

Policy Report 2018-01

2017 National Survey of Older Koreans

– Findings and Implications



Kyunghee Chung

【Principal Researcher】

Kyunghee Chung Vice President, Korea institute for Health and Social Affairs

【Publications】

Development and application of a quality of life indicator system for older persons, Korea institute for Health and Social Affairs (KIHASA), 2017(co-author)

Evaluation, policy issues and strategies regarding welfare policies for older persons, Korea institute for Health and Social Affairs (KIHASA), 2016(co-author)

2017 National Survey of Older Koreans
- Findings and Implications

© 2018

Korea Institute for Health and Social Affairs

All rights reserved. No Part of this book may be reproduced in any form without permission in writing from the publisher

Korea Institute for Health and Social Affairs
Building D, 370 Sicheong-daero, Sejong city
30147 KOREA

<http://www.kihasa.re.kr>

ISBN: 978-89-6827-507-4 93330

Contents

I. Introduction	1
1. Research Background and Purpose	3
2. Research Method and Processing of Data	4
3. Survey Design	6
II. Changing Characteristics of Seniors	9
1. General	11
2. Health and Financial Conditions	17
3. Employment and Leisure Activities	19
III. Survey Findings	23
1. General Characteristics	25
2. Living Arrangements	26
3. Family and Social Relations and the Exchange of Support ...	27
4. Quality of Life and Perceptions of Old Age	34
5. Health and Behavior	39
6. Daily Activities and Functions and Assisted Living	44
7. Financial Status	47
8. Economic Activities	50
9. Leisure and Social Activities	55
10. Living Conditions	58
11. Attitude toward Policy Issues	61

IV. Variations of Lifestyles by Sociodemographic Characteristics	65
1. Characteristics by Residential Setting	67
2. Characteristics by Gender	74
3. Characteristics by Age	76
4. Characteristics by Education Level	78
V. Policy Implications	81
1. Select-and-Focus Policy Strategy Reflecting the Changing Characteristics of Seniors	83
2. Policy Tasks	86
3. Issue-Specific Policy Strategies	89

List of Tables

〈Table 2-1〉 Changing Age Makeup of Seniors, 2008-2017	12
〈Table 2-2〉 Percentages of Seniors with Close Relatives, Friends and Neighbors, 2008-2017	14
〈Table 2-3〉 Changing Values of Seniors, 2008-2017	16
〈Table 2-4〉 Changing Health Conditions and Behavior of Seniors, 2008-2017	18
〈Table 2-5〉 Changing Financial Status of Seniors, 2008-2017	19
〈Table 2-6〉 Changing Social Activities of Seniors, 2008-2017	21
〈Table 2-7〉 Changing Safety Situation for Seniors, 2008-2017	21
〈Table 3-1〉 Subjective Assessments of Health in Seniors and Their Spouses	29
〈Table 4-1〉 Lifestyle Factors and Sociodemographic Characteristics of Seniors	69
〈Table 4-2〉 Social Participation and Sociodemographic Characteristics of Seniors	71
〈Table 4-3〉 Living Conditions and Sociodemographic Characteristics of Seniors	73

List of Figures

[Figure 1-1] NSOP 2017 Process	5
[Figure 1-2] Survey Staff Organization	5
[Figure 2-1] Changing Educational Makeup of Seniors, 2008-2017 ...	12
[Figure 2-2] Changing Household Structures of Seniors, 2008-2017 ...	15

[Figure 2-3] Changing Occupational Makeup of Working Seniors, 2008-2017	20
[Figure 3-1] Exchange of Support between Seniors and Non-Cohabiting Children	31
[Figure 3-2] Age Norms of Seniors	37
[Figure 3-3] Health Behavior of Seniors	43
[Figure 3-4] Functional and Physical Status of Seniors	46
[Figure 3-5] Seniors' Household Income by Source	48
[Figure 3-6] Leisure and Social Activities of Seniors	56
[Figure 3-7] Seniors' Willingness to Take Up Leisure and Social Activities	58
[Figure 3-8] Living Conditions and Safety of Seniors	61

I

Introduction

1. Research Background and Purpose
2. Research Method and Processing of Data
3. Survey Design



1. Research Background and Purpose

Since the introduction of a legal provision (Article 5, Welfare of Older Persons Act, hereinafter “the WOPA”) mandating the periodic organization of surveys of the elderly in January 2007, the National Survey of Older Persons was conducted four times, in 2008, 2011, 2014, and 2017. The purpose of the Survey is to gather and provide basic information necessary for policy-making on senior-related issues. The Survey provides multifaceted glimpses into the living conditions, needs, and desires of seniors and also help policymakers forecast changes in this demographic over time, thereby making it possible to develop new policy measures that better cater to seniors and the aged society which South Korea is rapidly becoming.

The 2017 National Survey of Older Persons (hereinafter “NSOP 2017”) is quite an important source of data and information necessary to devise policy measures that will improve seniors’ quality of life and better cope with population aging in the future. As such, the researchers behind the survey’s design sought to ensure that reliable and usable data would be gathered on a variety of aspects of seniors’ lives. More specifically, the survey was intended to pave the ground on which policymaking efforts could proceed toward enhanc-

ing the inclusion of seniors in society by examining whether today they engage in diverse activities and lead active lives. NSOP 2017 thus provides wide-ranging basic data necessary to tailor policy support to their diverse needs and also to decide the allocation of resources necessary to develop valid and appropriate senior-related policy measures.

2. Research Method and Processing of Data

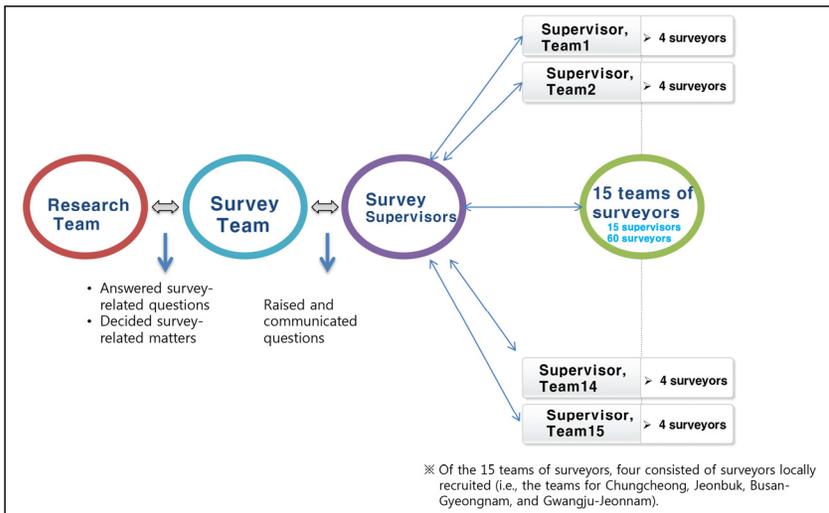
NSOP 2017 took place through in-person interviews, involving 10,299 seniors aged 65 or older (including 226 representatives) in 934 survey areas from June 12 to August 28, 2017. A change in design of the questionnaire underlying the survey had been approved by Statistics Korea (Authorization No. 11771) based on pretests and expert review.

The survey was conducted by 60 specialized surveyors (divided into 15 teams of four surveyors each, each team with one supervisor), trained by the research staff in advance. Figures 1-1 and 1-2 illustrate the processes by which the survey was designed, prepared, and executed.

[Figure 1-1] NSOP 2017 Process



[Figure 1-2] Survey Staff Organization



Surveyors working in the field checked the answered questionnaires for any omissions and errors and relayed their feedback to the research team. The answered questionnaires, so checked, were digitalized over a 20-day span by an external agency. The digitalized data was then verified and checked over two months for input errors, incorrect IDs, incorrect categories, logic errors, and arithmetic errors.

3. Survey Design

The target population of NSOP 2017 included all seniors aged 65 or older living in standard residential facilities or premises in 17 metropolitan cities and provinces across Korea as of 2017. As the population census data of 2015 was to be made available for surveys like NSOP 2017 in September 2017 and afterward, NSOP 2017, which was launched in June, had to rely on the Population and Housing Census data of 2010 instead as the framework for sampling. In an effort to account for the outdated nature of the sampling framework, NSOP 2017 designers also involved areas with new apartment complexes in the survey's target areas.

The sampling framework thus included the lists of apartment areas and non-apartment areas provided by the 90-percent data of the Population and Housing Census of 2010 as well as the list of apartment areas that had been newly developed since the 2010 census. The framework was designed to target all seniors aged 65 and older living in areas across South Korea except those living in dormitories, in special facilities, and on islands.

In order to ensure the comparability of NSOP 2017 to its predecessors and also the organization of statistics by city or province, the data collected by NSOP 2017 was stratified first by city or province, and then again by neighborhood in the nine provinces and Sejong (but not in the metropolitan cities).

Seoul, Busan, Daegu, Incheon, Gwangju, Daejeon, and Ulsan are Korea's seven metropolitan cities. Some of the areas in the nine provinces—Gyeonggi, Gangwon, Chungbuk (Chungcheongbuk-do), Chungnam (Chungcheongnam-do), Jeonbuk (Jeollabuk-do), Jeonnam (Jeollanam-do), Gyeongbuk (Gyeongsangbuk-do), Gyeongnam (Gyeongsangnam-do), and the eastern part of Jeju—and the eastern part of Sejong Special Self-Governing City can be categorized as small-to-mid-sized cities, while the rest of the eup- and myeon-type areas in the nine provinces and Sejong can be categorized as rural areas. Allocating the sample in proportion to the number of households or the area size ran the risk of underestimating sample units from the eup- and myeon-type rural areas. Accordingly, the survey research team allocated the sample by the square roots of the numbers of seniors living in given areas and suited to the survey design. As for the distribution of the elderly population to which the sample scale was to apply, the research team referred to the total population cited in the 2015 census.

The research team also applied various weights to their analysis to ensure the accuracy of their estimates by matching the structures of the target population and the sample.

II

Changing Characteristics of Seniors

1. General
2. Health and Financial Conditions
3. Employment and Leisure Activities

II

Changing Characteristics of Seniors <<

NSOP 2017 is the fourth installment in its series that has been conducted to date pursuant to law. We can therefore learn much by comparing NSOP 2017 results to the findings of its three predecessors.

1. General

The age makeup of seniors aged 65 or older has varied somewhat over the past decade. The proportion of seniors aged 80 or older, for example, grew steadily, from 16.0 percent in 2008 to 21.7 percent in 2017. This changing age makeup carries significant implications for senior policymaking. The increasing population of advanced-age seniors, who tend to be more dependent on others for both physical and mental functions, requires greater policy attention and resources for the development of a policy system that can adequately protect them (Table 2-1).

Education is a leading indicator of human capital and also exerts far-reaching influence on lifestyle. The educational backgrounds of seniors have also changed significantly over the past decade, particularly with the proportion of illiterate seniors decreasing drastically from 15.3 percent in 2008 to 6.7 percent in 2017. On the other hand, the proportion of seniors

with at least middle- or high-school education increased by more than 10 percentage points from 22.3 percent to 34.2 percent. The growing learned elderly population requires continued attention and monitoring from policymakers, as education can change seniors’ needs and behavior regarding information and further education (Figure 2-1).

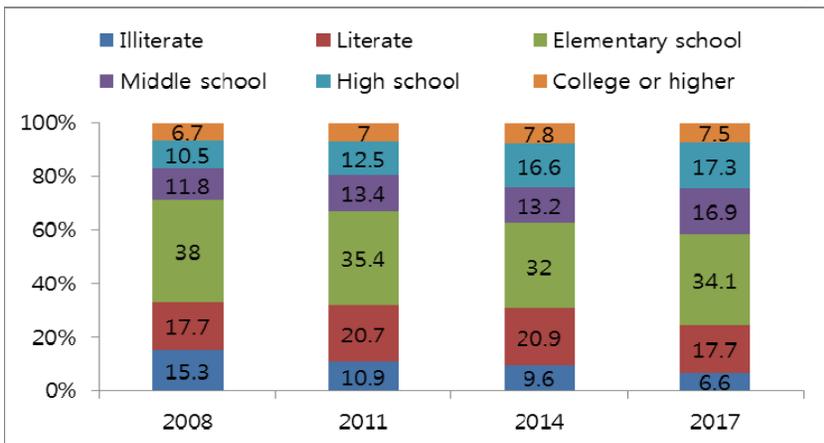
(Table 2-1) Changing Age Makeup of Seniors, 2008-2017

(Units: Percentage, number of persons)

Age	2008	2011	2014	2017
65 to 69	38.0	29.8	31.7	32.4
70 to 74	28.4	30.4	27.1	24.9
75 to 79	17.6	22.6	20.6	21.1
80+	16.0	17.3	20.6	21.7
Overall	100.0 (10,798)	100.0 (10,674)	100.0 (10,451)	100.0 (10,299)

[Figure 2-1] Changing Educational Makeup of Seniors, 2008-2017

(Unit: Percentage)



Note: Based on answers provided by seniors themselves and their representatives alike.

The elderly population has also changed in terms of family relations and household structure. The percentage of seniors with living children dropped somewhat from 98.2 percent in 2008 to 97.1 percent in 2017. The percentage of seniors with living grandchildren decreased even more, from 95.4 percent to 91.3 percent, most likely due to the recent growing trend of young people to marry and have children late. In the meantime, the percentage of seniors with living siblings grew from 80.2 percent to 84.2 percent, mainly because of the increase in average lifespan and longevity.

More dramatic changes were observed in seniors' relations with their family members. The percentage of seniors answering that they had close relatives decreased by 10 percentage points from 56.2 percent to 46.2 percent. While most seniors have relatives, less than half felt close enough to these relatives. The percentage of seniors answering that they had close friends or neighbors decreased even more dramatically from 72.6 percent to 57.1 percent (Table 2-2).

(Table 2-2) Percentages of Seniors with Close Relatives, Friends and Neighbors, 2008-2017

Co-habitants	2008	2011	2014	2017
Children ¹⁾	98.2	99.1	97.7	97.1
Grandchildren ¹⁾	95.4	95.4	90.8	91.3
Siblings ¹⁾	80.2	82.2	82.8	84.7
Close relatives ²⁾	56.2	54.4	53.1	46.2
Close friends/neighbors ²⁾	72.6	75.2	62.7	57.1

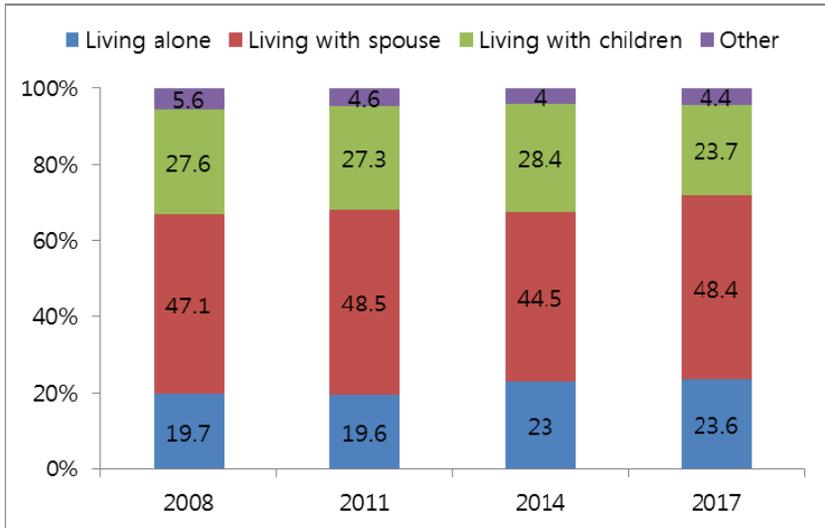
Notes: 1) Based on answers provided by seniors themselves and their representatives alike.

2) Based on answers provided by seniors only.

As for household structure, 23.6 percent of surveyed seniors lived alone, 48.4 percent with their spouse, 23.7 percent with their children, and 4.4 percent in households with some other form. The percentage of seniors living alone has grown by three percentage points since 2011. While the exact percentage of seniors living with their spouse varied somewhat from survey to survey, it remained steadily in the upper 40-percent range. The percentage of seniors living with their children remained more or less the same from 2008 to 2014 (27.6 percent in 2008, 27.3 percent in 2011, and 28.4 percent in 2014), before dropping by four percentage points to 23.7 percent by 2017 (Figure 2-2). The trend among seniors to live alone is set and growing.

[Figure 2-2] Changing Household Structures of Seniors, 2008–2017

(Unit: Percentage)



Note: Based on answers provided by seniors themselves and their representatives alike.

Seniors’ values have also changed dramatically. For instance, whereas 32.5 percent of seniors preferred living with their children in 2008, this percentage dropped to 15.2 percent by 2017. Furthermore, the percentage of seniors who preferred to pay for their living expenses on their own also dropped from 53.0 percent in 2008 to 34.0 percent in 2017. In the meantime, the percentage of seniors who preferred social security (or social security along with their own earned incomes) as the main income for living expenses grew by more than 10 percentage points.

More and more seniors also think that the age threshold for “old age” should begin at 70 years or older. Whereas only 58.3

percent of seniors thought old age began at 70 or older in 2008, this percentage grew to an overwhelming 87.3 percent by 2017, with the average age consensus converging on 71.4 years old. Seniors were surveyed on their perceptions of old-age behavior in only two surveys so far, in 2014 and 2017. Seniors participating in these two surveys showed strong positive attitudes toward participation in learning, working, and grooming. Only a quarter of seniors, however, approved of remarriage in old age (Table 2-3).

(Table 2-3) Changing Values of Seniors, 2008–2017

	(Unit: Percentage)			
Preference	2008	2011	2014	2017
Prefer to live with one's children	32.5	27.6	19.1	15.2
Preferred source of income for living expenses in old age				
Oneself	53.0	55.0	31.9	34.0
Oneself and one's children	-	-	6.9	10.2
One's children	11.8	14.2	7.9	7.6
Public arrangements	34.9	30.6	18.6	14.2
Oneself and public arrangements	-	-	34.3	33.7
Other	0.4	0.3	0.5	0.4
Old age begins at 70 or older (average age at which old age should start; years old)	58.3 ⁽⁻³⁾	83.7 ⁽⁻³⁾	78.3 (71.7)	86.3 (71.4)
Age norms ¹⁾				
Remarriage	-	-	24.2	26.2
Working for pay	-	-	69.9	68.8
Learning	-	-	72.4	74.6
Grooming	-	-	62.0	65.3

Notes: 1) Not included in the 2008 and 2011 surveys.

2) Based on answers provided by seniors themselves only.

3) The 2008 and 2011 surveys asked seniors to select one among several options (i.e., under 60, 60 to 64, 65 to 69, 70 to 74, 75 to 79, 80 to 84, and 85+), making it impossible to determine the average age at which seniors think old age should begin.

2. Health and Financial Conditions

The mean number of chronic illnesses seniors are afflicted with grew from 1.5 in 2008 to 2.7 in 2017, while the percentage of seniors with three or more chronic illnesses also grew dramatically from 30.7 percent to 51.0 percent. Eight percent or so of seniors have limits on their daily activities – a number which has remained steady.

However, more and more seniors engage in active efforts to maintain their health. The percentage of smoking seniors, for example, dropped from 13.6 percent to 10.2 percent, while the percentage of heavy-drinking seniors also dropped from 13.4 percent to 10.2 percent. The percentage of exercising seniors grew from 50.3 percent to 68.0 percent, with the percentage of seniors exercising at recommended levels (of intensity/frequency) also growing from 39.1 percent to 48.2 percent. In the meantime, the percentage of seniors in need of better dietary management remained more or less the same (20.2 percent vs. 19.5 percent). The percentage of seniors receiving medical checkups grew significantly though, from 72.9 percent to 82.9 percent.

As for medical services, the percentage of seniors experiencing hospitalization in the past year grew slightly from 14.2 percent to 16.8 percent, while eight percent or so steadfastly avoided seeking treatment from hospitals or clinics. However, the percentage of seniors refusing or avoiding dental care decreased somewhat, from 18.0 percent to 15.0 percent (Table 2-4).

(Table 2-4) Changing Health Conditions and Behavior of Seniors, 2008-2017

(Unit: Percentage)

Behavior	2008	2011	2014	2017
Seniors with three or more diagnosed morbidities (mean number of co-morbidities)	30.7 (1.5)	44.3 (2.5)	46.2 (2.6)	51.0 (2.7)
Seniors with limits on activities of daily living (ADL)	8.1	7.2	6.9	8.7
Smoking seniors	13.6	12.6	11.9	10.2
Heavy-drinking seniors	-	13.4	11.1	10.6
Exercising seniors (exercising at recommended levels)	-	50.3(39.1)	58.1(43.9)	68.0(48.2)
Seniors in need of dietary management (scoring 6/10 or higher)	- ¹⁾	- ¹⁾	20.2	19.5
Seniors receiving medical checkups	72.9	81.6	83.9	82.9
Hospitalization in the past year	14.2	-	18.4	16.8
Not seeking treatment	-	-	8.8	8.6
Not seeking dental care	-	-	18.0	15.0

Notes: 1) Scale differences limit comparison.

2) Based on answers provided by seniors themselves only.

As for their financial status, the percentage of seniors with earned or business income decreased, while those with income from public sources have steadily increased. The percentage of seniors receiving private income transfers remains quite high in Korea - in the 90-percent range since 2011. The growing proportion of seniors receiving public pension reflects the maturity of the National Pension system in Korea (Table 2-5).

(Table 2-5) Changing Financial Status of Seniors, 2008-2017

(Unit: Percentage)

Source of income	2008	2011	2014	2017
Earned income	28.0	13.6	14.3	17.1
Business income	19.1	16.8	13.8	14.8
Property income	15.8	27.5	27.6	23.5
Private transfers	79.0	95.3	92.9	93.4
Public pension	21.0	25.3	31.9	34.6

Note: Based on answers provided by seniors themselves only.

3. Employment and Leisure Activities

The percentage of seniors actively working for pay has varied somewhat from survey to survey, but remains around the 30-percent range. The occupational makeup of working seniors, however, has changed significantly over the past decade. The proportion of those working in skilled jobs in the primary sector (agriculture/forestry/fishery) was almost halved from 60.5 percent in 2008 to 32.9 percent in 2017, reflecting transformation of the industrial structure in the Korean economy. On the other hand, the proportion of seniors working unskilled or simple jobs grew from 23.4 percent to 40.1 percent (Figure 2-3). Neither seniors working in skilled jobs in the primary sector nor seniors working in unskilled jobs, however, earn much income.

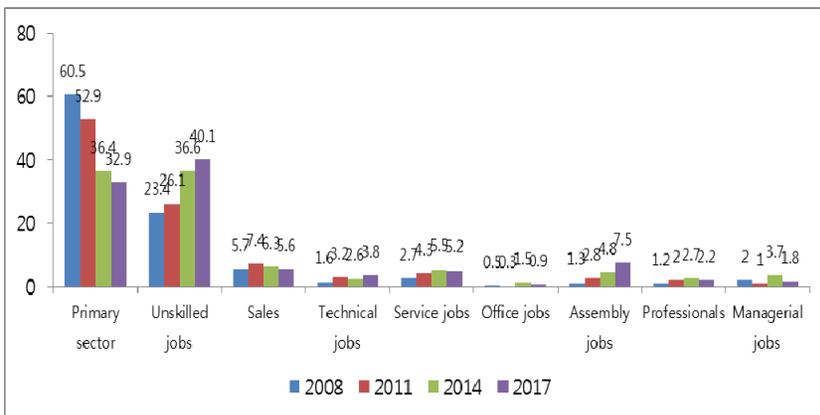
The percentage of seniors who have participated in public works projects for seniors grew from 3.9 percent to 11.3 per-

cent, but has remained only slightly above 10 percent since 2011. The percentage of seniors wishing to work for pay increased somewhat, from 30.9 percent in 2008 to 33.6 percent in 2017.

Little change was observed in seniors’ participation in organizational activities, except for an increase in the percentage of participation in social group activities. The percentages of seniors receiving lifelong education or participating in volunteering remained steady over the decade. The percentage frequenting senior citizen centers has been on a continued decline, while nine percent or so frequent senior welfare centers steadily (Table 2-6).

[Figure 2-3] Changing Occupational Makeup of Working Seniors, 2008-2017

(Unit: Percentage)



Note: 1) Based on answers provided by seniors themselves only.

<Table 2-6> Changing Social Activities of Seniors, 2008-2017

(Unit: Percentage)

Type of activities	2008	2011	2014	2017
Social group activities	54.9	37.4	43.3	45.6
Political organizations	0.4	0.7	0.5	0.4
Hobby(cultural) activities	-	3.8	4.9	4.4
Lifelong education	13.4	6.7	13.7	12.9
Volunteering	- ¹⁾	3.9	4.5	3.9
Senior Citizen Centers	46.9	34.2	25.9	23.0
Senior Welfare Centers	- ²⁾	8.8	8.9	9.3

Notes: 1) The 2008 survey did not distinguish between respondents still engaged in these activities (at the time of the survey) and those who had participated in these activities in the past, but had stopped as of the time of the survey.
 2) Comparison is impossible due to difference in research methods.
 3) Based on answers provided by seniors themselves only.

The percentage of seniors who continue to drive has been steadily increasing, reaching 18.8 percent by 2017. However, 10.5 percent of seniors stopped driving, at age 62.1 on average, which was significantly higher than the average cease-driving age of 57.7 found in 2011 (Table 2-7).

<Table 2-7> Changing Safety Situation for Seniors, 2008-2017

(Unit: Percentage)

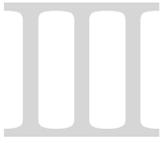
Safety-related behavior/experience	2008	2011	2014	2017
Driving				
Still driving	- ¹⁾	12.2	16.1	18.8
Stopped driving (at what age)	-	8.4(57.7)	8.9(59.7)	10.5(62.1)
Experienced an accident (fire, gas/water leakage, etc.)		4.9	3.0	0.6
Experienced abuse	10.2	12.7	9.9	9.8
Experienced discrimination	-	-	7.1	5.4

Notes: 1) The 2008 survey did not distinguish between respondents still engaged in these activities (at the time of the survey) and those who had participated in these activities or experienced these events in the past, but had stopped as of the time of the survey.
 2) Based on answers provided by seniors themselves only.

III

Survey Findings

1. General Characteristics
2. Living Arrangements
3. Family and Social Relations and the Exchange of Support
4. Quality of Life and Perceptions of Old Age
5. Health and Behavior
6. Daily Activities and Functions and Assisted Living
7. Financial Status
8. Economic Activities
9. Leisure and Social Activities
10. Living Conditions
11. Attitude toward Policy Issues



1. General Characteristics

Of the surveyed seniors, 68.6 percent lived in the eastern part of Korea, and 57.5 percent were female. The average age of those surveyed was 74.1 years old, with 32.4 percent aged 65 to 69, 24.9 percent aged 70 to 74, 21.1 percent aged 75 to 79, 13.2 percent aged 80 to 84, and 8.5 percent aged 85 or older. The growing percentage of seniors advanced in age implies the need to increase policy attention and resources for them. In particular, 23.2 percent of all women seniors surveyed were 80 years old or older, as opposed to 19.5 percent of male seniors.

As for their sociodemographic status, 24.8 percent had at least a high school education, but the percentage of educated seniors fluctuated significantly by region and gender. Whereas 28.8 percent of seniors living in metropolitan and urban areas had at least high school education, only 15.9 percent of those living in rural areas did. Also, 37.7 percent of male seniors had at least high school education, as opposed to only 15.4 percent of female seniors.

2. Living Arrangements

Of the surveyed seniors, 23.6 percent lived alone, 48.4 percent with their spouses, and 23.7 percent with their children. As for households made up of seniors only (either seniors living alone or seniors living with their spouses), 16.2 percent had been living so for less than five years while 19.2 percent had done so for more than five years but less than 10 years. In other words, one-third of senior households had been so for less than 10 years. Also, one-third of senior households became so as their children married and moved out on their own, while another one-third became senior households by their own choice (these seniors had the financial means and physical capability to maintain their own households). The remaining one-third became so due to the inability/unwillingness of their children to live with their elderly parents. Although 44.5 percent of seniors in senior households reported having no difficulty living in such an arrangement, almost 80 percent of those advanced in age and/or living by themselves reported difficulties with respect to the absence of caregivers during illness (19.0 percent), financial insecurity (17.3 percent), and loneliness (10.3 percent).

There were also a variety of reasons for which seniors lived with their married children. This type of living arrangement used to be the social norm in Korea, but it has become a matter

of choice in recent decades, with married children and their elderly parents opting to maintain their cohabitation on varying grounds. Only 14.8 percent of seniors continued to live with their children due to this being the social norm. Another 42.3 percent maintained cohabitation for their own benefit (relieving loneliness, receiving the financial and/or instrumental forms of help they need, etc.), while another 42.1 percent maintained cohabitation for their children's benefit (due to financial challenges, need for babysitting, etc.). As for who takes the main responsibility for chores, 44.1 percent of seniors living with their children answered that they divided the chores in roughly equal parts with their children; 28.3 percent, their children exclusively; 20.7 percent, senior parents exclusively; and 7.0 percent, each did his or her own chores. In general, children's share of chores increased as the parents aged.

3. Family and Social Relations and the Exchange of Support

Almost all surveyed seniors—97.1 percent—had children. The average number of children they had was 3.1. Another 91.3 percent of seniors had grandchildren - 4.9 per senior on average. Moreover, 84.7 percent of seniors had siblings - 3.4 per senior on average. However, fewer than half of the sur-

veyed seniors (46.2 percent) had relatives to whom they felt close - 0.8 persons per senior on average. More seniors (57.1 percent) had close friends and neighbors - 1.4 person per senior on average.

1) Relations with Spouses

Of seniors with spouses, 40.5 percent answered that their spouses were in poor health, and another 20.7 percent answered that both they and their spouses were in poor health. Only 23.1 percent of the surveyed seniors answered that they and their spouses were in good health, subjectively speaking. This suggests the strong need to allocate policy attention and resources to seniors' health and seniors required to care for their elderly spouses.

When asked how often they left their homes with their spouses, 9.9 percent answered almost daily, and another 32.7 percent answered more than once a week. On the other hand, 7.5 percent answered almost never, and another 28.2 percent answered only once or twice a year. The frequency of leaving home and going outside is thus polarized among seniors. As for exchanging care with their spouses, 85.0 percent of seniors answered that they received emotional support from their spouses, and another 86.2 percent answered that they provided emotional support. Seniors in general maintain relatively equal re-

lations in exchanging care with their spouses, receiving and providing instrumental support in 76.7 percent and 75.1 percent of the cases, respectively, and assistance with physical functions in 63.5 percent and 62.1 percent of the cases, respectively.

(Table 3-1) Subjective Assessments of Health in Seniors and Their Spouses

(Unit: Percentage)

Seniors \ Spouses	Very healthy	Healthy	Average	In ill health	In very ill health
Very healthy	0.3	1.6	0.4	0.3	0.1
Healthy	0.9	20.3	6.7	9.9	1.4
Average	0.2	7.0	7.3	6.9	1.2
In ill health	0.4	8.3	5.0	14.8	3.0
In very ill health	0.1	0.6	0.5	1.6	1.3

Note: Based on answers provided by seniors themselves only.

2) Relations with Children

As for exchange of support with cohabitating children, 67.6 percent of cohabitating seniors answered that they received emotional support from their children, while 63.7 percent answered that they provided emotional support. As for instrumental support (help with cleaning, meal preparation, laundry, etc.), 62.8 percent of seniors received help and 70.4 percent provided help. As for support with physical functions, however, 50.6 percent of seniors received help and only 21.0 percent provided help. In terms of financial support, 56.8 percent of seniors received regular cash support from their cohab-

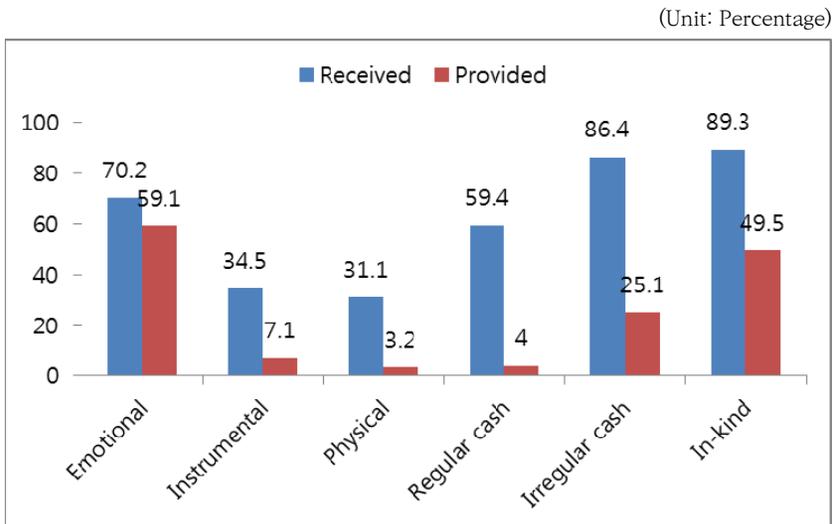
itating children while 12.8 percent provided such support for their children. Another 73.2 percent of seniors received irregular cash support and 27.8 percent provided such support. Another 78.7 percent of seniors received support in kind and 47.3 percent provided such support. In other words, where finances are concerned, seniors receive far more from their cohabitating children than provide, mostly in kind, followed, in descending order, by irregular cash and regular cash support.

The exchange of support involving seniors and their non-cohabitating children was also examined. Of seniors not living with their children, 9.6 percent saw their children on a daily basis, and 28.3 percent communicated with their children on a daily basis. Most seniors not cohabitating with their children saw and communicated with their children at least once a month and once a week, respectively. The frequency of contact with non-cohabitating children was inversely correlated to the physical distance between seniors and their children. The closer their children lived to their parents, the more frequent the contact between them.

As for the exchange of support involved, 70.2 percent of seniors received emotional support from their children, while 59.1 percent provided such support. Another 34.5 percent of seniors received instrumental support from their children, while only 7.1 percent provided such support. As for support for physical functions, 31.1 percent of seniors received help

and only 3.2 percent provided such help. Almost two-thirds—59.4 percent—of seniors not living with their children received regular cash support from their children, and almost 80 percent of non-cohabitating seniors also received irregular cash or in-kind support from their children. However, only 50 percent or so of seniors provide in-kind support for their non-cohabitating children. The percentages of seniors providing irregular cash or regular cash support for their non-cohabitating children were much smaller, at 25.1 percent and 4.0 percent, respectively (Figure 3-1).

[Figure 3-1] Exchange of Support between Seniors and Non-Cohabiting Children



Note: Based on answers provided by seniors themselves only.

Irrespective of whether they lived with their children, 43.6 percent of seniors answered that either they or their spouses paid for living expenses, while 18.4 percent answered that their children bore most of their living expenses, and another 18.0 percent answered that they or their spouses and their children bore equal parts of their living expenses. As for medical expenses, 98.1 percent of seniors paid for their own; 53.1 percent, they or their spouses; 18.9 percent, they or their spouses for the most part, with some help from their children. Only 4.4 percent of seniors, however, paid for the costs of professional care.

When asked whether they experienced conflicts with their (cohabitating or non-cohabitating) children in the past year, 7.8 percent answered in the affirmative. The future prospects of the children were the main source of such conflict (33.7 percent), followed by the children's expectations of financial help (20.9 percent), the children's financial burden of paying for parents' living expenses (14.0 percent), support for physical functions (13.6 percent), and cohabitation (9.5 percent). In other words, approximately 50 percent of conflicts originated from causes related to their children, while approximately another quarter arose due to seniors' dependency on their children.

3) Relations with Parents, Grandchildren, Relatives, and Friends and Neighbors

The quality of seniors' relations with their parents was exam-

ined in terms of the support they exchanged. Of seniors with living parents, 22.0 percent received emotional help from their parents and 43.8 percent provided such help. Also, whereas 28.4 percent of seniors provided instrumental help for their parents, only 7.2 percent received such help. Similarly, 40.0 percent of seniors provided help with physical functions for their parents, as opposed to only 4.0 percent that received such help. The percentages of seniors providing financial support for their parents were also significantly greater than the percentages of seniors receiving financial support. Whereas 67.6 percent, 63.7 percent, and 32.1 percent of seniors provided in-kind, irregular cash, and regular cash support for their parents, 13.0 percent, 8.5 percent, and 4.5 percent of seniors received in-kind, irregular cash, and cash support from their parents, respectively.

The quality of seniors' relations with their grandchildren was examined in terms of the frequency of contact between them. Only 14.3 percent of seniors saw their grandchildren at least once a week, significantly fewer than seniors who saw their children at least once a week. Also, only 15.8 percent of seniors kept in touch with their grandchildren at least once a week. These findings suggest that seniors receive the news of their grandchildren via their children, most likely because their grandchildren are still very young or enrolled in school. Of seniors with grandchildren under the age of 10, only 4.4 percent

had babysat their grandchildren in the past year. The average number of under-10 grandchildren that seniors babysat in the past year was 1.5 per senior.

As for contact with relatives, including siblings, 43.2 percent of seniors saw their relatives once or twice a year, while another 21.3 percent had no contact at all. Almost half of seniors (47.4 percent) communicated with their relatives at least once a month. The percentage of female seniors keeping in touch was significantly higher than that of male seniors.

Friends and neighbors are also important sources of social support in seniors' lives. Of the surveyed seniors, 78.2 percent saw their friends or neighbors at least once a week, and only 4.2 percent had no such relations. Almost two-thirds (64.2 percent) of seniors communicated with their friends or neighbors at least once a week, while 15.3 percent kept in touch with no friends or neighbors.

4. Quality of Life and Perceptions of Old Age

1) Different Aspects of Quality of Life

Seniors' quality of life was examined across diverse aspects, such as health, financial status, social/leisure/cultural activities, relations with spouses and children, and relations with

friends and local communities. Of the surveyed seniors, 2.7 percent were very satisfied with their health, 34.4 percent satisfied, 24.0 percent neutral, 32.4 percent dissatisfied, and 6.5 percent very dissatisfied. In other words, 37.1 percent of seniors were satisfied overall with their health. As for finances, 0.9 percent were very satisfied, 27.9 percent satisfied, 36.0 percent neutral, 30.3 percent dissatisfied, and 5.0 percent very dissatisfied. Only 28.8 percent of seniors were satisfied with their financial status. Where social, leisure, and cultural activities were concerned, 3.6 percent were very satisfied, 44.1 percent satisfied, 32.4 percent neutral, 17.6 percent dissatisfied, and 2.3 percent very dissatisfied. The percentage of seniors satisfied with their social, leisure, and cultural activities, at 47.7 percent, was significantly higher than seniors satisfied with either their health or their financial status.

As for seniors' satisfaction with important relationships in their lives, 6.1 percent were very satisfied with their spouses, 65.6 percent satisfied, 21.7 percent neutral, 5.8 percent dissatisfied, and 0.8 percent very dissatisfied. Satisfaction (71.7 percent) with spouses overwhelmed dissatisfaction, and ran much higher than satisfaction with either health or finances. Satisfaction with children was even higher, with 8.0 percent very satisfied, 68.7 percent satisfied, 16.6 percent neutral, 5.1 percent dissatisfied, and 1.6 percent very dissatisfied. In other words, 76.7 percent of seniors were satisfied overall with their

children. As for friends and local communities, 4.5 percent of seniors were very satisfied, 55.8 percent satisfied, 28.1 percent neutral, 10.2 percent dissatisfied, and 1.6 percent very dissatisfied. Seniors' satisfaction with friends and local communities, while still high at 60.3 percent, falls short of their overall satisfaction with their spouses and their children.

2) Age Threshold of Old Age and Age Norms

Seniors were also asked at what age they think old age begins. Those who answered it began at age 69 or under made up 13.8 percent, while 59.4 percent thought old age began at 70 to 74 years of age. Another 14.9 percent thought it began at 75 to 79, while 12.1 percent thought old age referred to 80 and beyond. The average age at which seniors thought old age began converged on 71.4 years old. Seniors were also asked what they thought of remarriage, working, learning, and grooming in old age. Whereas only 26.2 percent of seniors approved of remarriage in old age, 68.8 percent, 74.6 percent, and 65.3 percent approved of working, learning, and grooming, respectively. Seniors, in other words, were most favorably inclined toward learning, and next toward working. They generally disapproved of remarriage (62.4 percent), whereas only 17.1 percent, 9.3 percent, and 17.5 percent disapproved of working, learning, and grooming, respectively (Figure 3-2).

[Figure 3-2] Age Norms of Seniors

(Unit: Percentage)



Note: Based on answers provided by seniors themselves only.

3) Attitude toward Support

When asked about cohabitation in old age with adult children, 15.2 percent of seniors thought cohabitation was appropriate. Firstborn sons were the most preferred cohabitants (45.7 percent), followed by children with means (17.2 percent), sons in general (15.5 percent), and favorite children (14.2 percent).

When asked how and who should pay for their living expenses in old age, 34.0 percent of seniors chose themselves; 33.7 percent, themselves and social security; 14.1 percent, social security; 10.2 percent, themselves and their children; and

7.6 percent, their children. In other words, 81.8 percent of seniors think expenses in old age should be paid by some combination of themselves and social security. Only 17.8 percent mentioned partial or entire financial support from their children as the appropriate source of income.

4) Attitude toward Death

Of the surveyed seniors, 59.5 percent preferred to have their wealth evenly divided between their children after their death, while 17.3 percent preferred to use it up on themselves and their spouses in their lifetime. Another 9.0 percent wanted to bequeath their wealth to their firstborn sons; 6.1 percent, to children in financial difficulty; and 3.5 percent, to children who had been the most filial. Only 2.6 percent preferred posthumous donation. Even division of wealth among children is increasingly becoming a norm.

As for what kinds of preparations they had made for their own death, 8.3 percent of seniors answered shrouds, 25.1 percent burial sites, 13.7 percent funeral insurance policies, 0.5 percent personal wills, and 0.4 percent taking death preparation workshops. An overwhelming majority—91.8 percent—wished to avoid life-sustaining treatment.

Regarding suicide, 6.7 percent of seniors said they had contemplated it, and 13.2 percent of them had actually attempted.

Financial difficulties were the leading cause for contemplating suicide (27.7 percent), followed by health issues (27.6 percent), conflicts with or alienation from spouses/children/friends (18.6 percent), loneliness (12.4 percent), the death of important persons (spouses, family members, friends, etc., 8.3 percent), and the health issues of spouses or family members (4.9 percent).

5. Health and Behavior

1) Health

Asked to assess their own health, 37.0 percent of seniors thought they were in good health, while 39.7 percent thought they were in poor health. Specifically, 2.2 percent of seniors thought they were very healthy, 34.8 percent healthy, 23.3 percent average, 34.9 percent in ill health, and 4.8 percent in very ill health.

The vast majority—89.5 percent—of seniors were diagnosed with chronic illnesses that lasted for three months or longer at the time of the survey. Of these, 16.5 percent had one chronic illness, 22.0 percent two comorbidities, and 51.0 percent three or more comorbidities. In other words, 73.0 percent of seniors had two or more comorbidities, with the average number of comorbidities per senior reaching 2.7. The comorbidity rates

varied somewhat by age, at 64.8 percent among seniors aged 65 to 69, 71.8 percent at age 70 to 74, 79.9 percent at age 75 to 79, 81.0 percent at age 80 to 84, and 80.0 percent at age 85 or older. Hypertension was the most prevalent chronic illness among seniors (59.0 percent), followed by arthritis and rheumatism (33.1 percent), hyperlipidemia (29.5 percent), lumbago and sciatica (24.1 percent), diabetes (23.2 percent), and osteoporosis (13.0 percent). Also, 21.1 percent of all surveyed seniors had depression, as measured by the Short Geriatric Depression Scale (SGDS).

An overwhelming 83.5 percent of seniors had been taking prescribed medications for three months or longer at the time of the survey, while another 10.9 percent had been taking un-prescribed medications for three months or longer. The percentage of seniors staying on medication (prescribed and un-prescribed alike) for three months or longer rose to 85.1 percent, with 23.5 percent taking one or two medications, 22.8 percent three or four medications, and 38.9 percent five or more medications. On average, seniors were on 4.1 medications (3.9 prescribed and 0.2 un-prescribed).

When asked whether they had visited hospitals, clinics, public healthcare centers (or their branches), traditional medicine clinics, dental clinics, and other such health and medical institutions in the past month, 77.4 percent of seniors answered in the affirmative, with the average number of visits at 2.4. Of

the surveyed seniors, 16.8 percent had been hospitalized in the past year due to injuries or illnesses.

2) Health Behavior of Seniors

Figure 3-3 charts the health behavior of seniors surveyed in 2017. Of all the surveyed seniors, smokers made up 10.2 percent, seniors who drank in the past year 26.6 percent, and heavy drinkers (drinking at least eight glasses a week) 10.6 percent.

As for exercise, 68.0 percent of seniors answered that they exercised routinely, and 48.2 percent of them exercised at a recommended level, i.e., 150 minutes or more per week. Walking was the favorite activity, with 71.7 percent of seniors engaging in it, followed by calisthenics (5.5 percent), (indoor) cycling (5.3 percent), mountain trekking (4.3 percent), body-building and fitness exercises (2.8 percent), and swimming (2.6 percent). A great majority—73.4 percent—of exercising seniors exercised near their homes, 6.8 percent in their homes, 5.5 percent in nature (mountains, beaches, river banks, etc.), 4.8 percent in public health facilities, 4.7 percent in private health facilities, 2.4 percent in welfare centers, 1.6 percent in senior citizen centers, 0.7 percent in nongovernmental nonprofit facilities, and 0.1 percent in public healthcare clinics. Almost 80 percent of exercising seniors exercise either at or near their

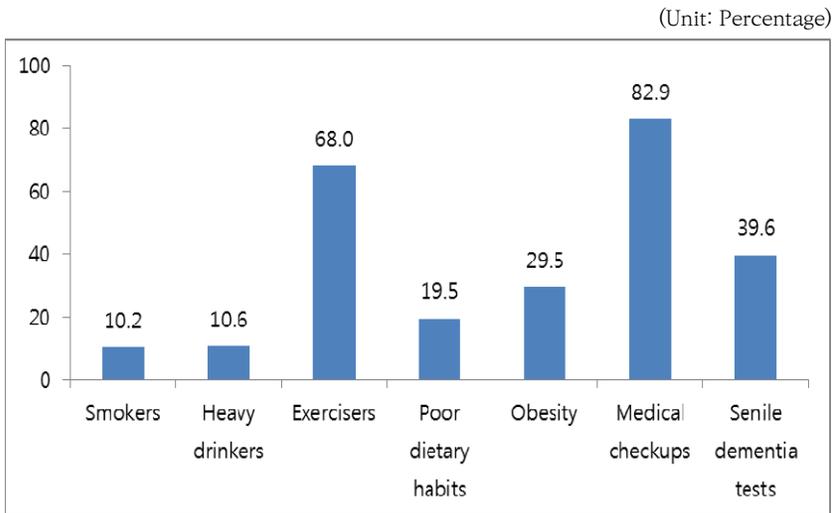
homes.

As for dietary and nutritional status, 41.3 percent of surveyed seniors had relatively good dietary habits, while 39.3 percent required caution, and another 19.5 percent required dietary intervention. Regarding obesity in terms of body mass index (BMI), 4.0 percent of seniors were underweight (below BMI 18.5), 66.4 percent were normal-weight (BMI 18.5 to less than 25), and 29.5 percent were overweight or obese (BMI 25 or higher).

When asked whether they used dietary and nutritional services, 5.1 percent of surveyed seniors answered that they had used senior kitchens in the past year, and 4.3 percent of these seniors answered that they regularly visited at least once a week. Another 1.8 percent of seniors used food (side dish) delivery services, with 1.5 percent of them using the delivery services at least once a week.

Of the surveyed seniors, 82.9 percent had received medical checkups in the past two years, and another 39.6 percent had received tests for senile dementia.

[Figure 3-3] Health Behavior of Seniors



Note: Based on answers provided by seniors themselves only.

With respect to seeking medical care and treatment, 8.6 percent of seniors had not sought any from medical institutions (except for dentists) in the past year, while another 15.0 percent had not received any dental care or treatment. Financial constraints were the most prevalent reason for not seeking professional medical care (50.1 percent), followed by mildness of symptoms (17.6 percent), impairment to mobility (11.7 percent), fear of the treatment process (7.3 percent), lack of time (5.1 percent), inconvenience of transportation (4.2 percent), difficulty with making appointments and waiting for care (1.9 percent), and lack of medical information (1.8 percent). Financial constraints were again the most prevalent reason for not seeking dental care or treatment (72.0 percent), followed by

fear of the treatment process (12.3 percent), mildness of symptoms (6.9 percent), impairment to mobility (3.5 percent), lack of time (2.4 percent), difficulty with making appointments and waiting for care (1.2 percent), inconvenience of transportation (0.7 percent), other reasons (0.6 percent), and lack of medical information (0.5 percent).

As for private health insurances or other sources of health-care cost security, 30.3 percent of surveyed seniors were eligible for such benefits.

6. Daily Activities and Functions and Assisted Living

Of surveyed seniors, 61.5 percent required visual aids (e.g., eyeglasses), 4.8 percent needed hearing aids, and 46.0 percent needed dentures. Notwithstanding the relative prevalence of eyeglasses and dentures, 33.9 percent of seniors complained about the poverty of vision and 46.2 percent about the difficulty of chewing. On the other hand, relatively fewer seniors using hearing aids complained (16.0 percent were uncomfortable, 1.8 percent were very uncomfortable).

As for lower body strength, 78.6 percent of seniors were able to perform the six required tasks. However, they found running along the entire track on school grounds most difficult (2.6 on a

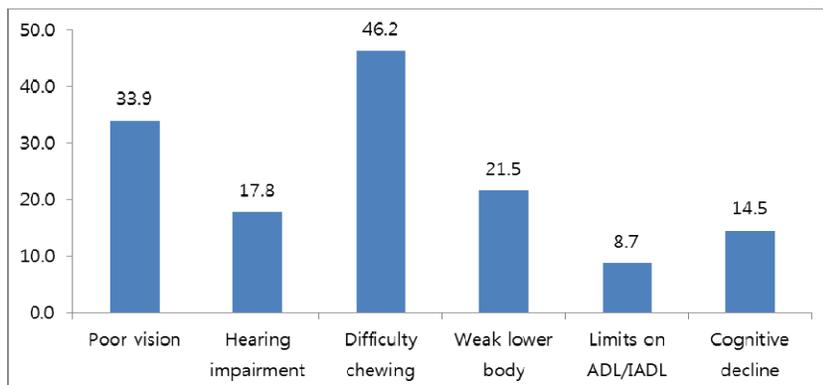
five-point scale, with one indicating “not difficult at all” and five indicating “impossible to do”). Seniors were most able to stretch their arms above their heads to reach something (1.2 out of 5.0).

With respect to performing seven activities of daily living (ADL) and 10 instrumental activities of daily living (IADL), 74.7 percent of surveyed seniors had no restrictions, while 16.6 percent experienced difficulty with IADL only and 8.7 percent had difficulty with both ADL and IADL. The older the senior, the more likely he or she had difficulty in these areas, with 32.0 percent of seniors aged 85 or older experiencing restrictions even with performance of ADL.

Seniors’ average cognitive function score, measured using the Mini Mental State Examination for Dementia Screening (MMSE-DS), was 25.2 points. Of the surveyed seniors, 14.5 percent were found to be in cognitive decline. The older the senior, the steeper the cognitive decline, with 27.4 percent of seniors aged 85 or older in such state (Figure 3-4).

[Figure 3-4] Functional and Physical Status of Seniors

(Unit: Percentage)



Note: Based on answers provided by seniors themselves only.

Of seniors with limits on ADL and/or IADL, 71.4 percent received help, and 89.4 percent of these seniors received help from their (cohabitating or non-cohabitating) family members. Specifically, 69.0 percent received help from cohabitating family members, while 36.2 percent received help from non-cohabitating ones. Also, 19.0 percent of seniors receiving help also received Long Term Care Insurance for Seniors (LTCIS) benefits while 4.2 percent received public elderly care services. As for seniors receiving help from unofficial/non-professional family caregivers, spouses were their most preferred sources of help with chores (including cleaning), meal preparation, and making trips outside, followed by daughters and sons. Spouses, daughters, and daughters-in-law were also especially preferred choices for help with bathing. Daughters, in other words, play an important role in caring for their frail elderly parents.

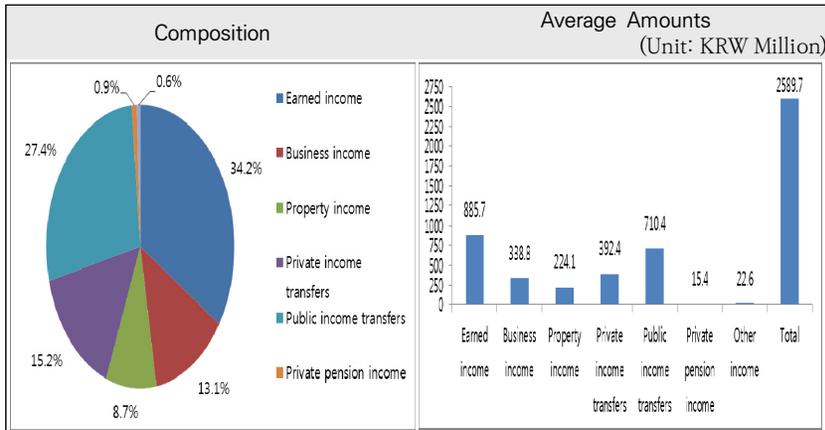
Dependency on daughters-in-law is relatively less common today than in the past.

7. Financial Status

The financial status of seniors is examined in terms of whether they have sufficient post-retirement assets and income to satisfy their needs for spending and consumption to maintain lifetime utility. Income, spending, assets, and liabilities are therefore the key topics of focus in this section.

The total household income of surveyed seniors was KRW 25.897 million annually or KRW 2.158 million monthly on average as of 2016. In terms of the composition of this income by source, earned income accounted for the greatest portion (KRW 8.857 million a year or 34.2 percent), followed by public income transfers (KRW 7.104 million or 27.4 percent), private income transfers (KRW 3.924 million or 15.2 percent), and business income (KRW 3.388 million or 13.1 percent) (Figure 3-5).

[Figure 3-5] Seniors' Household Income by Source



As for seniors' personal income, private income transfers accounted for an overwhelming majority at 93.4 percent, followed by basic pension (67.6 percent), public pension (34.6 percent), property income (23.5 percent), earned income (17.1 percent), business income (14.8 percent), and other public assistance (16.9 percent).

Seniors' total annual personal income was KRW 11.765 million on average, with public income transfers accounting for KRW 4.347 million (36.9 percent), followed by private income transfers (KRW 2.584 million or 22.0 percent), business income (1.604 million or 13.6 percent), earned income (1.562 million or 13.3 percent), property income (1.433 million or 12.2 percent), other income (0.142 million or 1.2 percent), and private pension income (0.091 million or 0.8 percent). Seniors' personal income, on average, made up 55.5 percent of their household income.

Of surveyed seniors, 91.3 percent owned their homes, whose average price was KRW 245.462 million. Furthermore, 91.6 percent of seniors held financial assets, whose value amounted to KRW 36.318 million on average. There were also 44.6 percent of seniors who held other forms of assets, valued at KRW 8.553 million on average. Another 29.0 percent of seniors had household debts, amounting to KRW 24.084 million on average.

The monthly average household consumption spending was KRW 1.622 million (as of 2016), with 24.9 percent of senior households finding housing-related spending burdensome. Add to this the 5.5 percent of seniors living in rented homes, and almost one-third of seniors (30.4 percent) find housing burdensome. This tendency was especially strong among seniors living alone. The next-biggest spending item was health-care and medicine (23.1 percent), followed by groceries (18.7 percent) and other (14.3 percent). As for how seniors spend money for themselves, 93.6 percent of seniors spent on health-care and medicine, 5.2 percent on care and nursing, 73.7 percent on cultural and leisure activities, and 61.6 percent on occasions of celebration and condolences.

Of surveyed seniors, 6.4 percent were on the National Basic Livelihood Security Program (NBLSP), while 1.6 percent of surveyed seniors received Medicare only without NBLSP benefits. The percentage of seniors on NBLPS grew by 0.8 percent from 5.6 percent in 2014, most likely due to the NBLSP reform in

2015 to provide benefits for a larger segment of the population.

8. Economic Activities

1) Working Seniors Today

As of 2017, 30.9 percent of surveyed seniors were working for pay. Another 59.3 percent of seniors had worked in the past, but not at the time of the survey. Nearly 10 percent (9.8 percent, to be exact) of seniors had never worked for pay. The largest group of working seniors—40.1 percent—worked in unskilled manual labor, followed by 32.9 percent in skilled jobs in the primary sector, 7.5 percent in machinery operation and assembly, 5.6 percent in sales, and 5.2 percent in service jobs. If we divide working seniors' jobs by industry, the largest share—34.7 percent—belong to the primary sector, 20.1 percent to building maintenance (security guards, janitors, and cleaners), 15.3 percent to transportation and construction, and 12.0 percent to domestic help, cooking, and food and beverage businesses. In terms of their working status, 38.0 percent of working seniors were self-employed, 33.3 percent had temporary jobs, 11.7 percent worked in family businesses without pay, 9.2 percent as day laborers, and 5.6 percent in full-time jobs. Of seniors working for pay, 42.8 percent were working in

government-created or subsidized jobs.

As for the types of places at which they worked, 34.9 percent of working seniors worked in the field, 17.3 percent at private companies, 15.2 percent at small businesses, and 15.1 percent at public organizations.

In terms of the number of working days per week, the largest group—26.7 percent—worked three days a week, 23.9 percent five days a week, 20.3 percent seven days a week, 14.5 percent six days a week, and 8.9 percent four days a week. Also, 22.1 percent of working seniors worked nine hours or less per week, 18.1 percent from 40 to 49 hours, 16.2 percent from 20 to 29 hours, 15.7 percent from 10 to 19 hours, and 14.7 percent for 50 hours or more. In addition, 32.5 percent of working seniors earned KRW 290,000 or less per month, 17.8 percent earned KRW 1,500,000 or more, 15.6 percent KRW 1,000,000 to 1,490,000, 14.9 percent KRW 500,000 to 990,000, and 7.3 percent KRW 300,000 to 490,000. As for their length of same-place employment, 34.8 percent of working seniors had worked in their current jobs for less than five years, 30.3 percent for 30 years or longer, 14.8 percent for 10 to 20 years, 12.1 percent for five to 10 years, and 7.9 percent for 20 to 30 years. The vast majority—73.0 percent—of seniors worked for a living, 11.5 percent to earn pocket money, 6.0 percent to remain active, and 5.8 percent to spend time productively.

Of working seniors, 64.1 percent were satisfied with their

jobs (56.3 percent satisfied, 7.8 percent very satisfied), while 18.5 percent were neutral, 15.3 percent were dissatisfied, and 2.0 percent were very dissatisfied. Low pay was the single greatest cause of dissatisfaction (65.9 percent), followed by poor health (19.2 percent), the nature of work (6.0 percent), and other (8.9 percent).

2) Longest-Working Jobs

The occupations in which seniors had worked the longest, at the time of the survey, were found in the primary sector (25.2 percent), followed by unskilled manual labor (21.0 percent), sales (12.0 percent), technicians and related occupations (10.1 percent), services (8.7 percent), machinery operation and assembly (7.6 percent), and office work (6.6 percent).

The employment status in which seniors had worked the longest was self-employment (29.3 percent), followed by full-time employment (26.9 percent), unpaid employment in family businesses (17.6 percent), day labor (12.4 percent), and temporary employment (9.1 percent). Only 2.9 percent of wage-earning seniors had worked the longest in government-created or subsidized jobs. In terms of the duration of work at the longest-working jobs, 23.1 percent had worked for 20 to 30 years, 22.8 percent for 30 to 40 years, 22.1 percent for 40 years or longer, 20.3 percent for 10 to 20 years, 7.0 percent for 5 to 10

years, and 4.7 percent for less than 5 years. Health was the most prevalent reason for quitting one's longest-working job (34.2 percent), followed by layoff, dismissal, or business closure (24.0 percent), 13.8 percent due to age, 9.1 percent due to family reasons, and 7.9 percent due to working conditions. Furthermore, 43.3 percent of seniors who had quit their longest-working jobs subsequently worked in other jobs.

3) Inclination for Future Work

Of surveyed seniors, 66.4 percent indicated that they would not want to work in the future, while the remaining 33.6 percent were willing to work. Earning a living was the dominant reason for wanting to continue to work (62.3 percent), followed by earning pocket money. Seniors' favorite working hours were 40 to 50 hours a week (26.0 percent), followed by 20 to 30 hours (18.9 percent), 10 to 20 hours (18.9 percent), less than 10 hours (15.6 percent), 30 to 40 hours (15.3 percent), and 50 hours or longer (5.2 percent). Average monthly income of less than KRW 500,000 was seniors' favorite earned income (28.5 percent), followed by KRW 500,000 to KRW 1,000,000 (23.4 percent), KRW 1,000,000 to 1,500,000 (19.0 percent), KRW 1,500,000 to KRW 2,000,000 (14.4 percent), and KRW 2,000,000 or more (14.6 percent). Of seniors who wished to work, 40.1 percent indicated that they had sought jobs in the past, mostly

by visiting employment centers (67.7 percent), and also via personal connections (27.8 percent).

Of all surveyed seniors, 6.7 percent were currently participating in senior employment and social participation programs (SESPPs) at the time of the survey, 4.6 percent had participated in the past, 3.5 percent had applied but were unable to participate, and 85.3 percent had neither applied nor participated. Of the seniors currently participating, 85.7 percent were in civic service activities, 3.5 percent in talent sharing activities, 5.5 percent in market-type working groups, 1.9 percent in manpower dispatch agencies, and 3.4 percent in senior internship and other programs.

When asked whether they would be willing to participate in SESPPs, 16.2 percent of all surveyed seniors answered in the affirmative, while the remaining 83.8 percent said they were not so willing. Volunteering at public facilities was the most popular option (40.6 percent), followed by caring for older seniors (36.9 percent), senior internships and other corporation-related jobs (7.1 percent), market-type working groups (5.0 percent), manpower dispatch agencies (4.2 percent), helping the vulnerable (3.4 percent), and passing on knowledge and experience (2.8 percent).

9. Leisure and Social Activities

Almost all—99.3 percent—seniors watched TV and/or listened to radio, spending 3.8 hours on these activities per day on average. The vast majority—85.1 percent—of seniors also had hobbies outside of TV, radio, or traveling. Volunteering and visiting family members/relatives/acquaintances and other such social activities were seniors' most popular leisure activities (34.9 percent), followed by walking (27.5 percent) and sports (16.6 percent). Nevertheless, watching TV was still seniors' most common leisure activity (45.6 percent), followed by social activities (19.4 percent), tourism (including sightseeing and picnicking; 18.5 percent), and sports (14.5 percent).

Approximately one-third—33.8 percent—of seniors had traveled in the past year. Of these seniors, 52.9 percent had traveled once, and 15.4 percent had traveled four times or more.

As for seniors' organizational activities, 45.6 percent participated in social groups, 4.4 percent in hobby clubs, and 0.4 percent in political and social issue organizations.

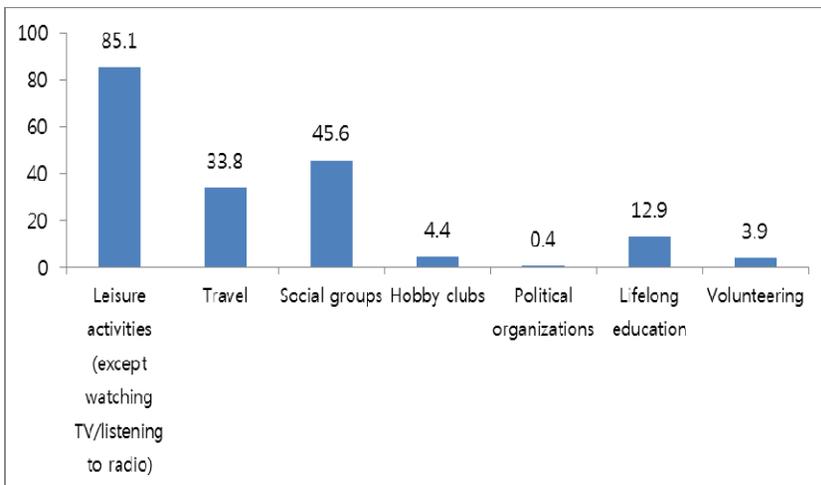
Lifelong education was an activity of 12.9 percent of seniors, with 95.8 percent of these seniors participating at least once a week. Health/exercise programs (41.9 percent) and programs with cultural/artistic themes (34.9 percent) were the two most popular. Senior welfare centers (34.8 percent) were the most popular venues for lifelong education, followed by senior citi-

zen centers (19.2 percent) and municipal halls or community service centers (13.8 percent). Lifelong education for seniors, in other words, is decisively under the purview of the public sector.

Of surveyed seniors, 3.9 percent were volunteering at the time of the survey, while another 11.5 percent had volunteered in the past, but were no longer volunteering, and the remaining 84.7 percent had never volunteered. Religious institutions were the most common venue for volunteering (29.8 percent), and social welfare was the most prominent theme (63.1 percent). As for the types or natures of volunteering activities concerned, simple physical labor (77.9 percent) was the most prevalent.

[Figure 3-6] Leisure and Social Activities of Seniors

(Unit: Percentage)



As for seniors' familiarity with information technology, 60.9 percent were able to receive and read text messages, and 37.1 percent were able to send text messages. Also, 34.2 percent of seniors were able to take photographs or record videos using their mobile phones while 26.0 percent had social media accounts.

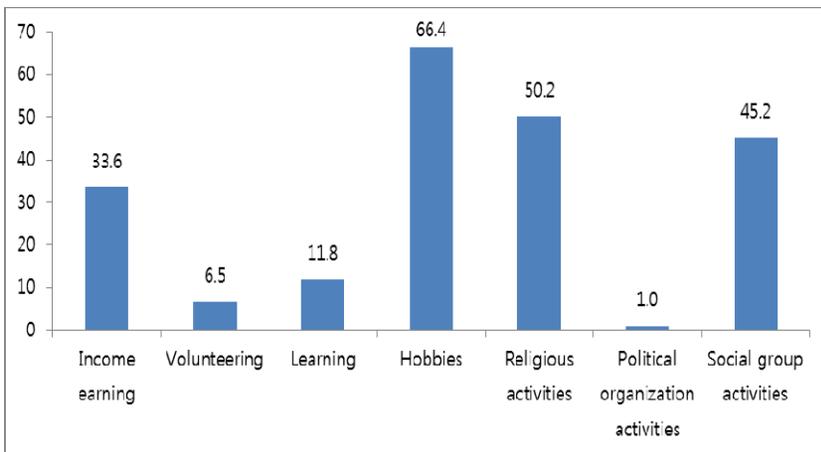
Senior citizen centers and senior welfare centers were main venues where seniors engage in leisure and cultural activities. Of surveyed seniors, 23.0 percent frequented senior citizen centers (3.9 visits per week on average) while 9.3 percent visited senior welfare centers (2.5 visits per week on average). Socializing was the overwhelming and foremost reason for visiting senior citizen centers (91.4 percent), followed by the availability of meals (57.2 percent) and health programs (9.0 percent). As for why they refrained from visiting senior citizen centers, 37.1 percent of seniors answered interpersonal difficulties and another 29.0 percent answered they were too young to frequent such facilities. The most common reason for frequenting senior welfare centers was the availability of hobby and leisure programs (49.6 percent), followed by socializing (42.3 percent), meals (27.5 percent), and health programs (26.4 percent). The reasons for not frequenting senior welfare centers included the inconvenience of transportation (20.2 percent), interpersonal difficulties (19.2 percent), being too young to frequent such facilities (17.6 percent), and lack of time (15.1

percent).

When asked to pick the types of activities they were most willing to participate in, seniors chose hobby-related activities (66.4 percent), religious activities (50.2 percent), social group activities (45.2 percent), learning (11.8 percent), volunteering (6.5 percent), and political activities (1.0 percent) (Figure 3-7).

[Figure 3-7] Seniors' Willingness to Take Up Leisure and Social Activities

(Unit: Percentage)



10. Living Conditions

Nearly half—48.8 percent—of surveyed seniors were living in stand-alone houses the time of the survey, while the next biggest group (35.1 percent) lived in apartments. The percentage of seniors living in detached homes has been on a steady de-

cline (60.5 percent in 2008, 55.7 percent in 2011, and 51.7 percent in 2014), but detached homes are still the predominant form of dwelling. Also, 70.9 percent of seniors owned the homes they lived in, 11.3 percent lived in rented homes with monthly rent and rent security deposits, 9.5 percent lived in free homes, and 7.3 percent in jeonse-leased (annual rental) homes. Of seniors living in free homes, 53.0 percent were living in homes owned or rented by their children, 31.6 percent in homes that they had previously owned but had bequeathed to their children, and 14.0 percent in homes owned or rented by relatives or friends. Only 6.1 percent of dwellings had amenities and facilities for seniors. The vast majority (84.0 percent) lacked such additional features, but were relatively comfortable to live in. Another 9.9 percent of dwellings were quite uncomfortable residential settings for seniors.

The majority of seniors—55.9 percent and 62.1 percent, respectively—lived relatively far from senior welfare centers and general social welfare centers, taking more than 30 minutes on foot. Buses were seniors' most common mode of transportation (45.7 percent), followed by personal vehicles (25.1 percent) and metro (18.9 percent). Climbing up and down staircases or rampways was the biggest source of inconvenience for seniors on roads (48.3 percent), followed by climbing up and down hills to get to bus or metro stops (31.0 percent).

With respect to driving, 18.8 percent of surveyed seniors

were still driving at the time of the survey, while 10.5 percent had quit. The average age at which seniors quit driving was 62.1 years old. Of seniors still driving, 84.0 percent said they had no trouble driving, while 11.1 percent confessed to some difficulty. The causes of difficulty while driving included poor vision (36.2 percent), failing judgment regarding traffic conditions (signal lights, crosswalks, etc., 28.5 percent), declining limb agility (18.4 percent), and a weakened sense of speed (12.2 percent).

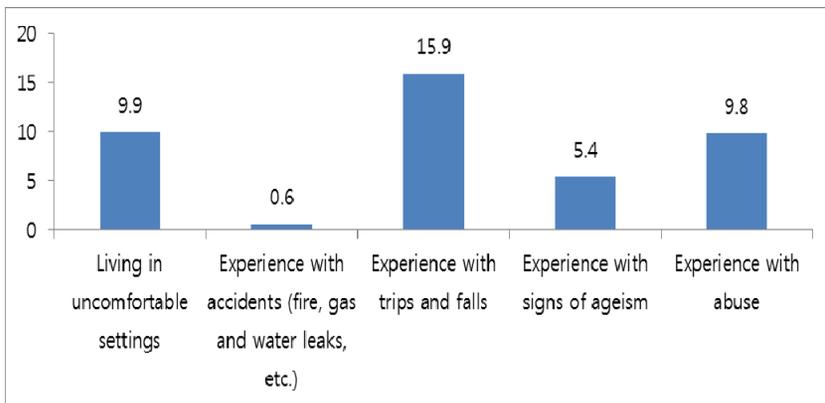
As for seniors' experience with accidents and crime, 0.6 percent of surveyed seniors had experienced accidents (fire, gas and water leaks, etc.), and less than 0.2 percent had experienced crime. However, 15.9 percent of surveyed seniors had experienced trips and falls, 2.1 times on average over the past year.

Of surveyed seniors, 5.4 percent experienced signs of ageism, on such occasions as using public transportation (38.2 percent), at work (21.4 percent), visiting retail shops (10.8 percent), and visiting medical institutions (10.1 percent). On the other hand, 9.8 percent of surveyed seniors experienced abuse. Emotional abuse, consisting of verbal and behavioral aggression, was the most prevalent form (7.4 percent), followed by emotional/financial neglect by family members (2.3 percent), neglect of care by family members (1.7 percent), physical abuse (0.3 percent), financial abuse (0.4 percent), and sexual

abuse (0.1 percent). Asked how they would respond to elder abuse they witnessed, 58.7 percent of surveyed seniors answered that they would report it to the police, 21.3 percent that they would ask for help, 10.0 percent that they would ignore it, and only 4.0 percent that they would report to senior protection agencies (Figure 3-8).

[Figure 3-8] Living Conditions and Safety of Seniors

(Unit: Percentage)



11. Attitude toward Policy Issues

With respect to satisfaction with their current residential settings, 78.9 percent of surveyed seniors were satisfied, while 8.4 percent were not. Another 78.7 percent of seniors expressed satisfaction with the overall residential environment outside their homes, while 8.7 percent expressed dissatisfaction. The

main causes of dissatisfaction with one's home included the inconvenience of using the kitchen, the bathroom, and so forth (25.1 percent). The most prominent cause of dissatisfaction with one's living environment was the lack or inconvenience of amenities (32.3 percent).

As for preferred types of residential setting according to health needs, 88.6 percent of healthy seniors wanted to continue to live in their current homes, while only 0.2 percent of surveyed seniors wanted to enter assisted living facilities that provide meals and other various services. However, seniors experiencing limitations to their daily functions and mobility mostly wanted to live in their homes with at-home services (57.6 percent) or enter assisted living facilities for seniors that provide meals and care services (31.9 percent).

Over 90 percent of services experiencing limitations to their mobility wished to use paid services, including meal preparation and delivery, medical care, cleaning and laundry, care, and exercise/culture/leisure activity services, in that order of preference. In fact, 98.3 percent of seniors indicated willingness to use medical services, 98.2 percent meal services, 96.6 percent cleaning and laundry services, 94.2 percent care services, and 84.2 percent exercise/culture/leisure related services. The majority of these seniors were also willing to live in assisted living facilities with shared bedrooms, common rooms, and bathrooms. Specifically, 57.7 percent were willing to share

their bedrooms, 81.7 percent common rooms, and 69.9 percent bathrooms. As for how much they were willing to pay to live in such facilities, 78.3 percent of seniors were willing to pay less than KRW 500,000 a month.

When asked whether the current free metro rides should remain in place, 67.6 percent of surveyed seniors answered in the affirmative, 4.9 percent were neutral, and 27.5 percent were dismissive. In other words, the majority of seniors wish the current free metro rides to continue into the future. However, only 11.7 percent of surveyed seniors expressed strong agreement, while 55.9 percent saw themselves as leaning toward agreement. Of seniors who were either neutral or dismissive about the free metro rides, 86.6 percent wanted the starting age limit to be raised and 67.1 percent wanted seniors to pay at least part of their metro fares.

As for sexuality, the majority of seniors felt it was irrelevant (65.9 percent), while only 21.9 percent felt it was important. In the meantime, only 1.2 percent of seniors had actually sought sex education or counseling, while the remaining 98.8 percent had not. Ten percent of seniors thought sex education and counseling for seniors was necessary.

IV

Variations of Lifestyles by Sociodemographic Characteristics

1. Characteristics by Residential Setting
2. Characteristics by Gender
3. Characteristics by Age
4. Characteristics by Education Level

IV

Variations of Lifestyles by Sociodemographic Characteristics

Diversity within the elderly population is an undeniable fact. We need to understand the diversity of seniors' lifestyles in relation to their sociodemographic characteristics.

1. Characteristics by Residential Setting

Numerous differences are observed in the lifestyles of seniors living in urban and rural areas (Tables 4-1 and 4-3). Whereas seniors living with their elderly spouses make up 45.7 percent of all senior households in urban areas, the percentage is significantly greater, at 54.2 percent, in rural areas. There is, however, little urban-rural difference in terms of the percentages of seniors living alone.

There is also little urban-rural difference in terms of senior health. However, the percentage of seniors receiving public income transfers as part of household income is greater in rural areas than in urban ones. Nevertheless, there is little difference in terms of the percentages of seniors holding public pension policies and seniors' satisfaction with their public pension benefits.

Participation in economic, social, leisure and cultural activ-

ities is where the urban-rural difference is most pronounced. Whereas 24.1 percent of seniors in urban areas were working for pay at the time of the survey, this almost doubled to 45.9 percent in rural areas. In contrast, seniors in urban areas were slightly more likely than their rural counterparts to engage in leisure activities and visit senior welfare centers. Rural seniors, on the other hand, were significantly more likely than their urban counterparts to have traveled and used senior citizen centers. Whereas only 30.8 percent of urban seniors had traveled in the past year, the percentage was 40.4 percent in rural areas. Also, only 11.5 percent of urban seniors frequented senior citizen centers, as opposed to 48.5 percent of rural seniors. There is, however, practically no difference in terms of participation in lifelong education and volunteering. In sum, whereas urban seniors enjoy a relatively wider range of leisure activities and hobbies, and prefer using senior welfare centers, rural seniors are more likely than their urban counterparts to travel and use senior citizen centers.

As for living conditions, 8.3 percent of urban seniors had inconvenient spaces in their homes, as opposed to 13.3 percent of rural seniors. No differences were found with respect to safety-related matters.

(Table 4-1) Lifestyle Factors and Sociodemographic Characteristics of Seniors

Characteristics	Household type		Health				Income		(Unit: Percentage)
	Living alone	Living with spouse	(Diagnosed) comorbidity rate ²⁾	Depression ³⁾	Limits on ADL/IADL ⁴⁾	Satisfaction with health ¹⁾	Public income transfers (household)	Public pension policies (individual)	
Overall	23.6	48.4	51.0	21.1	25.3(8.7)	37.1	93.9	34.6	28.8
Area type									
Urban	23.2	45.7	50.4	21.7	24.4(8.6)	37.3	92.8	34.0	28.3
Rural	24.3	54.2	52.2	19.8	27.3(9.0)	36.5	96.6	35.8	29.9
Sex									
Male	10.8	64.5	40.6	17.2	16.5(6.1)	46.5	93.5	54.1	32.3
Female	33.0	36.5	58.6	24.0	31.9(10.7)	30.1	94.3	20.1	26.2
Age									
65 to 69	16.9	53.4	41.7	15.1	10.6(3.0)	46.2	93.1	45.6	32.7
70 to 74	22.0	53.8	50.0	18.2	16.9(4.8)	37.4	94.7	40.3	29.8
75 to 79	25.6	48.4	58.7	23.6	29.2(8.9)	31.7	94.0	30.4	24.0
80 to 84	33.6	40.7	61.5	30.7	43.9(14.7)	26.6	93.6	19.7	24.5
85+	32.9	24.9	54.9	33.1	67.4(32.0)	29.7	95.4	9.3	29.1
Education									
Illiterate	42.1	21.8	66.0	40.4	99.9(21.1)	19.6	97.6	14.1	16.9
Literate	37.9	30.3	64.2	31.4	36.0(13.4)	24.2	96.7	22.7	19.9
Elementary school	21.7	51.5	53.2	20.8	20.2(7.8)	34.6	94.1	31.8	25.4

Characteristics	Household type		Health				Income	
	Living alone	Living with spouse	(Diagnosed) comorbidity rate ²⁾	Depression ³⁾	Limits on ADL/ ⁴⁾ ADL	Satisfaction with health ¹⁾	Public income transfers (household)	Public pension policies (individual)
Middle school	17.5	55.8	46.0	16.4	14.7(6.4)	42.1	92.6	39.2
High school	15.0	59.3	40.7	14.0	12.1(4.9)	46.5	92.7	45.7
College or more	15.8	57.9	32.9	9.7	12.3(4.9)	59.4	89.7	56.8

Notes: 1) The combined percentage of seniors who were very satisfied or satisfied.

2) The percentage of seniors with three or more chronic comorbidities.

3) The percentage of seniors who scored eight to 15 on the SGDS.

4) The percentage of seniors experiencing limits on any one of the 10 ADL and seven IADL. Figures in parentheses indicate the percentages of seniors experiencing limits on ADL.

(Table 4-2) Social Participation and Sociodemographic Characteristics of Seniors

Characteristics	Working	Engage in leisure activities ¹⁾	Annual travel experience	Lifelong learning	Volunteering	Frequent senior citizen centers	Frequent senior welfare centers	Satisfaction
Overall	30.9	85.1	33.8	12.9	3.9	23.0	9.3	47.7
Area type								
Urban	24.1	85.6	30.8	13.1	4.0	11.5	9.9	47.9
Rural	45.9	84.0	40.4	12.4	3.6	48.5	7.9	47.5
Sex								
Male	38.3	85.5	34.2	8.0	4.4	18.4	8.5	50.0
Female	25.5	84.8	33.5	16.5	3.5	26.4	9.8	46.1
Age								
65 to 69	42.2	87.0	41.6	12.6	5.5	13.2	7.1	53.2
70 to 74	32.3	85.7	35.8	13.6	4.9	20.3	9.9	48.9
75 to 79	29.0	84.5	31.8	14.1	2.8	30.9	11.7	46.4
80 to 84	17.5	83.5	23.5	12.7	1.4	33.8	10.4	41.0
85+	6.6	78.8	16.9	8.8	1.0	33.9	7.8	34.5
Education								
Illiterate	25.8	78.3	20.3	9.4	0.3	43.8	6.9	28.2
Literate	27.3	83.5	25.3	12.1	1.6	37.7	8.8	36.9

(Unit: Percentage)

Characteristics	Working	Engage in leisure activities ¹⁾	Annual travel experience	Lifelong learning	Volunteering	Frequent senior citizen centers	Frequent senior welfare centers	Satisfaction
Elementary school	34.1	83.3	31.5	11.7	2.8	26.0	8.3	43.5
Middle school	34.5	86.0	36.1	13.0	5.0	14.5	10.6	52.8
High school	30.8	87.4	40.5	14.3	6.5	10.2	10.6	58.0
College or more	21.5	94.8	53.9	19.5	8.6	6.8	10.6	72.7

Note: 1) Leisure activities or hobbies that exclude watching TV, listening to radio, or traveling.

(Table 4-3) Living Conditions and Sociodemographic Characteristics of Seniors

Characteristics	Home has inconvenient spaces	Trips or falls	Experienced accidents	Experienced signs of ageism	Experienced abuse
Overall	9.9	15.9	0.6	5.4	9.8
Area type					
Urban	8.3	16.0	0.6	5.6	9.6
Rural	13.3	15.6	0.7	4.8	10.3
Sex					
Male	8.9	11.2	0.5	5.9	9.6
Female	10.6	19.4	0.6	4.9	10.1
Age					
65 to 69	7.5	12.2	0.5	3.9	8.6
70 to 74	8.6	15.0	0.4	5.9	10.2
75 to 79	11.1	17.4	0.9	5.8	10.5
80 to 84	12.6	20.5	0.6	6.8	10.9
85+	15.5	22.0	1.0	6.2	10.2
Education					
Illiterate	19.9	20.9	0.3	3.6	12.2
Literate	16.0	20.6	0.9	5.8	13.2
Elementary school	9.0	16.3	0.7	5.0	9.6
Middle school	7.2	13.0	0.3	5.4	7.4
High school	6.5	13.4	0.5	6.4	9.8
College or more	4.4	11.0	0.5	5.5	6.7

(Unit: Percentage)

2. Characteristics by Gender

Senior women's quality of life lags behind that of senior men in many respects. The first and foremost difference is observed in the household structure. Whereas 64.5 percent of male seniors live with their spouses, only 36.5 percent of female seniors do, while another 33.0 percent of female seniors live alone. The absence of spouses or other cohabitating family members with whom they can exchange care and support increases female seniors' difficulties with various activities of daily life.

Female seniors, moreover, are in poorer states of health than their male counterparts even when measured using objective indicators. Almost 60 percent of female seniors have three or more comorbidities, above the average number of 2.7, as opposed to 40.6 percent of male seniors. Female seniors are also twice as likely as male seniors to have limitations in their ADL or IADL (31.9 percent as opposed to 16.5 percent, or 10.7 percent as opposed to 6.1 percent in terms of ADL restrictions only). The same pattern is observed with respect to the prevalence of depression, with 24.0 percent of female seniors—seven percentage points higher than male seniors—experiencing symptoms of depression. This is so despite the older average age of surveyed female seniors than male seniors. Accordingly, whereas 46.5 percent of male seniors are satisfied with their sub-

jective states of health, only 30.1 percent of female seniors are.

With respect to income, only 20.1 percent of female seniors held public pension policies, not even near half the 54.1 percent of male seniors that did. One of the main reasons for this is the fact that women in Korea have been traditionally and structurally barred from participating in the labor market in secure jobs, because they were compelled to provide care within families. The objective poverty of female seniors is also behind their subjective sense of poverty, with only 26.2 percent of women satisfied with their financial status as opposed to 32.3 percent of male seniors.

The gender divide persists in the employment rates of male and female seniors. However, male seniors are only slightly more likely than their female counterparts to participate in hobbies and leisure activities, travel, or volunteer. There is more than a 10-percentage-point difference between working male seniors and working female seniors (38.3 percent vs. 25.5 percent). However, 34.2 percent of male seniors and 33.5 percent of female seniors had traveled and 4.4 percent of male seniors and 3.5 percent of female seniors had volunteered in the past year at the time of the survey. On the other hand, female seniors are the main users of senior citizen centers and senior welfare centers (26.4 percent as opposed to 18.4 percent). Male seniors, nonetheless, are more satisfied than their female counterparts with the status of their social, leisure, and cultural

activity.

Female seniors are overwhelmingly more likely to inhabit homes with inconvenient features than male seniors. Nearly half of surveyed female seniors experienced difficulty with making trips outside. Moreover, whereas 19.4 percent of female seniors had experienced trips and falls in the past year at the time of the survey, only 11.2 percent of male seniors had. There is, however, little gender divide with respect to experience with accidents, discrimination/ageism, and abuse.

3. Characteristics by Age

Seniors of different age groups experience quite different things. The older the senior, the greater the likelihood of living alone and the lower the likelihood of living with a spouse.

Although age is not a decisive factor of difference in the percentages of household income made up of public income transfers, whether seniors receive public pension income varies widely by age. Whereas 40 percent or so of seniors under the age of 75 receive public pension income, only 30.4 percent of seniors aged 75 to 79, 19.7 percent of seniors aged 80 to 84, and 9.3 percent of seniors aged 85 or older do. This is because it has not been long since the public pension system was introduced to Korea and took root. Seniors' satisfaction with

their financial status is inversely correlated to their age, up until age 85.

Health is also clearly inversely correlated to age, and seniors experience pronounced declines in their daily activities and functions around the age of 80. The same applies to the symptoms of depression as well. However, seniors aged 85 or older are slightly less likely than younger seniors aged 80 to 84 to have three or more comorbidities. All in all, however, seniors' satisfaction with their health declines with age.

The number of working seniors also decisively takes a downturn as seniors age. Whereas 42.2 percent of seniors aged 65 to 69 work, only 6.6 percent of seniors aged 85 or older do. Seniors' participation in leisure activities and traveling also declines with age. However, the use of senior citizen centers increases with age, with more than 30 percent of seniors frequenting these centers at age 75 or older. Seniors' satisfaction with their leisure and social activities, however, declines with age.

Seniors at advanced age are also more likely to inhabit uncomfortable/inconvenient residential settings and experience trips or falls. Experiences with discrimination and abuse, and signs of ageism, on the other hand, vary little by age and are rather correlated to age in a reversed U-shaped manner. This may be in part because seniors aged 85 or older participate significantly less in social activities and therefore have fewer

contacts.

Age-related differences reflect the outcomes of aging and also the differences in the educational and socioeconomic contexts of different generations of seniors. It is therefore important to devise not only policy measures specifically suited to very old seniors, but also prepare policy measures in light of the socioeconomic characteristics of retirees entering old age.

4. Characteristics by Education Level

Differences in educational attainment also exert significant influences on the availability of financial, relational, and social resources for seniors. For example, the more educated the senior is, the more likely he/she is to live with his/her spouse. The less educated a senior is, the more dependent he/she is on public income transfers and the less likely he/she is to possess public pension income. Satisfaction with financial status also grows in proportion to educational attainment.

Furthermore, education and health are correlated, in part because seniors with less education tend to be concentrated in the older age groups. The number of working seniors is correlated to education in a reversed U-shaped manner, with seniors with elementary or middle-school education working more than seniors with other levels of educational attainment. This is

mainly because the vast majority of jobs available to seniors in Korea do not require much education or skills. On the other hand, education is proportionally correlated to traveling, participation in lifelong education, and volunteering, as well as seniors' subjective sense of satisfaction with these activities. Relatively well-educated seniors also experience fewer threats or inconveniences in their daily living. The policy system for protecting the safety of seniors should therefore focus first on catering to undereducated seniors, while policy measures should be devised to support the diverse leisure and social activities of relatively better educated seniors, including their hobbies and volunteering. As retirees just entering old age are significantly better educated than earlier generations of seniors, it is critical to develop new policy services that cater to seniors with financial means and desires for cultural and social enrichment.

V

Policy Implications

1. Select-and-Focus Policy Strategy Reflecting the Changing Characteristics of Seniors
2. Policy Tasks
3. Issue-Specific Policy Strategies



Policy Implications <<

The policy implications of NSOP 2017 for lifestyles and needs of seniors can be summarized as follows.

1. Select-and-Focus Policy Strategy Reflecting the Changing Characteristics of Seniors

Education, household structure, and social relations are the areas where seniors' behavior has changed most prominently over the past decade, and will continue to do so in the coming years.

Most importantly, we should note that seniors today are significantly better educated than their predecessors, and that the upcoming generation of seniors will also be well educated. One of every four seniors today has at least high school education. This is a remarkable change, considering the fact that 36.7 percent of seniors two decades ago were illiterate. By 2025, when seniors will make up over 20 percent of the Korean population, approximately 50 percent of all seniors will have at least high school education (Chung et al., 2016). It is therefore crucial to find policy measures that proactively cater to the higher expectations, greater autonomy, and changing lifestyles of these relatively well-educated seniors in the future. Instead of pro-

viding services unilaterally, policymakers should introduce channels via which seniors themselves can participate in development of the policy services they need and ensure improvement of the quality of such services. It has been demonstrated that education is often proportionally correlated to the ability and willingness to participate in social endeavors (Kim and Kang, 2013). The better education of future seniors would therefore mean greater demand for lifelong education, expertise-based volunteering, and a wide range of cultural and social activities. Policymakers will not be able to cater adequately to these rapidly diversifying and complex needs of seniors without involvement of the private sector. The public sector, however, still has a role to play in encouraging and supporting the social participation of disadvantaged seniors, regarding them as the first and foremost targets of public intervention.

Next, policymakers ought also to pay attention to the changing household structures of seniors. It is no longer uncommon for seniors to live alone. The policy paradigm should adapt, accordingly, to the growing number of single-person senior households (Chung et al., 2014). It has become a norm for seniors in Korea to live alone, once their children are married and move out on their own, and the senior's spouse dies. Given the constraints on finances and other such resources, the Korean government's senior policy should first and foremost

focus on seniors living alone and at risk. Particular attention is needed for senior couples who are both in poor health and for older seniors living alone who experience difficulties in almost every aspect of life.

Seniors' family and social relations are also changing. Children are less and less available to help their elderly parents. Fewer and fewer married children live with their aged parents. Instead, children maintain independent households and exchange various forms of support, including emotional, with their parents. Seniors are also increasingly withdrawn from maintaining active ties with relatives, including siblings, with the percentage of seniors that think they have close relatives in whom they could confide declining by 10 percentage points over 10 years to 46.2 percent in 2017. Furthermore, fewer than 60 percent of seniors have close friends or neighbors on whom they can count, significantly less than a decade ago. These changes indicate that family and social ties are increasingly seen as optional rather than as mandatory. Seniors at risk of being isolated or alienated from these ties should therefore be the main targets of senior support policies. As the literature confirms that economic resources are proportionally correlated to social resources, special policy care is needed for seniors living alone who are isolated and at risk of dying alone unbeknownst to anyone else.

2. Policy Tasks

The policy tasks pertaining to the various aspects of seniors' lives can be summarized as follows. First and foremost, the income replacement rate of the National Pension should be readjusted and raised in the long run to ensure financial security in old age. As the system has matured over the years in Korea, the percentage of seniors receiving public pension income has been steadily increasing, yet the amount of pension income they receive is far from adequate. It is therefore critical to establish a specific roadmap, based on societal consensus, toward enhancing the income-securing function of the National Pension.

Fewer Koreans today think that children should be the sole or main source of parents' old-age financial security. Instead, more and more are looking toward the public system for old-age protection. Efforts should therefore continue to abolish the current legal requirement that seniors be without any "mandatory family supporters" in order to be eligible for public benefits. The Korean government has refrained from applying this requirement to households containing senior or severely disabled members as of November 2017 (Ministry of Health and Welfare (MOHW) press release, October 25, 2017).

Second, the healthcare system should not only be expanded outwardly, but content and quality should be fundamentally

transformed to better protect seniors' health. Seniors today engage actively in health-conscious behavior, thanks to policy health programs and a general social atmosphere encouraging greater interest in seniors' health. However, quite a sizable percentage of seniors still fall through the gaps in the health-care system. Seniors' diets are another major area for which healthcare support and attention are needed.

Third, daughters-in-law are no longer the exclusive care-givers for their elderly parents-in-law as much as they used to be in the past. Instead, seniors are more dependent today on their spouses for care. Yet senior spouses are likely afflicted with health problems of their own. It is therefore important to introduce diverse tailored services to enable senior couples living by themselves to remain active in their local communities. While the majority of male seniors still live with spouses who can presumably provide the care that men need in old age, a significant percentage of female seniors live alone. Policymakers need to revisit and redesign the LTCIS services, which currently prioritize care for seniors at home, so that such a principle will not impose undue burdens of care on female seniors.

Fourth, more seniors want to work today than the job market allows. More active and effective policy efforts are needed to enhance the sufficiency of policy programs supporting their employment. Employment of this demographic receives considerably less attention than the employment of other age

groups, but experts believe that such neglect of seniors wishing to work is excessive in light of the capacity and size of the Korean economy (Chung et al., 2016). Active policy intervention is needed to help seniors remain economically active. As seniors are increasingly better educated and enjoy better health, the working conditions and occupational types of the SEP should be diversified and more jobs for seniors should be fostered in the private sector. In addition, policy efforts are needed to make the job market more inclusive toward seniors.

Finally, the current policy support for seniors' leisure and hobbies does not adequately satisfy the needs. Seniors of the current generation often do not know what leisure activities or hobbies they desire due to their lifetime experiences. The shortage of channels and venues via which seniors may participate in meaningful hobbies also prevents them from living active lives. NSOP 2017 reveals that approximately two-thirds of seniors wish to enjoy diverse and active hobbies. Private-sector participation should be therefore encouraged to cater to these growing and diversifying needs for leisure activities (Chung et al., 2017). Seniors no longer prefer senior citizen centers as venues for passing time. Conventional senior welfare and leisure centers are ill-suited to satisfy existing needs. Public service agencies that are not intended to serve elderly clientele exclusively should increase their attention and resources for seniors.

3. Issue-Specific Policy Strategies

The social debate on when old age begins continues. Underlying the debate is the contradictory relationship between improving the quality of life for seniors, on the one hand, and ensuring the sustainability of society as a whole and its resources, on the other. While the demand for welfare grows ever higher, the limits on available resources are becoming increasingly acute, giving rise to the search for alternative solutions. The true progress of elderly welfare policy, however, lies not in defining at which age old age begins, but in reviewing whether the policy itself serves the intended beneficiaries, i.e., the fitness of the policy to needs (Chung et al., 2015). NSOP 2017 shows that seniors themselves think old age begins at 71.4 years of age, with the vast majority convinced that old age does not begin until one enters one's 70s. This is, in part, because seniors are negatively perceived in Korea, and also because today's seniors are significantly healthier than their predecessors. Although a variety of elderly support policy measures have been introduced, the poverty rate among seniors in Korea remains alarmingly high and much of the services remain unsatisfactory to targeted users. It is therefore critical for policymakers to revisit and readjust the process by which appropriate policy targets are identified and selected. The growing and diversifying elderly population makes it im-

possible to satisfy all seniors' needs with government programs only. Policymakers should thus select and focus how policy resources are to be tailored and to which specific groups of seniors, according to societal consensus.

Second, the Act on Hospice and Palliative Care and Decisions on Life-Sustaining Treatment for Patients at the End of Life has been enacted, calling for specific policy responses and a shift in social paradigms. The statute reflects the growing perception that dying well is an important component of personal wellbeing. Dying well, however, requires not only individual preparations, but also supporting laws and institutions. Although the vast majority of seniors are opposed to receiving life-sustaining treatment, they also neglect to make careful preparations for death. Moreover, there is little discourse on what constitutes a dignified death and what should be prepared toward that end. It is thus important to establish and develop institutional/legislative grounds upon which specific issues of ceasing life-sustaining treatment could be discussed, in the interest of human rights and the right to self-determination.

Third, official (formal) and unofficial (informal) care should be more clearly defined with their respective roles and responsibilities. While approximately 60 percent of surveyed seniors preferred to stay at home and receive at-home care services should they experience restrictions on their functions or mobility, nearly 30 percent of seniors also expressed willing-

ness to enter assisted-living facilities. There is also rising demand among seniors for paid care services. We need more discussion on how the public and private sectors should share the responsibilities involved in developing and providing free and paid care services and also in deciding how formal and informal care services are to be allocated.

Fourth, while the percentage of seniors who still drive continues to grow, so is the number of car accidents caused by senior drivers, raising societal demands for efforts to improve seniors' driving skills and safety (Choi and Kim, 2016). In order to uphold and protect seniors' right to drive, while reducing the societal cost of car accidents caused by senior drivers, we need a variety of policy measures. Not only should the driving infrastructure be made more senior-friendly (e.g., by enlarging the font sizes on signboards), but senior drivers should also be given more training and be required to undergo frequent and rigorous driving aptitude tests.