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Paid Care Workers in the Republic of Korea

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Introduction

Since 2003, the Republic of Korea (Korea thereafter) government has redoubled its commitment to expand social care, in particular, childcare and elderly care. Expansion in these two areas has been motivated by three interrelated factors.

First, there has been a strong demographic imperative. The total fertility rate (TFR) in Korea has dropped to an unprecedented low since the 1990s, and by the early millennium, the country had become one of the lowest TFR nations amongst the OECD. This sharp drop in TFR combined with increased longevity, and hence a rapidly ageing population, has raised serious policy concerns about the need to decelerate if not reverse fertility decline, on the one hand; and on the other, to develop elderly care services and infrastructure to meet increasing care needs. Enabling women to reconcile work and family responsibilities by providing more childcare support is considered an effective way to raise TFR. At the same time, Long-term Care Insurance (LTCI) programme was introduced in 2008 to address the immediate and not so distant future care needs of the elderly.

Second, the Korean government's new emphasis on social policy has been informed by the process of policy learning and by growing global post-neoliberal consensus around the idea of social investment. In the case of elderly care, Korea has benefited from the experience of its closest social policy comparator and exemplar, Japan. Japan's Long-term Care Insurance scheme, implemented in 2000, has been a useful policy model, helping Korean policymakers frame the issue and design their own LTCI. On the childcare side, Korea has applied early childcare and education policy models developed and disseminated by international organizations such as OECD and UNESCO. In addition to the availability of policy models, the idea of social investment has been circulated within the epistemic community since the end of the 1990s, particularly within OECD social policy circles (Mahon and McBride, 2008). OECD reports on childcare, such as the *Babies and Bosses* series, have prescribed the importance of childcare and early child education programmes for maternal employment and family-work balance, and have provided exemplars of policy best practices for bureaucrats and advocates seeking change in their own countries (OECD, *Babies and Bosses* series; interview with Dr. Mookyeong Moon, Director, KICCE, 16 August 2008).

Third, the Kim Dae-Jung and Roh Moo-Hyun governments had committed themselves to an active labour market strategy, or what Koreans call "productive welfare." Social investment, often instrumentalized in forms of childcare and early child education, elderly care, and skills training, was therefore widely considered an important strategy to develop human capital; in addition, investment in the social care market was seen to create a virtuous cycle that would lead to job creation, development of a new service sector market, and ultimately, positive economic growth (see South Korea Research Report #3). In sum, the commodification of child and elderly care through expansion of social care policies in Korea has been promoted by the government not only as a result of real and anticipated societal demands for care arising from demographic and structural changes, but also as a strategy to facilitate the transformation from an industrial to post-industrial economy.

Despite the huge policy attention to social care in Korea, little is known about people engaged in care work, or the nature of such work as it relates to changes in social policy. This report focuses on child and elderly care workers in Korea. Main objectives of this study are to understand who they are, what their work is like, and how their work is affected by social policy changes. We conducted in-depth interviews with a total of 23 childcare and 30 elderly care workers in Seoul and the surrounding areas in July and August 2008. We also interviewed researchers, academics, and policy experts working in universities, research institutes, and think-

tanks to gain a better understanding of current debates and analyses of care work in Korea. Furthermore, we conducted site visits to elderly care institutions and childcare centres to observe the nature of services provided and the kinds of interactions care workers have with their clients.

We highlight three main findings. First, although it is not surprising that the vast majority of child and elderly care workers are women, we were surprised to find that the two groups of care workers were made up of two quite different types of women. Elderly care workers were by and large older women, married, and with a wide range of educational and socio-economic backgrounds, whereas childcare workers were well educated and most of them were in their 20s and 30s. This finding supports larger surveys of child and elderly care workers. It is well known that the Korean labour market is highly segmented, particularly along gender lines. This study, however, shows that labour market segmentation exists even within care work, and various push and pull factors reinforce this segmentation.

Second, despite the differences, both groups of care workers believed they were poorly paid, and that their occupational status was very low given their education and training. Elderly care workers complained that they were often treated like domestic workers and nannies by their clients and their clients' families, while childcare workers complained they were nowhere close to social workers or kindergarten teachers in terms of social status and wages.

Third, recent social policy changes have had some important impacts on the wages and contents of care work, although the impacts are different for childcare and elderly care workers. Whereas the childcare expansion has resulted in slightly improved wages and conditions for workers, the wages and working conditions of many elderly care workers has worsened as a result of LTCI reform. Many elderly care workers said that the LTCI system has markedly changed the way (non-family) care is organized and delivered: from what used to be primarily institutionally based care (e.g. care in hospital for the aged, elderly care centres, and nursing homes) to community- and home-based care (e.g. home care and home helper services, visiting nurses, day care services, and short-term stay). This, in turn, has shifted the focus of elderly care from medical/emotional-psychological to personal/physical care. The reorganization of elderly care services under the LTCI system has resulted in the increased use of certified home care and direct care workers, and in the reorganization of other health and social service workers within the elderly care sector, such as social workers and nurses, who hitherto provided primary care to elderly people in institutional settings. For example, the positions of many social workers and nurses were eliminated, and replaced by direct care workers. To continue working in the field, many retrained and recertified as direct care workers, only to find that their new jobs came with lower pay, lower employment status, and no seniority. In the case of childcare, workers have accepted the recent childcare reforms more positively. Nevertheless, while childcare workers were generally pleased with the increased government support for private childcare centres and the introduction of the new certification system, there is a growing concern over increasing marketization of childcare. This concern reflects a profound change associated with the recent social care expansion – the intensified use of the private market as a means of social service delivery. The combination of market-based service delivery and labour market flexibilization reforms has led to increased use of non-standard workers. In sum, while the expansion of social care has opened up job opportunities for women, the increased emphasis on market-based care provision has resulted in reduced job security and reorganization of care work.

This report consists of three sections. The first uses available data to describe child and elderly care workers in South Korea. The second describes and analyzes our interview survey and observations from site visits. The last section discusses the implications of the findings on understanding care work and social policy in South Korea.

1. General Description of Child and Elderly Care Workers in Korea

1.a. Elderly Care

The Elderly Care System in Korea

In Korea, three types of non-familial elderly care are available to elderly people with disabilities: 1) residential homes; 2) nursing homes; and 3) home-based care services offered by health and social welfare agencies. For users, these are further divided into three subcategories: free, subsidized, and fully privately funded. Elderly people who receive public assistance and those in very low-income brackets are eligible for free care. Those in a low-income bracket can receive subsidized care from residential or nursing homes. Free and subsidized facilities receive subsidies from the government. In 2002, the government provided 49.3 billion won for elderly care, to fund 295 free and 17 subsidized facilities. The amount increased to 55.4 billion won in 2007 and 65.7 billion won in 2008, an increase of 18.6%. In addition to the operational subsidies, the government provides capital grants to public and private sector providers to build new facilities. The recent increase in the number of the elderly living alone has raised demand for non-residential care services, such as home help, meal service, bathing service, and companion service. In 2007, there were 882,000 elderly people living on their own; their average age was 75.1 years, and 84% were women. The average monthly income of elderly people living alone in 2007 was 254,000 won, well below the low-income threshold (MOHW, 2008). The number of single elderly households is expected to increase to 1,044,000 or 20.75% of the 65+ population by 2010 (KNSO, 2008).

Prior to LTCI, elderly care services were provided as part of welfare services for the aged, free to seniors receiving public assistance (National Basic Livelihood Protection programme – NBLP) and in subsidized form for those on low incomes. LTCI universalized elderly care. In theory, under the LTCI system, the public provision of care is based on the level of disability, not on income. For the elderly receiving NBLP and those in a low income bracket, both the insurance premium and services through LTCI are free; the rest of the elderly are charged a compulsory insurance premium and co-payment fee of approximately 20% of the cost. In 2008, 158,000 people, or approximately 3% of the 65+ population, received LTCI services (38,500 in nursing homes, 99,000 receiving home-based care, and 20,500 in hospitals for the aged). This number is expected to increase to 200,000 (4% of 65+ population) by 2010-2012, as LTCI expands its coverage (MOHW, 2008). The increase in demand for elderly care services after LTCI are a function of an increase in the number of the elderly and of the increased demand for services from middle and higher income elderly who were not eligible for subsidized care under the old system.

The LTCI system which began in July 2008 is intended to: 1) universalize the elderly care system in light of population ageing; 2) achieve some measure of social and economic redistribution amongst elderly households; 3) reduce the costs of health care for the elderly by shifting care from an institutional setting (particularly in relation to social hospitalization) to a home setting; and 4) shift the cost of elderly care from the national health insurance programme to long-term care insurance. To these overt objectives we can add an unstated objective - to stimulate the economy and create jobs through social care expansion. LTCI in Korea is modelled after the German and Japanese LTCI schemes, a mixed financing method composed of compulsory insurance premiums levied on all citizens and residents over the age of 20 (except for those in public assistance or in a very low-income category), tax subsidies, and co-payment fees.

The programme covers long-term care needs of people over the age of 65, and age-related long-term care of people under 65.

Individual care needs are determined by assessment teams using a standard assessment form. Those determined eligible for long-term care services are assigned to one of the three disability levels, and the amount of care available from LTCI is based on the level of disability. Long-term care services include institutional care (e.g. nursing homes, hospitals for the aged, and other residential care) and home-based care (e.g. home care, home help, bathing services, meal services, etc.). Elderly clients can “purchase” their designated amount of care from any public or private services providers registered with LTCI. Service providers receive payment directly from the National Health Insurance Corporation for each unit of care they provide. Hence, no direct transfer of money is involved at the point of delivery, except for the co-payment.² Although some public institutions provide long-term care services, the vast majority are private sector service providers.

Simply put, LTCI in Korea is a publicly funded and largely privately delivered elderly care system, with a mixed financing method. The government regulates the amount and quality of care through care assessment and through the training, certification and licensing of various types of elderly care workers and agencies delivering services.

Types of Care Workers Working in Elderly Care Settings

Elderly care workers were reclassified into three categories after the introduction of LTCI: 1) *Yoyangbohosa*, certified elderly care workers providing care to LTCI patients; 2) *Ganbyeongin*, trained elderly care workers working outside of the LTCI system; and 3) certified elderly care workers working in one of the three government-funded care service programmes for low-income elderly.

1. *Yoyangbohosa* provide direct care in institutional and home-based care settings. Both institutional and home-based care providers are now required to hire only those with *yoyangbohosa* certificates. Care workers already employed as of July 2008 were given a two-year grace period to obtain a *yoyangbohosa* certificate. The certification system provides more extensive educational and practical training than was required under the previous system (Welfare Act for the Elderly), including *gajung-bongsawon* (homecare workers) and *saenghwal-jidowon* (residential care workers), both of which were eliminated after 2008.

Education and training programs for *yoyangbohosa* certification began in February 2007. There are two levels of certification: the 1st level allows care workers to provide assistance to the elderly with physical and daily activities³, while those with the 2nd level certificate can only provides daily activity services only. For the 1st level, those without elderly care experience are required to complete a total of 240 hours (80 hours of education, 80 hours of practical training,

² Public organizations are purely public, such as local or national government hospitals and homes for the aged. Private not-for-profit organizations are registered non-profit organizations providing elderly care services; they could provide institutional care (e.g. hospitals and homes for the aged) or community-based care, such as home care, dispatch services, social welfare, and recreational services in the community. For-profit providers, like not-for-profit organizations, can provide institutional or community-based elderly care services. They will have to register with the LTCI to receive fees for services provided.

³ Physical activities include exercise, walking, and other prescribed physical movements, while daily activities involve bathing, toileting, dressing, cooking, grocery shopping, cleaning, etc.

and 80 hours of practice) while experienced care workers must complete 120 to 160 hours of education and training, depending on their experience. For the 2nd level, those without experience are required to complete 120 hours of education and training (40 hours of education, 40 hours of practical training, and 40 hours of practice) while those with experience must complete 60 to 80 hours of education and training, depending on their experience. *Yoyangbohosa* with the 2nd level certificate can upgrade to the 1st level after one year of work experience as a *yoyangbohosa* and an additional 60 hours of education. As of April 2009, 456,633 people received *yoyangbohosa* certificates; however, only 114,367 (25%) were employed as *yoyangbohosas*.

The average monthly wage of *yoyangbohosas* providing residential care was around 1,200,000-1,300,000 won; for those providing home care, under 1,000,000 won (Hangyerae Newspaper, 2009).

2. *Ganbyeongin* are direct care workers providing care to non-LTIC beneficiaries in institutional and home-base care settings. Although no specific education or training is required, many are trained through *ganbyeongin* training programmes run by non-profit organizations such as Korea Red Cross and YWCA, or for-profit organizations. Organizations such as Korea Patient Helper Society, which provides free *ganbyeongin* education programmes and dispatches *ganbyeongins* to hospitals, offers *ganbyeongin* training programmes (40 hours in total for five days) is open to women over the age of 30 and with at least middle school education. In general, the education level of *ganbyeongin* is low: high school 36.9%, middle school 28.1%, elementary or less 27.4%.

Advertised fees for hiring a *ganbyeongin* are 55,000-60,000 won for 24 hours and 38,000-40,000 won for 12 hours (<http://www.help114.or.kr/>). The average cost of hiring a *ganbyeongin* is 30,000-35,000 won for 12 hours and 45,000-60,000 for 24 hours of hospital care, and 30,000-40,000 won for 12 hours and 50,000-65,000 won for 24 hours of home care (Choi, 2007).

There were 8,014 *ganbyeongins* working in the elderly care sector in 2001: 93.9% were women, and the average working period was three years. There were no care workers over 60 years of age or below 30 (57.4% were 40-49, 29.3% were 50-59, and 13.3% were 30-39) (cited in Choi, 2007).⁴

3. *Noin-dolbomi*, *Mooryo Ganbyeongin*, and *Gasaganbyeong-doumi* are certified elderly care workers working under government-funded care service programmes for low-income elderly people.

a) *Noin-dolbomi* (beginning in 2009) are home care workers working under the Ministry of Health, Welfare and Family Affairs (MHWFA) funded *Noin-dolbom* Service Project. These home care workers provide free care for the elderly who do not qualify for LTCI services but have long-term care needs due to dementia, stroke, or senility related disabilities. As of 2009, only those whose household income is under 130% of the average national household income qualify for this service. A total of 19,900 billion won was budgeted for *Noin-dolbom* Service Project in 2009. The project plans to hire 2,897 *noin-dolbomi* to provide care to 10,140 elderly. *Noin-dolbomis* are required to have the 2nd level *yoyangbohosa* certificate. The project affirmatively hires *noin-dolbomi* from low-income households. These care workers provide daily activity care in their client's home. The services can be 36 hours or 27 hours per month depending on the client's needs. The *Noin-dolbomi* Project operates on the voucher system which provides 212,400 to 307,200 won per month to service users, although users also pay 18,000 to 48,000 won for the service.

⁴ Unfortunately we do not have information on average monthly income of *ganbyeongins*.

b) *Jahwal Mooryo Ganbyeongin* (self-reliance free nursing care workers) are nursing care workers participating in MHWFA's *Mooryo Ganbyeong* Service Project. These care workers participate in the Self-reliance Project, a workfare programme for women receiving the National Basic Livelihood Programme (NBLP). *Jahwal Mooryo Ganbyeongin* provide free personal nursing care to the elderly on public assistance or from low-income households within hospitals (prior to 2009, this project also provided home care services). New participants are given training and one month of practice. Care workers work for eight hours a day, five days a week, and receive 28,000 to 31,000 won per day.

c) *Gasaganbyeong-doumi* are home care workers for those on public assistance. MHWFA runs *Gasaganbyeong Bangmoon* Project (Home Visiting Program for Domestic Help and Homecare) for the elderly receiving NBLP who have long-term care needs. *Gasaganbyeong-doumi* are not public assistance recipients but their household incomes are under 150% of the minimum living cost set by the government. They are required to have the 1st or 2nd level *yoyangbohosa* certificate or a certificate from one of the five registered government-funded *gasaganbyeong* education/training centres across the country. These workers provide personal care services and domestic help to their clients in the clients' homes. They work eight hours a day, five days per week, and are paid 31,000 won per day. *Gasaganbyeong-doumis* are given four social insurances and qualify for a retirement allowance. Service users are given a voucher of 248,400 won per month based on 27 hours of service (no co-payment) or 322,920 won based on 36 hours of service (co-payment: 8,280 won per month).

Trends and Characteristics of Care Workers in Elderly Care Settings

The total number of employees working in the health and welfare sector in Korea increased from 385,750 in 1995 to 696,150 in 2006. Women make up the majority of these workers (72.4% in 2006). During this time, the number of employees in the residential welfare facilities for the aged increased from 6,085 to 17,082 (3,926 male and 13,156 female workers). In 2004, social workers and nurses each made up 28.8% of all employees working in elderly welfare facilities, while nurses' aides made up 25.0%, and physiotherapists, 5.8%. Certified care workers constituted only 3.8% of all employees in welfare facilities for the elderly (Kim, 2004). No national data on composition of elderly care workers have become available since the implementation of LTCI. However, we anticipate a noticeable change in the composition of elderly care workers as LTCI shifts the focus to direct physical care.

Tables 2 to 7 illustrate characteristics of elderly care workers in Seoul. The survey includes all types of care workers involved in elderly care, both "indirect care workers" such as social workers, physiotherapists, and nurses, and "direct care workers" whose work involves more direct body contact and handling of fluids and wastes, including *yoyangbohosa*, *ganbyeongin*, and care workers working under government-funded programmes. The survey was carried out in 2003, about five years before LTCI. As shown in the tables, the majority of elderly care workers in Seoul are women (71% - Table 2), between the ages of 30 and 59 (70% - Table 3) and married (63.6% - Table 4), and about a third have more than high school education (62.7% - Table 5). Full-time care workers work long hours, (61.9% working between 9 and 12 hours a day), but their average monthly income is noticeably lower (1,451,005 won per month - Table 7) than the average wage for workers in establishments with five or more employees (2,384,000 won) (Korean Labour Institute, 2003). Amongst elderly care workers, there are some differences in socio-demography and wages, and hours worked, depending on the type of facilities. For example, those working in residential facilities are comparatively older and less educated than

those working in home-care services. Meanwhile, elderly care workers working in residential facilities are more likely to work longer hours and have a higher average monthly income than those in home-care.

Table 2 Sex (full-time workers)

		Male	Female	Total
All welfare facilities		2,064 (30.1%)	4,796 (69.9%)	6,860 (100)
Welfare facilities for the aged	Community welfare centres for the aged	223 (39.2%)	346 (60.8%)	569 (100)
	Residential facilities	111 (22.3%)	387 (77.7%)	498 (100)
	Home care facilities	64 (20.9%)	242 (79.1%)	306 (100%)
	Total	398 (29%)	975 (71%)	1,373 (100%)

Source: Seoul Council on Social Welfare (2003), p.35, Table 3-1-2.

Table 3 Age (full-time workers)

		Aver.	Under 20	20-29	30-39	40-49	50-59	60+	total
All welfare facilities		36.5	7 (0.1)	2,083 (30.4)	2,170 (31.7)	1,453 (21.2)	855 (12.5)	278 (4.1)	6,846 (100)
Welfare facilities for the aged	Community welfare centres for the aged	35.3	2 (0.4)	186 (32.8)	207 (36.4)	99 (17.5)	43 (7.6)	30 (5.3)	567 (100)
	Residential facilities	41.6	-	74 (14.9)	125 (25.1)	170 (34.1)	98 (19.7)	31 (6.2)	498 (100)
	Home care facilities	38.1	-	75 (24.6)	94 (30.8)	77 (25.2)	48 (15.7)	11 (3.6)	305 (100)
	total	38.3	2 (0.1)	335 (24.5)	426 (31.1)	346 (25.3)	189 (13.8)	72 (5.3)	1,370 (100)

Source: Seoul Council on Social Welfare (2003), p.37, Table 3-2-3

Table 4 Marital status (full-time workers)

		Single	Married	Others	Total
All welfare facilities		3,164 (46.3)	3,607 (52.8)	64 (0.9)	6,835 (100)
Welfare facilities for the aged	Community welfare centres for the aged	260 (45.8)	301 (53.0)	7 (1.2)	568 (100)
	Residential facilities	104 (20.9)	389 (78.3)	4 (0.8)	497 (100)
	Home care facilities	120 (39.3)	182 (59.7)	3 (1.0)	305 (100)
	Total	484 (35.3)	872 (63.6)	14 (1.0)	1,370 (100)

Source: Seoul Council on Social Welfare (2003), p.39, Table 3-3-2.

Table 5 Education (full-time workers only)

		High school or under	2-yr college	University	Graduate school	Total
All welfare facilities		2,307 (33.8)	1,064 (15.6)	2,714 (39.7)	744 (10.9)	6,829 (100)
Welfare facilities for the aged	Community welfare centres for the aged	119 (20.9)	55 (9.7)	301 (52.9)	94 (16.5)	569 (100)
	Residential facilities	300 (60.5)	106 (21.4)	77 (15.5)	13 (2.6)	496 (100)
	Home care facilities	92 (30.3)	51 (16.8)	132 (43.4)	29 (9.5)	304 (100)
	Total	511 (37.3)	212 (15.5)	510 (37.3)	136 (9.9)	1,369 (100)

Source: Seoul Council on Social Welfare (2003), p.42, Table 3-4-2.

Table 6 Daily working hours (full-time workers)

		Aver.	8hours	9-12hrs	13hrs +	total
All welfare facilities		9.6	2,338 (34.1)	3,531 (51.5)	988 (14.4)	6,857 (100)
Welfare facilities for the aged	Community welfare centres for the aged	8.7	258 (45.3)	311 (54.7)	-	569 (100)
	Residential facilities	9.9	90 (18.1)	356 (71.5)	52 (10.4)	498 (100)
	Home care facilities	8.8	122 (40.0)	182 (59.7)	1 (0.3)	305 (100)
	Total	9.2	470 (34.3)	849 (61.9)	53 (3.9)	1,372 (100)

Source: Seoul Council on Social Welfare (2003), p.116, Table 5-2-1.

Table 7 Average monthly income (full-time workers)

(Won, US\$1=1025Won)

		Number of case	Average monthly income	Standard Deviation	Yearly income
All welfare facilities		6,840	1,482,472	384,670	17,789,675
Welfare facilities for the aged	Community welfare centres for the aged	568	1,502,994	383,885	18,035,931
	Residential facilities	498	1,448,397	334,895	17,380,764
	Home care facilities	305	1,358,446	272,136	16,301,356
	Total	1,371	1,451,005	348,054	17,412,066

Source: Seoul Council on Social Welfare (2003), p.135, Table 6-3-5.

1.b. Childcare

Childcare facilities and services have expanded hugely with the increased government spending since the 1990s. The national budget for early child education rose from 356 billion won in 2002 to 886 billion won in 2006, while that for childcare increased from 435 billion won to 2,038 billion won.⁵ As a result, the number of childcare centres increased from 1,919 in 1990 to 29,823 in 2007,⁶ and the number of children enrolled in childcare centres rose from 48,000 in 1990, to 1,062,415 by 2007 (Ministry of Gender Equality and Family, 2007). There has also been an ongoing discussion in government about merging early childcare and early childhood education, and there is a plan to achieve 100% pre-school enrolment rate for five-year olds by 2005 (UNESCO, 2006; Na and Moon, 2003; interview with Dr. Mookyeong Moon, 30 June 2009).⁷

Trends and Characteristics of Care Workers in Childcare Context

The total number of childcare staff in Korea has almost doubled, jumping from 88,504 in 2002 to 162,719 in 2007 (Ministry of Health and Welfare, 2002; Ministry of Gender Equality and Family, 2007). Amongst childcare staff, about 90% are childcare workers (i.e. those working directly with children as childcare workers, or as supervisors/directors of childcare centres), with the remaining 10% made up of nurses, cooks and nutritionists, drivers, and cleaning staff. Na and Moon's survey found that 16.6% of childcare workers had four years of university education, 59.2% had two years of college education, and about 24.2% had high school education or less (Na and Moon, 2003).⁸ Childcare workers with four years of university education were more likely to be working in public and workplace childcare centres; those with high school education or less were more likely to be working in home daycares and private childcare centres.⁹ Finally, childcare workers working in public childcare centres tended to have longer working experience than those in private childcare centres, suggesting a higher turnover rate in private facilities.

The Na and Moon's (2003) survey shows that average daily working hours of childcare workers (across different institutions) were 10.6 hours for weekdays and 6.3 hours for Saturdays. These figures are comparatively higher than the average working hours for elderly care workers. A Korean Institute of Childcare and Education (KICCE) study conducted in 2003 found that average wages of childcare workers were generally low, about 900,000 won per month for those in public and workplace childcare centres, and 700,000 won for those in private childcare centres (KICCE, 2003). The KICCE study noted that new childcare workers were paid as little as 400,000 to 500,000 won per month for the first few months. Childcare workers were rarely paid

⁵ Early child education refers to kindergartens and preschools for children under the age of six. Most programmes come under the jurisdiction of Ministry of Education. Childcare refers to care of pre-school children provided outside educational institutions, such as kindergartens. These programmes come under the jurisdiction of Ministry of Health and Welfare (renamed Ministry of Health, Welfare, and Family Affairs after 2008; between 2003 and 2008, childcare came under the jurisdiction of Ministry of Gender Equality and Family).

⁶ The 1991 Childcare Act legislates public support of childcare and regulates certified childcare centres in the country. Childcare centres refer to non-educational care of pre-school age children (0 to 5 year olds) in both publicly and privately run child care centres. It therefore does not include, early child education centres, kindergartens, pre-school programmes, etc.

⁷ This plan was not achieved in 2005. In 2006, the government has reset the target to 2010.

⁸ Colleges normally provide more technical skill-specific education and training, while universities provide more academically oriented liberal education in Korea.

⁹ Home daycares in Korea are small childcare units, often operated out of the care provider's home, and catering to children under the age of two. Home daycare units must be certified and licensed by the government, and given the size of homes, normally accommodate fewer than 20 children. All home daycares are private for- or not-for-profit childcare centres.

for over-time work: only 17.4% actually received extra pay for overtime. Employers often disregarded the Labour Standard Law, expecting workers to put in long hours and avoid taking statutory holidays. Only 41.4% of childcare workers claimed they used *some* of their annual holidays, and they reported difficulties taking time off for illness. The study found problems with taking full maternity and/or parental leaves; the average maternity leave was 58.4 days, compared to the 90 days stipulated by the labour code. Pregnant workers were sometimes encouraged to quit work or have their salaries reduced because of the pregnancy (KICCE, 2003). Finally, those working in public and workplace childcare centres had much higher rates of enrolment in the four national social insurances programmes than those in private childcare and home daycares (Table 8).

Table 8 Social Insurance Enrolment Rate of Childcare Workers based on Types of Childcare Centres

	Childcare Workers					
	Public (N=247)	Corporate (N=247)	Private (N=276)	Home (N=50)	Workplace (N=41)	Total
National Pension	92.1%	79.6	14.9	24.1	91.7	63.7
National Health Insurance	82.2	75.0	16.2	8.3	74.2	57.0
Employment Insurance	91.4	85.9	50.8	37.5	90.0	74.5
Industrial Accident Insurance	80.8	79.8	40.2	41.2	72.4	64.7

2. Interviews and Observations

2.1 Research Methods

We interviewed 30 elderly care workers and 23 childcare workers during July and August 2008. The elderly care workers were direct and indirect care workers in eight facilities in Seoul, Cheon, and Hanam Cities, both just outside of Seoul. Childcare workers included childcare workers and directors of childcare centres from nine childcare centres in Seoul. Facilities included both public and private elderly and childcare institutions. We began our research by contacting local government social welfare offices for information and to gain an introduction to elderly and childcare institutions; we then used convenience sampling technique to recruit interview participants. We conducted one to two hour semi-structured interviews, in Korean, generally on a one-to-one basis. When this was not possible, we conducted group interviews. All interviews took place in the workplace. Employers were often able to provide us with a private room for the interview. This also gave us the opportunity to visit the facility and observe the services provided. All interviews were tape-recorded. They were often conducted by two interviewers, one interviewing and the other taking notes as well as participating in interviews. Taped interviews were transcribed and translated from Korean into English, and analyzed using N-Vivo qualitative analysis software.

The 30 elderly care workers interviewed included 17 direct care workers (6 *Yoyangbohosa*, 6 *Ganbyeongin*, and 5 *Gasaganbyeong-doumi*), and 13 indirect care workers (8 social workers, 1 director of welfare centre, 3 nurses, and 1 physiotherapist). We separated elderly care workers into two subgroups, direct and indirect care workers, because job contents

and professional status of these subgroups are noticeably different. For the purposes of this study, direct care workers refer to front-line care workers who perform hands-on physical care for the elderly, often handling bodies and bodily fluids in institutional or home settings. They include *yoyangbohosa*, *ganbyeongin*, and *gasaganbyeong-doumi*. The indirect care workers do not normally directly and physically handle bodies and bodily fluids. They include social workers, nurses, physiotherapists, and welfare centre directors and administrators of elderly care institutions, although prior to LTCI social workers often provided direct care work in addition to emotional and psychological counselling in an institutional setting. The direct care work began to transfer to *yoyangbohosa* a couple of years ago in preparation for LTCI. All of the 13 indirect care workers we interviewed worked in institutional settings.

Except for the director of welfare centre and one social worker, the rest of the elderly care workers were women. Their ages ranged from 36 to 60, with a mean of 45. Twelve of the 17 direct care workers had worked in their current workplace for less than two years. All six *yoyangbohosa* were housewives before taking on the current job, while the five *gasaganbyeong-doumi* had varied histories: one had worked as a *ganbyeongin*, one ran her own small business, two were *gasaganbyeong-doumi* at a different welfare centre, and the other worked at a post office.¹⁰ The majority of direct care workers we interviewed had high school or less education (5 had only middle school, 8 had high school, and 4 had college or university education). In contrast, the indirect care workers had significantly higher educational backgrounds (11 with college or university education and 2 with master's degrees). Employment status and wages of direct and indirect workers also differed markedly. Indirect care workers were all full-time standard employees at their workplace, whereas all the direct care workers were on contract (see Appendix 1 on the definition of standard and non-standard work in Korea). The indirect care workers earned 1,500,000 to 2,000,000 won per month, whereas direct care workers earned 700,000 to 1,500,000.¹¹

The 23 childcare workers consisted of 17 childcare workers and 6 directors of childcare centres, from 2 private, 4 public, 1 home, and 1 workplace daycares in Seoul. All participants were women, and their ages ranged from 25 to 55. They had worked in their current workplace anywhere from 2 weeks to 14 years, but the majority had been there for more than 3 years. Three childcare workers were recent university graduates and had no previous work experience. Nineteen participants had some childcare related work experience, including working in kindergartens, after school programmes, and play schools. Only one childcare worker had work experience outside the childcare sector. All the childcare workers had at least a college level education, with the vast majority having four years of university education; two had a master's degree. Childcare workers in our interviews earned 1,150,000 to 1,600,000 won per month (after tax), plus a compensation allowance from the government that ranged from 145,000 won per month for those working in most childcare centres, to 280,000 won per month for those in home daycares. In total, childcare workers' average income after tax income ranged from 1,400,000 to 2,000,000 won per month.

¹⁰ We point out *yoyangbohosa* because this is a new work category created under LTCI. With the introduction of the LTCI system, the government anticipated a huge increase in the demand for elderly care, particularly care at home. As a result, the government introduced training and certification programmes for care workers such as *yoyangbohosa*. While the introduction of LTCI and the expansion of care work have been an anticipatory response to the increase in care demands, there is no doubt that this has also meant a significant amount of job creation.

¹¹ Both direct and indirect care workers' earnings were low. Average monthly wage of all workers in an establishment with 5 or more employees was 2,563,000 won during the second quarter of 2008 (KLI, 2008).

Findings

Motives for Choosing Care Work

Most care workers we interviewed, both the elderly care workers and the childcare workers, claimed they got into their work because they were attracted to helping others. The majority of elderly care workers said they wanted to work in the social work field because they wanted to help people. Some claimed that they chose elderly care in particular because they liked working with the elderly. A *yoyangbohosa* in her mid-30s told us:

Ah, I just like it. I just like doing something related to social work. It's fun when you don't think about the money you get, so I chose this job. Because I just like it.

Similarly, a *gasaganbyeong-doumi* in her early 50s who has been working in her job for seven months said:

There are many people in our society who are most vulnerable and excluded. . . I'm enjoying my job because I think that I care for such people whom other people don't want to take care of. I feel rewarded when I think that I can work for these people because I am healthy.

A similar sentiment was echoed by a *yoyangbohosa* in her late 30s who said:

I was very interested in [taking care of older people]. I used to take care of my grandma when I was in my high school. So, I had been thinking of my grandma and I had been interested in it, then I got this opportunity to work in this field. When you visit your clients, you are providing a companion service, having a chat with your clients. I really like that.

Childcare workers were equally adamant that their decision to pursue childcare work was a result of their interest in children. As a couple of childcare workers put it:

I used to study economics, but after I started [volunteering as] a kindergarten teacher in my church, I quit economics and re-entered university [to pursue childcare]. (A childcare worker in her mid-20s with a half-year of working experience)

Personally, I really like children. I don't think you can do this job if you don't like children. (A 55-year-old home daycare worker with eight years of childcare experience)

Many care workers seemed to derive significant personal satisfaction out of working with elderly people and children. For example, a head *ganbyeongin* in her mid-30s said:

I think it [the reason for doing this job] is about self-satisfaction. When I see my clients getting better or them being happier, I feel a great sense of self-satisfaction.

A *gasaganbyeong-doumi* in her late 40s who has been working as a home-care worker for four years noted how helping people made her a better person:

I used to be a person who wanted more and who was jealous of the rich, but I changed as I worked in this job. . . I appreciate that I am not in that situation and that I can work for those with disability because I am healthy. Then, I started feeling joy in life. I am healthier now because my dissatisfaction has disappeared. Positively. I became a person who's doing something. I have been changed from a person who was receiving to a person who is doing something.

Childcare workers pointed out that children gave them joy and a different perspective on the world:

When I'm with children, I feel like I become pure. I forget my worries and stress when I see children. . . In this respect, I think I made a good decision to be a childcare worker.
(A childcare worker with 15 years of work experience)

It's an advantage of childcare workers that we are with children. Children show different reaction to the same thing, and each child is different from others. I really like seeing them showing me fresh reactions. (A childcare workers in her mid-20s)

However, a few admitted that they took the job because they needed the money. This was more evident with elderly care workers. A *ganbyeongin* in her mid-40s who had been working in an elderly care institution for the past two years confided:

I first needed something to get by. So, I happened to come here and started working here.

Another *ganbyeongin* in her mid-50s said:

When I first got my ganbyeongin certificate, I didn't do this work for money. I was well off then. I just did it as voluntary work in my church. But after my husband's cultivating business failed for three consecutive years, it became my means of earning a living.

It is interesting that care workers talked about their motives for choosing care work in terms of either altruism (love) or money, but not both. In fact, care workers underrated money as a legitimate motive for choosing care, and even those who claimed money as a motive were apologetic. This may be because their wages are so low that money cannot be a rational motive for care work. It also points to one of the theoretical debates about gender and care work. A typical neoclassical economic explanation of low wage associated with care work is the idea of compensating wage differentials – employers can pay care workers lower wages because workers gain some intrinsic value from what they do (England, 2005). When care workers claim that they choose care work not for money but for the satisfaction they derive from helping people or making others happy, or even for a sense of doing something worthwhile, they speak directly to this logic.

There is, however, something not quite logical about care motivation as expressed by care workers and the logic of economic value attached to that work. According to the compensating wage differential argument, if a job comes with intrinsic disamenities, such as physical strain, danger, or long or undesirable hours, employers should pay higher wages to compensate for the disamenities. Our interviews suggest that both child and elderly care workers while deriving a great sense of satisfaction in serving their clients, also found their jobs stressful and physically demanding, and the work hours too long. Many elderly care workers experience stress and chronic back pain or serious physical injuries as a result of their work but cannot claim these as work-related injuries. Further, despite the disamenities, wages are low. Folbre (2001) argues that care workers are often constrained from demanding higher wages because their attachment to their clients disables them from withholding their services to demand more pay. In effect, a care worker becomes what Folbre calls a “prisoner of love.” This may explain why despite the many disamenities, care workers continue to work for low wages.

The competing motives – love vs. money – and the difficulties associated with talking about money as a motive for choosing care work, point to the dominant feminist conceptualization of gender and care in terms of a love vs. money dichotomy. We also suspect that it was difficult for the care workers to openly talk about money as a motivation because of a

cultural/normative association; namely, talk of money demeans the spirit of care work. Clearly, the way in which gender and care work, and love and money, are framed is highly problematic. It was therefore revealing when a head *ganbyeongin* said bluntly that she believed that even though people should choose to do care work out of love and concern for older people, not many really had that in mind:

There might be one or none out of ten care workers [who are caring for their clients because of their love for those people]. Most of them are doing this work just to make money...just to maintain their living, in my view.

As Nelson (1999), Nelson and England (2002), and Zelizer (2002) point out, framing workers' motives to do care work in terms of either love *or* money is deeply flawed and inherently rooted in the normative and gendered assumptions that divide the world into dichotomous and mutually exclusive halves of "women, love, altruism and the family" versus "men, self-interested rationality, work and market exchange" (Nelson and England, 2002: 1). Indeed, the fear of applying "market value" to care work, and the romanticization of altruism are implicitly sexist as both views subscribe to the traditional idea of gender roles and behaviours (Nelson, 1999). A more constructive way to think about this issue may be to consider the possibility of love and money as equally valid and complementary motivations. Nelson suggests that rather than rejecting the market and commodification of care as inimical to genuine and quality care, we might consider markets as part of a larger social system made up of networks of social relationships and find ways to raise demand for care services, and along with this, the wages for care workers (Nelson, 1999: 56).

Three Main Themes from the Interviews

Three main themes emerged from the interviews: a) there were two different groups of care workers; b) care workers' perceived low job status; and c) the recent social care policy reforms had impacts on care workers and their work.

a) Two Different Groups of Care Workers

The care workers we interviewed represented two distinctly different groups. Elderly care workers were generally older, and with a fairly broad range of educational and socio-economic backgrounds, whereas childcare workers were overwhelmingly young and all had college or university level education. Our study found that childcare workers were paid comparatively better than direct elderly care workers. This is slightly different from KICCE (2003) and Seoul Council for Social Welfare (SCSW) (2003) study findings, which showed that childcare workers had lower wages than elderly care workers. The SCSW figure was based on *full-time* workers working in all categories of elderly care in 2003 (i.e. before LTCI), and the majority of their survey participants were indirect care workers such as social workers, nurses, and physiotherapists. Our study found that indirect care workers were indeed paid higher wages and had better and more secure working conditions than direct care workers. Under LTCI, however, the proportion of social workers and nurses declined relative to direct care workers such as *yoyangbohosa*, *ganbyeongin*, and *gasaganbyeong-doumi*. Among our interview participants, two *yoyangbohosa* reported that they had worked as social workers previously but had to switch to direct care work because social work positions in their institutions were being eliminated and replaced by direct care. In both cases, they had to get retrained and recertified as *yoyangbohosa*.

Then, when they started their jobs as *yoyangbohosa*, they found themselves at the bottom of the career ladder and with a lower wage. Given the changes in composition of care workers after LTCI, it would not be surprising to see a decline in the average wage of elderly care workers.

Higher average wage for childcare workers may be a reflection of their higher educational level, compounded by government policies to raise the wage of childcare workers since 2006. To recruit and retain childcare workers, the Korean government recently introduced compensation allowance to top-up childcare workers' wages, and a seniority based salary guideline. Employers, however, do not always abide by the guidelines. Several childcare workers we interviewed earned less than the guideline starting salary of 1,312,360 won per month.

Our interviews suggest that the differences in the socio-demographic composition of the elderly care and childcare workers is a result of both individual selection and occupational streaming, whereby younger women select and are streamed into childcare work, while older women may select and are streamed into elderly care work. For example, many of the care workers we interviewed talked about their work in relation to where they were at in the life cycle. Elderly care workers often talked about their interests in and ability to care for the elderly along with similar experiences taking care of their own elderly parents or relatives. Similarly, many childcare workers saw their work as helping them learn how to rear their own children in the future or as complementing their own child rearing. For example, childcare worker in her 30s said:

We, childcare workers, also have our own family and raise our own children. There are many cases where people can't go to work when their children are little, but we can bring our child to our workplace. And we know the system quite well so it helps us. . . I think it's very useful for me. I can also brag my professional knowledge to my husband when I am caring our child. (laugh)

Unfortunately, their skill and experience were not recognized as such, or at least not reflected in their wages.

Employer discrimination clearly limited women's choices of work and effectively streamed them into either child or elderly care work. As a *ganbyeongin* said:

When I tried to apply for a job after I closed my business, [I realized that] every place hires people under 45 years old. So, I gave up [looking for] work in an office.

When we asked directors of elderly care institutions about their hiring decisions, many said older women were more "suitable" for elderly care work because of their "natural affinities" with older people and their experience. Similarly, childcare directors were quick to point out that younger women of childbearing age were more "in tune with" children. This may be so. However, such stereotyping is deeply problematic as it reinforces gender and age-based discriminations in the labour market.

Even so, these comments are unsurprising, as gender and age discriminations pervade in the Korean labour market despite the equal employment legislation (1988). The Korean employment system, like in Japan, has historically treated women as a buffer for the core regular workforce, which is predominantly made up of well educated male workers. Studies show Korean employers still hire young female workers on relatively low wages expecting them to retire after marriage or childbirth (Brinton, 2001; Cho and Chang, 1994; Lee and Cho, 2005). The sharp M-shaped employment pattern for Korean women suggests a significant labour market exit

during childbearing age.¹² Although women do return after childrearing, most of the older married women work in non-standard jobs.

Lee et al.'s survey, found that the majority of employers continue to hold either gender stereotypic attitudes and/or aversion towards hiring women of any age in full-time regular work (Lee, et al., 2001). Turn-over rate among women workers in Korea is 40% higher than their male counterparts (Ministry of Labour, 2008), and the gender gap in median earning of full-time employees in Korea is the largest in the OECD, at 38% in 2006 (OECD, 2009). Finally, average annual earnings of women as a percentage of male earnings by age show that women between the ages of 30 and 44 earn about 51% of their male counterparts, while those between the ages of 55 and 64 earn 37% (OECD, 2009). The much lower earning ratio for older women is largely a result of a high rate of non-standard employment among older women. Nearly 74% of women non-standard wage workers in 2006 were married (Grubb, Lee and Tergeist, 2007).

Of the seven childcare workers we interviewed who had children, three had to quit their previous jobs when they became pregnant because their workplaces did not allow them to take childcare leave. Ironically, all three were working in childcare or related areas, and all three found their current childcare work after spending time out of the labour market to be with their children. One childcare worker who left her job as a private kindergarten teacher after six years of employment, recounts her "bad relationship" with her previous employer:

[It was] not easy to take time off and have another person substitute for me. Since it was a private kindergarten, the centre itself had to pay the salary of the substitute worker and it was too much of a burden for the centre. Although they didn't directly tell me that, our relationship was a bit like that.

She was not asked to leave; but it became increasingly uncomfortable for her to stay. Another childcare worker recounts a similar story:

*[They said] no. They didn't allow me to take childcare (parental) leave, but only maternity leave – three months. I asked for childcare leave, but they said no because if they allow me this time, they have to give childcare leave for all their employees in the future. So, I quit there in order to raise my child. I took six months off and then I got a job here.*¹³

In sum, the differences in socio-demographic characteristics of elderly and childcare workers is a result of both push and pull factors: self-selection and employer discrimination based on gender and age stereotypes about women and care, and their suitability for certain types of care.

b) Low Wage and Low Occupational Status

All care workers interviewed complained that their wages were low in comparison to their cognate professions and in relation to their education and training. Participants pointed out that the minimum wage set by the government for 2008 was 3,770 won per hour or 30,160 won per day (8 hours), which came to 787,930 won per month based on 40 hours a week (Ministry of

¹² The female labour force participation rate in Korea drops from 65% for women aged 25-29, to 52% for those 30-34, and then back to 65% for those 40-44 (OECD, 2009).

¹³ The Employment Standard Law allows 90 days of maternity leave at 100% wage replacement to all workers, and an additional nine months of parental leave at a flat rate to all regular employees. Many care workers we interviewed referred to parental leave as childcare leave. Parental leave is completely transferable between mother and father in Korea.

Labour, 2008). In reality, many direct elderly care workers earned only about 700,000 won per month. A *gasaganbyeong-doumi* in her late 50s who used to work as a *ganbyeongin* told us:

I would be so happy if [my salary] went up to 1,000,000 won. (laugh) Since our working hour is okay, it would be hard to get more than that. . . It's not good to work longer. I have to do some housework, too. 1,000,000 won is a lot of money.

A head *ganbyeongin* in her mid-30s working in a hospital for the aged complained she couldn't get younger care workers:

If it's about 1,500,000 won, I think young people would be willing to work here. 1,000,000 won is not enough money to attract young people.

In addition to their low wages, elderly care workers felt undervalued for a number of other reasons. Many pointed to the lack of career advancement and to employers' disregard of their work experiences. This was made worse with the introduction of LTCI and the reorganization of care work. Before the LTCI scheme, elderly care workers who had work experience in the field could gain automatic salary increases based on the number of years they worked. However, under the new system a new *yoyangbohosa's* wages are no longer subject to automatic salary increases. In effect, care work is now something like piece-work, with wages based on the number of clients served rather than how much time it takes to provide services. A *yoyangbohosa* in her late 30s with over three years of experience at the same nursing home said:

Frankly speaking, it was difficult before, but there was some respect about my work experience or my ability. Now my salary is reduced to 700,000 won [per month]. It's because my work experience is no longer considered and the base salary itself got reduced. . . There is no such thing as a salary scale now. There would be no such thing [salary increase based on seniority] even if we have worked for 10 years.

The elimination of salary scale for care workers is not simply an outcome of workplace reorganizations resulting from LTCI, but the result of multiplier effects related to much larger structural changes taking place in the Korean labour market, which has been going through a process of deregulation since the 1990s. For example, employment legislation has been reformed, allowing employers to hire more non-standard workers. Today, approximately half of all employees in Korea are non-standard workers. To underscore this, none of the 17 direct care workers and none of the 23 childcare workers we interviewed were in standard employment; all worked as contract workers, many on permanent fixed-contracts, even though the labour legislation stipulates that once a worker is on fixed-contract for a certain number of years, she has to be made a standard employee. Because of the non-standard employment status, employers are not as bound to uphold the seniority based wage increase that is part of the employment package for standard full-time workers. I return to this point in a later section.

Many elderly care workers felt that people looked down on them and their work. They talked about how stressed they were by how people perceived them. They liked their jobs, as they thought that they were doing something good for seniors, but the negative attitudes depressed them and made them unhappy about their jobs. A head *ganbyeongin* at a hospital for the aged told us:

When I first started working, I told everyone that I found myself a perfect job. I told them that I was doing care work - such a great work. But, one week after I started working, I couldn't talk about it any more. Everyone looked down on me when they found out that I was doing this job. . . I think I cried for about one year. . . You don't even treat cleaning staffs or waitresses like this.

Another *ganbyeongin* in her mid-50s felt the same way:

So many people think that we are doing this job because we can't do anything else and that we are not well educated. Patients' guardians also think that way. Since guardians look down on us, my clients also look down on us.

Many *Yoyanbohosas* and *gasanganbyeong-doumis* complained that their clients and/or clients' families treated them like housekeepers or maids (*pachoolboo*), even though they had gone through more than 200 hours of education and training to get certificates for their job:

When we were in training, our instructors told us that we are yoyangbohosas, so we should be proud of ourselves. But, that self-esteem evaporates as soon as we go into our clients' homes. We are no longer yoyangbohosas; we are just cleaning ladies. (A gasaganbyeong-doumi in her early 50s who has been providing home care for seven months)

One problem with elderly care work is that the boundary between the work they are supposed to do and the work they are not supposed to do is frequently blurred. As a result, *yoyanbohosas* and *gasaganbyeong-doumis* often do what appears to be housekeeping work, reinforcing the idea that they are not much different from housekeepers:

*I feel very rewarded when I care for those who are very sick. But, when my clients' family or guardians ask me to do so much housework, like I am a housekeeper, I feel very uneasy. I hope that it is advertized that the purpose of our work is to **provide care** for elderly people, **not doing housework**. (A yoyangbohosa in her mid-40s who has been providing home care for one year and eight months)[emphasis mine]*

When we visit our clients, there's nothing we don't do. There's no boundary. We got so much education and training and visit them to provide care, but for people receiving our services...asking us to clean a fan, ceiling, and everything. We can't refuse it when they ask us. But people don't appreciate this. They just take it for granted and ask us more and more. (A gasaganbyeong-doumi in her late 50s who used to work as a ganbyeongin)

Part of the problem has to do with the conceptual dualism within the LTCI system. On the one hand, LTCI is a part of health care system that attempts to extend physical and health care support to the elderly, such as bathing, feeding, helping the elderly move around, and supporting their physical and bodily functions in home settings; but on the other, health care support involves creating a social environment for healthy functioning, such as preparing meals, cleaning and other activities that do not directly involve face-to-face bodily care. This mix of activities is truly problematic. Even though both sets of activities may involve the same elderly person in need of care, and both contribute to supporting that person's wellbeing, the social and market values of the latter set of activities are often less than the former. This differential valuation of care work is not simply because of the devaluation of care as women's work, since both sets of activities have been traditionally associated with women's work. Nor can we attribute the low valuation of the latter to the lack of face-to-face bodily care because, as discussed earlier, the low wage associated with direct care work seems to directly devolve from face-to-face bodily care.

There are two plausible explanations. One is the cognitive association between care activities and the locations where these activities are found traditionally. Face-to-face bodily care is devalued precisely because it involves face-to-face bodily care; nevertheless, it may be more valued than activities such as cooking and cleaning because it is associated with activities that

take place in institutional settings such as hospitals and nursing homes, rather than in the family and home setting. Another explanation may be simply the devaluation of domestic work as of even lesser value than cleaning and handling bodies.

The lack of respect was not only from clients. Many workers complained that even though they probably knew more about their patients than anyone else, their opinions were often ignored by nurses and doctors. This they attributed to their position within the institutional hierarchy. As a *ganbyeongin* working at a hospital for the aged said:

Still, if we look at levels among doctors, nurses, nurse's aids, and care workers, ganbyeongins are the bottom of this hierarchical society. Right? . . . We just have different jobs. We should be cooperating with each other in order to provide the best care possible for our clients so that they suffer less until they die.

Similar kinds of frustration over low wages and low occupational status were evident amongst childcare workers as well. Many compared their wages to those of social workers and kindergarten teachers, and complained that they were underpaid and treated with disrespect.¹⁴ A childcare worker in her late 30s with over 10 years of experience in the field said:

Although work experience is reflected [in wage the scale], the pay gap between my salary, based on 14 to 15 years salary scale, and that of social worker's salary is huge... Even though I get 14 or 15 years salary scale [as a childcare worker], it's less than 2,000,000 won per month. Then people are very surprised [when I tell them my salary].

Indeed, her monthly salary was 1,550,000 won, including the compensation allowance, lower than the government guideline of 1,581,530 won per month for workers with five years of experience. Another childcare worker in her 30s with seven years of experience said:

My salary is about 1,600,000 won, and I get 150,000 won for compensation allowance. Given that I've worked for ten years, isn't it too low? I can't talk about my salary with my friends. I graduated from a four-year university. I have skills and qualification, but my salary is too low.

Like the direct elderly care workers, childcare workers felt that parents of children they were caring for undervalued their work. Many found their relationships with the children's mothers particularly stressful:

I think it'd be good if parents trust us to leave their child with us. . . these days, maybe because parents have only one child, . . . before when I worked at a kindergarten, parents said thank you and so on, but here, there are some parents who believe whatever their child says to them, and misunderstand the situation [between the child and childcare worker]. When parents judge us wrong and say something like that, I feel very demotivated. (A childcare worker in her early 30s, a mother of two small children)

When parents treat us, they do not treat me as a teacher, but as someone who cares for their children. There are of course some parents who treat us very well, but there are also

¹⁴ It is common for childcare workers, particularly with a four-year university degree, to compare themselves to kindergarten teachers and social workers because their educational levels and their job duties are similar. However, as in other countries, in Korea, kindergarten teachers normally require a four-year university education, and have to pass a government licensing examination. Childcare workers have three levels: level 3 childcare certificate is given after 1 year of post-secondary education/training; level 2 to those with 2 years of post-secondary education/training; and level 3 to those with 3 years or more post-secondary education/training.

parents who think that we are people who just spend time with their children while they can't. (A childcare worker in her late 20s)

There are many childcare workers with three-year college degree in childcare facilities. From my experience, mothers of children often do not show respect to those teachers. This hurts us a lot. (A childcare worker in her late 30s with over 10 years of experience)

Many childcare workers were sensitive to public attitudes towards childcare workers:

This job is not socially respected, but I believe that my education deserves more. In addition, parents treat workers in childcare facilities and kindergartens differently. (A 40-year old childcare worker)

Being respected by others is not the sole reason why I chose this job, but when you choose your career, you want your work to be recognized and respected by others, right? . . . A common notion [in our society] is that a childcare worker just provides childcare services, literally, not education. You're not a teacher, but just a person providing [care] services. (A 27-year old childcare worker)

Why do people look down on childcare workers? Many childcare workers believed that others do not see them as providing “education.” For many, the distinction between “caring” for children and “educating” children was crucial because this demarcation clearly set their activities apart from those considered *professionals* (and thus accorded social status and respect) as opposed to *workers*:

It's my personal opinion. I think people think that there's less to teach when children are younger. So, when they ask me which class, what ages of children I am in charge of, and I say I'm in charge of younger children, they ask me again, “so what do you actually teach these young children?”.” Because people think that there is nothing to teach children aged 0, 1, or 2, they say that I only look after them. (A childcare worker in her mid-20s)

People who don't know what exactly I am doing, simply say what is so difficult for you, you're just sitting there and watching over children not to hurt themselves, and providing classes from children's school materials.. (A childcare worker in her late 20s)

A few noted that the diversity of childcare training may contribute to the general lack of societal understanding, and more consistent and systematized childcare education and training – including standardized government certification – may be necessary to raise their professional status:

Since the early 90s, more people have been trained as childcare workers. At the beginning, however, they were trained not in universities, but in other certificate programmes. I think that's probably why people look down on childcare workers. (A childcare worker in her late 20s)

Normally, childcare workers can get their certificate in different ways. There are workers with Master's and Ph.D. degrees, but there are also workers from one-year childcare programme. I feel like I wasted my time for my [Master's] education. (A 40-year old childcare worker)

The issue of low wage and low status of care workers confirms the devaluation framework, which argues that female-dominated jobs are often devalued because of societal and cultural biases that devalue work done by women. England (2005) notes that amongst the many female-dominated occupations, care work is especially devalued because it is regarded as quintessentially female. This is underscored by studies that show strong gender penalties associated with care work (Cancion and Olinker, 2000; England and Folbre, 1999; England et al., 2002). England et al. (2002), for example, found that in the US, care work occupations, except for nursing, were associated with a net penalty of 5% - 10%, and childcare bears the greatest gender penalty amongst all care related occupation. Although our study does not show the extent of gender penalty associated with child and elderly care work in Korea, both groups of care workers feel their work is undervalued because it is “care work.” We cannot make explicit comments on the extent of gender penalty between childcare and elderly care workers, but it appears that direct elderly care workers may be worse off than childcare workers, partly because their work has been deregulated and under-priced under LTCI. Indeed, many are earning less than minimum wage. In contrast, the government commitment to childcare seems to have resulted in increased regulation of childcare work, including wage scales, compensation allowances, and some attempt to unify wages and certification.

We can postulate several explanations for this difference. One is the differential values attached to social investment: childcare may be more highly valued because it is seen as an “investment” in human capital, whereas elderly care may be simply seen in terms of taking care of those (bodies) who will yield few returns in the future. Another explanation points to the issue of policy templates or models used to formulate the two sets of care programmes. LTCI in Korea was closely modelled after the Japanese LTCI system, whose main organizational principle was financial rationalization of health care delivery through mobilization of non-profit and voluntary sector service providers to provide care in the community. It is not surprising that such a model led to a relatively low valuation of care services. In contrast, the childcare policy framework came from the OECD and EU social investment models, which were premised on the expansion of the state role and investment in early childcare and education. Thus the different policy logics behind the two social care models may have affected wages and the pricing of care work. Finally, from a purely labour supply point of view, well-educated young women may be less willing to accept lower wages, whereas older married women have few options in the context of Korean labour market. The fact that the government has to provide compensation payment to top-up childcare workers’ wages suggests a recruitment and retention of childcare workers may be more difficult than that of elderly care workers.

c) Impacts of Recent Social Care Reforms on Care workers and their Work

c.1) Opportunities and Problems: Recent social policy reforms in Korea have created both opportunities and problems for care workers. Since 2003, 100,000 new jobs have been created in the care sector (MHWFA, 2009d; also see Research Report #3), opening up employment opportunities for women, particularly older married women and single mothers, who normally face greater challenges in the labour market. But at the same time, the new jobs feature low wage and non-standard work, unlikely to ensure women’s economic security. Our interviews show that almost all direct elderly care workers were underpaid and not highly regarded. They had little in way of career prospects and were all in non-standard work. Even for childcare workers, who were better paid than direct elderly care workers, the fact that all were contract workers made their employment precarious. Moreover, negative employer attitudes towards pregnancy and parental

leave and employer preference of younger women suggest that these workers cannot expect to stay in their jobs long-term. England (2005: 382-83) argues that biases against certain jobs may have their strongest effect when new jobs are being instituted in the economy, and that once the relative wage scale is set, disparities can be perpetuated by organizational inertia. If this is true, then the situation of *yoyangbohosa* does not bode well for direct care workers. Notwithstanding the existing pervasive cultural biases against women and women's work, the context in which new care work is being created in Korea – perceived as a niche work for older married women re-entering the labour market or as a part of the workfare programme for low income women in the case of direct elderly care work, and for young single women in the case of childcare work – may further reinforce, through cognitive association, the view that these jobs are inferior, contingent, and deserving of low status. Thus, the formulation of new care work within the context of Korea's social investment strategy may further institutionalize the devaluation of care work, not create conditions for women to achieve self-sufficiency.

In the case of elderly care, the introduction of LTCI has led to a reorganization of the care delivery system and the redefining of elderly care services. One of the most evident changes is the expansion of home-based care. Although LTCI provides both home-based and institutional care, with the projection of 20.75% of elderly people living on their own by 2010, it is anticipated that the majority of LTCI recipients will receive care at home. The creation of the *yoyangbohosa* occupational category was intended to complement LTCI, with the understanding that the majority of these care workers will work in home settings rather than institutions and will form the largest workforce in the new elderly care system. Our interviews suggest that many institutions have already begun to restructure their personnel, replacing social workers with *yoyangbohosa*. At the same time, the number of elderly care agencies providing dispatch care services have also increased. In sum, the LTCI system in Korea is gradually transforming the elderly care service system from institutionally based care for a small proportion of elderly people with severe disabilities (whose health/social/psychological care needs are well beyond what the family can provide) to home-based care for a larger proportion of elderly people with a broader range of disabilities. In other words, LTCI is enabling more families to access care for their elderly members. In the end, the universalization of elderly care may benefit the recipients and their families because it shifts much of the mundane day-to-day physical care out of the unpaid family arena into the paid arena and more specifically onto the shoulders of the *yoyangbohosa* – but it does not solve the problem of low valuation of care work.

One outcome of this transformation, as many interview participants pointed out, is the shift in the nature of elderly care work from medical/emotional care carried out by social workers and other allied health professionals to personal/physical care carried out by direct care workers. The de-medicalization and de-institutionalization of elderly care may result in further devaluation of elderly care work in general. A social worker in her early 40s working in a nursing home said:

In the past, social workers used to provide personal care to elderly people [in institutions] just like what yoyangbohosas do these days [in people's homes]. While providing direct care in nursing homes or hospitals, social workers could have their salary increased based on their experience. However, since the law changed, only yoyangbohosas are allowed to work as direct care workers, and social workers who want to continue working in direct care have to accept a reduced salary, at the same level as yoyangbohosas. They also have to get the yoyangbohosa certificate. Although social workers' educational level is higher, the social workers' certificate is [under this system] treated lower than the yoyangbohosa certificate. As a result, many social workers have moved into other sectors.

In the case of childcare, impacts are mixed. On the one hand, childcare policy reforms have led to increased standardization of childcare, and possibly increased wages for childcare workers; on the other hand, reforms have also resulted in more paper work and more workload. The Second Scheme of National Childcare Support Policy (*Saeromaji 2010*) introduced in 2006 had significantly increased public support for childcare, including the extension of childcare subsidies for parents, increased financial support for both public and private childcare centres, more standardization of childcare services, and incentives for employers to create workplace daycare. This has opened up opportunities for private childcare centres, which in Korea are considered inferior to public childcare centres, to achieve parity with public childcare centres. For example, because of their lower wages, private sector and home daycare workers receive a higher compensation allowance than public sector childcare workers. In fact, to increase the number of childcare spaces for under two-year-olds, and to incentivize women to work in this sector, home daycare workers now receive the highest compensation allowance of all childcare workers. These daycares operate as small private businesses out of people's homes, and the women who run them are often the least formally trained and lowest paid of all childcare workers. But policy changes have created opportunities for home daycares to recruit and retain better trained childcare workers and to give current workers more training. Some say that this has resulted in improved quality of care. A director of a home daycare told us:

So far in our country, there are a very small number of home-based facilities that have separate childcare space and private home space. Most of them have their facilities in apartments or on the second floor of stores. . . As a result, the quality of home-based facilities had been generally low. That is why we are going through the evaluation process. In addition, there had not been much support for home-based facilities overall... Other [home-based] facilities don't have as good an environment as this one... However, since two or three years ago, there have been more regulations on these facilities. Since then, we've been re-training [our] childcare workers. So, it keeps improving.

However, administrative workload for childcare workers in these centres has also increased. A private childcare centre director said:

The Roh Moo-hyun government cried for public childcare, right? Prior to that, the government used to support only public facilities and there was a difference between childcare fees in the public sector and the private sector. . . [Under the Roh Moo-hyun government] the concept was changed to public childcare and the government showed its responsibility for childcare, and the government started to support the private sector. We receive basic subsidies for the children aged 0 to 2. The government also set the childcare fees for children aged 3, 4, and 5. . . The government gives us basic subsidies but not salaries. In return, we are asked to provide financial reports every month. It's quite hard in terms of administration work.

Similar complaints were voiced by childcare workers in other childcare centres. It seems that with the increased government support for private childcare centres, the number of reports to the government has also increased. Work is particularly heavy during the annual evaluation period. At one childcare centre, childcare workers complained to us that although the government pays 150,000 won honorarium to childcare centres to put together reports, it hardly covers the amount of time they spend preparing the report. A childcare worker in a private childcare centre said:

I really need time to take care of children, but when I am under pressure to do my paper work, I keep thinking about the work I have to do after class while I'm taking care of the children. . . [When we prepare for the national evaluation to get childcare care centre

qualification] I work overtime very often. This is not the case for just our institution; but for all the institutions that have to go through the evaluation process.

c.2) *The Marketization of Social Care:* Finally, care workers we interviewed expressed serious concerns about increased marketization of care and how this may impact their work. In Korea, social care expansion is framed in terms of social investment strategy, consisted of four interrelated components: 1) human capital investment; 2) investment in public health; 3) investment in social integration; and 4) investment in future growth engine (Ministry of Health, Welfare, and Family Affairs – MHWFA, 2009). The significantly increased social investment in child and elderly care is not only motivated by the objective of human capital development, but also by the prospect of social care as a node of new economic growth engine. It has been argued that child and elderly care programmes will facilitate creation of new market opportunities and new jobs. LTCI and childcare are therefore not simply social policies aimed to provide social care needs, but also an economic policy to stimulate economic growth. As MHWFA contends, child and elderly care is particularly strategic because of the perceived potential for economic return:

First, the social service sector has the greatest potential for job creation to replace employment reduction in manufacturing. If we look at the employment to GDP ratio (the number of employed workers required for one billion won output), it is 38.1 for the social service sector, about three times the average of total industries of 12.2. In particular, considering that the social service sector in Korea accounts for 12.7% of total employment, just above the half of the OECD average of 21.7%, it is viewed as having ample room for creating more jobs... Second, social services help lay the foundation for the national growth by guaranteeing healthy and stable lives of the public and supporting capacity development of individuals and accumulation of human capital... Third, social services facilitate women's economic participation by reaching out to childcare and elderly care, traditionally undertaken by families. Women's economic participation in Korea has been on the rise but is still at a low level... Fourth, social services contribute to higher productivity as they facilitate social integration and help save prospective social expenditures... Therefore, it is necessary to develop the social service sector into an engine driving better quality of life, social integration, job creation and higher productivity in Korea.

(http://english.mw.go.kr/front_eng/jc/sjc0104mn.jsp?PAR_MENU_ID=1003&MENU_ID=100304 extracted 28/07/09)

Crucial for Korea's social investment policy is the emphasis on market-based delivery of social services. The expansion of elderly and childcare is therefore premised on development of the social market by incentivizing private for- and not-for-profit sector providers to deliver social services. In sum, social care expansion in Korea has been proceeding hand-in-glove with the marketization of care services.

There are good reasons for care workers to be concerned about increased marketization of care. The conservative government that came into power in 2008 promised job creation and economic growth through market-friendly policies and by reducing the size of the government. It promised to give consumers more choice (for example, a voucher system) and to assure more market discipline through competition. Several care workers openly worried that the new government's market-oriented approach to social care will throw care workers out of their jobs. A social worker working at a self-support programme at a community centre said:

The Lee Myeong-bak government has no social work mind. It is said that Gasaganbyeong

programme will be also subjected to a market-competition model starting 2009. The current programme provides secure jobs for workfare participants with lower level of work ability or education compared to other workers. If they are pushed out to the market, I don't know what will happen when they lose their jobs in the future. Most of Gasaganbyeong programme participants – 80% - are single mothers. . . They need a safety net. It is necessary for the government to provide such a safety net or social security, but the current government just wants to shift everything towards the market model.

Similarly, a director of private childcare centre worried about increased privatization of childcare services:

The current government says that the childcare sector should compete with each other based on the market principle. The government made a plan that higher income parents can choose high quality facilities and they should pay higher fees, while the government only takes care of children from poor families. However, it's opposed by many parents and by many civic groups. We also think that it's too early to carry out such a plan.

A director of a workplace childcare centre was equally critical of the shift in government emphasis that links increased public support to childcare centres to increased market competition amongst childcare centres:

Workplace childcare facilities were encouraged by the Roh Moo-hyun government. It's not the same with the Lee Myeong-bak government, though. It [the new government] rather changed the concept of childcare into privatization. For example, the electronic voucher system [which will be introduced soon], I think it should be introduced when the quality of childcare facilities has become more equalized. . . [The current government – Lee Myeong-bak] isn't saying that it's going to reduce its funding for childcare facilities. However, they are trying to move toward to a market-competition model by introducing new policies, such as voucher system. When the voucher system is introduced, the government will give the voucher to parents and parents could choose facilities they want to send their children. Then, popular facilities will have more and more subsidies, and unpopular ones will have to close down. I don't think that's what it should be.

Conclusion

Child and elderly care work are two of the most rapidly expanding parts of the service sector in Korea today. Based on in-depth interviews, this report has presented characteristics of the people who work in these two areas and has highlighted three themes emerging from the interviews.

Our study shows, first, that an overwhelming majority of elderly and childcare workers are women, although the two groups differ in terms of age and educational backgrounds. Whereas childcare workers are largely young, well-educated and unmarried women, elderly care workers tend to be older, married, and have diverse backgrounds; many of the latter seem to be returning to work after childrearing or taking on elderly care work as a career change later in life. In general, childcare workers' wages are higher than those of direct elderly care workers.

Second, despite these differences, both groups of care workers feel they are underpaid and their work undervalued. Within the elderly care system, direct care workers are the lowest paid, and they have the lowest status and least secure jobs in terms of working conditions and job security. Yet they work long hours and are often unable to take holidays and time off. Their own health and personal care needs are often unmet because: a) they cannot take time off to see a doctor, or they cannot afford to take time off to see a doctor; b) their work related injuries (e.g.

chronic back pains) are not recognized or acknowledged by employers as work related and therefore are not covered by the employers or by industrial accident insurance; c) they are expected to work long hours and to take on work that goes beyond their job description; and d) they are less likely to be fully covered by the national insurance. Childcare workers feel their pay is much lower than their counterparts in cognate professions, such as social workers and kindergarten teachers; they say they receive little or no respect from the parents of the children they care for. Like direct care workers, childcare workers work long hours and are unable to take holidays and time off, including full maternity and parental leaves. For care workers generally, then, their low wages, lack of respect, and inability to control their working hours suggests there is something about “care work” that automatically negates the workers’ professional status and relegates them to the bottom of the job hierarchy.

Third, social care policy reforms have led to some important changes in the nature of care work in Korea. There are new opportunities, but there are also new problems for care workers. LTCI has led to a reorganization of elderly care delivery system, and the creation of *yoyanbohosa* work category has led to the elimination of more secure job positions often occupied by social workers who hitherto provided similar kinds of care in institutional settings. Many social workers have thus been forced to retrain and recertify as care workers and to accept a lower wage. Further, the shift in the main focus of elderly care—from medical/emotional care provided in institutions to personal/physical care provided in a home setting—seems to have resulted in the general devaluation of elderly care work. In the childcare sector, the recent expansion of childcare facilities/places has created opportunities for private and home daycares to achieve greater parity with public childcare centres, but the new evaluation system for childcare centres has added administrative work to already time-strapped childcare workers. In addition to the changing nature of care work, the policy reforms have led to increased marketization of care delivery, which is, in turn, causing anxiety for care workers. At the time of this research, the government had just begun to roll out LTCI programmes while continuing to expand childcare. There was no indication that elderly or childcare workers will face job losses. Quite the contrary, it appears that these two sectors will rapidly expand. As the government has introduced more market competition through mechanisms such as the voucher scheme, however, we may begin to see some changes.

Finally, at a theoretical level, this in-depth study of care work in Korea raises two important issues related to care and market valuation of care work. First, our study questions the adequacy of the wage compensation argument; our interviews show that personal satisfaction cannot fully explain care workers’ low wages. They openly complain about their low wages and the disamenities they face in their work. We suggest that women’s reticence to talk about money might have more to do with a cultural/normative understanding that money diminishes the love behind care, but we need to develop a better understanding of the dialectics of love and money within the market context. Second, our study confirms the devaluation framework that argues for the existence of social and cultural biases against women’s work, particularly, those associated with women’s domestic work. Our study indicates there are penalties associated with care work, but we cannot ascertain the extent of the care penalty based on our qualitative data.

This study contributes to the existing scholarship on care penalties in two ways. First, through its in-depth examination of experiences of care workers, our study shows that people who undertake care work are not only penalized by low wages and inadequate job and social security, but by pervasive cultural/normative forces that undermine their pride and dignity for doing the work they do. We speculate that the personal and emotional cost of such negative forces, often left unacknowledged in the political economic accounting of labour, must be huge. Second, the study highlights the consistency of problems associated with gender and care work

across different cultural settings. Most research on care penalties focuses on developed countries (England and Folbre, 1999; England, Budig and Folbre, 2002), but we show that it is equally applicable in a developing context. This suggests a universality in gender-work issues that extends beyond the cultural divide. Testing the validity of this proposition, however, requires a more comprehensive study of gender, care, and care work in the developmental context.

Appendix 1

Definition of Standard and Non-standard Work Used in this Paper

It is important to point out that there is a long-standing dispute amongst researchers over the definition of non-standard work in Korea, and radically different definitions of non-standard work have been used by different authors. The most reliable and consistent data on the employment status of people in Korea are the Korea National Statistics Office data based on the Economically Active Person Survey (EAPS), conducted annually since 1963. The survey is based on approximately 70,000 people in 33,000 households, who are at least over the age of 15. Amongst other things, EAPS asks information about employment status, hours worked, establishment size, employment status, and other demographic characteristics. Until its revision in 2000, EAPS divided employment status of economically active persons into two broad categories, with three sub-categories in each: 1) *non-wage workers*, who consist of 1-a) employers and 1-b) own-account workers (both subcategories are defined as “self-employed”), and 1-c) unpaid family workers; 2) *wage and salary workers*, who consist of 2-a) regular employees, 2-b) temporary employees, and 2-c) daily workers. According to EAPS, regular employees are workers with an employment contract for one year or more and/or workers who have worked for one year or more and are entitled to fringe benefits, such as legal retirement allowance and bonuses. Temporary employees are workers with employment contract of less than one year but more than one month. Finally, daily workers have employment contracts shorter than one month. Within this context, temporary and daily workers are considered non-standard workers, while regular employees are defined as standard employees. For further discussion on standard and non-standard work in Korea, see Ahn (2006).

These definitions, however, have caused much confusion and triggered fierce public debate, particularly between the government and labour unions, with the former claiming that non-standard workers constituted about 27% of all salaried employees in 2002, and the latter claiming the size is closer to 56% (see Ahn, 2006 for more detailed discussion of this issue). The revision of EAPS in 2000 resulted in a new survey system called Supplementary Economically Active Persons Survey (SEAPS), which expanded the categories of work in light of the emergence of new work patterns, such as part-time work, dispatch work, temporary agency work, independent agency contractors, on-call work, and tele-work and home-based work, without necessarily settling the definitional debate.

In this paper, I use Ahn (2006)’s definition of standard and non-standard workers, as it seems to reconcile the two opposing views of standard and non-standard work. Ahn defines standard workers as those who work as or are treated as standard workers, that is, workers with or without “fixed-term contract and with possibility of continuing employment without their faults and their ‘work status’ in the EAPS is ‘regular employees,’” while non-standard workers include part-time workers and “contingent workers or workers with alternative employment arrangements..., i.e., those who work as nonstandard workers and are treated as nonstandard workers.” This includes workers with fixed-term contract regardless of whether they could continue work without their faults and those without fixed-term contract but without possibility of continuing employment without their faults. Ahn adds a third category, “seemingly discriminated workers” or “those who work as standard workers... but are treated as nonstandard workers... and, therefore, there is a huge difference between what they are and what they are treated with. They are workers without fixed-term contract and with possibility of continuing employment without their faults but their ‘work status’ in the EAPS is ‘temporary employees’ or ‘daily workers’” (Ahn, 2006: 17-18). According to Ahn’s calculation based on SEAPS, 44.5%, 28.6% and 26.8% of all wage and

salary workers in 2001 were standard workers, non-standard workers, and “seemingly discriminated workers,” respectively. In 2005, the figures changed to 43.9%, 37.0%, and 19.2%, respectively.

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