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Research Title

A Study on the Reorganization of Social Care from a Gender Perspective (III): Long-Term Care of the Elderly and Gender Equality in the Age of Aging

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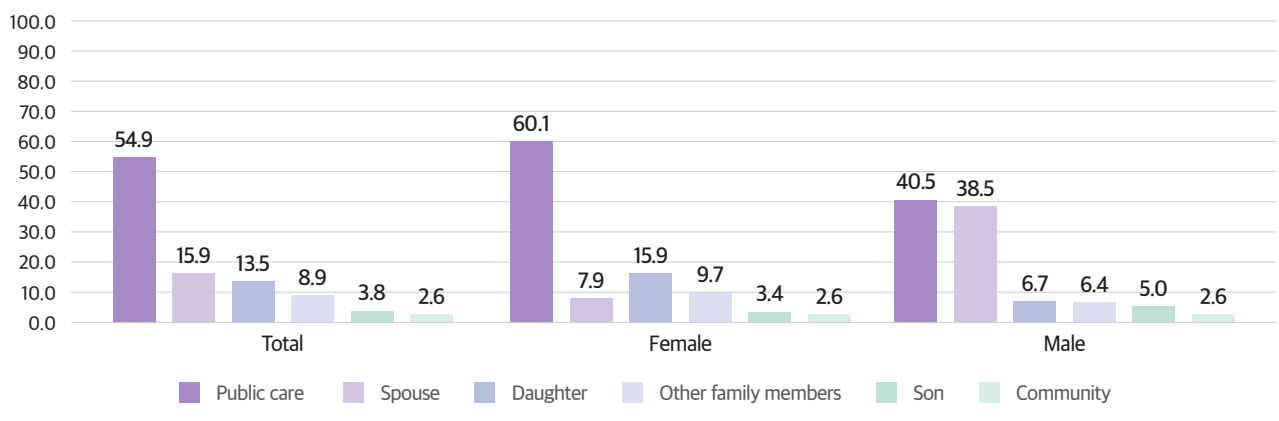
Gender and Socioeconomic Inequalities in Elderly Care and Policy Implications

Abstract

- As population aging accelerates, discussions on establishing an effective elderly care system have intensified.
- Since the introduction of the Long-Term Care Insurance system in the late 2000s, the number of older adults receiving public care services in Korea has increased. The burden of elderly care — previously borne largely by women within families — has been significantly alleviated. Nevertheless, both the quantity and quality of public care services remain inadequate, and families continue to fill gaps in care provision.
- This study analyzes the extent to which care needs among older adults receiving benefits under the Long-Term Care Insurance system are met, focusing on the respective roles and responsibilities of public services and families. It further examines the gendered and socioeconomic characteristics of family care resources and their effects. The aim is to generate foundational data to identify gender and socioeconomic inequalities embedded in a family-dependent public care system, thereby informing mid- to long-term policy discussions on building a sustainable elderly care system.
- In addition, the study draws policy implications regarding care inequalities by gender and socioeconomic status for building a sustainable elderly care system.

Primary Care Providers by Gender among Older Adults Receiving Home-Based Long-term Care Benefits at Levels 3 to 5

(Unit: %)



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1 Background and Issues

- Amid the anticipated increase in care demand driven by population aging, a wide range of macro-level discussions has been underway on building a sustainable care system.
  - However, at the micro level, insufficient attention has been paid to the gendered nature of family-based care relations and the inequalities they produce, despite the central role families have long played both before and after the introduction of public elderly care services.
- Although families are often perceived as a gender-neutral institution, it constitutes a key social domain in which the gender division of labor and gender role norms — core mechanisms that sustain and reproduce gender inequality — are enacted. In the context of elderly care, these gendered dynamics shape both the distribution of care received by older adults and the unequal socioeconomic conditions of family caregivers.
- Since the introduction of the Long-Term Care Insurance system in 2008, the number of beneficiaries has expanded substantially within less than two decades. While this expansion has contributed to alleviating the burden of family caregiving, families continue to bear the primary responsibility for elderly care.
  - At the same time, concerns regarding the financial sustainability of the Long-Term Care Insurance system and the prospect of rising expenditures have become central to policy debates on building a sustainable care system. As policy directions increasingly emphasize home-based care and the realization of 'aging in place,' the role of the family is either implicitly assumed or explicitly reinforced as a key policy alternative.
  - Given the fiscal pressures associated with rapid population aging, positioning the family as a partner within the public care system may, to some extent, be unavoidable.
- However, a care system that relies heavily on families risks creating care deficits among women—who are less likely than men to receive spousal care— as well as among older adults living alone and those from lower socioeconomic groups. At the same time, such reliance may further exacerbate the already vulnerable socioeconomic status of family caregivers, the majority of whom are women.
  - Accordingly, it is necessary to critically examine and move beyond assumptions that take the family's role for granted in the organization of public care while neglecting its inherently gendered nature.
- In this context, the present study aims to generate foundational data that make visible the gender- and socioeconomic dimensions embedded in a family-dependent public elderly care system. Furthermore, it seeks to propose policy directions and tasks that contribute to reducing gender and class inequalities in elderly care and to establishing a more sustainable care system.

2 Survey and Analysis Results[1)]

Insufficiency of Public Care Services and Gendered and Socioeconomically Stratified Access to Family Care Resources

- Current home-based benefits under the long-term care system are insufficient to meet the diverse needs associated with older adults' daily living. This insufficiency is experienced more acutely by women, older adults living alone, and those in lower socioeconomic groups.

- Although families compensate for the gaps left by inadequate public care, access to family care resources is unevenly distributed. In particular, women, older adults living alone, and low-income older adults face more limited access to such resources.

  • Among older adults receiving home-based long-term care benefits at Levels 3 to 5, more than 70% receive assistance from family members, including spouses, children, or other cohabiting relatives. However, women are less likely than men to have access to family caregiving resources, largely because a substantial proportion of older women do not have spouses, who often serve as a primary source of care.

  • Older adults living alone have significantly fewer family care resources than those living with others. Notably, older men living alone have even more limited access to family care than their female counterparts. In the absence of spousal care, women are more likely to receive support from their children, whereas men are more likely to lack alternative sources of care beyond a spouse.

  • The availability of family care resources declines as income decreases. Among lower-income older adults, fewer than half receive care from family members — a substantially lower proportion than that observed among middle- and higher-income groups. Importantly, even within the lower-income group, women are less likely than men to receive family care. Although both men and women experience reduced access to family care as income declines, men in lower-income groups remain more likely than women to receive care from spouses.

Gender and Socioeconomically Stratified Inequalities in Care Receipt

- Older men receive care from a greater number of caregivers and for longer durations than older women.

  • The average number of formal and informal caregivers for older men is 2.40, compared to 2.28 for women. In addition, men receive an average of 29.7 hours of care per week, exceeding the 26.9 hours received by women.

- Older adults living alone have access to fewer caregivers and receive substantially fewer hours of care than those in couple or other multi-person households. However, gender disparities persist even within the same household type.

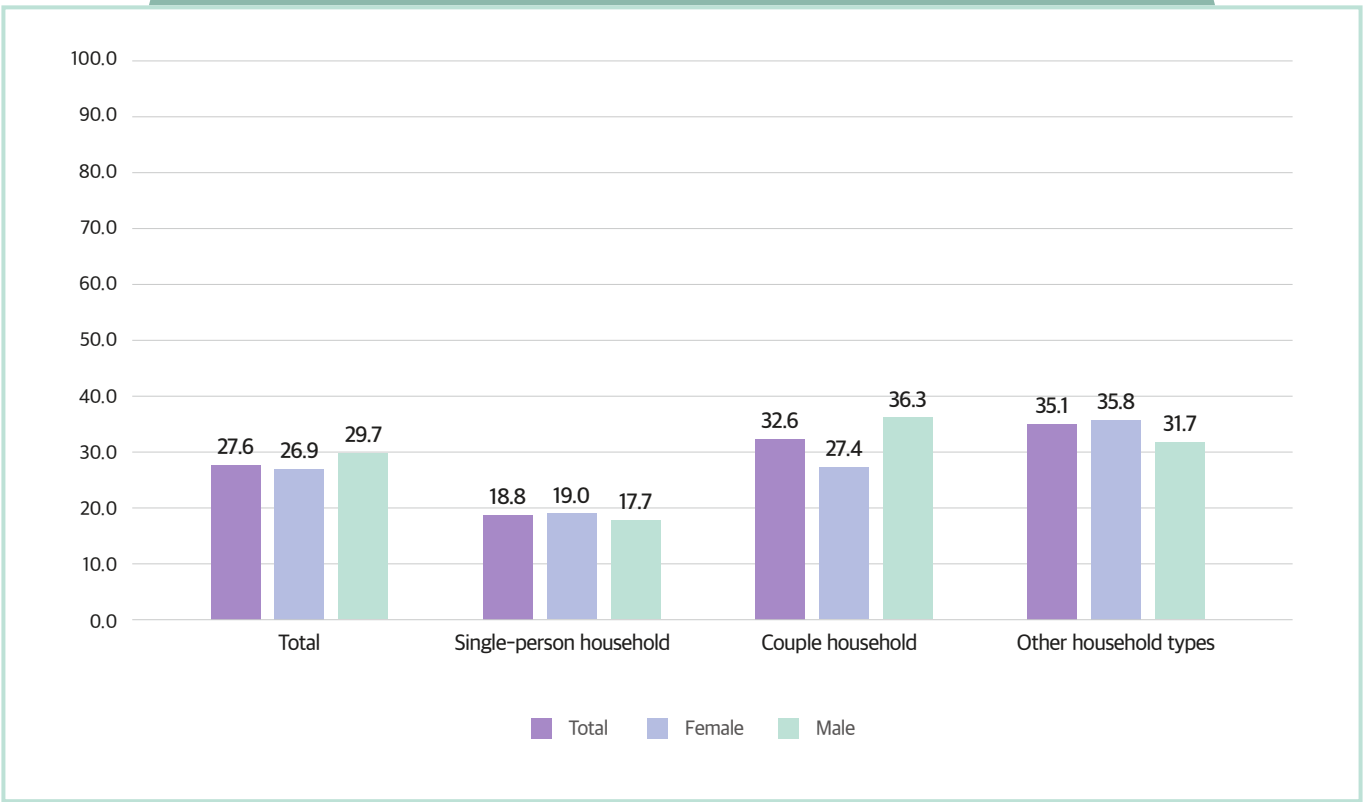
1) The findings reported below are based on older adults receiving home-based long-term care benefits at Levels 3 to 5.

• Among single-person households, older men — who lack access to spousal care — receive fewer hours of care than older women.

• Even within couple households where a spouse is present, the gender gap in care receipt remains pronounced. Older men in couple households receive an average of 36.3 hours of care per week, whereas women receive 27.4 hours — 8.9 hours fewer. This pattern suggests that women provide more care to their spouses while receiving less care in return. Even in the presence of a spouse, wives' caregiving is often taken for granted, and gendered differences in caregiving capacity shaped over the life course contribute to persistent asymmetries in spousal care.

Average Weekly Hours of Care Received by Older Adults (Home-based Long-term Care Benefits at Levels 3 to 5), by Gender and Household Type

(unit: hours)



▶ Household income is positively associated with both the number of caregivers and the amount of care received.

• For both men and women, the number of caregivers and total hours of care are lowest among lower-income groups and highest among higher-income groups. Notably, even within the lower-income group, women receive fewer hours of care than men.

Average Weekly Hours of Care Received by Older Adults (Home-based Long-term Care Benefits at Levels 3 to 5), by Gender and Household Income Level

(unit: hours)

▶ In low-income elderly couple households, the gendered division of caregiving labor not only reduces the likelihood that older women in need of care will receive adequate support, but also intensifies the caregiving burden placed upon them.

- This compounded burden is especially evident when wives care for their husbands as family caregivers — sometimes even as paid care workers within the long-term care system — while also bearing responsibility for supporting the household economically.

High Reliance on Public Care among Women, Single-Person Households, and Low-Income Older Adults

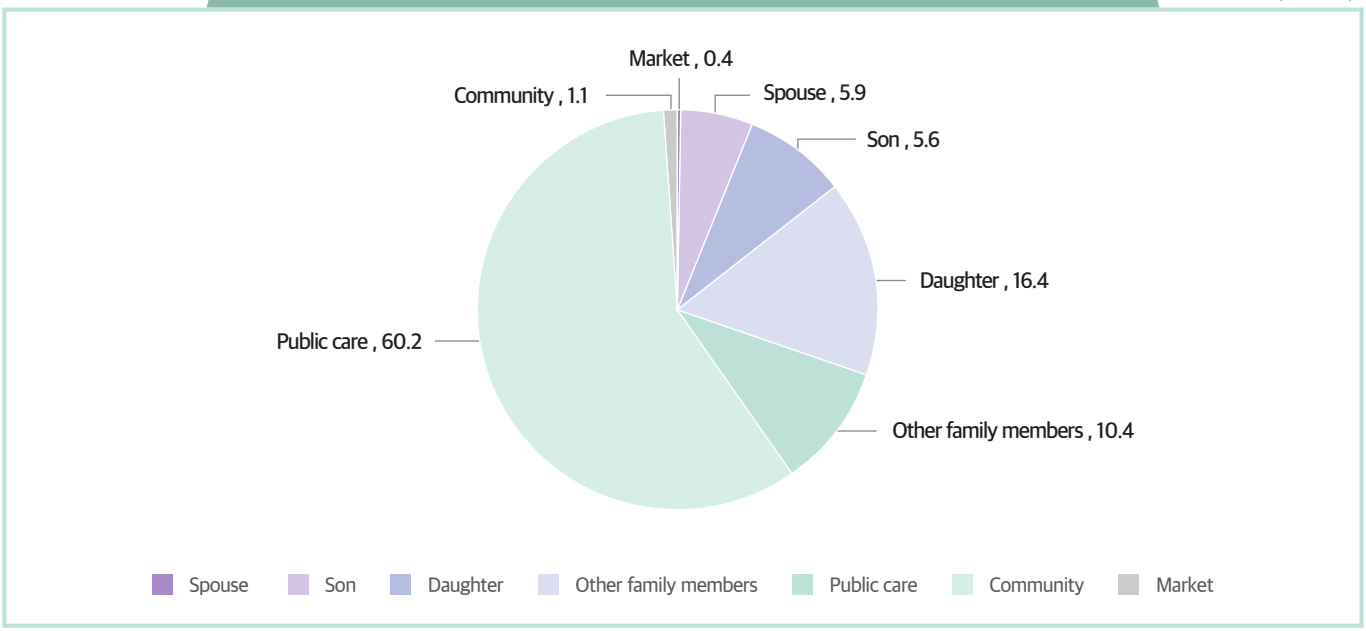
▶ For more than half of older adults (54.9%), public care services — such as home-visit care and day and nighttime care services — function as the primary source of care. These are followed by care provided by spouses (15.9%), daughters (13.5%), other family members (8.9%), and sons (3.8%).

▶ However, reliance on formal and informal care varies substantially by gender.

- Older women exhibit a markedly higher reliance on public care, whereas older men depend more heavily on spousal care. While this pattern partly reflects gender differences in the availability of spouses, disparities in reliance on spousal care persist even within couple households, indicating that gendered caregiving dynamics persist even under similar household conditions.

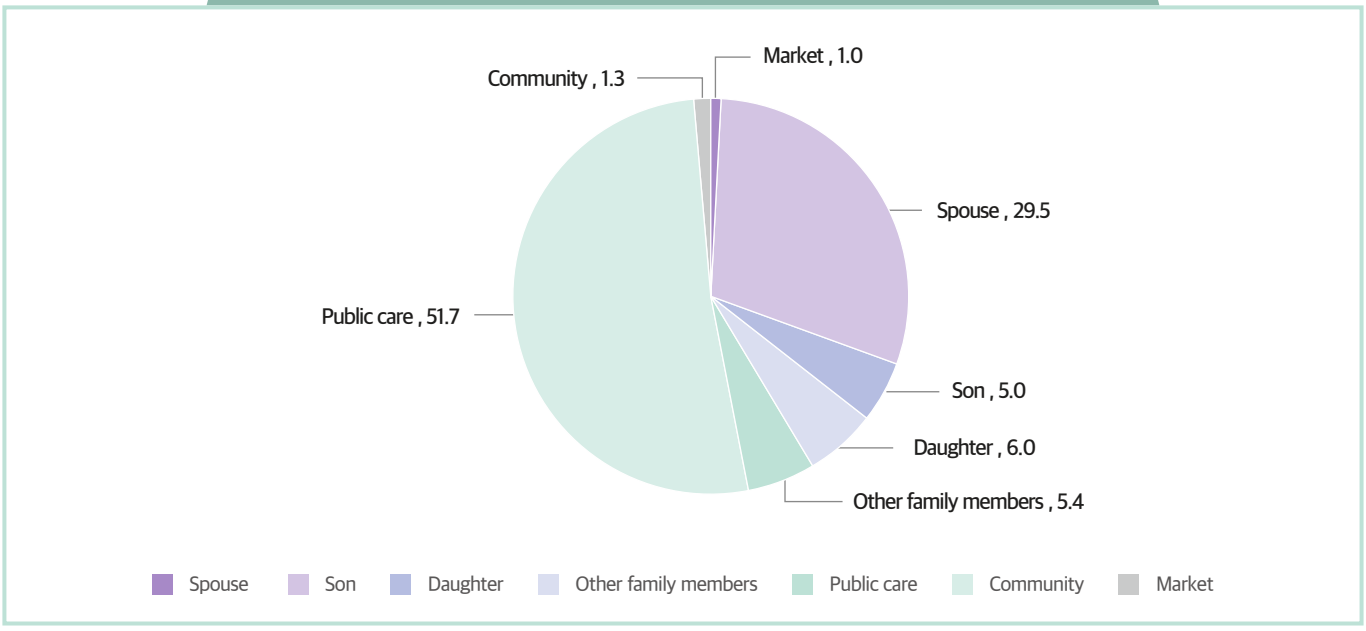
Share of Weekly Care Hours by Type of Caregiver for Older Women Receiving Home-based Long-term Care Benefits at Levels 3 to 5

(unit: %)



Share of Weekly Care Hours by Type of Caregiver for Older Men Receiving Home-based Long-term Care Benefits at Levels 3 to 5

(unit: %)

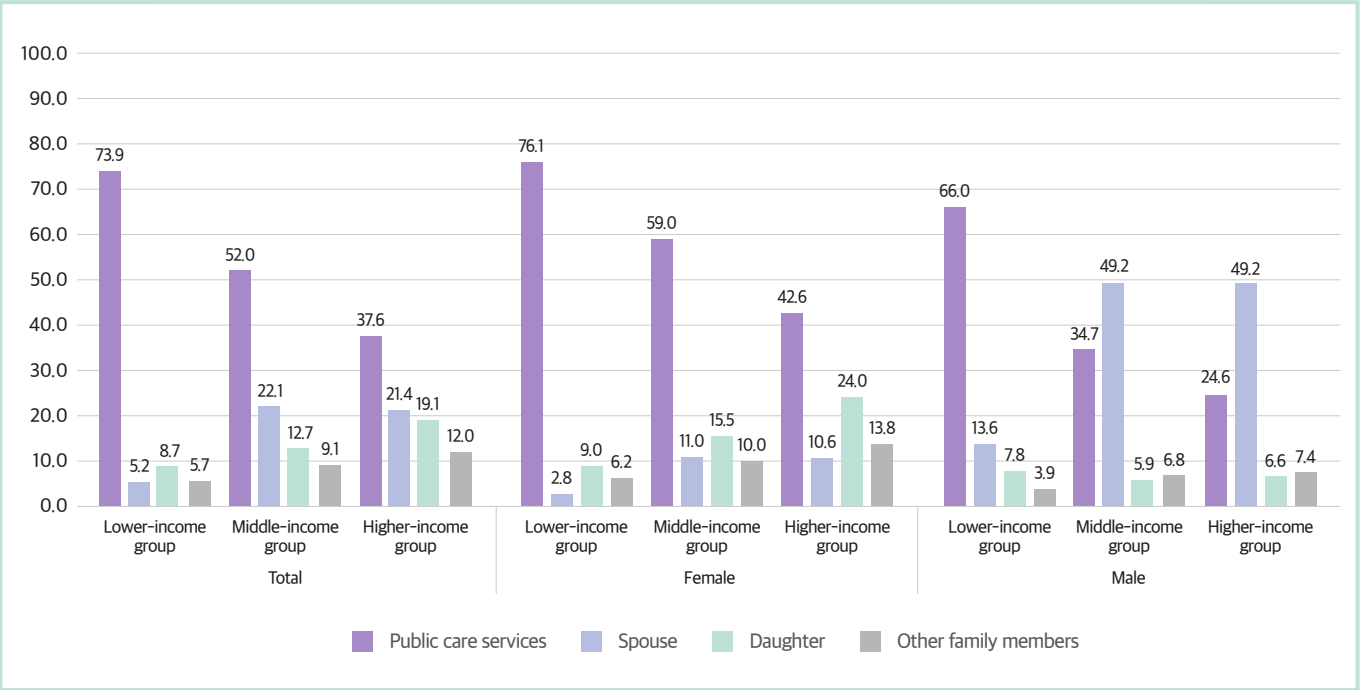


▶ As income increases, the proportion of older adults identifying public care as their primary source of care declines. However, the extent to which family care substitutes for public care — and the composition of family caregivers — differs by gender.

- Across all income groups, public care accounts for the largest share of primary caregivers for older women. In contrast, among men, public care exceeds family care only in the lower-income group. In middle- and higher-income groups, a substantially larger proportion of men identify their spouses, rather than public care, as their primary caregiver.

Primary Caregiver by Gender and Household Income Level among Older Adults Receiving Home-based Long-term Care Benefits at Levels 3 to 5

(unit: %)



Gendered and Stratified Care Deficits

▶ Due to insufficient public care provision, women, older adults living alone, and those in lower-income groups are more likely to perceive that the care they receive is inadequate to maintain a dignified standard of living.

- Women report greater care deficits than men; older adults living alone report greater deficits than those in couple or other household types; and lower-income older adults report greater deficits than those in middle- and higher-income groups. These disparities persist even within comparable conditions: women in couple households report greater care deficits than their male counterparts, and within lower-income groups, women report higher levels of unmet care needs than men.

▶ In couple households characterized by a gendered division of labor, older women in need of care may face heightened vulnerability when access to public services is limited.

- This is partly because husbands who lack experience in basic household tasks — such as meal preparation — are often unable to provide adequate care.
- Although co-payment exemption and reduction schemes have been introduced and gradually expanded, a subset of older adults remains excluded despite experiencing financial hardship. In particular, low-income older women who are ineligible for co-payment support face a heightened risk of receiving neither adequate public services — due to financial constraints — nor sufficient care from family members. This group therefore requires particular policy attention.

Low Expectations of Family Care and Preference for Institutional Care

- Only 22.4% of older adults — approximately one in five — expect that they would be able to receive care from family members if their functional capacity declines further.
- Expectations of family-provided care are particularly low among women, older adults living alone, and those in lower-income groups.
  - While older adults in couple households report the highest expectations of family care, women within these households are less likely than men to anticipate such support. Similarly, although expectations are low among both men and women in lower-income groups, they are even lower among women.
- When asked whether they would be willing to enter a long-term care facility even if the state provided sufficient support to enable independent living at home without reliance on family care, 40% of older adults receiving home-based long-term care benefits at Levels 3 to 5 indicated that they would.
  - This finding suggests that a substantial proportion of older adults may continue to prefer institutional care even with the expansion of home-based services. This tendency is particularly pronounced among women, older adults living alone, and those in lower-income older adults. Among older adults living alone, men exhibit a higher preference for institutional care than women, whereas within lower-income groups, women show a higher preference than men. These patterns indicate that older adults with limited or no access to family care resources are more likely to favor institutional care.

3 Policy Recommendations

Directions for Restructuring Elderly Care Policy from a Gender Perspective

- Establishing a Defamilialized Long-Term Care Model
  - To build a sustainable elderly care system, the current long-term care model — characterized by both implicit and explicit reliance on families — must transition toward a defamilialized framework. In such a system, primary responsibility for care is assumed by the state, enabling individuals to meet their care needs independently of family support. While families may continue to serve as an important source of care, they should no longer function as a necessary substitute for insufficient public provision, but rather as an optional and supplementary resource.
- Reframing a Sustainable Care System as a Social Justice Issue
  - The sustainability of elderly care should be conceptualized not solely in financial terms, but also in human and social dimensions. This broader perspective highlights, at the macro level, the role of care systems in reproducing social inequalities — including gender inequality — and, at the micro level, the relational dynamics among care providers and recipients.

Investment in the Care Economy as a Transformative Agenda for Gender Equality

- The concept of the care economy, increasingly emphasized in international policy discourse, including by the International Labour Organization (ILO), is grounded in the recognition of the interdependence between paid employment and unpaid care work, the systematic undervaluation of unpaid care, its disproportionate concentration among women, and its contribution to the persistence of gender inequality. Building on this perspective, the 5R framework for care has been proposed.
- This framework emphasizes: recognizing the value of unpaid care work that has historically been performed — and undervalued — by women within families (Recognition); reducing the burden of unpaid care through the expansion of public care services to support women's labor market participation (Reduction); redistributing care responsibilities, which are disproportionately borne by women, more equitably to men (Redistribution); rewarding care work that is formalized as paid labor through adequate compensation supported by the public system (Reward); and ensuring the representation of both care workers and care recipients in decision-making processes through inclusive social dialogue (Representation).

Policy Tasks to Address Gender and Socioeconomic Inequalities in Elderly Care

Defamilializing the Principle of Home-Based Care under the Long-Term Care Insurance Act

- Article 3(3) of the Long-Term Care Insurance Act currently stipulates that home-based care should be provided 'while older persons live with their families at home.' This provision should be revised to state that 'home-based care is provided while older persons continue to reside in their current place of residence,' thereby removing the implicit assumption that family involvement is a necessary condition for care.

Reducing the Burden of Household Labor on Elderly Women

- When one spouse in a couple household utilizes home-based long-term care benefits, meal and nutrition services should be provided as universal services. This would help alleviate the disproportionate burden of domestic labor borne by elderly women and mitigate gendered inequalities in caregiving within the household.

Enhancing the Professionalism of Daycare and Nighttime Care Services

- Expanding the utilization of daycare and nighttime care services can help address care gaps that are not adequately covered by home-visit services, while also reducing the caregiving burden on families.

Improving Access to Short-Term Care and Establishing an Infrastructure Expansion Roadmap

- A systematic evaluation of existing pilot programs is required to assess both their achievements and limitations. Based on these findings, a comprehensive roadmap should be developed to expand short-term care facilities and improve service accessibility.

▶ Expanding Public Long-Term Care Facilities

- Through ongoing regional demand-supply assessments, quotas for public long-term care facilities should be allocated to local governments and incorporated into their performance evaluations. In parallel, underperforming private facilities could be gradually phased out or converted into public facilities to support the expansion of public provision.

▶ Expanding Person-Centered Care Models in Private Facilities

- A phased strategy is needed to promote the adoption of person-centered care models within private long-term care facilities. Such efforts would enhance the dignity and quality of life of residents, while also addressing persistent distrust and negative perceptions of institutional care.

▶ Introducing Paid Family Care Leave

- In contrast to childcare leave, which is typically compensated, family care leave for caregiving responsibilities is often unpaid. To promote its effective utilization, policies should be introduced to ensure that both family care leave and extended caregiving leave are adequately compensated.

▶ Strengthening Men's Caregiving Capacity

- Targeted educational and training programs on household management and caregiving should be developed for male caregivers — such as husbands caring for their spouses or sons caring for aging parents. These initiatives would enhance caregiving capacity and contribute to a more equitable distribution of care responsibilities within families.

Supervising ministry	Ministry of Health and Welfare
Related ministry	Ministry of Gender Equality and Family