



The Profile of Family Caregiving as Provided by Female Older Adults in South Korea

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I . Introduction

1. Background and Purpose of the Study

- ☐ While a great number of female older adults are serving as the primary caregivers for their spouses, grandchildren, and/or aged parents, their caregiving efforts tend to be undervalued and have yet to garner a significant level of social attention.
 - ☐ Previous research has primarily focused on the burden of parent-care upon grown children and ways to minimize it; few studies have been dedicated to spousal caregiving in old age.
 - ☐ For the issue of grandparents raising grandchildren, the bulk of the attention has been directed at grandparent-grandchild-only households. Meanwhile, grandparents caring for grandchildren have remained within a blind spot in social welfare.
- ☐ Given the projected coming era of centenarians characterized by extended seniorhood, this research will examine female older adults' caregiving activities for dependent spouses or grandchildren, together with their positive experiences and difficulties experienced in providing this care work and their utilization of related support systems. In addition, it will attempt to identify policy needs that can be addressed to ease

the associated care burden and improve their quality of life, as well as provide implications for existing systems and the development of new policies.

2. Research Questions

- This research is intended to review issues of family care in the era of extended seniorhood and those of major policies targeting family caregivers and thus promote a better understanding of the status of family caregiving by female older adults. At the same time, it will examine their awareness and use of major support systems, level of satisfaction with these policies, and their policy needs, as a means to offer suggestions as to how to complement the systems. Research questions include:
 - 1) How many female older adults are serving as primary family caregivers?
 - 2) What are the conditions surrounding their caregiving work (e.g. duration of caregiving, time spent in caregiving work, reasons for caregiving, their health conditions and socio-economic status, social value of their caregiving work, etc.)?
 - 3) How does caregiving work affect the quality of life of female older adults?
 - 4) How aware are they of family care support systems and to what degree are they making use of them?
 - 5) What are their policy needs?

3. Research Methods

- Literature review and analysis of secondary statistical data
 - Previous domestic and international studies on female older adults' family caregiving and care burden, on South Korean support policies for older adult caregivers (e.g., the Korean Long-term Care Insurance system) and on childcare support policies will all be reviewed.
 - In addition, existing nationally representative statistical data (i.e., Analysis of the Survey of Living Conditions and Welfare Needs of Korean Older Persons, Korean Longitudinal Survey of Aging) are analyzed in order to examine the status of female older adults' family caregiving.

- Survey analysis
 - Given the limited information on caregiving work conducted by female older adults in the existing data sets, our research team conducted survey analysis focused on family caregiving work among female older adults. A home-visit survey using structured questionnaires was conducted from June to July 2012 in the Seoul metropolitan area, including in Incheon City and Gyeonggi Province, with 300 female older adults who were caring for a dependent spouse and a further 300 female older adults who were taking care of one or more grandchildren.

〈Table 1〉 Selection of survey respondents

	Female older adults taking care of a dependent spouse (n=300)		Female older adults taking care of one or more grandchildren (n=300)	
Selection criteria	Target	Those caring for a dependent spouse who are unable to perform at least one activity of daily living (ADL)	Target	Those providing care to at least one grandchild (grandparent-grandchild only households excluded)
	Duration of caregiving	Minimum of six months caregiving history at the time of survey	Duration of caregiving	Minimum of six months caregiving history at the time of survey
	Time spent in caregiving work	Those providing care for a minimum of 15 hours per week	Time spent in caregiving work	Those providing care for a minimum of 15 hours per week

- Questionnaires were developed separately for those who took care of a dependent spouse and those who cared for grandchildren. Major items were selected based on previous research and indices from major surveys. Items included profiles of respondents (i.e., female older adults as a primary caregiver), basic information related to caregiving work, caregivers' quality of life, utilization of support services and related level of satisfaction, and the impact of support services on female older adults' caregiving burden.

☐ In-depth interviews

- In order to more accurately identify the status of caregiving work as provided by female older adults, in-depth interviews (n=20) were conducted from June to September 2012 with a total of ten female older adults who were providing care to a dependent spouse and a further ten who were doing so for one or more grandchildren.

- Items investigated in the interviews included the impact of caregiving work on the interviewees' quality of life, degree of care burden, greatest difficulties experienced in family caregiving, their perceptions of caring for their dependent spouses or grandchildren, suggestions for directions for policy improvement, and needs for support.
- Expert consultations
 - A total of six expert meetings were held with scholars and other individuals responsible for relevant policies in order to gain their input into research planning, research content, and policy suggestions.

4. Expected Impact and Limitations of Research

- This research uses both qualitative and quantitative methods to examine the caregiving burden and quality of life of female older adults who serve as primary family caregivers and suggests related support policies. However, due to the use of purposive sampling by age group and by caregiving arrangement, the sample is not nationally representative, and therefore these findings may not be fully applicable to the general population. Further research is needed to include care recipients (i.e., dependent spouses, grandchildren) and major family members (e.g., the caregiver's children, the parents of the children cared for by female older adults, etc.) in order to view their family relationships from multiple angles. Research on male older adults serving as main caregivers is also required as the number of men who take care of their family members is increasing.

II. Theoretical Framework and Literature Review

I. Theoretical Framework

- ☐ Feminist perspectives and family care: In South Korean society, family caregiving is generally conducted by women, principally because women are socialized to become caregivers and women's unpaid housework and labor tends to be devalued (Hooyman & Kiyak, 2008). From a feminist perspective, it is argued that gender needs to play a central role in the understanding of certain aspects of seniorhood, as gender influences individuals' lives over the life course (Bengtson, Putney, & Johnson, 2005). In particular, this perspective views family caregiving as an experience of obligation, structured by the gender-based division of domestic labor and the devaluing of unpaid work (Stroller, 1993). This research will take into account gender issues, an important analytical framework in the feminist approach, in order to analyze family caregiving by female older adults.

- ☐ Care burden and social support: This research applies the stress process model suggested by Pearlin et al. (1990) as a means to better understand how social support¹⁾ affects female older adults' burden of family caregiving.

1) Social support refers to positive interactions that are formally or informally undertaken and commonly includes: 1) emotional support (e.g., trust, affection, intimacy, etc.); 2) instrumental support (e.g., provision of practical help); 3) informational support (e.g., helping use of social services and resources); and 4) support for self-esteem (e.g., sense of respect, positive feedback).

2. Literature Review

☐ Caring for a dependent spouse

- While a number of international studies on older adults' caring for a dependent spouse have been conducted, few from South Korea have been dedicated to the subject. Most research on caring related to older adults focuses on cases of grown children as caregivers or family caregivers as a whole without distinguishing between grown children and the care recipient's spouse. Previous studies on spousal caring in old age looked into relational characteristics (Lee & Kim, 2009), reasons underlying caregiving, and caregiving burden (Han & Lee, 2009), while others dealt with gender differences in caregiving burden (Lee & Han, 2010).

☐ Caring for grandchildren

- While the subject of grandparents raising grandchildren has been actively researched, the bulk of such studies concentrate on grandparent-grandchildren-only households. Studies by South Korean researchers on grandparents raising grandchildren, excluding grandparent-grandchildren-only households, have largely examined three aspects: 1) the status of grandparents taking care of grandchildren and its impact on grandparents (Bae, 2007; Bae, Rho, & Gwon, 2008; Baek, 2009; Gang, 2011; Jo, 2006; Kim, 2011; Kim & Jeong, 2011; Kim & Seo, 2007; Kim, Seong, Pang, Choi, & Choi, 2011; Lee, 2010, 2011; Lee, Lee, & Park, 2010; Lee & Yun, 2011; Oh, 2006; Won, 2011); 2) the

status of grandparents taking care of grandchildren and their policy needs (Baek et al., 2011); and 3) the effectiveness of intervention programs targeting grandparents (Jeong, 2005; Hong et al., 2011; Seo, 2004, 2005).

III. Major Findings

I. Results of the Secondary Data Analysis: The Survey of the Elderly and KLoSA

- ☐ The Survey of the Living and Welfare Service Needs of the Elderly (hereinafter Survey of the Elderly) and the Korean Longitudinal Survey of Aging (KLoSA), both of which are nationally representative, were analyzed in order to identify the status of family caregiving (for a dependent spouse or grandchild) conducted by female adults aged 50 years or older. Research goals were the following: 1) use the 2004, 2008, and 2011 Surveys of the Elderly to determine trends in family caregiving performed by female older adults; and 2) use the KLoSA to investigate the impact of caregiving work on the quality of life of female adults in the middle/old age group.

1) Results of the 2004, 2008, and 2011 Surveys of the Elderly Data Analysis

- ☐ Socio-demographic profiles by caregiving category:
 - ☐ The rate of female older adults taking care of a dependent spouse is on the rise. Notably, many of these women continue caring for their husbands as far as into their 80s.

〈Table 2〉 Survey of the Elderly: Proportion of female older adults (65+) by caregiving category

Category	2004		2008		2011	
	n	%	n	%	n	%
Those caring for one or more grandchildren	357	18.4	206	3.8	—	—
Those caring for a dependent spouse	133	6.9	564	10.4	567	9.9
Those without caregiving duties	1449	74.7	4665	85.8	5133	90.1
Total	1940	100.0	5436	100.0	5700	100.0

- Those bearing caregiving duty for grandchildren had the highest level of education, followed by those caring for a dependent spouse and those without any caregiving duties.
- Monthly average household income was highest among those caring for grandchildren, followed by those without caring duties and those caring for a dependent spouse. The average number of household members was greatest among those taking care of grandchildren.
- Health conditions by category: Female older adults who provided care to grandchildren tended to perceive their health most positively. They were the lowest in terms of the numbers of limitations in activities of daily living and in instrumental activities of daily living (IADL). They were also highest in terms of independence. The rate of depression was greatest among those who cared for a dependent spouse.
- Satisfaction with life: Those caring for grandchildren turned out to be enjoying the greatest degree of satisfaction with life, while those caring for a dependent spouse reported the lowest.

The latter also had the lowest level of satisfaction regarding health, economic status, spousal relationship, and relationship with children, indicating a need for psychological and emotional support.

- ☐ According to the analysis of the 2008 Survey of the Elderly, over three-quarters of female older adults who took care of grandchildren were providing such care because their grandchildren had working parents. About 19% of them devoted 40-50 hours per week to their caregiving activities. On average, around 41 hours were devoted to caring for grandchildren. Only a quarter of them received a financial reward for their caregiving efforts, in most cases less than 600,000 won (USD 600, assuming USD 1= KRW 1,000). A great number of them considered caring for grandchildren to be a burden.

2) Results of the analyses of the 2006, 2008, and 2010 KLoSAs

- ☐ With the 2006, 2008, and 2010 KLoSAs, we examined the causal effects of caregiving work on the level of female older adults' quality of life in the following year. Regarding women in the middle/old age group (age 50+) who provided care for their grandchildren in only a single year (either 2006 or 2008) their degree of satisfaction with quality of life in 2008 was greater than that of those who did not undertake any caring role. Meanwhile, those who took care of a dependent spouse in just one year, either 2006 or 2008, reported a lower degree of satisfaction with life compared to their counterparts. Caring

for grandchildren in both 2008 and 2010 did not have a significant impact on the caregiver's satisfaction with quality of life, but doing so for a dependent spouse in both years had a negative impact on the caregiver's life satisfaction.

2. Results of the KWDI Survey Analysis: Female older adults caring for a dependent spouse

- ☐ Female older adults in general believed caring for a dependent spouse in old age to be a duty, and most of them provided the care on their own without cohabiting with married children.
 - ☐ According to the survey, about 66% of respondents stated "caring for a dependent spouse is my duty." As to the reasons for providing this care, 48.7% pointed to "not to place a burden on my children", 42.0% to "because my spouse wanted me to", and 38.7% to "because I feel more comfortable with doing it myself (rather than asking others to do it) (multiple responses).
- ☐ Caring for a dependent spouse is commonly initiated as the spouse begins to experience a limited ability to carry out daily life activities due to an illness or accident.
 - ☐ In this survey, dependent spouses had 3.44 limitations on the basic ability to perform activities of daily living (ADL) and showed a relatively high level of depression. However, aggressive behaviors were rare.

- ☐ Among those who cared for a dependent spouse, 82.0% provided care almost every day and were unable to take any time off. The most burdensome efforts included accompanying the dependent spouse when he goes out, bathing him and washing his hair, and altering his body position.
- ☐ The amount of time spent in caregiving for a dependent spouse averaged 9.55 hours per day (standard deviation: 6.43) and 65.03 hours per week (standard deviation: 45.3).
- ☐ To a question asking whether they received help from family members or friends, 33.0% said that they had regular help from others, while 67.0% reported none. However, the amount of help offered by others was very small compared to the amount of time spent by the respondents on caregiving. 16.3% complained about difficulties in finding help when they needed temporary assistance, suggesting that caregivers experience a significant degree of caregiving burden.
- ☐ The individuals who provided regular help were mainly married children or their spouses (57.6%) or unmarried children (32.3%), and the amount of time provided by these helpers averaged 4.02 hours in a day (standard deviation: 3.00) and 6.09 hours per week (standard deviation: 4.86).
- ☐ For awareness and utilization of public/private care services, most female older adults were aware of the existence of the in-home services offered by the Korean Long-term Care Insurance program, such as home-visit care, home-visit bathing

service, and home-visit nursing care, but only a very limited number of respondents had ever used this service. Many respondents found such public services to be too costly. This illustrates the need to reinforce care services for female older adults who take care of a dependent spouse and to review the appropriateness of public care service fees.

- Those who relied upon such services did so “because it is too difficult to provide the care alone” (58.9%), “because it is financially affordable” (19.2%), and “because my children suggested it” (15.1%). The reasons for not making use of such service included “because it is financially unaffordable” (38.8%), “because my spouse does not want it” (22.0%), and “because we are not eligible for the service” (12.3%).
- Those who used such services reported a significantly reduced level of burden, including physical and psychological burden and family conflict, but not financial burden.

- Nearly half of the respondents in this survey reported their current health condition to be average (49.3%), but quite a few complained of a deteriorated health (bad 29.7%; very bad 1.0%).
- Among the caregiving burden experienced by respondents, physical and emotional burden were significantly high. Also, in-depth interviews revealed that many perceived a serious financial burden.

- A number of female older adults experience financial difficulties since their spouse is unable to participate in economic activities, and their economic conditions further deteriorated if their public transfer income (e.g. pension, worker’s compensation insurance benefits, etc.) was insufficient.

〈Table 3〉 Physical and emotional burden caused by caring for a dependent spouse

Category	Not at all		No		Average		Yes		Very much so		Total	
	n	%	n	%	n	%	n	%	n	%	n	%
I don't sleep enough due to taking care of my spouse	1	.3	72	24.0	104	34.7	111	37.0	12	4.0	300	100.0
My health has deteriorated since I started taking care of my spouse	2	.7	48	16.0	114	38.0	112	37.3	24	8.0	300	100.0
I feel physically tired because of caring for my spouse	–	–	21	7.0	54	18.0	161	53.7	64	21.3	300	100.0
I cannot take any time off due to caring for my spouse	5	1.7	38	12.7	86	28.7	143	47.7	28	9.3	300	100.0
I feel that I'm missing out on life due to my spouse	6	2.0	53	17.7	113	37.7	119	39.7	9	3.0	300	100.0
I want to escape from this situation	3	1.0	34	11.3	94	31.3	142	47.3	27	9.0	300	100.0
I don't have much mental freedom due to caring for my spouse	–	–	14	4.7	89	29.7	159	53.0	38	12.7	300	100.0

〈Table 4〉 Financial burden caused by caring for a dependent spouse

Category	Not at all		No		Average		Yes		Very much so		Total	
	n	%	n	%	n	%	n	%	n	%	n	%
My finances are tight due to costs related to spousal caregiving	6	2.0	48	16.0	102	34.0	125	41.7	19	6.3	300	100.0
I'm disappointed with my children who do not help me financially	23	7.7	125	41.7	98	32.7	48	16.0	6	2.0	300	100.0
I get enough financial support from my family	18	6.0	57	19.0	159	53.0	65	21.7	1	.3	300	100.0

- ☐ Regarding factors affecting caregiving burden, the burden increased together with the degree of deterioration in the caregiver's health, the care recipient's overall health, and longer caregiving hours. Furthermore, caregiving burden had a negative impact on caregivers' quality of life, which confirmed the need for support for female older adults tasked with providing care to a dependent spouse.
- ☐ In both the survey and the interviews, the prior relationship earlier in their lives between female older adults and their dependent spouses plays a major role in the changes in their spousal relationship that occur with the provision of caregiving for a dependent spouse. Considering that the quality of the spousal relationship and the care recipient's attitude toward their caregiving spouse have a significant impact on the caregiving burden as perceived by the caregiver, support is required to help couples establish an equitable and harmonious relationship over the course of family life.

- While a majority of the survey respondents (72.0%) claimed that their spousal relationship did not change compared to prior to the caregiving period, some reported a deterioration in the relationship (somewhat deteriorated: 21.7%; significantly deteriorated: 0.7%).
 - As to when they experience spousal conflicts, respondents pointed to “when he is hard to please and complains about the way I care for him”(41.3%), “when he refuses to take medicine, eat meals, or accept treatment”(40.0%), and “when he takes my caregiving for granted and is not grateful to me”(35.7%). According to the interviews, spousal conflict increased when the female older adults felt that her caregiving was taken for granted and her husband (i.e., care recipient) made unreasonable requests.
- ☐ Despite the burden, a number of female older adults perceived their caregiving to be socially valuable. This reveals a need to raise social awareness of the value of family caregiving and develop a social reward system for family caregivers.
- Over half of the respondents (57.0%) said that they felt useful when they cared for their dependent spouse. They assessed the social value of their caregiving work to be about 910,000 won (USD 910) per month (standard deviation: 357,400 won).
- ☐ 47% reported that they would give up the caregiving work if they found another way to provide the care needed by their dependent spouse. As to the point in time that they expect their caregiving work to end, however, 40.3% responded “as

long as my health allows”, 27.7% responded “when my spouse’s condition worsens to the point that it is impossible to take care of him at home”, and 24.3% responded “until my spouse dies”. These answers imply that they cannot cease the caregiving even though they may want to.

- ☐ In terms of their support needs, most respondents sought financial support regardless of the kind. Among types of support, assistance with medical costs was most preferred with 92.3%, followed by assistance for costs of care service providers with 90.3%. As for in-home service, home-visit bathing service (87.7%), home-visit nursing care service (83.3%), and home-visit care service (82.7%) were in high demand and, among other services, care-related services (87.4%), outing accompaniment service (84.0%), and health support service (82.0%) were reported to be the most needed by respondents who took care of a dependent spouse.

3. Results of the KWDI Survey Analysis: Female older adults taking care of grandchildren

- ☐ It is well known that female older adults who take care of grandchildren (excluding grandparent-grandchildren-only households) commonly do so to assist their working children, and this has also been confirmed in this research. However, the finding that the proportion of those who voluntarily elected to care for grandchildren is less than half of the total suggests a need to expand the childcare services available to working parents.

- The most prevalent reason that female older adults provided care to grandchildren was “to help my working child (or children)” (78.3%), “to reduce the childcare costs of my child (or children)” (35.0%), and “because I felt insecure about letting strangers take care of my grandchildren” (32.7%).
- The respondents took care of 1.34 grandchildren on average, and 39.0% cared for infants. As to the location for the caregiving, 46.7% marked “I live with my grandchildren”, 34.7% “in my home”, and 18.7% “at my grandchildren’s home”.
- Female older adults who provided care for grandchildren spent about 8.86 hours per day (standard deviation: 4.30) and 47.2 hours per week (standard deviation: 23.27) on taking care of their grandchildren. In general, they took a rest on Sundays (92.3%) or Saturdays (73.0%).
- In regards to the amount of help they receive from family members or friends, 32.3% had regular help and 67.7% none. Regular helpers were mainly the caregiver’s spouse (85.6%) and they helped for 2.73 hours per day (standard deviation: 2.10) and 9.85 hours per week on average (standard deviation: 11.53).
- As to public/private childcare services, most respondents were aware of daycares and preschools and the rate of utilization of such services was high. The proportion of use of paid

assistants or housework helpers was very low and none made use of the government's in-home childcare service.

- Asked why they used these services, 54.9% answered "because it would help the child (i.e., female older adult's grandchild) develop social skills (54.9%), 16.4% "because it is difficult to take care of the child all by myself", and 12.8% "because the child's parents wanted it". As to reasons for not using such services, 80.0% marked "because the child is too young to attend a childcare facility", 23.8% "because I don't trust the hygiene standards and safety at childcare facilities", and 17.1% "because the child doesn't do well at childcare facility". These respondents believed three to four years old to be an appropriate age for their grandchildren to enter daycare.
- Most respondents who used a childcare facility or service reported a greatly reduced burden of caregiving. In particular, our interviews found that female older adults were satisfied with such services in that they could devote the remaining time to their own purposes.

- When it comes to their health, the majority of respondents reported it to be average or good. While they appear to be healthier than those who take care of a dependent spouse, caring for grandchildren is physically demanding even for those in average or good health.
- The caregivers seem to experience a significant level of physical and emotional burden of caregiving and about 30%

reported that the financial reward they received for the caregiving was lower than what they had expected. About 25% reported that the cost they bore to purchase groceries and toys for their grandchildren was burdensome.

- More than half the respondents complained that “it is physically demanding to take care of a grandchild” (63.7%), “it is hard because nobody helps me when I take care of my grandchild” (56.3%), “it is hard because I have to take care of both my housework and my grandchildren”, and “I don’t have much peace of mind due to the caretaking” (53.0%). Female older adults also complained about the difficulties they experienced due to the restrictions placed by the caregiving work on their activities and time.
- In terms of factors affecting caregiving burden, the burden of caregiving increased if the caregiver was in ill health and if family conflict over care of the child was greater. When the caregiver’s socio-demographic characteristics and health-related characteristics were controlled, the burden of caring for grandchildren had a negative impact on the caregiver’s quality of life.
- While the overall level of family conflict caused by care for grandchildren is generally low, the specific level of conflict between the caregiving grandparent and the parents of the child is relatively high (28.3%).
 - Main causes of conflict between the caregiver and the

grandchild's parents included "because of the differences in style of taking care of a grandchild" (37.6%), "because the time that I have to take care of the grandchild is too long" (20.0%), and "because the grandchild's parents take my caregiving for granted" (17.6%).

- As to how to resolve conflict, "I just follow along with what the parents of my grandchild want" was most prevalent with 33.7%, followed by "it is solved through dialogue" (30.7%) and "the grandchild's parents accept my way" (16.7%).
- Despite the caregiving burden, female older adults viewed their caring for grandchildren positively, and this positivity helps them continue in their provision of care.
 - Such positivity included "It is rewarding for me to be able to help my children" (84.7%), "My life is more joyful as I see my grandchildren growing every day" (83.0%), and "My family has come to meet and talk more often with each other and grown closer" (71.0%). Asked about the social value of their caregiving for grandchildren, they estimated it to be around 880,000 won (USD 880) per month (standard deviation: 290,580 won).
- Notwithstanding, 67.3% of respondents reported that they would quit the caregiving work if they found an alternative way to provide care for their grandchildren, demonstrating that caring for grandchildren is onerous work as much as it is joyful. Regarding the point in time at which they expect to complete

the caregiving, 21.7% pointed to “when the grandchild goes to elementary school”, 18.0% to “as long as I can do it”, 14.0% to “when the grandchild goes to preschool”, and 13.7% to “until the grandchild’s parents want”, implying that they cannot end it even if they want to.

- When it comes to the policy needs of female older adults caring for grandchildren, respondents greatly agreed regarding the need for policies to allow parents to raise their children on their own (e.g., parental leave, flexible working arrangements, encouragement of a company culture of preventing excessive overtime work), expansion of childcare services (e.g., childcare facilities, preschools, in-home childcare services, childcare cooperatives, childcare support organizations), support policies for female older adults caring for grandchildren (e.g., provision of educational programs on childcare, provision of information on childcare services in terms of availability and how to use them, health management programs for female older adults who take care of family members, housework support services).
- Most female older adults who participated in the interviews agreed that childcare responsibility lies with parents, the state, and society, but not with grandparents. In the case of infants, the largest number of respondents believed that it is most desirable for parents to take care of them on their own, implying a need to increase the effectiveness of the parental leave policy. Some female older adults suggested the encouragement of a company culture of preventing excessive overtime work in order to allow workers more

family time.

- Other suggestions included increasing the number of daycares with hours extended into the night and services that can bridge the gap between the time the child and the parents return home.

IV. Policy Recommendations

- The findings of this research suggest that while a great number of female older adults perceive a significant level of burden due to their role as a caregiver, they tend to accept it as a duty. However, the respondents were in general experiencing a relatively high level of caregiving burden and a causal analysis has established the negative impact this burden has on the women's quality of life.
- Various support systems can be established to improve the quality of life of female older adults by using the data on the status and characteristics of female older adults' provision of family caregiving uncovered in this research. Policy recommendations are made separately for female older adults taking care of a dependent spouse and those caring for grandchildren.

〈Table 5〉 Policy recommendations based on the findings from this research

Category	Improvement measures	
Establishment of support systems for female older adults caring for a dependent spouse	1	<p>Expansion of public support systems and improvement of their quality</p> <p>1.1 Expanding benefits: Expansion of beneficiaries and diversification of types of services</p> <p>1.2 Easing the financial burden related to the use of services</p> <p>1.3 Improving service quality</p> <p>1.4 Promoting social awareness of the use of services</p>
	2	<p>Establishment of a general support system for family caregivers</p> <p>2.1 Establishing a legal system to support family caregivers</p> <p>2.2 Developing a social compensation system for family caregiving</p> <p>2.3 Expanding the work-home balance system</p> <p>2.4 Establishing and expanding a comprehensive information system</p> <p>2.5 Expanding health support programs</p> <p>2.6 Providing education and emotional support services</p>
	3	<p>Expansion of programs to assist couples in the middle/old age group improve their spousal relationships</p>
Establishment of support systems for female older adults caring for grandchildren	1	<p>Expansion of work-life balance policies and improvement of their effectiveness</p> <p>1.1 Promoting parental leave and flexible working arrangements policies</p> <p>1.2 Discouraging excessive work hours: Establishment of a workplace culture of preventing undue overtime work</p>
	2	<p>Expansion of childcare support programs and improvement of their quality</p> <p>2.1 Diversifying public childcare systems and increasing their quality of services</p> <p>2.2 Developing various in-home childcare services</p> <p>2.3 Expanding childcare cooperatives and programs involving female older adults at the community level</p>
	3	<p>Expansion of support programs for female older adults</p> <p>3.1 Expanding childcare education programs for parents and grandparents</p> <p>3.2 Expanding health support programs for female older adults</p> <p>3.3 Promoting the participation of male older adults in caring for grandchildren</p>

I. Policies for female older adults caring for a dependent spouse

A. Expansion of public support systems and improvement of their quality

1) Expanding benefits: Expansion of beneficiaries and diversification of types of services

- The beneficiary groups of the Long-term Care Insurance program, Elderly Care Services, and *Nono* Care (i.e., healthy elderly taking care of dependent elderly) should be gradually expanded in order to allow caregivers a respite from their caregiving burdens.
- Based on public consensus regarding the level of individual co-payments, the benefits of public elderly care services (e.g., Korean Long-term Care Insurance program, Elderly Care Services, and *Nono* Care) need to be enlarged over time.
- In addition, it is necessary to increase services catering to the diverse needs of care recipients and their caregivers. This research has confirmed the need to increase the availability of temporary care facilities for primary caregivers (i.e., female older adults) and their families for use in emergency situations (e.g., deterioration of the caregiver's health) and for outing accompaniment service (e.g., hospital visits). In the case of temporary nursing service and day/night facility care, a central institution can be designated for each community to assist family caregivers who require urgent and/or temporary help.
- Given that there is no available support service for seniors

who have been recently released from a hospital following surgery, it seems appropriate to introduce post-acute care services as part of the long-term care insurance program or as a stand-alone program (e.g., skilled nursing facilities and transitional care programs in the U.S., post-acute care housework support service in Japan).

2) Easing the financial burden related to the use of services

- ☐ One of the primary reasons for female older adults not making use of a public support system to help their care recipient was mainly due to the related financial burden. The threshold for service use should be lowered for low-income families through the expansion of reduced co-payment beneficiaries and at-cost services.

3) Improving service quality

- ☐ The development of an objective evaluation system and establishment of a management and supervision system is suggested prior to improving service quality at long-term care facilities and strengthening management of service providers.
 - In relation to the development of an evaluation system, current evaluation indices need to be improved based on users' assessment of service quality and national minimum standards of quality.
 - It is necessary to improve service quality through the provision of job security and regular systematic educational programs for service providers (i.e., *yoyangbohosas*).

4) Promoting social awareness regarding the use of services

- ☐ Given that utilization of public/private services helps improve the quality of life of care recipients and eases the burden on family caregivers, public perceptions related to the use of service should be shifted in a positive direction. For this, improvement of service quality should come first.

B. Establishment of a general support system for family caregivers

1) Establishing a legal system to support family caregivers

- ☐ A legal foundation for the support of informal family caregivers is required, similar to the National Family Caregiver Support Program (NFCSP) component of the Older Americans Act in the United States and the New Deal for Carers in the United Kingdom.
- ☐ The third Basic Plan for Women's Policy notes the need to introduce legislation to support care providers as a sub-task for the "Introduction of a System to Cultivate and Support Care Providers". A system to support family caregivers needs to be established in close linkage with women's policies.

2) Developing a social compensation system for family caregiving

- ☐ Although there still remains a social concern related to the potential side effects of social compensation programs for caregiving, a support system is indeed required to ease the financial burden on family caregivers by reflecting their actual needs. Considering that a number of female older adults are

exposed to a highly vulnerable financial situation due to a lack of accumulated paid labor experience over the course of their life, it seems important to introduce a gender-sensitive social compensation system for family caregivers, such as a pension credit system. Meanwhile, the introduction of a care allowance should be carefully reviewed given that, despite the symbolic importance of officially acknowledging and compensate the value of caregiving, it is possible for it to reinforce women's care roles, discourage women's economic participation, and povertize women if the level of compensation is too low (Choi, 2011).

3) Expanding the work-life balance system

- ☐ The existing support system for work-life balance, which is limited to childbirth and childcare needs, should be expanded to include caring for the elderly. The system should be designed in such a way so as to assist individuals in the harmonization of their roles at home and work over the full course of family life.

4) Establishing and expanding a comprehensive information system

- ☐ A comprehensive information system is required in order to provide all necessary information and relay services in relation to family caregiving. In order to achieve this goal, the link with existing service delivery systems including Family Support Centers and Dementia Counseling Centers can be strengthened.

5) Expanding health support programs

- ☐ Considering that a number of female older adults who care for a dependent spouse are frail and in ill health themselves due to advanced age, it is suggested to expand health support programs as a means to ease their burden. Information and educational opportunities can be offered to these aged caregivers regarding exercises and information to reduce any chronic pain they may experience while carrying out caregiving activities. Awareness of the concept of self-care, which encourages them to maintain their own health while taking care of other family members, should be raised.

6) Providing education and emotional support services

- ☐ Education and emotional support services are required in order to equip caregivers with the information they need to take care of their dependent spouses and to help them take pride in their status as family caregivers.
 - ☐ Educational programs can include a diverse range of subjects that help caregivers to learn effective care skills tailored to the needs of their care recipient (e.g., characteristics of illnesses, nursing skills, management of problematic behaviors) and customized to different stages of care (e.g., early stage, termination of care caused by the death of the care-recipient).
 - ☐ Caregivers' access to such programs should be improved by providing elderly care services in cooperation with daytime care facilities and in-home care centers (Choi et al., 2011).

C. Expansion of programs to assist couples in the middle/old age group improve their spousal relationships

- ☐ Relational resources, including the level of affection between the couple and the history of their spousal relationship, have a great impact on caregiving for a dependent spouse in old age (Lee & Kim, 2009). In this regard, it is essential for individuals to establish a positive relationship with their spouses and children before they require care from their family at a later date (Han & Son, 2009). Programs should be expanded to help couples in the middle/old age group create sound spousal relationships.

2. Policies for female older adults caring for grandchildren

A. Expansion of work–life balance policies and improvement of their effectiveness

1) **Promoting parental leave and flexible working arrangements policies**

- ☐ Parental leave should be promoted in order to allow parents to raise infant children without relying on immoderate levels of external help. The various types of flexible working arrangements need to be expanded to support parents with young children in order to secure their family time.
 - ☐ While South Korea has in place an institutional foundation for work-life balance policies, its rate of actual use is very low (e.g., only 6.5% of employees at public organizations use flexible working arrangements). Therefore, the

effectiveness of the system should be raised by enabling employees to utilize such policies.

2) Discouraging excessive work hours: Establishment of a workplace culture of preventing undue overtime work

- ☐ Long work hours increase the amount of time required for caregiving by female older adults and can have a negative impact on a child's psychological and emotional health. Working parents require assistance in striking a balance between work and family lives by avoiding unwarranted overtime work.

B. Expansion of childcare support programs and improvement of their quality

1) Diversifying public childcare systems and improving their quality

- ☐ A number of studies, including this one, have confirmed the widespread demand for reliable childcare facilities. Based on best practices in OECD countries, the improvement of the quality of public childcare services is suggested through the introduction of childcare facility evaluation system, publication of evaluation indices, and provision of incentives to facilities demonstrating best practices.
- ☐ Childcare services should be further diversified to increase the number of facilities offering night-time and holiday childcare services and temporary care services.

2) Developing varied in-home childcare services

- ☐ Given that a significant number of female older adults who care for grandchildren prefer one-on-one care for infants, a range of in-home childcare services needs to be expanded.
- ☐ It is necessary to develop childcare support services that caregivers can access when the emergent need arises such as both the grandparents and parents of the child are unable to take care of him/her due to unexpected events.
- ☐ Existing in-home childcare service is considered to be filling a gap between at-home care and facility service (e.g. daycares) and being efficiently utilized by working parents (Lee et al., 2011). This system can be further promoted and expanded.

3) Expanding childcare cooperatives and programs involving female older adults at the community level

- ☐ Existing state-subsidized childcare cooperative programs are mainly used by full-time housewives and young parents. Such programs should involve female older adults caring for grandchildren.

C. Expansion of support programs for female older adults

1) Expanding childcare education programs for parents and grandparents

- ☐ In order to help reduce conflicts between female older adults and their grown children over how to raise a child, the education programs for grandparents and parents currently offered by several local governments need to be further

strengthened to allow both parents and grandparents to learn and share childrearing skills.

- For parents or grandparents who wish to participate in such programs, temporary childcare services should also be available to improve their access to the programs.

2) Expanding health support programs for female older adults

- Information and educational opportunities need to be expanded for female older adults in relation to potential health issues that they may experience as a result of their caregiving activities, along with health-management skills. As with female older adults caring for a dependent spouse, awareness of the concept of self-care should be promoted among those taking care of grandchildren.

3) Promoting the participation of male older adults (i.e., grandfathers) in caring for grandchildren

- Existing educational programs to encourage men to participate in family life should be expanded to cover male older adults in order to encourage them to more actively participate in caring for their grandchildren and to help create a more gender-equal family culture.

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