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## **Gender Inequalities in Health in Korea: Focusing on Elderly Care and Abuse**

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Korea has a steady increase in the elderly population every year and entered an aging society last year. Over half of the elderly population is female, and because in the late age the majority are women, a gender sensitive approach to senior policy is very necessary and important. Especially, the health policy of the elderly is important for the lively aged life of the elderly female and male. However, gender specificity is not considered and its effectiveness may be weak. The World Health Organization emphasizes health as the most fundamental guarantee and human rights for the lively old age, and points out the need for an understanding of the gender perspective on the determinants of health in old age.

Care and abuse among the various health determinants of the elderly women are known to be the key determinants of social health. In particular, the importance of family care in the health of the elderly has not been noticed in the past and

the research on the relationships with abuse and care and health effect are very inadequate. In the case of Korea, the elderly women are required to perform gender role as the subject of care for their children, spouse and their parents. However, she is suffering from physical and mental health problems due to lack of resources and support around her when she needs care. According to the latest statistics on elder abuse in Japan, one quarter of the victims of female elder abuse are reported as stress due to caring. Abuse is affecting the lively aged life of the elderly women and, as a result, health policy is applied to related social welfare policy. Therefore, the purpose of this study was to examine the relationship between care and abuse of elderly women and their health effects and to suggest a gender policy that integrates the elderly health policy in existing social welfare policy. The main results of this study were as follows.

First, regarding care, in Korea the elderly women are mainly caring for their children's housework and their grandchildren in their early age, and moves to give the emotional and nursing care for their spouses and parents' health problems in the middle age. In this way, the elderly women play a role as a subject that meets various types of care needs in the whole life of old age. In the process, elderly women would get physical and mental health problems such as multiple chronic diseases and stress and depression. As the strength and burden of care for the elderly women become larger, they do not have proper health care due to lack of time for appropriate treatment and counseling for their health problems. Especially, among single elderly women, they receive little benefit when they need care due to lack of resources and support in their low position in the family.

Second, in relation to abuse, 1/10 of the elderly in Korea are reported to have experienced abuse from family members and others. 70 ~ 80% of the victims are in particular female elderly, and more than 70% of the perpetrators are their son and spouse (husband). The problem is that more than half of the elderly

women who have suffered from abuse by their families live together with the perpetrators, abusing them continuously and repeatedly. Many of the victims of elder abuse have various physical injuries ranging from small bruises to fractures, and have also affected the healthy life and quality of old people due to mental damage such as depression and suicidal ideation. Especially, elder abuse, especially the elderly women, was one of the main causes of stress. In the process of caring, they have suffered various abuse damages such as physical, emotional and sexual abuse and neglect.

Based on the above results, the following policy tasks were proposed. First, it is necessary to amend the law related to care and abuse for the elderly and to improve the comprehensive measures. Second, a policy should be prepared to identify victims of elder abuse and to support them. Third, it is necessary to diversify vacation support and related services for community-based caregivers and victims of abuse. Fourth, prevention of elder abuse should be systematically prepared. Fifth, it is needed to reinforce health and capacity enhancement support services for elderly care providers and to rationalize the burden reduction for long-term care. Sixth, gender statistics related to elderly care and abuse should be improved. Lastly, the gender-sensitive education should be conducted not only for the perpetrator's family but also for the whole nation in order to raise the awareness of the elder abuse.

Key words: elderly care, elderly abuse, health, gender inequality, health inequality