

## Article

# Old Age, Sickness & Death: Buddhist Monastic Retirement & Eldercare Within South Korea's Super-Aged Society

Cheonghwan Park  and Kyungrae Kim \* 

Department of Buddhist Studies, Dongguk University, Seoul 04620, Republic of Korea; avadana@dongguk.edu

\* Correspondence: wizkyung@dongguk.edu

## Abstract

As the Buddhist monastic community in Korea has entered an era marked by aging demographics, the issues surrounding the welfare of the order's monastics in their retirement years have become increasingly pressing. In response, in 2011, the Jogye Order enacted the Monastic Welfare Act and established the Monastic Welfare Society with the aim of enabling monks to fully devote themselves to their religious duties by assuming institutional responsibility for their healthcare, pension, residential welfare, and end-of-life needs. Over a decade since the system's implementation, the Jogye Order has achieved notable progress towards achieving the Monastic Welfare Act's aims. However, while the order has stabilized medical coverage for its clergy, there remain considerable gaps in its provisions for income and housing for elderly monastics. This article surveys the Jogye Order's efforts to establish systemic care for its elderly monastics, with a particular focus on the Jogye Order's 2011 Monastic Welfare Act and subsequent activities of the Monastic Welfare Society. It then critically examines the current state of eldercare within the order, along with its strengths and weakness, before engaging in a comparative discussion regarding the clerical eldercare and welfare systems provided by both the Korean Catholic Church and the Thai Buddhist community.

**Keywords:** Korean Buddhism; Buddhist monastic eldercare; Jogye Order; Monastic Welfare Act; Monastic Welfare Society



Academic Editors: David Basinger and Song-Chong Lee

Received: 4 August 2025

Revised: 25 October 2025

Accepted: 1 November 2025

Published: 6 November 2025

**Citation:** Park, Cheonghwan, and Kyungrae Kim. 2025. Old Age, Sickness & Death: Buddhist Monastic Retirement & Eldercare Within South Korea's Super-Aged Society.

*Religions* 16: 1412. <https://doi.org/10.3390/rel16111412>

**Copyright:** © 2025 by the authors. Licensee MDPI, Basel, Switzerland. This article is an open access article distributed under the terms and conditions of the Creative Commons Attribution (CC BY) license (<https://creativecommons.org/licenses/by/4.0/>).

## 1. Introduction

In his inaugural press conference held on 11 January 2023, the current president of the Jogye Order of Korean Buddhism (대한불교조계종, hereafter “JO” or “the order”), Venerable Jinwoo, emphasized the urgent need to improve the quality of eldercare for the order's aging monastic population to ensure the order's longevity and future stability. Ven. Jinwoo further took the occasion to announce the opening of the Paramita Nursing Hospital, a long-term residential eldercare facility administered by the order in Anseong, Gyeonggi Province, for aging monastics, underscoring his administration's commitment to the welfare of senior monastics in the face of the order's growing eldercare crisis (Shin 2023). In fact, at present, 32% of the order's roughly 11,000 monastics are now aged 65 and older, marking the order's monastic community as a “super-aged” society. However, only 40% of these retired clergy receive monthly pension payments from their parishes, while a scant 10% reside in temple-affiliated housing (Kim 2023, p. 6; Policy Forum 2024, pp. 68–69). Given the projections that in two decades time, approximately half the JO's monastic population will be over 65, many JO monastics have expressed considerable anxiety concerning their care and well-being during their retirement years (see Section 3 below).

Prior to the early 2000s, the JO had paid limited attention to the issues of monastic welfare and eldercare. Most of Korea's Buddhist clergy assumed that they would reside in their home temples their entire lives, as they had for generations, believing that their dedicated fulfillment of their religious duties would ensure their care in old age. As Ven. Myojang, CEO of the Social Welfare Foundation, recalls, elder monastics would say "A monk can simply meditate all day long. No need to worry about food or shelter; these will be provided free." However, Ven. Myojang also notes that these "good old days of focusing only on practice" are over (Policy Forum 2024, p. 97). This traditional framework of in-temple monastic eldercare has been slowly, yet steadily, eroding due to major demographic shifts in South Korean society, including an aging national population and a marked decline in the number of newly ordained Buddhist clergy. Furthermore, as the order's monastics are bound to celibacy, they typically lack younger family to turn to for financial or material support in their retirement years. With the increasing outsourcing of eldercare to professional caregivers and residential facilities, Buddhist monastics are particularly vulnerable in their elder years should the order fail to adequately address their needs. Thus, it is imperative that JO develop appropriate welfare and eldercare services to ensure that the order's monastics can live out their lives with dignity as active and valued members of their religious communities.

This article will critically survey the issues surrounding JO's current monastic eldercare crisis, with a particular focus on the order's 2011 Monastic Welfare Act (승려복지법) and subsequent activities of the Monastic Welfare Society (승려복지회). First, we will review contemporary eldercare practices and senior welfare services within broader South Korean society, before examining the current state of eldercare within the order, along with its strengths and weakness, and recommendations for the future. We will then conclude with a comparative discussion of the clerical eldercare and welfare systems provided by both the Korean Catholic Church and the Thai Buddhist community, as well as their implications for other Buddhist sects in aging or super-aged societies around Asia.

Given the current lack of professional scholarship surrounding this topic<sup>1</sup>, by necessity, this article will rely on JO reports and policy papers as primary sources. These sources, in turn, frequently reference doctoral dissertations completed over recent decades by social welfare graduate students often attending Korean Buddhist-affiliated universities. While such sources may be limited in scope or depth, the current state of research on monastic eldercare in Korea highlights both the growing urgency of this crisis within Korea's Buddhist monastic community as well as the crucial need for further research to be conducted.

## 2. Contemporary Social Welfare & Eldercare in South Korea

Since at least the rise of the Neo-Confucian Joseon Dynasty (1392 to 1910), eldercare in Korea has been largely defined by Confucian conceptions of filial piety, wherein children are not only expected to respect and honor their parents, but also provide for their care and comfort in their old age. South Korea's traditional system of family-centered eldercare within multi-generational households has continued well into the modern era, surviving the Japanese Annexation (1910–1945), the widespread destruction of the Korean War (1950–1953), and the South's rapid economic growth over the latter half of the Twentieth Century. However, since the turn of the millennium, South Korean eldercare has been undergoing radical changes due to major demographic shifts in the nation's population. The country's fertility rate has declined dramatically since the middle of the last century, dropping from 6 births per thousand in 1960 to 0.8 per thousand in 2020<sup>2</sup>, creating a rapidly aging population. As noted by Korea Economic Institute fellow Randall Jones, by 2019, nearly 15% of the ROK population was aged 65 or older, and this number is projected to reach 40% by 2050. In addition to the nation's plummeting birth rate

and rapidly aging population, lifestyle changes, increasing divorce rates, and the decline of inter-generational housing have further impacted societal attitudes and practices surrounding eldercare. According to government surveys, in 2006, approx. 67% of the South Korean population believed that eldercare was a family responsibility. However, in 2016, just a decade later, only about 32% held the same view (Jones 2023).

With eldercare remaining a family responsibility throughout the 20th century, the South Korean government was slow to expand government-run welfare programs for the elderly. It was only in response to the 1997 Asian Financial Crisis that the ROK established a nascent welfare state, introducing national pension and universal health insurance systems along with unemployment and industrial accident insurance; programs which have gradually expanded since the turn-of-the-millennium. South Korea presently operates a multi-tiered pension system. The lowest tier, the Basic Pension, is a nearly universal system financed through general taxation that provides income support to the poorest 70% of the population aged 65 and older which, as of 2024, disbursed a maximum monthly benefit of ₩335,000 (approx. \$240 USD). The second tier consists of the government's National Pension system; a traditional pay-as-you-go, defined benefit scheme. Participants contribute 9% of their income, with an income replacement rate of 40% for those who contribute over a 40-year period. As of 2024, the system included 22 million enrolled contributors, with approx. seven million individuals, or around half the population aged 65 and over, receiving benefits. A third tier consists of the statutory funded defined-contribution (FDC) Retirement Pension, which covered approx. seven million employees, or roughly half of those eligible, in 2022, while the fourth is comprised of a variety of voluntary pension schemes, including personal and housing pensions, though participation remains limited and closely tied to higher income levels (Yang 2024, pp. 9–10).

Despite these various tiers, public and private, South Korea's current pension system nevertheless fails to provide adequate financial coverage for many, if not most, of the nation's elderly. As of 2021, only 42% of Korea's population aged 65 and over were covered by the nation's National Pension system, a notably low figure in international comparison. Meanwhile, the ROK's elderly income poverty rate stands at 43.8%, the highest among OECD member countries and more than three times the OECD average of 13.5% (National Pension Plan Statistics Yearbook 2018). Furthermore, due to the nation's aforementioned demographic shifts, Yonsei University Public Administration Professor Jae-jin Yang warns that the "financial viability of the National Pension... is increasingly uncertain" as, without significant changes in funding, the system will be depleted by 2055 (Yang 2024, p. 10).

In addition to covering costs of living, comprehensive eldercare involves meeting both acute and long-term healthcare needs, which the ROK government has been more proactive in funding. South Korea's path to universal health coverage began with the 1963 Medical Insurance Act and gained momentum with 1977 revisions mandating that large firms provide for employee health coverage while introducing the Medical Aid Program for low-income groups. By 1989, the country had achieved universal health care through the National Health Insurance (NHI) system, which was unified under the National Health Insurance Service (NHIS, 국민건강보험) in 2000. As of 2006, 96.3% of the population was enrolled in the NHI, with the remaining 3.7% covered by the Medical Aid Program.

In 2008, South Korea introduced universal Long-Term Care Insurance (LTCI), becoming the second Asian country, after Japan, to implement a comprehensive system for long-term care. However, LTCI spending has grown rapidly, increasing an average of 15.2% annually from 2009 to 2018, outpacing the growth in beneficiaries and fueling a sharp increase in private-sector care facilities and workers (Jones 2023). Despite this rapid expansion, according to Seonsam Na, Yonsei University Adjunct Professor and Director of Korean Medicine at Kuri Hanbit Convalescence Hospital, South Korea's long-term care

infrastructure remains underdeveloped, suffering from uneven service quality and concerns over the commercialization of care, which Na claims has led to institutionalization and diminished dignity for many elderly patients (Na 2021, p. 5).

### 3. Monastic Welfare and Eldercare Within the Jogye Order

The largest of South Korea's Buddhist orders, the JO claims to represent the continuation of Korean Buddhism's historical mainstream, dating back at least 16 centuries. Formed in the early 1960s in the wake of Korean Buddhism's post-war "purification movement" (K. jeonghwa undong), the JO presently oversees more than 3000 temples. The order's monasteries, temples, and subsidiary hermitages are organized into 25 parishes, administered centrally from Jogyesa Temple in Seoul. Comprised of approx. 11,000 fully ordained monastics, nearly half of whom are women, the JO is funded and supported by donations from approximately 7 million lay members.

While often residing in the remote mountains, South Korea's monastic communities are not isolated from their nation's social, economic, and demographic changes. Rather, such shifts often bring additional challenges to the Buddhist sangha, and eldercare is no exception. As noted by Buddhist studies scholar and former Korean monastic Robert Buswell, "leaving home" (K. chulga, Sanskrit *pravrajita*) remains a long-standing euphemism for monastic ordination as the "functions of (monastics') secular families are effectively served by the new 'dharma family'" (Buswell 1992, p. 91). Since monastic ordination is considered a life-long vocation in the JO, responsibility for the care of elderly clergy has traditionally fallen on their monastic "dharma families", with aging monastics residing at their home monasteries or subsidiary hermitages and cared for by junior monastics until death.

As with Korea's traditional domestic eldercare, however, this conventional system of senior care has been gradually, but radically, disrupted over recent decades. In addition to South Korea's declining birth rate, the JO is currently facing a recruitment crisis. The number of annual monastic recruits has been declining steadily since the turn-of-the-millennium, dropping from a peak of 532 postulants in 1999 to only 99 in 2021 (Park and Kim 2023, p. 8, Table 1). Thus, while South Korea stands on the cusp of becoming a "super-aged" society, with 20% of its population aged 65 or older, the JO's monastic community has already crossed this threshold. According to Young-shin Choi, Professor of Social Welfare at Joong-ang Sangha University, of the order's 11,394 monastics in 2024, 3438 were 65 or older, totaling just over 32%. Furthermore, this percentage is predicted to rise to approx. 55% in twenty years, nearly double the aging rate of the nation's general population (see Section 2 above).

As the order's temples and monasteries increasingly lack the facilities and manpower for maintaining traditional on-site eldercare, just as in secular society, this care is gradually being outsourced. However, as most JO monastics must retire from their paid positions within the order at the age of 70, they not only lose their primary source of income, but are also often asked to vacate their temple quarters. As life-long monastics, JO clergy have largely been unable to participate in South Korea's third or fourth tier retirement systems and while eligible, most have also failed to contribute to the second tier National Pension system. This leaves elderly monastics with fewer financial resources while facing increased housing and healthcare costs. Furthermore, as noted by Ven. Su-gyeong, forcing senior monastics to vacate their temples in their retirement years is not only detrimental to the communal values of the sangha, but also to the social and spiritual well-being of the elderly monastics, as they face their final years isolated from the communities they've dedicated their lives to serving (Policy Forum 2024, pp. 59–60, 66). Given these circumstances, it

is not surprising that many JO monastics have expressed considerable anxiety regarding their retirement years.

### 3.1. *The JO's 2011 Monastic Welfare Act*

Since its official formation in 1963, the JO has been slow to institutionalize care for its senior monastics, and for the remainder of the twentieth century, the order struggled to maintain any successful systemic eldercare programs for its monastics. In 1983, the order first launched a support program for aging clergy, which failed due to financial limitations and a lack of participation. In 1990, the order then opened a residential monastic eldercare facility at Gyeongju's historic Bulguksa Temple. However, this program was likewise discontinued after its pilot. In 1996, then-president of the JO, Ven. Wolju, attempted to implement a comprehensive monastic retirement plan, guaranteeing pensions, medical care, and disaster protection for aging monastics. However, Wolju's proposal was rejected the following year during budget negotiations.

In 1999, the Korean Buddhist Foundation for Social Welfare (대한불교 조계종 사회복지재단) began surveying the order's monastics concerning their needs and expectations regarding their retirement years. Nearly three quarters of the 482 respondents expressed concern over their future healthcare, housing, and financial stability of their old age, while 80% hoped the JO would take the initiative in providing systemic solutions to these issues. Based on the survey's findings, the JO published a report on monastic eldercare and general welfare in 2001, which served as a blueprint for subsequent attempts to formulate a comprehensive monastic welfare plan, ultimately resulting in the proposal of the order's Buddhist Monastic Welfare Act (승려복지법) in 2010 ([Monastic Welfare Society 2022](#), pp. 10–12).

After much deliberation, the JO's Buddhist Monastic Welfare Act was officially passed in April 2011, establishing a framework for launching a sustainable welfare and eldercare system for the order's monastics. The Act mandates welfare provisions for fully ordained monastics registered with the order who have made regular contributions to the welfare fund, with eldercare costs to be shared among the order, local parishes, and individual monks. It also authorizes the order's creation of eldercare facilities, primarily funded by parishes with supplementary support from the Monastic Welfare Society. Further provisions require the JO and local parishes to subsidize additional eldercare expenses, such as inpatient medical fees, long-term care insurance premiums, supplementary contributions to the National Health Insurance, and payments to the National Pension Service.

### 3.2. *Activities of the Monastic Welfare Society*

With the JO's passing of the Monastic Welfare Act and subsequent Enforcement Decree, the Monastic Welfare Society (hereafter "MWS") was established in September 2011 as an independent organization tasked with executing the Act's mandates. Deriving its funding from contributions by the order, its parishes, individual donations, and income from its business operations, the MWS functions under the authority of the order's General Affairs Officer. Operating through an action committee and a secretariat, MWS's proscribed responsibilities include research, public relations, and the planning and administration of welfare-related programs, as well as supporting projects carried out on a parish level. The MWS is additionally tasked with managing revenue-generating activities to expand its welfare fund, collecting and administering financial contributions, and operating monastic welfare facilities.

In October 2011, the JO signed agreements with 24 long-term-care facilities and the MWS began covering 50% of medical expenses for monastics utilizing these partnered facilities. That same month, the MWS began overseeing basic retirement welfare programs,

including subsidizing medical expense for monastics aged 65 and older lacking income. In 2013, the JO sponsored a research seminar on eldercare and monastic welfare, during which relevant data were compiled and published, laying the groundwork for a comprehensive revision of the Monastic Welfare Act in 2014. This amendment resulted in increased subsidies and a significant expansion of eligibility for welfare benefits among the order's monastics. In 2017, JO monastics began receiving subsidies for their National Pension contributions, and in 2018, the MWS substantially expanded support for their inpatient and general medical expenses ([Monastic Welfare Society 2022](#), p. 48).

Within its first decade, the MWS made significant contributions to the advancement of monastic welfare and eldercare through the steady expansion of medical subsidies and national pension support for JO monastics. As described in *A White Paper on the Welfare of Monastics (2011–2021)*, published by the Jogye Order in 2022, the MWS began its support by providing ₩500,000 to female monastics within its first year. By 2021, this support had expanded to ₩479 million (approx. \$345,000 USD) in hospitalization and care for 279 recipients, reflecting the growing scope of the MWS's financial coverage. Furthermore, while only 18% of JO monastics had subscribed to the National Pension system as of 2011, following the introduction of premium support in 2017, this percentage had risen to over 40% by 2021. According to MWS data from 2022, approximately ₩1.2 billion (approx. \$864,000 USD) National Pension disbursements were distributed to 2710 elderly monastics residing either in residential areas or Buddhist temples. To ensure the long-term financial sustainability of this system, in July 2020, the MWS introduced a basic copayment system requiring all of the order's fully ordained monastics to contribute ₩10,000 per month ([Monastic Welfare Society 2022](#), p. 45).

In 2023, the MWS launched additional efforts to enhance medical services for the order's monastics by promoting formal partnerships between various Buddhist temples and local healthcare institutions. As a result, Seokbulsa Temple in Mapo and Yonsei Hangang Hospital concluded a business agreement aimed at improving access to medical care for both the temple's monastics and lay followers. Under the agreement, Seokbulsa sangha members, both lay and monastic, are entitled to expedited access to medical services at Yonsei Hangang Hospital, including prioritized diagnostic, hospitalization, treatment, and nursing procedures, as well as discounted fees for consultations, hospital stays, and surgeries. In return for these medical benefits, Seokbulsa has committed to actively promoting the hospital's services among its clergy and laity ([Gwon 2023](#)).

Building on such initiatives, the MWS has continued to expand partnerships between local Buddhist temples and specialized medical institutions. On 28 March 2024, the MWS facilitated a similar business agreement between Bulgwangsa Temple in south-eastern Seoul and Haneul Ophthalmic Hospital, under which monastics and lay Buddhists affiliated with Bulgwangsa are eligible for discounted medical and surgical services ([Jooyeon Jeong 2024](#)). In addition, the Amitabha Nursing Hospital, the first specialized eldercare medical facility operated by the JO, officially opened on 3 May 2023. This institution is dedicated to enhancing its capacity as a long-term care facility for monastics, with efforts focused on improving hospital infrastructure, upgrading medical equipment, and recruiting specialized medical personnel. Supported by the MWS, the hospital offers care to aging monastics without imposing financial burdens, thereby ensuring accessible and sustainable medical services. Looking ahead, the order has expressed its commitment to further expanding such MWS programs to ensure broader access to medical benefits for monks across the order ([Seo 2025](#)).

### 3.3. Current State of Senior Welfare and Eldercare for Monastics Within the JO

Despite the MWS's many successes, including the provision of medical expenses, healthcare fees, and national pension insurance premiums, in practice, the order's existing senior support systems only benefit a portion of the JO's clergy and fail to ensure comprehensive eldercare. As of 2021, the average monthly pension paid to JO monastics amounted to ₩360,000 KRW (approx. \$270 USD), an inadequate sum for covering basic living costs and medical expenses. However, this figure belies the fact that approx. 60% of the JO's parishes do not provide any retirement payments to their monastics at all, while those that do vary widely in their monthly disbursements, ranging from ₩150,000 to ₩700,000 per month (Go 2024, pp. 94–96). South Korea's Basic Pension payments meanwhile provide a maximum of ₩335,000 (approx. \$240 USD) per month and, at present, only a fraction of the order's elderly monastics receives National Pension disbursements (see Section 2 above). Thus, it is imperative that the JO secure the financial stability of its monastics through their retirement and end-of-life care.

While the JO has had success in stabilizing medical care for the order's clergy, critical areas such as residential support and funeral services for elderly monastics remain significantly underdeveloped. Despite provisions stating that monastics ordained for over 25 years are eligible to reside within the order's temples in their old age, the implementation of this policy across parishes has been widely inconsistent. In fact, only a limited number of temples actually offer such accommodations, forcing a significant number of elderly monastics to find independent housing in their later years (Go 2024, p. 97). Furthermore, elderly monastics often bear the financial responsibility for their own housing costs and funeral arrangements, highlighting a major gap in the order's institutional support for aging clergy. According to data presented at the 2024 Policy Forum on the Residential Welfare of Elderly Monks, only 360 monastics aged 65 and older, or approximately 10% of the total, presently reside in temple-affiliated housing, violating the Six Elements of Communal Harmony (六和敬) so valued in East Asian Buddhist Monastic tradition. Moreover, concerns have been raised over the use of standard cremation services for deceased monastics, with critics arguing that the JO should provide proper Buddhist funerals for all of its clergy, as befitting of their life-long dedication to the order. According to Professor Young-shin Choi of Joongang Sangha University, socioeconomic disparities are becoming increasingly visible within the Buddhist community as clergy reach their elder years, noting that while the JO has made significant efforts to enhance the welfare of its elderly monastics, the order "still has a long way to go when compared with other religions" (Hong 2025).

As a result of these issues, there is now growing consensus within the JO that monastic eldercare should either be institutionalized within the frameworks of either the order or national senior welfare systems (Kim 2023, pp. 56–58). In response, the MWA and the Korean Bhikṣuṇī Association convened the Policy Forum on the Residential Welfare of Elderly Monks (hereafter "the forum") in October 2024 in an effort to address the issues surrounding residential welfare for elderly monastics, surveying its present state and making recommendations for the future. As discussed therein, currently, housing for the order's retired monastics is primarily managed by regional parish headquarters. For male monastics, residential facilities are offered at temples such as Yongjusa, Woljeongsa, Beopjusa, Magoksa, Tongdosa, Hwaeomsa, Seonunsa, Haeinsa, Baekyangsa, and Songgwangsa. In contrast, female monastics typically rely on privately-operated nursing homes or apartment-style housing, often funded through a combination of private and public contributions (Policy Forum 2024, pp. 69–70).

The facilities at the historic Haeinsa Temple are representative of the residential housing presently offered to the order's retired monastics. Reorganized in 2022, Haeinsa currently operates two separate residential facilities for elderly monastics open to district

clergy who lack permanent housing. The first facility, Haesinsa Jojuwon, was opened in a remodeled four-story apartment building that had previously served as monastic student housing. The facility currently houses 11 monastics who each contribute a monthly maintenance fee of ₩100,000, while Haesinsa subsidizes ₩200,000 per resident. However, the building's aging heating and air-conditioning present on-going challenges for its residents. Furthermore, the facility lacks any communal cooking facilities or social spaces, so residents must cook their own meals on portable stoves in their personal living quarters.

The second facility, Haesinsa Soriwon, was constructed in 1999 as a retirement community and remains under Haesinsa's management. The occupancy fee is ₩80 million, and 48 individuals are currently in residence. Soriwon, additionally offers an on-site Dharma Hall as well as a gym and lounge, which are seldom used. The facility presently employs up to five full-time staff, including a facilities manager and two cooks. However, despite its relatively modern design, Soriwon suffers from infrastructural problems, including inadequate heating and poor sound insulation, raising concerns about the facility's long-term suitability for eldercare. Furthermore, its remote location poses challenges for residents with health issues as they require private transportation when traveling to hospitals or medical clinics (Policy Forum 2024, pp. 12–17).

### 3.4. Future Directions

Numerous graduate-level studies and internal JO studies have identified the need for the JO to assume a leading role in providing residential eldercare facilities for its aging monastics (Park 2008, p. 76; Jinsook Jeong 2009, p. 34; Monastic Welfare Society 2023, p. 96). According to a 2023 survey among 242 respondents, 111 monastics (45.9%) identified stable housing as the most pressing concern associated with the order's aging clerical population. Regarding housing for senior monastics, 56.2% emphasized the necessity of housing that accommodates medical treatment, while others cited the importance of spaces for meditation (26.9%). Notably, 70% of respondents expressed a preference for living in a Buddhist temple or a temple-operated eldercare facility after retirement, reflecting the communal values expressed in the Six Elements of Communal Harmony (see above). Such survey results strongly suggest that conventional residential eldercare facilities and long-term care hospitals are ill-suited to the distinctive lifestyles and religious needs of Buddhist monastics. This sentiment among the survey respondents also extended to healthcare, with 68.6% favoring monastic-specific medical facilities where they could receive care in a Buddhist environment (Kim 2023, pp. 49–53). From such data, it appears that the JO, via the MWS, has a very clear mandate for establishing additional temple-affiliated independent living and long-term care facilities for its aging monastics. Echoing this sentiment, Ven. Suyeong likewise calls for the JO to increase access to monastic-oriented residential facilities, long-term care hospitals and funerary services (Policy Forum 2024, p. 80). Such a comprehensive retirement system would allow the order's clergy to face their inevitable old-age, sickness, and death with confidence surrounded by their dharma-families. Furthermore, such improvements would significantly relieve the anxiety of younger monastics regarding their futures and potentially revitalize the order's sense of community, ensuring its continuity over coming generations.

## 4. Comparative Discussion

### 4.1. Clerical Eldercare Within the Korean Catholic Church

The current state of monastic retirement and eldercare within the JO stands in sharp contrast to the established retirement system of the Catholic Church in South Korea. At present, there are over 7100 Catholic priests in the nation, approx. 1300 of whom are presently retired (<https://news.cpbk.co.kr/article/1164699>, accessed on 20 October 2025).

While Catholic clergy have the option of retiring at the age of 65, priests are required to abdicated their positions at 70 and bishops at 75. According to Article 369 of the Code of Cannon Law, the church assumes responsibility for the welfare of retired priests, and thus must secure their living quarters, daily expenses, and nursing care (Jeon 2012, p. 32). Each diocese pays the entirety of retirees' health insurance premiums and any related health-care costs, with regular health checkups provided once every two years. Presently, all priests are additionally enrolled in the government's National Pension fund. Furthermore, since 1974, the Catholic Church has operated a tertiary retirement program organized via the Priests Council Mutual Aid Association (사제평의회 공제회) through which priests initially contributed ₩10,000 each month to future cover medical expenses and living expenses after retirement. The system's premiums and disbursements schedules have been increased repeatedly since, and at present, retirees receive a combined monthly disbursement of ₩1.1 million (approx. \$790 USD) from the National Pension fund and the Priests Council Mutual Aid Association. While the precise details vary by diocese, retired priests are also given the option to reside in either apartments or detached houses according to personal preference, with the diocese providing support of up to ₩200 million (approx. \$143,600 USD) to purchase housing then held in the diocese's name, while any additional costs are borne by the individual. The diocese additionally covers daily living expenses for retirees, including housekeeping and meals (Jeon 2012, pp. 31–36; Policy Forum 2024, pp. 46 & 75).

Comparisons between the retirement systems of the Korean Catholic and JO are relevant as the religions are of similar sizes in Korea, with approx. 11% of South Koreans self-reporting as Catholic and 17% as Buddhist. However, while the Buddhists are larger in population size, the Catholic Church has provided significantly more financial and material benefits per individual retiree. It is true that the JO presently maintains over twice as many retired clergy, with approx. 3400 retired monastics compared to the Catholic church's approx. 1300 retired priests. Nevertheless, South Korea's Catholic priests maintain universal enrollment in both the government's National Pension fund and the third-tier retirement scheme operated by the Priests Council Mutual Aid Association. Meanwhile, as of 2021, only 40% of all JO monastics were enrolled in the National Pension Fund, and only 40% of the currently retired monastics received pension disbursements from their local parishes. Furthermore, retired Catholic clergy are allotted ₩200 million to purchase diocese-owned accommodations, while only 10% of JO retired monastics are presently provided with temple-affiliated housing (see Section 3.3 above). Thus, it is imperative that that JO not only attain universal enrollment for its clergy in the government's National Pension Service, but also establish an order-wide tertiary pension fund with standardized premiums and benefits across its parishes. Furthermore, the order must fulfill its commitment to provide adequate housing for its increasingly aging population of retired monastics, either on-site at its temples or in private residences nearby. As such, Ven. Jeonggwon, Chair of the JO's Central Assembly, notes that it is appropriate for the JO to study the Catholic retirement system further to help the order develop "long-term budget estimates" to formulate a "rational welfare policy" (Policy Forum 2024, p. 105).

#### 4.2. Eldercare Within the Thai Buddhist Sangha

After China, Thailand possesses the second largest number of Buddhists of any nation on Earth, with roughly 64 million practitioners comprising over 93% of the total population. While the Thai government remains a constitutional monarchy guaranteeing religious freedom, Buddhism functions as the Thai state religion and the Thai sangha remains closely tied to the state. Not only is the Thai ruler regarded as the supreme patron and protector of the *sangha*, but the Thai government's National Office of Buddhism (Thai

สำนักงานพระพุทธศาสนาแห่งชาติ, RTGS. *samnak-ngan phra phutthasatsana haeng chat*) oversees the management of the nation's approx. 40,000 Buddhist temples in conjunction with Thailand's Sangha Supreme Council (Th. มหาเถรสมาคม, Pali *Mahāthera Samāgama*). As with most other traditionally Buddhist nations (see Section 5 below), Thailand is likewise undergoing major demographic shifts, which are bringing significant changes to its monastic communities. According to 2024 government statistics, of the nation's 255,324 ordained monastics, all of whom are male, 89,437 are aged 60 and above. As discussed by scholar Phra Phungam Anuttaro (2024) in the article "Elderly Buddhist Monks: Preparation and Care Systems in Future Thai Society", the percentage of Thai monastics aged 60 and above has increased from 28% in 2014 to 35% in 2024, and is predicted to rise to 42% in another ten years-time<sup>3</sup>, reflecting "the urgent need to prepare for an aging monastic society" (ibid., p. 48).

As with most other historically Buddhist societies, monastic eldercare in Thailand has traditionally relied on family and local communities for caregiving as well as the donation of financial and material support as a means of "merit-making" (Pali *puñña*, Sanskrit *punya*). However, according to Anuttaro, this traditional eldercare system is currently under strain, not only because of Thailand's rapidly aging monastic population, but also due to the increasing complexity and costs of healthcare, a lack of caregivers and access to medical treatment, and insufficient financial support. Anuttaro notes that over 67% of Thailand's elderly monastics suffer from at least one chronic disease, while 60% possess less than 50,000 baht (approx. \$1700 USD) in savings, and thus lack sufficient funding to cover medical treatment and long-term care (ibid., p. 49). Furthermore, the reliance of rural temples on donations for funding has become problematic as younger generations of the Thai laity are moving to larger cities for work, making donations more irregular and unreliable (ibid., p. 51). While there is a budget for monastic eldercare, Anuttaro claims it is not sufficient for "rapidly increasing needs", noting that eldercare for Thai monastics is 23% higher than for the laity due to the "complexity of care" and "specialized service needs" (ibid.). A lack of understanding of monastic rules and culture among healthcare providers has created additional barriers to elderly monastics seeking healthcare, while the majority of elderly monastics feel pressure to continue performing their religious duties within their communities despite physical limitations or ill health (ibid., p. 50). In response to these and other issues, Anuttaro advocates for the implementation of a Holistic Care Model integrating four dimensions of care; namely (1) Medical and Health, (2) Psychological and Spiritual, (3) Social, and (4) Management and Coordination. Anuttaro hopes to implement this model nationally through gradual changes to national healthcare policy, the systematic training of caregivers, and efficient monitoring and evaluation (ibid., pp. 51–56).

From Phra Anuttaro's research, it is clear that major demographic shifts and resulting challenges for monastic eldercare are not unique to Korean Buddhism. Both the Thai and Korean monastic communities are already "super-aged" societies as at present, 32% of JO monastics are older than 64 while 35% of Thai monastics are over 59. In both cases, these percentages are also expected to increase dramatically at similar rates over the following decades. Furthermore, both monastic communities are facing the dissolution of their traditional community-centered eldercare systems in tandem with the rising costs of healthcare, the increasing professionalization of care services, and a growing scarcity of age-appropriate housing. Lastly, Thai and Korean monastic eldercare are both further complicated by the religious duties, culture, and expectations of Buddhist monastics, which professional care-givers often fail to sufficiently understand. A key difference between the two situations, however, is a matter of scale, as the Thai sangha possesses over 20 times the number of ordained monastics as the JO. However, as Buddhism remains the Thai state

religion, Thai monastics can rely on state support as a back-stop for eldercare funding and services, thus providing them with a sense of security regarding their future, which Korean monastics currently lack. Despite these differences, Anuttaro's prescribed Holistic Care Model integrating physical, mental, social and spiritual care provides a valuable model for future developments in eldercare within the JO, but with the order taking ultimate responsibility for management and coordination.

## 5. Conclusions

As examined above, prior to the early 2000s, the Jogye Order had largely neglected the issue of monastic eldercare, as traditionally, elderly monastics had been cared for by their juniors and lay supporters within their home temples. However, this informal system of on-site eldercare has been undermined by significant demographic shifts over recent decades, including a rapidly aging monastic population, declining monastic ordinations, and the increasing costs of professional eldercare services. These circumstances have left many elderly monastics vulnerable due to their loss of JO salaries at retirement, a lack of family to turn to for support, and their frequent failure to participate in South Korea's national retirement systems, public or private. In response, the JO introduced the Monastic Welfare Act in 2011 and established the Monastic Welfare Society (MWS) to institutionalize healthcare, pensions, and end-of-life support. While medical coverage has improved greatly since 2011, critical gaps still remain in housing and income support, with only a minority of the order's elderly monastics receiving pension disbursements or residing in temple-affiliated housing. These shortcomings have generated widespread anxiety among the order's younger monastics and contrast starkly with the far more comprehensive welfare systems implemented for Catholic clergy in South Korea.

If monastic welfare is to be recognized as a fundamental right grounded in Buddhist values and aimed at facilitating religious practice, it must be conceived holistically—encompassing all stages of life, including education, medical care, and funerary support—and developed with a sensitivity to the lived realities of monastics. As described by Phra Anuttaro, such a Holistic Care Model requires the coordinated integration of physical, mental, social, and spiritual care (see Section 4.2 above). Furthermore, the long-term success of such a comprehensive eldercare system depends on securing stable and sustainable financial resources. Given the impracticality of relying solely on the central order for funding, collaborative financial strategies involving local parish headquarters must be explored to ensure the viability and equity of their provisions. In addition, as called for by Ven Su-gyeong, the order must increase access to monastic-oriented residential facilities, long-term care hospitals, and funerary services ([Policy Forum 2024](#), p. 80). Such a comprehensive and stable monastic retirement system for the order's monastics is urgently needed, as it would allow them to face their inevitable old-age, sickness, and death with confidence surrounded by their dharma-family: the monastic community. Such changes may, in fact, help to revitalize the order and ensure its continuity over coming generations.

Many issues surveyed above are not unique to Korean Buddhism, but rather are impacting "Buddhism on the ground" throughout Asia. As noted by Professors Wei-Jun Jean Yeung and Yeonjin Lee, East Asian countries such as South Korea, Macao, Japan, Taiwan, Hong Kong, and China presently have some of lowest fertility rates and highest life expectancy rates in the world, resulting in societies that are aging significantly more rapidly than elsewhere ([Lee and Yeung 2022](#), p. 589). While this phenomenon, along with its social and economic implications, have been studied extensively by scholars, far less research has examined the impact of such demographic changes on eldercare within the monastic communities of these traditionally Buddhist countries. As examined herein, such demographic shifts pose unique practical, financial, social, and spiritual challenges to Buddhist monas-

tic organizations. Nevertheless, there remains a significant gap in international Buddhist Studies scholarship on this topic. It is hoped that this case study of the issues surrounding the eldercare crisis currently facing Korea's Jogye Order, and the efficacy of its various responses, might contribute to a broader academic dialogue on this topic as other East Asian Buddhist organizations face similar challenges; challenges that not only threaten the Six Harmonies of the Buddhist Community, but possibly the long-term sustainability of the monastic communities themselves.

**Author Contributions:** Methodology, C.P.; investigation, C.P. and K.K.; writing—original draft preparation, K.K.; writing—review and editing, K.K.; supervision, C.P.; funding acquisition, C.P. All authors have read and agreed to the published version of the manuscript.

**Funding:** This research was funded by the Ministry of Education of the Republic of Korea and the National Research Foundation of Korea, grant number NRF-2021S1A6A3A01097807. And The APC was funded by Department of Buddhist Studies, Dongguk University, Seoul Korea.

**Institutional Review Board Statement:** Not applicable.

**Informed Consent Statement:** Not applicable.

**Data Availability Statement:** The original contributions presented in this study are included in the article. Further inquiries can be directed to the corresponding author.

**Conflicts of Interest:** The authors declare no conflict of interest.

## Notes

- <sup>1</sup> A notable exception being the 2019 text “Monastic Eldercare Utilizing Unit Care” by Young-shin Choi et al. For more details on this, see (Policy Forum 2024).
- <sup>2</sup> <https://data.worldbank.org/indicator/SP.DYN.TFRT.IN?locations=KR> (accessed on 21 July 2025).
- <sup>3</sup> Anuttaro cites 2024 statistics from the Thai National Office of Buddhism.

## References

- Anuttaro, Phungam. 2024. Elderly Buddhist Monks: Preparation and Care Systems in Future Thai Society. *Journal of Applied Humanities* 2: 48–57.
- Buswell, Robert E., Jr. 1992. *The Zen Monastic Experience: Buddhist Practice in Contemporary Korea*. Princeton: Princeton University Press.
- Go, Kyunghwan. 2024. Measures to Ensure the Retirement of Buddhist Monks. *Buddhist Review* 26: 94–100.
- Gwon, Oyoung. 2023. Beopbo Sinmun. Available online: <https://www.beopbo.com/news/articleView.html?idxno=318524> (accessed on 9 July 2025).
- Hong, Dayoung. 2025. Bulgyo Sinmun. Available online: <https://www.ibulgyo.com/news/articleView.html?idxno=423030> (accessed on 8 July 2025).
- Jeon, Mi-hwa. 2012. The Study on the Welfare for the Aged Won-Buddhism Clergy: Focusing on Comparing Won-Buddhism with Buddhism and Catholicism. MA dissertation, Wonkwang University, Iksan, Republic of Korea.
- Jeong, Jinsook. 2009. A Study on Old-age Welfare Status of the Buddhist Monk: Focusing on the Jogye Order of Korean Buddhism. Master's thesis, 2009, Chosun University, Gwangju, Republic of Korea, Wonkwang University, Iksan, Republic of Korea.
- Jeong, Jooyeon. 2024. Beopbo Sinmun. Available online: <https://www.beopbo.com/news/articleView.html?idxno=321686> (accessed on 9 July 2025).
- Jones, Randel S. 2023. *Improving Korea's Long-Term Care for the Elderly*. Available online: <https://keia.org/the-peninsula/improving-koreas-long-term-care-for-the-elderly/> (accessed on 8 July 2025).
- Kim, Myoungsoon. 2023. *Examining the Effects the Korean Buddhist Monks' Perception of Welfare System and Cultural Inclination on their Job Satisfaction: The Case of Jogye Order Monks*. Seoul: Myongji University.
- Lee, Yeonjin, and Wei-Jun Jean Yeung. 2022. Aging in East Asia: New Findings on Retirement, Health, and Well-Being. *Journals of Gerontology: Social Sciences* 77: 589–91.
- Monastic Welfare Society. 2022. *A White Paper on the Welfare of Monks*. Seoul: Monastic Welfare Society of Jogye Order.
- Monastic Welfare Society. 2023. *A Study on the Status of the Welfare of the Korean Buddhist Jogye Order and the Basic Plan of Facilities*. Seoul: Monastic Welfare Society of Jogye Order.

- Na, Seonsam. 2021. Long-term Care Hospitals and Changing Elderly Care in South Korea. *Medicine Anthropology Theory* 8: 1–26. [CrossRef]
- National Pension Plan Statistics Yearbook. 2018. Available online: <https://www.nps.or.kr/pnsinfo/databbs/getOHAF0269M0List.do?menuId=MN24000999> (accessed on 17 July 2025).
- Park, Cheonghwan, and Kyungrae Kim. 2023. Postulant Education within the Jogye Order of Korean Buddhism: A Critical Examination of Its Past, Its Present, and the Issues Facing Its Future. *Religion* 14: 357. [CrossRef]
- Park, Heejeom. 2008. *The Study on an Activation Device of Welfare for Old Aged Buddhist Priestess: Centering Around Survey for Buddhist Priestess in the Jogye Order*. Seoul: Dongguk University.
- Policy Forum. 2024. *Seminar Paper: Policy Forum on the Residential Welfare of Old Monks*. Seoul: Jogye Order.
- Seo, Hyunwook. 2025. Bulgyo Datkom. Available online: <https://m.bulkyo21.com/news/articleView.html?idxno=61398> (accessed on 9 July 2025).
- Shin, Sungmin. 2023. Hyundai Bulgyo. Available online: <https://www.hyunbulnews.com/news/articleView.html?idxno=407692> (accessed on 2 July 2025).
- Yang, Jae-jin. 2024. *South Korea's Population Aging and Pension Reform Plans in Comparison with Germany and Sweden*. Working Paper 25: Korea Focus. Available online: [https://www.geschkult.fu-berlin.de/e/oas/korea-studien/Files/2024/Working\\_Paper\\_25\\_Jae-jin\\_Yang.pdf](https://www.geschkult.fu-berlin.de/e/oas/korea-studien/Files/2024/Working_Paper_25_Jae-jin_Yang.pdf) (accessed on 2 July 2025).

**Disclaimer/Publisher's Note:** The statements, opinions and data contained in all publications are solely those of the individual author(s) and contributor(s) and not of MDPI and/or the editor(s). MDPI and/or the editor(s) disclaim responsibility for any injury to people or property resulting from any ideas, methods, instructions or products referred to in the content.