



A Study on the Reorganization of Social Care from a Gender Perspective(I): The Transformation of the Care Policy Paradigm in the Age of Individualization

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I . Research Objectives

This research was designed as a three-year study to investigate mid- to long-term policy measures in South Korea to reorganize social care from a gender perspective. In the first year, we aimed to provide a general overview of social care and suggest the direction for policy reorganization by examining the care labor market and public's perception of care.

II . Research Contents and Methods

- A gender analysis of the care labor market in South Korea and five other countries was conducted.
 - For South Korea, we analyzed the size of the care sector, labor market structure, working conditions by occupation, gender wage gap, and wage disadvantages and benefits of care work in detail using data from the 2008–2021 Regional Employment Survey.
 - Using data from the Luxembourg Income Study on the care labor market, we analyzed the size; composition; and working conditions of the care workforce in five major countries, namely Germany; Finland; France; the United Kingdom (UK); and the United States.
- To identify the social perceptions of social care, a survey of 10,270 individuals was conducted.
 - The main contents included welfare awareness and attitudes, evaluation of current care policies, care anxiety, opinions on the value of care and care performance, treatment of care workers, household work and care status, care status of children under elementary school age, policy improvement direction, care status of elderly people in need of care, and policy improvement direction.

III. Gender Analysis of the Care Labor Market

A. Structural changes in the Korean care labor market

- (Structure of the care labor market) The structure of the care labor market by occupation can be characterized by a decrease in educational workers, a significant increase in care services and non-care workers in the care industry, and a slight increase in healthcare workers. In terms of the workforce characteristics, findings revealed an aging and low education trend among care and non-care workers.
- (Working conditions by care occupation) The gendered hierarchy of care and non-care workers has intensified, with relatively stable, high-paying occupations, such as care sector management, healthcare workers, and education workers, as well as unstable, low-paying, and female-dominated occupations.
- (Feminization of the care labor market and the gender pay gap) The absolute female concentration of care workers continues, with women accounting for more than 90% of care workers, and the proportion of women in healthcare has increased. The gender pay gap has been declining from approximately 30–50% in 2008 to approximately 10–40% in 2021, but the extent and level of decline vary depending on the level of gender segregation within the occupation.
- (Care work wage disadvantage/advantage) The relative wages of care workers tended to decrease compared with those of non-care workers; that is, the disadvantage has increased. The wage advantage

for managers has been increasing whereas the wage disadvantage for care workers has been declining; however, it is still significant. The wage disadvantage experienced by non-care workers in the care industry has significantly increased. The higher pay penalty for men in the two devalued occupations within the care sector shows that the hierarchically gendered nature of the non-care labor market is closely linked to gender inequality in the care labor market. It is much easier for men to find employment in the non-care sector than it is for women, and many different options are available to them. Therefore, not only are the mechanisms that drive them into the care sector not working, but more importantly, there is no incentive to enter care work due to the disadvantages.

B. Comparative analysis of care labor markets in major countries

- (Size and composition of the care workforce) Finland, a typical northern European social-democratic country, has the highest proportion of care workers in residential and nonresidential social care as well as the highest concentration of women in these sectors. The educational attainment of care workers in Anglo-American countries is generally higher than that in other European countries. There is a higher proportion of workers aged 40 years and younger, reflecting a liberal care regime, with relatively low population aging and an influx of immigrants into care services. In Germany, which provides elderly care services based on the long-term care insurance system, care is provided by caregivers in facilities for relatively elderly people, and the proportion of professional workers in residential and nonresidential social care is higher than that in other countries. This may be due to the public organization and

qualification management of the elderly care workforce, even if it is a mixed private-public model.

- (Working conditions of care workers) Finland not only has a higher proportion of public organizations in the care industry than other countries but also has an extremely high proportion of public sector workers in non-care industries. In contrast, residential care in Anglo-American countries has a significantly lower share of public sector employees in non-care industries but a significantly higher share of public sector employees in education. Among European countries, France has a relatively low share of public sector employees, especially in health, residential, and nonresidential social care. In Finland, which has a high proportion of public sector workers, the relative wages of care workers compared with non-care workers were lower than those in Germany and the United States, especially for residential care and nonresidential social work workers, which were significantly lower compared with Germany.
- (Wage disadvantage/advantage) There was no wage disadvantage or advantage for men in Finland. For women, the wage penalty for care ranged from 7.9% (Germany) to 20.5% (France) in all countries except Finland. For men, there was a wage gain of 22% in Finland and a wage penalty of 12% (France) to 18% (the UK) in all other countries. The presence and magnitude of statistically significant wage disadvantages in France and the UK, where government involvement in the public organization of care is low, confirm the limitations of a market-driven care supply to ensure adequate compensation and working conditions for care workers.

C. Analyzing the public perceptions of social care in Korea

○ Evaluation of welfare awareness, attitudes, and care policies

- (Expanding spending by policy area) There was a high level of agreement on the need to spend on welfare policies, with more than half the respondents agreeing that it is necessary. Overall, there was a higher level of agreement on the need to guarantee services than income. Female respondents were less likely to agree with defense and transportation policies and more likely to agree with welfare policies, especially social services.
- (Degree of the need to increase or decrease government spending by care target and how to pay for it) More than half of the respondents agreed with the government spending on all areas of care for infants, elementary school children, the elderly, and people with disabilities, with relatively higher agreement on spending on the elderly and people with disabilities. Regarding how to pay for care, approximately half of the respondents were of the opinion that taxes and social insurance contributions should be used to pay for care while those who use care services should pay more.
- (Evaluation of the quality of care services by the target group) All services for infants, elementary school students, the elderly, and people with disabilities were rated as moderate, with an average score of 5.5–6 out of 10. Women's ratings were higher than those of men, which was influenced by the ratings of those in their 40s and older while younger women rated the services lower than men.

○ Caregiver anxiety and the value of care

- (Care anxiety) Most respondents felt burdened as both care recipients and care providers, but more respondents felt burdened as care recipients than as care providers.
- (Expectations for sources of care in old age) Government services were the most likely to be used, followed by family and personal caregivers. Women were more likely to be burdened as family caregivers but were less likely to expect to receive care from their families. By contrast, women were more likely than men to expect and intend to use government services as a source of care.
- (Value and need for care) Care was seen as an important value across the board in terms of social sustainability, universal rights, and other aspects of society, and there was widespread recognition of the need to dismantle the gender divide among the general public. In terms of gender, women were more likely than men to recognize the value and right to care and were less likely to have gender role stereotypes regarding care.

○ Treatment of care workers

- (Social status and value of care workers) In terms of the social status of care workers, the social evaluation of consulted care workers, such as nursery teachers, caregivers, and social workers, was lower than that of broader care workers, such as nurses, doctors, teachers, and university professors. In terms of social contribution and value, broader care occupations receive social recognition commensurate with the social significance and value of their work whereas consultative care occupations do not receive sufficient social recognition. Women were more likely than men

to appreciate the social meaning and value of care work and to believe that consultative care work does not receive adequate social recognition.

○ Work and care in the household

- About half of the respondents had a family member or friend who needed unpaid care, with children accounting for about half and grandchildren or a family member with a disability accounting for about 30% to 40% of the population. Men were more likely than women to have family and friends who needed care but were less likely to participate in unpaid care.
- (Difficulty combining care with paid work) The majority of those currently caring for family and friends perceived that it was difficult to combine unpaid work with paid work, regardless of employment status; this perception was greater among women than among men.

○ Childcare arrangements, Satisfaction with the childcare services, and Perceptions of childcare services

- (Childcare arrangements) Mothers' care still accounts for the largest absolute amount of childcare time. Preschoolers' institutional utilization rates and hours are substantial, but private resource mobilization, such as “hagwon” (for-profit private educational institutions in South Korea) and grandmother care, occurs from 4 p.m. to before work hours. School-aged children are less cared for than preschoolers, and this gap is largely filled by cram schools.
- (Satisfaction with the services) Respondents were most satisfied

with children's daycare centers, followed by kindergartens and were least satisfied with school care for primary school children.

- (Perceptions of childcare services) There was a high demand for specialized and reliable care, and parents wanted to see an improvement in the quality of care, even if they had to pay out of pocket. There was a low level of agreement with the idea of replacing services with cash and a high level of agreement (over 85%) that schools should provide as much care as daycare centers and kindergartens.

○ Elderly care arrangement, Satisfaction with elderly care services , and Perceptions of elderly care services

- (Elderly care arrangement) Visiting care, visiting bathing services, and customized care services for the elderly mainly occur in the morning hours; therefore, the elderly person's family take care of them in the later hours or the elderly person lives alone. Many family caregivers are females.
- (Satisfaction with services) Users' satisfaction with the services was high; however, in the case of in-home benefits and elderly care services, such as visiting care and visiting bathing services, many respondents said that the service hours were insufficient. In the case of day and night care centers and in-home benefits, such as visiting care and visiting nursing care, many respondents stated that the cost of use was burdensome.
- (Perceptions of elderly care services) The public's preferences and expectations for professionalism, publicness, and diversification of the benefits of elderly care services were high.

IV. Policy Implications

- Financial investment in care services should be increased, and national accountability should be strengthened.
- The government should aim to improve the quality of care services beyond quantitative growth. Despite the expansion of care policies, the quality of care services remains low, and there is widespread social anxiety that it will be difficult to provide and receive appropriate care when it is needed.
- To improve the quality of care, it is essential to reduce occupational segregation in the care labor market and develop a strategy for advancement in care jobs. The quality of care services cannot exceed that of care jobs. Therefore, the quality of care jobs must be reviewed.
- Further active policy efforts are needed to improve the long-standing feminization of care work and gender segregation within the workforce.
- There is a need to build a social system that enables work and care to be compatible so that men can participate more in caregiving.
- In childcare, it is important to improve the overall quality of care, make schools more care-friendly, and bridge the gap between education and care.
- In elderly care, the separation between care and health must be addressed, with a priority on increasing the absolute amount of support.

Thematic classification of research performance catalogue: family/social care

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