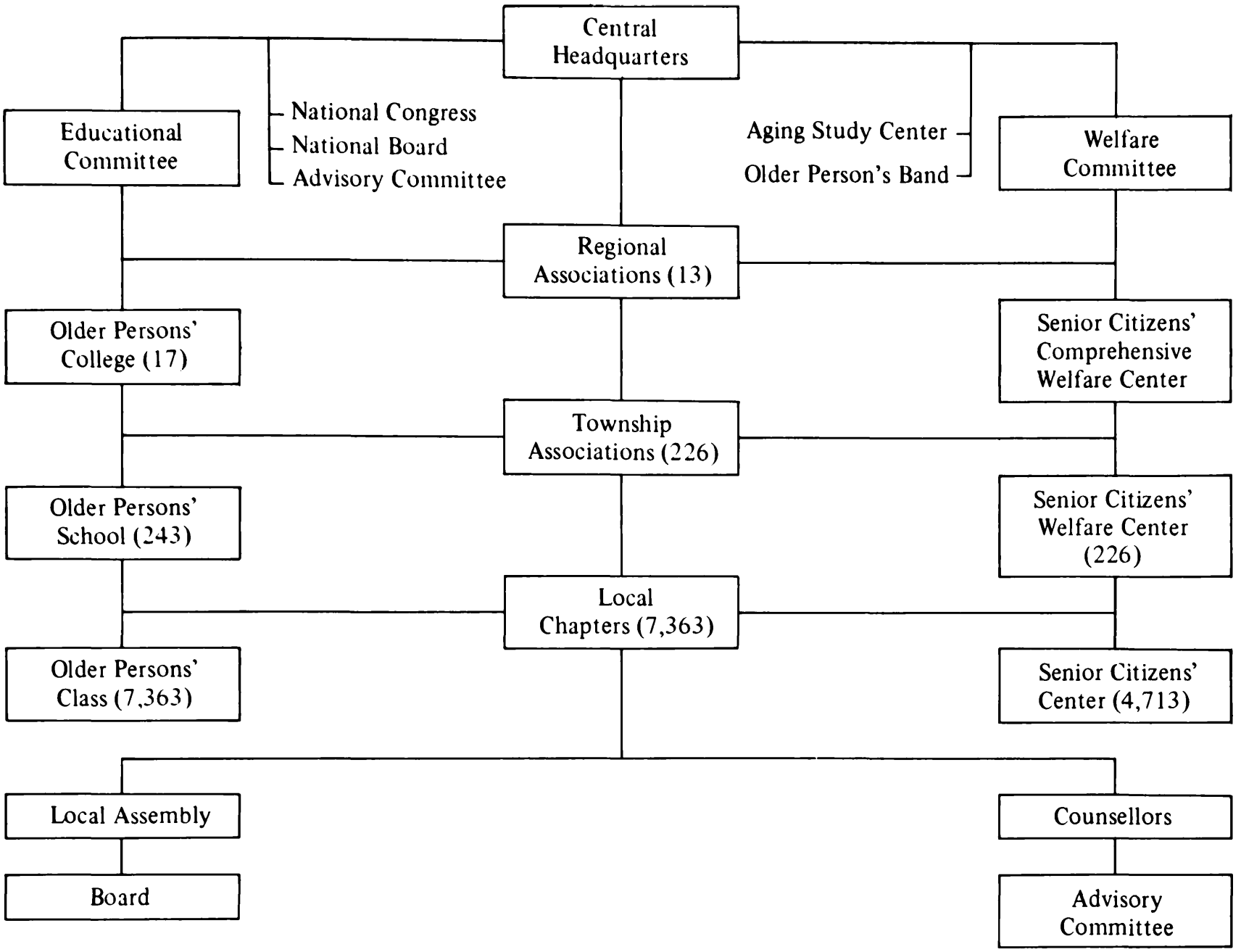


Figure 1. Organization chart of Korean Senior Citizens' Association (KSCA)

practice knowledge or methods to maintain their health privately or collectively;

(5) Providing counselling services to older people regarding various problems such as sense of loneliness or isolation common to the elderly;

(6) Providing opportunities to the elderly to participate in various social services and activities for community development;

(7) Helping older persons to secure employment in accordance with their desire and ability to work;

(8) Providing opportunities for older persons to associate and interact with younger people in order to eliminate problems caused by the generation gap;

(9) Providing opportunities for older persons to pass their traditional knowledge and culture in general to the younger generation;

The major functions of the central offices are to support local chapters in accomplishing their chapter goals of integrating older people into their local communities. The central office sends lecturers or experts on aging problems to local chapters to participate in their progrmmes and activities. The central office also secures funds or donations from the government and other organizations or individuals and distributes these to local chapters. Various educational and other social programmes developed by the central office are sent to local chapters. Regularly representatives of the local chapters come to Seoul to participate in such educational programmes sponsored by the central offices. The older people's colleges located in Seoul and easy Provincial Capital take an important role in this educational process. Sometimes, the central offices send films and slides to local chapters for their educational or other social programmes.

The history of KSCA is rather short but the importance of the organization itself and its functions are widely recognized by the public in the Republic of Korea. The successful launching of this organization and its leadership in the nationwide campaign for the enhancement of older peoples' welfare will continue in the future. Although aging problem in the Republic of Korea is a recent phenomenon, the Korean people's determination to solve this problem is remarkable.

The rising public concern about the aging problem is, of course, based on the historical background of Korean culture as well as the rapidly changing social structure resulting from industrialization and urbanization. Traditionally, Korea was widely recognizes as a country where older people were highly respected by younger people. However, this traditional virtue is losing its significance today. This is exactly what many industrialized countries have already experienced. The Korean people have learned from such experiences in other countries and are ready to face the problem realistically.

Supported by the people's concern over the problem of aging in the Republic of Korea, KSCA will carry out its major functions vigorously in the future. The ultimate goal of this organization is to integrate older people into their community and to prevent further isolation of these people from their society. We believe that older people can contribute to the development of their communities and society in general to a great extent provided they are given opportunities. Securing such opportunities for order people to participate in activities for the development of their nation is exactly what KSCA aims to do.

8. ROLE OF EMPLOYERS ORGANIZATIONS AND CO-OPERATIVES

There is no particular employment organization for the elderly. However, and important need for many older persons is employment, usually part-time or temporary employment after their retirement. During the working years a person's status is usually measured in terms of income, not only by the community, but by the individual himself. In retirement, income is usually sharply curtailed bringing with it not only financial difficulty, but a further loss of self esteem. A recent survey indicates that a large portion of Korean older people who are retired or out of work want to work if jobs are available.

A significant function of the KSCA local chapter can be that of job development, counselling and job placement. Lately, jobs available and suitable to the elderly have been increasing as a result of the government's positive aging policy and increasing public concern in the private sector. Cleaning roads and streets, taking care of trees in the city areas, janitorial services for large office buildings or apartment complexes, collecting used paper or junk, and selling cigarettes or candies in the public resort areas are some of the jobs open to the elderly.

Also, each local chapter's members are encouraged to produce arts and crafts or other goods collectively so that they can earn some extra income. Gardening and planting flower are another example of jobs easily available for the elderly.

Personal counselling and support and referral services are important functions of the local chapters. Sometimes the chapter staff arrange meetings between the chapter members and representatives of public and community agencies that provide services to the elderly. This is especially important where communities and agencies are far removed from one another.

When older people in the Republic of Korea get together, they usually talk about their personal or family problems. Associating with each other and sharing common problems such as loneliness and boredom can itself be helpful to the elderly. The local chapter can be an important arena where older people can secure emotional assurance through companionship. This function of the local chapter will become more and more important in the future as Korean society become further industrialized.

9. TRAINING OF MANPOWER

As of 1989, there has not been any attempt to train manpower resources for the care of the elderly in the Republic of Korea. Even though there are more than 30 medical schools, 25 psychology departments and 30 departments of social work or social services, still we do not have any gerontology programme in these institutions.

Everyone has recognized that the service for the elderly and gerontological expertise is one of the typical interdisciplinary fields and the joint efforts from medicine, psychology, education, social work and social policy is urgent. However, still the necessity of the elderly care and the instruction for the gerontological specialists are not recognized properly.

In the second half on the 1980's, average per capital income of Republic of Korea is approaching to $4,000, and the distribution of the National wealth is strongly demanded and suggested by the underpreviledged people throughout the nation. Along this line of demand, the social service and policy for the senior citizens is one of them.

(a) Current Needs of Aging and Gerontology Professionals

As mentioned earlier the need for the elderly care and gerontological experts is urgent. Especially, physicians, nurses and physical therapists for the chronic elderly patients, counselors for the everyday life including psycho-social adjustment and family relations, and legal services people are needed in the Republic of Korea.

Therefore in order to meet their general demands, the college and universities should begin to prepare these programmes which have a variety of foci.;

(1) Sensitization of the student to the older population,

(2) Acquisitions of accurate knowledge about the older person,

(3) Understanding of the social accompaniments of growing old in the Korean society,

(4) Dealing with student's own feeling about and attitudes toward old age, dependency, and death,

(5) Awareness of the network of agencies providing services to older people,

(6) Development of skills that will be salable to these agencies. (Peterson and Bolton, *Gerontology instruction in higher education*, 1980, p. 7).

In these days, many of the departments of psychology, education, family relations, home managements, social work of the college and university level had offered courses on aging processes and elderly care. Two-year junior colleges have also offered those related courses and train the semi-professionals for social service including the elderly care. Persons trained as the technician or specialist of the wide level can find jobs such as at hospitals, and home for the aged. However, the financial difficulties of the social service agencies made themselves utilizing the non-paying volunteers resources instead of hiring well-qualified professionals and experts. Therefore, only some of professionals, paraprofessionals and volunteers are working in those settings. In other words, most of the positions are currently occupied by staff with little or no proper formal training in elderly care.

In case we have appropriate gerontology education in the near future, the college graduates are expected to work in more professional and stable positions handling the following themes, such as recreation, social services, nursing, administration, outreach, counseling, information and referral, and programme planning in the private and public level.

And also persons who have completed a master's degree are eager to work in the field of planning, evaluation, administration, instruction, or supervisory level in institutions and community programmes. They could be government officials on aging, social workers, nutritionists, recreation co-ordinators, medical experts, counselors and clinical psychologists, evaluators.

(b) The Purposes and Structures of Gerontology Education:

The gerontology education could have three major purposes; liberal education, scientific pursuit, and professional and social intervention. Among them, the professional and social intervention purpose is most urgent and important one in the Republic of Korea. Expecting the expansion of the social services agencies and institutions in the Republic of Korea in a near future, the supply of the experts of social intervention and care is demanded.

The Structure of Gerontology Education could be classified as following five organizational models. (i) Intradepartmental structure, (ii) A Department of Gerontology, (iii) A School of Gerontology, (iv) An Interdepartmental Committee on Gerontology, (v) A Centre or Institute of Gerontology. Those five models have their own merits and weakness. However, in the Republic of Korea, we have only just little over 115 colleges and universities and we do not have enough human and financial resources for the training of aging specialists. Therefore, the best models for Korean society could be (i) An Interdepartmental Committee on Gerontology, and (ii) A Centre or Institute of Gerontology.

(1) An interdepartmental committee:

An interdepartmental committee on Gerontology could be organized by the joint efforts of departments of psychology, sociology, social work, public administration, nursing, education, home management or a similar discipline to gerontology. This interdepartmental committee would act as an autonomous body without the traditional constraints of rigid organizational structure and lines of communication.

The curriculum of this committee would be of a combination of new or existing courses of several related departments above-mentioned. And faculty would be the members of those departments or divisions involved and they would teach several core and elective courses concentrating on the aging process and elderly care. The authority for the admission, advising, and graduation of students of this programme would lie with this committee and the faculty, appointed as joint or adjacent professors, would take responsibility for this role.

(2) A centre or institute of gerontology:

Another appropriate model for gerontological training in the Republic of Korea is "A Centre or Institute of Gerontology". This is a taskoriented structure rather than an academic department. The academic courses can be offered by several related departments, and the Centre can exercise some control over the courses by offering a certificate to the students who complete required courses of study.

Faculty and curriculum for this Centre would be consisted of same as the interdepartmental committee. However, the certificate study programme, community service and outreach programmes, and other related academic and professional activities are unique to this centre system.

Other activities in addition to possible teaching responsibility of the faculty members include administration of continuing education for professionals; public relations regarding the activities of the Centre or Institute; educational materials and curriculum development; applied and basic research; technical assistance to the area agencies; and provision of some direct services and referral services as related to the role of the educational institution.

The admission of the students to this institute would be the dual system, one as a traditional academic degree-granting (B.A. or M.A.) programme, and the other as a credential (certificate, etc.) programme which is designed for completion of a specialization or concentration in aging areas.

And the financial resources for the gerontology instruction and expert training could be secured from several funding sources that is governmental budget, public and private foundations, the National Association of Senior Citizens, and National Association of the Elderly Care Facilities, etc. Especially, the two National Organizations are representing the direct parties of benefits from gerontology expert training.

The degree structure for the gerontology education would be four stages,; (i) Certificate, (ii) Associate's degrees, (iii) Bachelor's degrees, and (iv) Master's degrees. These system represents the short-term professional training or retraining (Certificate), Community or Junior College level (Associate degrees), college level

(B.S. degrees), and Graduate School level (M.A. degrees) respectively. Especially B.A. and M.A. holders would function as managers, supervisors, and specialists in specific sections for the elderly care (research, prevention, intervention and policy making).

The orientations of the teaching gerontology in the higher education setting are (i) terminal-career education (for two year college), (ii) liberal-academic education, (iii) professional education (four-year college, and (iv) scientific-research education (four-year college).

The model curriculum can be developed and example courses are as follows:

(i) Community (Junior) college level

Introduction to Gerontology, Physiology of Aging, Psychology of Aging, Health and Aging, Family Relations, Primary needs of Korean Older Persons, Institutional Care and alternatives, Supportive services for elderly, and Counseling for the Older Persons.

(ii) Undergraduate level (B.A.) model

Life-span development: Biology and Psychology, Social Psychology, Psychology and Counseling, Mental health, Law and Aging, Family Relations, Work and Retirement, Social services for the elderly, Independent study in Gerontology (specific topics in psychology, sociology, economics, social work, politics of aging, literature review and field studies).

(iii) Master's level model

Biology of Aging, Psychology of Aging, Family Relations, Applied social gerontology, Programmes and services for the aging, Health aspects of aging, Mental health, Economics of aging, Educational Gerontology, Industrial Gerontology, Counseling services for the elderly, Field practicum.

Because Korean government and society still rather emphasize the family care for the elderly than the social and institutional care, these curriculum models should be quite different from other countries – especially from Western ones. In other words, the contents of curriculum should include family relations, family dynamics, middle – aged offspring, and family policies.

Recently some religions foundations and social service foundations, and life insurance companies in the Republic of Korea are beginning to invest financial and manpower resources for the establishment of institutions, hospitals, and home for the aged.

Therefore, those private, sectors will not only demand gerontology manpower education, but also support the education system morally and financially.

Also the Korean Government is planning to create a new Gerontology Institute in the near future, and this institute is expected to facilitate the basic and applied research in Gerontology, and to supply instructional materials and programmes for the gerontology education.

Even though the gerontology, as a science and a profession, is currently in the verge of rising in the Republic of Korea, the age of gerontology is coming pretty fast and the steps toward the development of elderly care and education and research are slow but steady.

10. RESEARCH AND EVALUATION

Various aspects of research on aging and the elderly care has come to the front gradually since elderly 1980's. Especially under the leadership of the Korean Gerontological Society, the Journal of Gerontological Society has been published annually since 1982 and it already numbered volume 7. Numerious articles of the journal touched on the Public Health, Demography, Sociology, Psychology, Family Relations and Social Policy, etc. in concerned fields.

In the meanwhile, the Asan. Foundation, a foundation affiliated with Hyundai Business Group, has published an extensive volume of reference material for the social services for the elderly in 1986, and other several seminar reports are also published in recent years. Gallup Poll Korea carried out elderly survey in 1982 covering the senior citizen's everyday life and attitudes toward the general questions. Republic of Korea also joined a survey on aging in Asia and Oceania sponsored by the World Health Organization Regional Office for the Western Pacific in 1984. Another extensive survey were carried out by the National Bureau of Statistics based on core questionnaire recommended by the UN-ESCAP for comparison of several countries within ESCAP region. Following above survey the National Bureau of Statistics attempt larger scale of similar type of survey covering 7,000 elderly in fall 1988.

As a most recent study for the elderly, elderly living on their own were asked additional information to study about their status, as a part of National Demographic and Health Survey carried out be the Republic of Korea Institute for Population and Health covering approximately 69,000 households during latter half of 1988. In fact, main theme of Demographic and Health Survey were to collect data on current mortality and elderly person not residing with their children.

This section summarizes the findings of analysis of the data from the elderly survey part of DHS conducted by Republic of Korea Institute for Population and Health in 1988, and suggests some policy implication for development of the old age welfare. The findings are on the ratio, socio-economic characteristics, and formation of the households of the elderly living on their own, which is referred to as ELTO hereinafter.

(a) Ratio of ELTO Households

Out of a large scale of household survey of the 69,091 households analyzed in the study, 22.63 per cents were identified as households with at least one or more the elderly while 77.37 per cents were ones without any the elderly. Especially, 5.18 per cents of the sample were the ELTO households. According to the type of residence community, the regional difference was also found in the ratio of households of ELTO and with the elderly: 2.40 and 16.30 per cents in large cities, 3.02 and 17.75 per cents in small cities, and 11.31 and 36.57 per cents in counties, respectively.

The households of ELTO to as the households of single elderly without any other members, which constitute 41.88 per cents of the ELTO households, and of the elderly with their spouses only, which are 58.12 per cents. Of the members of the single elderly households, 89.4 per cents were female, while 10.6 per cents male.

(b) Socio-economic Characteristics of ELTO Households

Most, about 93 per cents of the elderly in the ELTO households had at least one or more offsprings alive. The average number of offsprings of them in the ELTO households was 4.07, which consisted of 2.01 male and 2.06 female offsprings.

Family-ties with offsprings of the elderly in ELTO households might be measured by the distance between residences of the elderly and of their offsprings, frequency of communication on the phone or by the betters, and frequency of keeping in touch with their offsprings. Of all the offsprings 48.8 per cent reside in the area of one hour and more but less than three hours' ride from the elderly, and 38.3 per cents are more than three hours' ride. Of the elderly in

the ELTO households, 22.5 per cent reported having communicated with their offsprings about once a month, 25.5 per cent having kept in touch with their offsprings about every six months.

Many (about 72 per cent) of the working elderly are occupied with agriculture, and about half of the working are employed for wage income. Of the employed more than half, 57 per cent take wage income of less than ten thousands won. The reasons for the not-working elderly to be not occupied with any job are related with their health condition (72 per cent) and with limited job market for the elderly (11 per cent).

The sources of living expenses of the elderly in ELTO households are from their own (57 per cent), the financial support from their offsprings (32.9 per cents), and from public assistance (8.5 per cent).

(c) Health and Housing

Half of the elderly in ELTO households had at least one or more chronic diseases. And a quarter of the elderly with chronic disease had never received medical care during the previous month.

The percentage of the elderly in ELTO households who owned their home is 80 per cent, and is dependent on the type of residential area: 90 per cent in rural area, while 56 per cent in large cities. The elderly in ELTO households reported facing some difficulties in their everyday living, which are related with financial (31.8 per cent) and physical (28.4 per cent) conditions.

(d) Formation of ELTO Households

Before forming the ELTO households, the elderly had usually lived with their oldest son (39.9 per cent) or daughter (30 per cent). The reasons for the elderly to form ELTO households are that they wanted to live in ELTO household (53.6 per cent), that their offsprings didn't want to live with them (29.6 per cent), or that they had no offsprings to live with (13.4 per cent). Some of the elderly in ELTO households wanted to reunion with their offsprings (20.6 per cent of the elderly), while 62.6 per cent to live on their own.

(e) Policy Implications

The recent change of social structures might mean modernization and urbanization in our society, which issued the elderly problem as one of the most serious social problems. The economic development resulted in increase of the number of the elderly and of desire of them to live in the higher-level living condition. However, the weakened traditional value system on family cannot give the solution to the elderly problems. The solution can be found in the development and implementation policies related to finance, health, housing and daily living of the elderly should be developed;

(1) Finance

- (i) Raise the number of receipients of public assistance
- (ii) Raise the amount of benefits from public assistance
- (iii) Raise the opportunity of getting a job
- (iv) Train the elderly for a job

(2) Health

- (i) Establish medical care facilities for the elderly
- (ii) Establish of nursing home
- (iii) Raise the number of receipients of benefits from medical care

(3) Housing

- (i) Supply financial support for the elderly to have their house in better physical condition
- (ii) Exempt a tax on the house owned by the elderly

(4) Daily living

- (i) Find volunteers to take care of the elderly
- (ii) Establish some organizations for counselling the elderly

11. CONCLUSTION AND SUGGESTIONS

(a) Expansion of the aged population and aging trend due to low birth and death rate and longer life expectancy are now up to start in the Republic of Korea similar to the type of the advanced countries. The aged population is currently increasing in the actual number and its increasing rate. This expansion of the aged population becomes the background of the aged problem such as poverty and isolation. Economic development in the Republic of Korea has promoted industrialization and urbanization and expanded nuclear family system. This has dissipated traditional respect for the aged and collapsed extended family system, which has traditionally supported the aged with all types of cares. Problems of the aged are classified into poverty and decreasing care state of the aged. Focusing on these two problems of the aged, the real state of the aged problems and the integral welfare policy to meet them are emphasized here.

(b) 'Old-age' is defined to be 65 years and over from the integral point of view. A major proportion of persons reckon the early 60s to be aged in the Republic of Korea. But there leaves a room for debating on drawing age line in relation to early retirement age in the Republic of Korea. Care or support appears only through relation between productive generation and non-productive generation in life cycle. Thus family dissolution makes the aged problems socialized.

(c) Care for the aged means the aged are supplied with economic and emotional needs from family or from any other system, when family function does not work well. The aged in the Republic of Korea have been given all types of care, living together with children while the traditional care is now fading with industrialization and nuclear family trend.

(d) Demographic change of the aged population becomes casual factor for the aged problem. The actual number of the aged population is almost 2 million or about 5 per cent of total population in 1988 at present. The aged population will increase to 3 million or 6.4 per cent of total population in 2000. Longer life expectancy is another causal factor of the aged problems in connection with early retirement age in the Republic of Korea. With growth of the aged population, aged structure in the Republic of Korea is changing from pyramid type to pot type. This demographic transition will require new social strategy for the aged.

(e) Aged population are classified into two groups and interpreted welfare policy respectively.

(i) Most of aged population 65 and over does not receive elderly support.

(ii) Population aged 45-64 years who practically enter into ageness in 2000, and cannot expect benefitiary from National Public Pension System which is initiated from 1988.

(f) Socio-demographic characteristics of the aged population in the Republic of Korea are low education level, high rate of female aged, rural concentration and low income.

(g) As a society becomes industrialized and urbanized, aged generation loses adaptability to social environment and be isolated in home as well as in technological society. Industrial society has expanded nuclear family system are raised family dissolution. This is clarified to have fatal defects for solving the aged problems. While the aged showed strong relience upon children, the young generation have to agree on self-support including social welfare support. This attitudinal difference between the young and the aged brings about care problem and psychological confilct. Family separation is increasing due to emotional and financial burden of children. Though the aged are living as family number but practically living separatedly.

(h) A great majority of the aged living together with married children were supported with living expense. And the aged are not given sufficient extra money. Emotional care is not provided due to conflict in family members. There are the aged who are not given enough service care because of economic reason, occupational transfer of children, housing problem and women employment.

(i) Economic security is the key solution for the aged problems. The aged suffering from

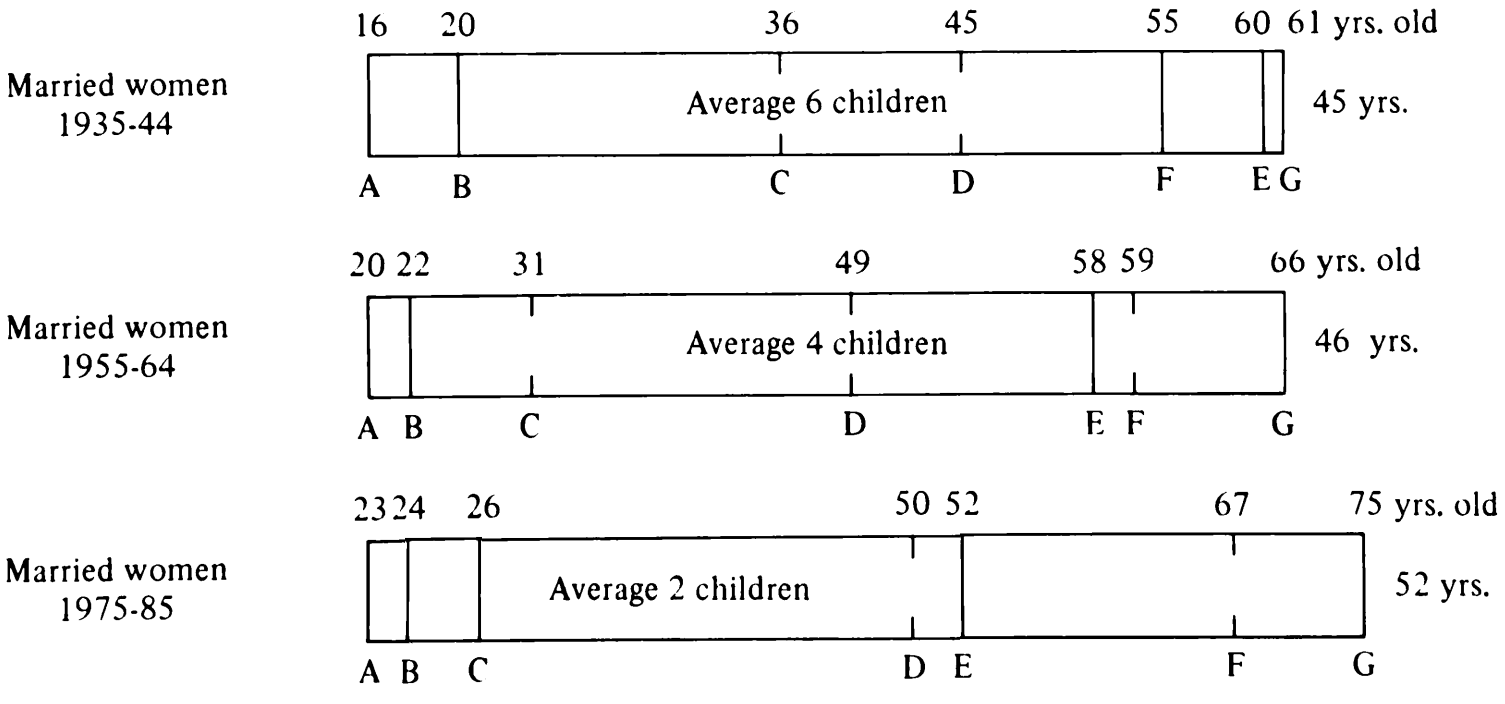
economic difficulties are considerable extent. Problems arise in the rural aged population and the poor aged in urban areas who particularly had not prepared for the aged life because of educational expense for children and living cost. What's worse is the aged must be put away from the economic field due to mandatory retirement in the Republic of Korea.

(j) Social welfare policy should examine the causal factors in relation to current problems of the aged. Then it should suggest integral policy considering mental, physical and social needs of the aged. Firstly emotional problem of the aged can never be solved by merely numerical expansion of public institutional facilities. Despite of public support system, family care should be emphasized at first. Various incentives will be necessary for family support for the aged. Secondly it is necessary of expansion and quality improvement of free institutions for the aged without supporter as well as self-paid institutions according to nuclear family trend. Thirdly the aged who are not taken care by family without specific provisions should depend on social benefitiaries. Under the decreasing family care and lack in various social welfare service programmes, old Pension implementation is urgently needed.

(k) National Public Pension in 1988 has a few problematic points to cover the problems of present aged population and the population aged 40 or over who enter into agedness in 2000. Thus mature implementation is crucial for the economic security of the aged. It is necessary of institutional equipment to fill the defects of National Pension and current retirement system. It seems indispensable to ask integral system which family support, social service programmes, and both Governmental and Public Pension Systems collaborate mutually.

(l) Population aging and urbanization tend to proceed hand in hand with modernization. These demographic changes also lead to the dissolution of extended families. If traditional family environments provide significant sources of life satisfaction to the elderly, it would be appropriate to consider some alternatives to the three-generational family system in the future. Hence, greater attention should be devoted to research on the interactive process of urbanization and family structure.

(m) In order to assist Governments in Planning that takes account of changing age structures, it is urged to undertake research studies and make internationally comparable estimates and projections of households and families classified by size and age/sex structures and their implications for the support for the elderly as recommended by the United Nations.



Sources: Park, I.H., Estimate Life Cycle, Changes in Korean Family Structure, Chapt. 5, KIPH, Seoul, Republic of Korea, 1987.

Figure 2. Estimated life cycle of average Korean women

Table 4. Dependency ratios and index of aging

(1 000 persons)

Year	Pop. under 14	Pop. 15 to 64	Pop. 65 years and over	Total dependency ratio (%)	Youth dependency ratio (%)	Aged dependency ratio (%)	Index of aging
1955	8 865	11 924	714	80.3	74.3	6.0	8.0
1960	12 578	15 246	881	88.3	82.5	5.8	7.0
1970	13 709	17 540	991	83.8	78.2	5.7	7.2
1975	13 614	20 449	1 217	72.5	66.6	6.0	8.9
1980	12 951	23 717	1 456	60.7	54.6	6.1	11.2
1985	12 305	26 759	1 742	52.5	46.9	6.5	13.9
1990	11 070	29 679	2 026	44.1	37.3	6.8	18.3
1995	10 516	31 957	2 397	40.4	33.0	7.5	22.8
2000	10 132	33 724	2 972	38.9	30.0	8.8	29.3
2005	10 079	34 641	3 687	39.7	29.1	10.6	36.6
2010	9 624	35 579	4 283	39.1	27.0	12.0	44.5
2015	8 884	36 239	4 903	38.0	24.5	13.5	55.2
2020	8 264	36 183	5 746	38.7	22.8	15.9	69.5

Source: Economic Planning Board, Social Indicators in Seoul, Republic of Korea, 1987.

Table 5. Attitude toward chief supporter of the aged

(per cent)

Residence/age (years)	Total	First son	All sons	Daughters	Sons and daughters together	Self-support	Social welfare & others
1979							
Whole country	100.0	30.6	22.2	0.6	6.4	36.6	3.6
Urban area	100.0	26.8	12.5	0.6	6.6	50.4	3.1
Rural area	100.0	35.0	33.5	0.5	6.2	20.7	4.1
14-19	100.0	13.3	16.3	0.2	7.6	55.4	7.2
20-29	100.0	20.8	17.4	0.3	7.3	50.7	3.5
30-39	100.0	32.0	20.9	0.4	6.1	38.4	2.2
40-49	100.0	41.3	27.3	0.7	5.7	22.9	2.1
50-59	100.0	45.7	31.0	0.8	5.7	14.9	1.9
60 +	100.0	51.7	30.0	1.9	4.8	8.2	3.4
1983							
Whole country	100.0	22.1	21.7	0.8	27.1	20.5	7.8
Urban area	100.0	18.5	20.4	0.9	28.7	22.6	8.9
Rural area	100.0	28.0	23.9	0.5	24.3	17.1	6.2
14-19	100.0	16.3	18.6	1.4	32.1	22.9	8.7
20-29	100.0	16.2	20.1	0.6	30.0	24.6	8.5
30-39	100.0	19.0	20.6	0.6	26.0	25.4	8.4
40-49	100.0	26.4	22.4	0.6	24.9	18.0	7.7
50-59	100.0	30.1	26.1	0.7	23.0	13.7	6.4
60 +	100.0	36.9	27.4	0.9	20.7	8.5	5.6

Source: Economic Planning Board, Social Indicators in Seoul, Republic of Korea, 1987.

Table 6. Provisions for old-age

(per cent)

Sex/education/age (years)	Provisions for old-age					No Provision
	Insurance	Instalment savings	Fraternity	Annuity	Others	
Whole country						
Total	6.1	12.0	4.5	2.7	5.5	69.2
Male	6.0	12.2	3.7	3.6	5.7	68.8
Female	6.1	11.9	5.2	1.9	5.3	69.6
Educational attainment						
Illiterates	3.4	6.7	6.3	0.6	7.6	75.4
Primary school	5.2	12.2	5.9	1.1	4.8	70.8
Middle school	6.2	12.1	3.7	1.6	4.0	72.4
High school	7.1	13.7	3.0	3.8	5.7	66.7
College and university	11.0	17.3	2.7	14.5	8.4	46.1
age group						
14-19	2.1	4.6	0.4	0.7	2.2	90.0
20-24	3.6	11.2	2.2	1.2	3.3	78.5
25-29	6.2	15.4	4.0	2.7	4.9	66.8
30-34	8.7	17.3	5.9	3.8	5.8	58.5
35-39	9.7	16.2	5.7	4.6	6.0	57.8
40-44	9.9	16.8	6.5	4.9	6.1	55.8
45-49	9.6	13.6	8.4	5.2	7.3	55.9
50-54	8.0	13.8	7.6	3.9	7.4	59.3
55-59	5.5	11.0	7.5	3.1	9.7	63.2
60-64	4.1	8.9	6.2	1.3	9.2	70.3
65 +	2.7	6.5	3.8	0.8	9.0	77.2

Source: Economic Planning Board, Social Indicators in Seoul, Republic of Korea, 1987.

Table 7. Coverage status of medical insurance system as of January 1988

(thousands)

	Coverage	Coverage rates (%) (Beneficiaries to population)		Coverage	Coverage rates (%) (Beneficiaries to population)
Total	33 271	78.11	Government employees, private school employees, etc.	4 359	10.23
Medical Insurance					
Sub-total	28 981	68.04	Medical Assistance	4 290	10.07
Employees of workplaces	15 046	35.33			
Residents, Self-employed	9 576	22.48			

Source: Korea Medical Insurance Corporation, Seoul, Republic of Korea, April 1988.

Table 8. Population projection using 1985 Census data

Year	Population ('000)	Growth Rate (per cent)	Pop 60-64 (Per cent)	Pop 65-69 (Per cent)	Pop 70+ (Per cent)
1985	40 806	9.3	2.5	1.7	2.5
1986	41 184	9.5			
1987	41 575	9.6			
1988	41 975	9.7			
1989	42 380	9.7			
1990	42 793	9.7	2.7	2.0	2.7
1991	43 207	9.6			
1992	43 623	9.6			
1993	44 040	9.5			
1994	44 456	9.3			
1995	44 870	9.1	3.3	2.3	3.1
1996	45 281	8.9			
1997	45 684	8.6			
1998	46 078	8.3			
1999	46 461	7.9			
2000	46 828	7.5	3.9	2.8	3.6
2005	48 407	5.3	3.9	3.3	4.3
2010	49 486	3.0	4.3	3.4	5.3
2015	50 025	1.1	5.3	3.8	6.0
2020	50 193	-0.1	7.0	4.7	6.8

Source: Economic Planning Board, New population Projection, 1985-2020, Seoul, Republic of Korea, 1989.

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