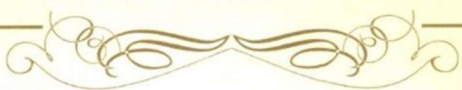




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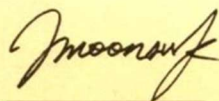
BY THE INVENTION · INNOVATION ENTITLED :

**Causes of Elderly Lonely Death in South Korea
and a Welfare-Society Policy Response**

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Dying Alone in a Super-Aged Nation

Causes of Elderly Lonely Death in South Korea and a Welfare-Society Policy Response

A regional-risk index (LDR) reassessed with 2024-2025 data

Abstract

South Korea is ageing faster than any nation in recorded history, and one of the starkest symptoms is 'lonely death' (godoksa) - dying alone, disconnected from family and community, and being found only after time has passed. This paper diagnoses the causes of elderly lonely death and proposes a welfare-society policy response, building on a prior student study that developed a Loneliness Danger Rating (LDR) index - a standardized weighted sum of the elderly living-alone rate, the elderly suicide rate, and the inverse of the welfare-facility rate - and found the highest risk in mountainous, rural Gangwon Province. We update that framework with the latest figures. In December 2024 Korea became a 'super-aged' society, with 20.3% of its population aged 65 or over. Recorded lonely deaths rose to 3,924 in 2024, up 7.2% in a single year and about 33% since 2019, with 81.7% of the deceased being men. The elderly relative poverty rate, at 39.8% in 2023, is the highest in the OECD and roughly 2.7 times the OECD average, driven above all by an inadequate public pension; and the suicide rate among Koreans aged 65 and over, at 46.6 per 100,000, is likewise the highest in the developed world and rises steeply with age. We argue that elderly lonely death is not a private misfortune but the predictable outcome of five interacting forces - demographic, economic, social, health, and policy-related - and that it is preventable. Drawing on Korea's Act on the Prevention and Management of Lonely Deaths, the Basic Pension and Long-Term Care systems, and international models (the UK's and Japan's loneliness ministries and Seoul's 'Without Loneliness' plan), we set out a five-pillar welfare-society agenda - income security, social connection, mental health, regional equity, and governance - to secure dignity, connection, and security in old age.

Keywords: *lonely death (godoksa); elderly isolation; super-aged society; elderly poverty; elderly suicide; Loneliness Danger Rating index; welfare policy; South Korea*

1. Introduction

South Korea has aged with unmatched speed. It became an 'aging society' (7% of the population aged 65+) around 2000, an 'aged society' (14%) in 2017-2018, and - in **December 2024** - a 'super-aged' society, with people aged 65 and over reaching **20.3% of the population (10.51 million of 51 million)**, a threshold the source study had expected only around 2026 (Fig. 1). By 2036 the share is projected to reach 30%, and by 2050 about 40%. This compression of a demographic transition that took other rich countries a century into a few decades has left social institutions - pensions, care systems, family norms - struggling to keep pace.

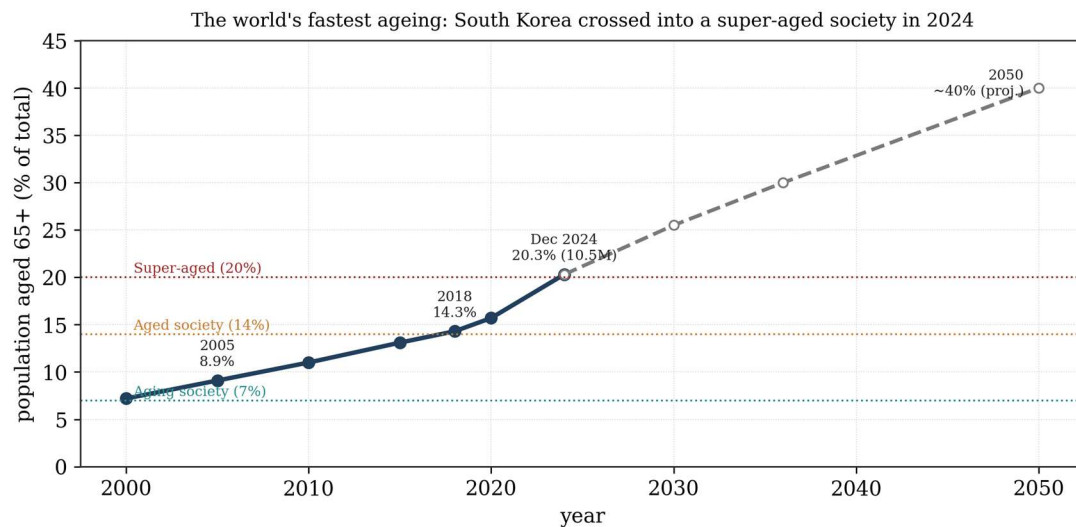


Figure 1. South Korea's ageing trajectory. The country crossed the 20% 'super-aged' threshold in December 2024, ahead of earlier projections, and is heading toward roughly 40% by mid-century.

The most visible human cost of this transition is lonely death. There is no single legal definition, but Korea's Ministry of Health and Welfare treats a lonely death (*godoksa*) as the death of a person who lived alone, cut off from family, relatives, friends and neighbours, who died alone - by suicide, illness, or other causes - and was discovered only after some time. First named in Japan in the 1980s, the phenomenon is now a defining social problem in Korea. This paper asks two questions: what causes elderly lonely death, and what welfare policy would prevent it? It builds on a prior student study that created a regional Loneliness Danger Rating index, and updates both the data and the policy conclusions for a country that has just entered super-aged status.

2. The Scale of the Problem, Updated

Three headline indicators define the crisis, and all three have worsened since the source study was written.

First, lonely deaths are rising (Fig. 2). Recorded cases climbed from 2,949 in 2019 to **3,924 in 2024** - a 7.2% jump in one year and roughly a third higher than five years earlier. The toll is heavily gendered: **81.7% of the deceased in 2024 were men** (3,205 versus 605 women), and cases cluster among people in their 50s and 60s (Fig. 3). This is an important nuance: while this paper focuses on the elderly, *godoksa* in Korea is not exclusively an elderly phenomenon - middle-aged men, often after job loss, divorce or estrangement, are the single largest group. But the elderly share grows as the population ages, and the elderly carry the highest burden of the two deadliest drivers, poverty and suicide.

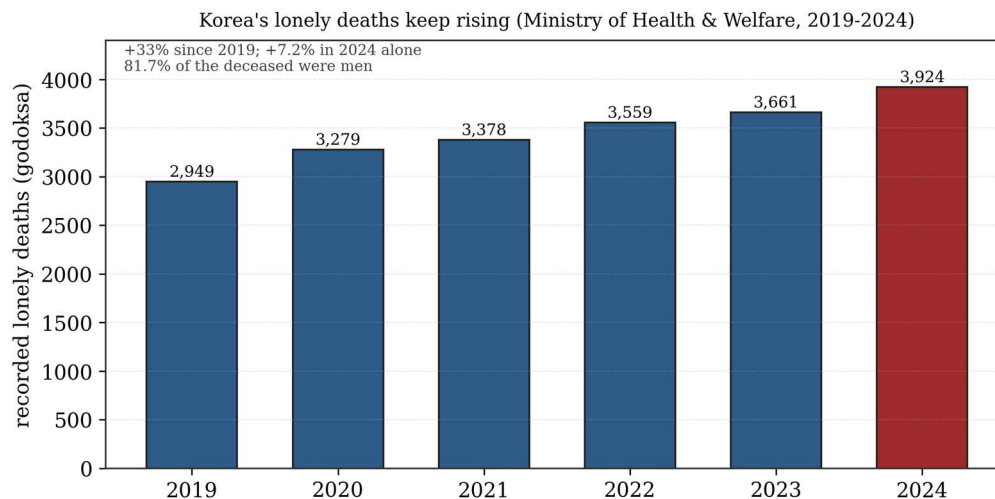
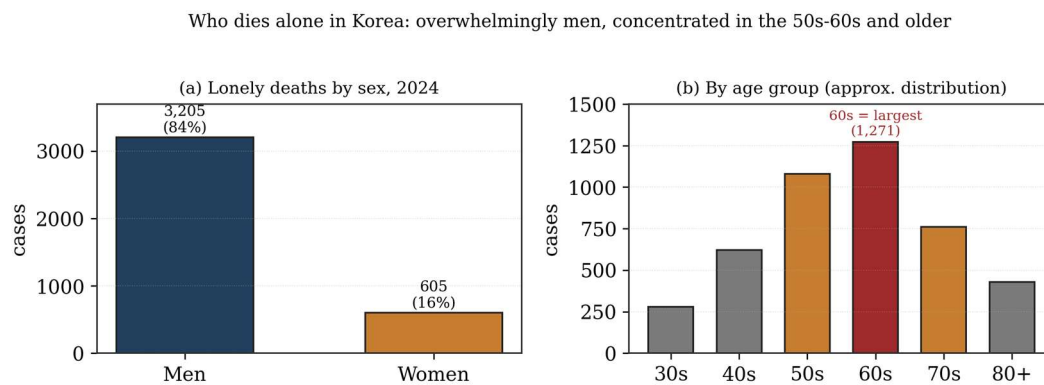


Figure 2. Recorded lonely deaths in Korea, 2019-2024. The trend is relentlessly upward, reaching 3,924 in 2024; men account for more than four in five cases.



Middle-aged & older men are the core risk group; the elderly share grows as Korea ages.

Figure 3. Who dies alone (2024): the deceased are overwhelmingly men (a) and concentrated in the 50s-60s and older (b). The age distribution is approximate; the 60s form the largest group.

Second, Korea's elderly are the poorest in the developed world (Fig. 4). The relative poverty rate for people aged 65+ was **39.8% in 2023**, the highest among 33 OECD countries and about **2.7 times the OECD average of 14.8%**; even after an improvement to 35.9% in 2024 it remains far above peers. The principal cause is a public pension system that pays too little and covers too few. Third, elderly suicide is likewise the OECD's worst (Fig. 5): the rate among Koreans aged 65+ is **46.6 per 100,000**, against an OECD senior average of 17.2, and it climbs with age, peaking among those over 80. Surveys consistently identify health problems and financial hardship as the leading triggers of suicidal thinking in later life - the very conditions that poverty and isolation produce.

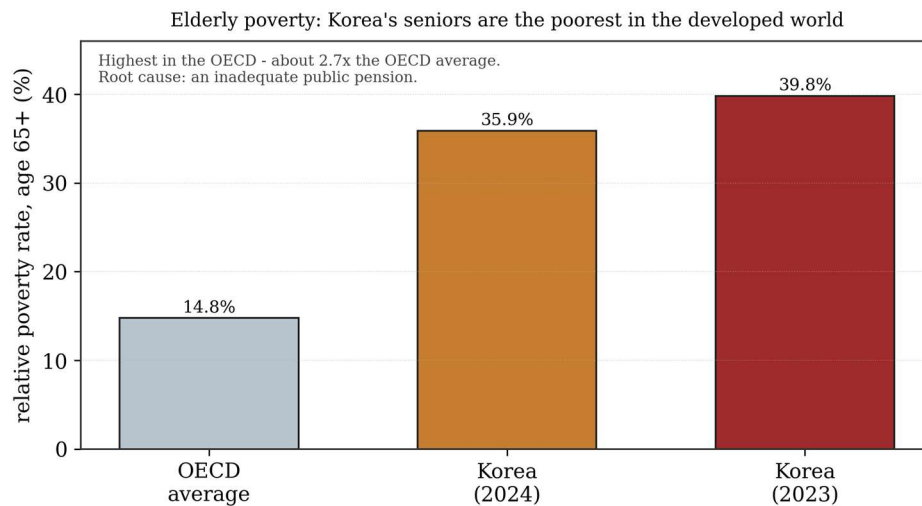


Figure 4. Elderly relative poverty: Korea's seniors face the highest poverty rate in the OECD, about 2.7x the average, rooted in an inadequate public pension.

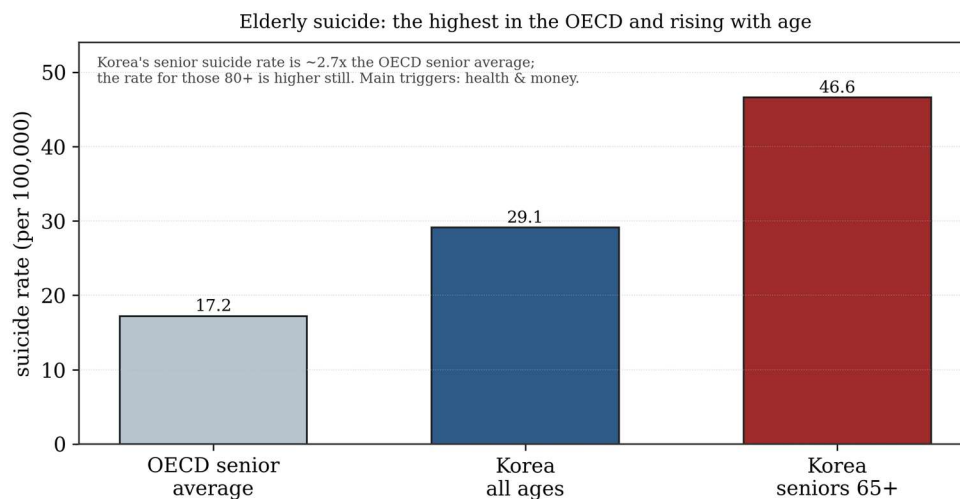


Figure 5. Elderly suicide: Korea's senior suicide rate (46.6 per 100,000) is the highest in the OECD and roughly 2.7x the senior average; it rises further with age.

3. Measuring Regional Risk: The Loneliness Danger Rating (LDR) Index

To move from anecdote to comparison, the source study built a **Loneliness Danger Rating (LDR) index** (Fig. 6). It combines three standardized indicators: the elderly living-alone rate (L), which raises risk; the elderly suicide rate (S), which raises risk; and the welfare-facility rate per elderly person (F), which lowers it. Formally, $LDR = w_1L + w_2S + w_3(1/F)$, with each indicator standardized and the composite rescaled to a mean of 100 and a standard deviation of 10 so that regions can be ranked on a common scale.

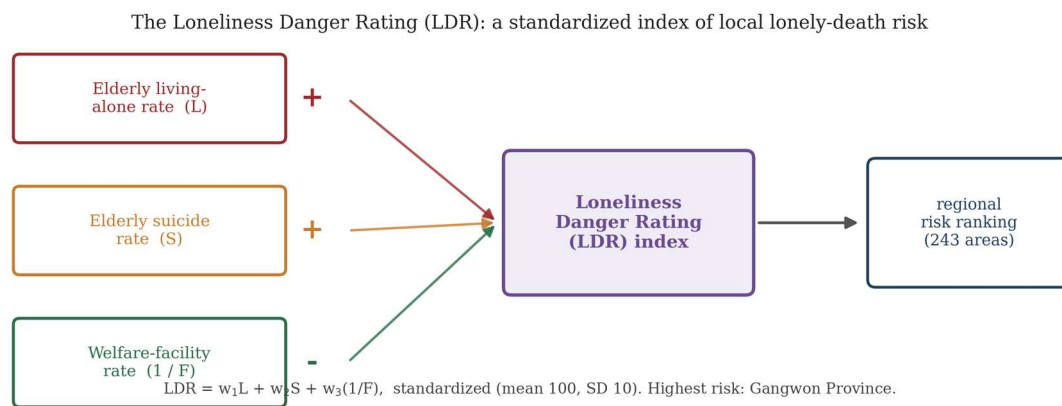


Figure 6. The Loneliness Danger Rating index. Two risk-raising factors (living-alone rate, suicide rate) and one protective factor (welfare-facility rate) are standardized and combined into a single, comparable regional score.

Applied to 243 municipalities using 2021 data, the index ranked mountainous, rural Gangwon Province as the highest-risk region, with Gyeongsangnam-do, Chungcheongnam-do, Jeonbuk, Daegu, Busan and Incheon also elevated. A correlation analysis on an individual-level dataset reinforced the picture: elderly suicide risk was significantly associated with poverty, the proportion living alone, the 65-74 age band, and residence in Gangwon. Gangwon illustrates the mechanism vividly - its terrain isolates older residents, thinning social contact, while relatively high poverty and sparse welfare facilities remove the buffers that might protect them. The index thus does more than rank regions; it names the ingredients of risk.

4. Why Elderly Koreans Die Alone: A Multi-Factor Model

Synthesising the LDR findings with the updated national data yields a five-factor model of elderly lonely death (Fig. 7). These forces are not independent; they compound one another.

The demographic force is the sheer, rapid growth of an older population and, within it, of one-person elderly households - projected to exceed two million. The economic force is the OECD's highest elderly poverty, which narrows access to health care, housing and social participation. The social force is the erosion of the traditional family-care norm amid nuclear-family formation and individualism, leaving many elders - especially men, who tend to have thinner support networks after retirement or bereavement - socially disconnected. The health and mental-health force combines chronic illness, depression and the OECD's highest elderly suicide rate. And the policy and regional force is the insufficient, unevenly distributed supply of welfare facilities and services, which leaves rural and mountainous areas such as Gangwon exposed. Lonely death is the point at which these five deficits intersect in a single, isolated life.

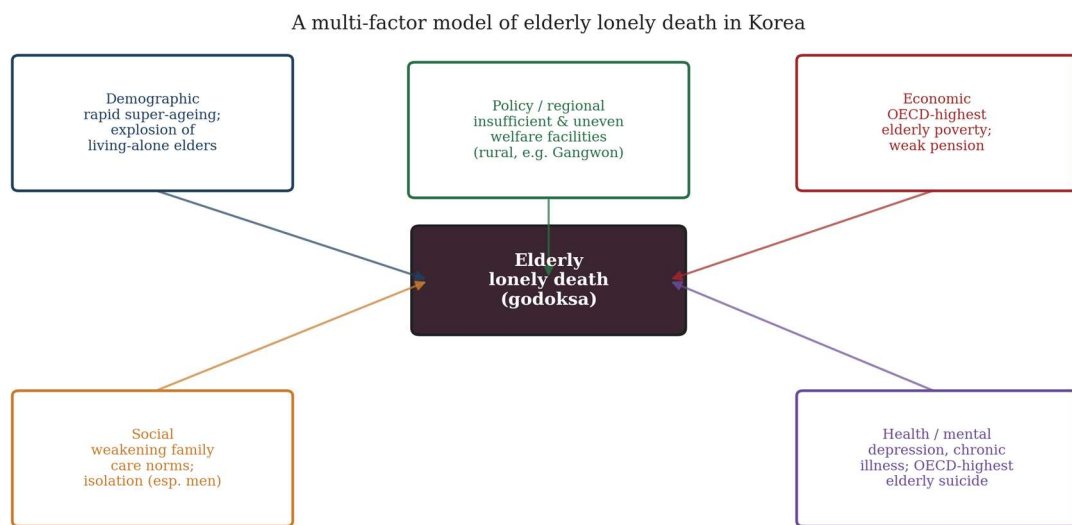


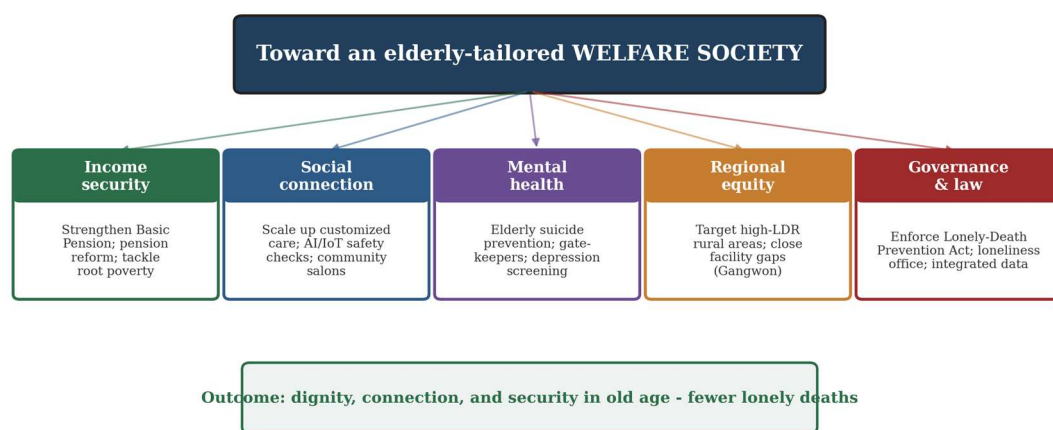
Figure 7. A multi-factor model: demographic, economic, social, health, and policy/regional forces converge to produce elderly lonely death. Because the forces compound, interventions must be multi-pronged.

5. A Welfare-Society Policy Response

If lonely death is produced by intersecting deficits, then a welfare society - one that guarantees dignity, connection and security across the life course - must close them together. We propose five mutually reinforcing pillars (Fig. 8, Table 1), grounded in Korea's existing instruments and in international practice.

Table 1. A five-pillar welfare-society agenda for preventing elderly lonely death.

Pillar	Core measures	Builds on
Income security	Raise and broaden the Basic Pension; structural pension reform; targeted support for the poorest elders	Basic Pension (2008); Long-Term Care Insurance
Social connection	Scale up customized elderly care; AI/IoT safety-check calls and sensors; community 'salons' and befriending	Customized Care Service; u-care; Seoul Without Loneliness
Mental health	Elderly-specific suicide prevention; community gatekeepers; routine depression screening in primary care	National suicide-prevention policy
Regional equity	Target high-LDR rural areas; close welfare-facility gaps; mobile and outreach services	LDR-type risk mapping; local government care
Governance & law	Enforce and fund the Lonely-Death Prevention Act; integrate data across agencies; a dedicated loneliness office	Act on Prevention & Management of Lonely Deaths (2021)



Aligned with international models: UK Minister for Loneliness (2018), Japan (2021), Seoul Without Loneliness (2024)

Figure 8. The welfare-society framework: five pillars - income, connection, mental health, regional equity, and governance - jointly aimed at dignity, connection and security in old age, and aligned with international loneliness policy.

5.1 Income first, because poverty is the root

Because inadequate pensions are the single largest driver of Korea's elderly poverty, income security is the foundation. The Basic Pension reaches about 70% of seniors but pays only around KRW 300,000-340,000 per month - too little to lift many above the poverty line. Analyses suggest that aligning public pension benefits with those of peer nations could cut elderly poverty by a large margin. Strengthening the Basic Pension and reforming the National Pension are therefore not separate from lonely-death prevention; they are its precondition.

5.2 Connection, mental health, and reaching the isolated

Money alone does not cure isolation. Korea's Customized Care Service for older adults, u-care sensors, and Seoul's 'Without Loneliness' initiative - a five-year, roughly US\$327 million programme with AI-assisted weekly check-in calls and a dedicated loneliness division - show what proactive outreach looks like; these should be scaled nationally and paired with community 'salons' that rebuild everyday contact. Because men are the core risk group, outreach must be designed to reach older men, who use services least. Mental-health measures - gatekeeper training, depression screening in primary care, and elderly-specific suicide prevention - address the deadliest pathway.

5.3 Equity, law, and learning from abroad

Risk is unevenly distributed, so resources should follow it: LDR-style mapping can direct facilities and outreach to the highest-risk rural regions rather than spreading them evenly. Finally, governance matters. Korea's 2021 Act on the Prevention and Management of Lonely Deaths and its annual national survey are strong foundations, but they need funding, inter-agency data integration, and a clear institutional home. The United Kingdom (a Minister for Loneliness since 2018) and Japan (since 2021) have shown the value of naming loneliness a policy priority; Seoul has followed. A national loneliness strategy would give the five pillars a coordinating centre.

6. Conclusion

South Korea has become a super-aged society while its elders remain the poorest and most suicide-prone in the developed world, and lonely deaths climb year after year. This is not fate. The Loneliness Danger Rating index shows that lonely-death risk is measurable, regionally patterned, and built from identifiable ingredients - living alone, poverty, weak services - each of which policy can change. The evidence points to a clear diagnosis: elderly lonely death is the convergence of demographic, economic, social, health and policy deficits, and it is preventable. A welfare society worthy of the name would close those deficits together - securing incomes, rebuilding connection, protecting mental health, equalising services across regions, and giving the effort a legal and institutional home. The goal is simple to state and demanding to achieve: that in the world's fastest-ageing country, growing old should not mean dying alone.

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