

# KWDI Issue Paper

**Research Title:** A Study on the Reorganization of Social Care from a Gender Perspective (I)

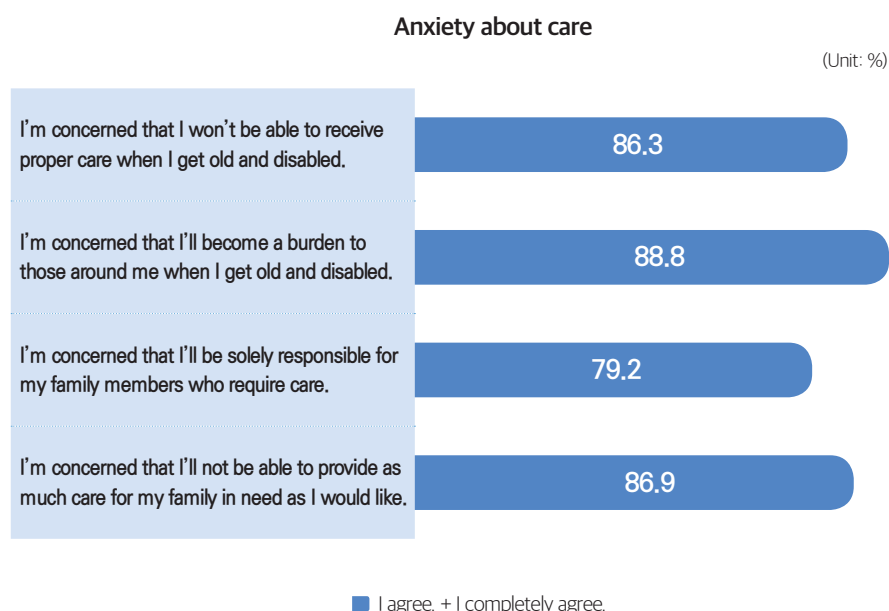
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## Pursuing the “High-Road Strategy” for Care Jobs through Bridging the Gaps between Care Occupations and Improving the Treatment of Care Workers

**: Reducing public anxiety about care and reflecting the social value of care**

### Abstract

- ◆ This study explored the necessity and value of social care, examined the social perceptions on care work as a profession, and thereby drew policy implications. A survey of 10,270 participants from the general public revealed that a majority of the respondents had anxieties about receiving care in the future and providing care for families in need of care. Overall, care was considered an important value from many angles, and a majority of the respondents reported that both men and women should participate in care.
- ◆ An analysis of the differences in social status and social contribution/value between each care work showed that compared to care occupations in the broad sense, such as health and medical care and education, care occupations in the narrow sense, such as caregivers for the sick, licensed caregivers, domestic chore helpers, and infant rearing helpers, were perceived as not receiving adequate social recognition that matches the value of their work.
- ◆ When asked about expansions in government spending for various areas, the highest consensus among the respondents was seen for the necessity of guaranteeing social services such as care. In response to social anxiety about care, this study suggested improving the quality of care services, reducing the gaps between care occupations, pursuing the “high-road strategy” for care jobs, expanding policy support to reduce gender gaps in both care jobs and family participation in care, and expanding financial investment and strengthening national accountability for care services.



## The need and scope of public awareness surveys on social care

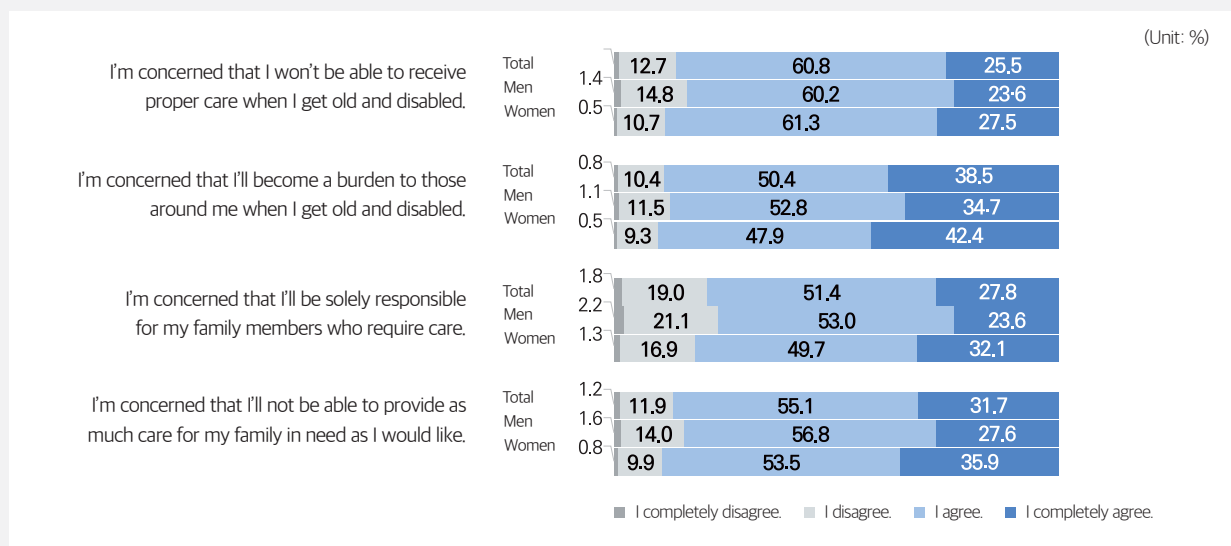
- This study explored the necessity and value of social care, examined the social perceptions on care work as a profession, and thereby draw policy implications.
- ▶ The International Labour Organization (ILO) comprehensively defined care work in its latest report 「Care Work and Care Jobs for the Future of Decent Work」(ILO, 2018). Adopting the definition by England, Budig, and Folbre (2002), ILO defines care workers as “workers for profit or pay whose occupations involve providing a face-to-face service that develops the human capabilities of the care recipient” (ILO, 2018: 167). Care workers include not only personal care workers such as long-term care workers and childcare workers, but also those employed in health and medical care such as doctors, nurses, and therapists, as well as those in education such as early education, primary, and secondary school teachers (ILO, 2018: 167).
- ▶ Health, medical care, and educational occupations have developed into professional jobs outside families in modern times, while care occupations in the narrow sense such as long-term care and childcare have long been provided unpaid within families but only recently became detached from families. Thus, this study also included in the analysis the perceptions on the hierarchies and gaps between care work and occupations in the broad sense. In doing so, the study comprehensively defined care work in accordance with the ILO’s definition and thereby analyzed care not only in the narrow sense but also in the broad sense encompassing the health, medical, and education fields. In order to inspect social perceptions on care work and social care, a survey was conducted on 10,270 participants from the general public.

## Anxiety about care and the value of care

● **(Anxiety about care)** Most of the respondents expressed concerns about receiving care in their old age in the future and providing care for their families in need.

- ▶ When asked about various scenarios in which they become “old and disabled”, nine out of ten respondents agreed with the statements “I’m concerned that I won’t be able to receive proper care when I get old and disabled” (86.3%) and “I’m concerned that I’ll become a burden to those around me when I get old and disabled” (88.8%).
- ▶ Also, when asked about various scenarios in which their families need care, at least eight out of ten respondents agreed with the statements, “I’m concerned that I’ll be solely responsible for my family members who require care” (79.2%) and “I’m concerned that I’ll not be able to provide as much care for my family as I would like” (86.9%).

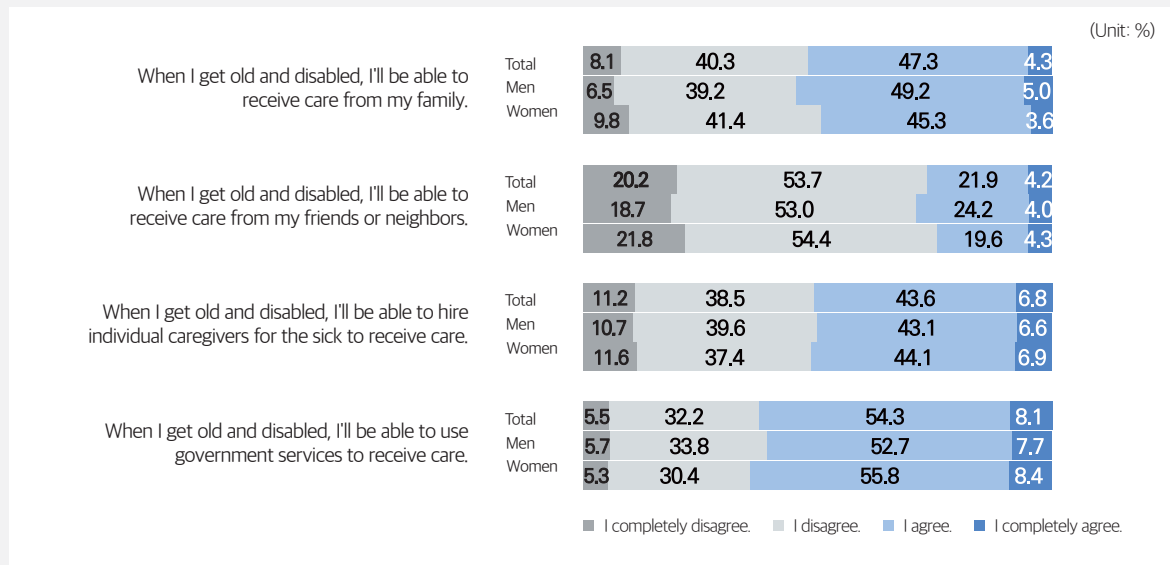
<Figure 1> Anxiety about care



● **(Expectations for care providers)** When the respondents were asked who would provide care for them if they require care due to aging and disability, the expectation for government-provided care services was the greatest, followed by care provided by families and individual caregivers for the sick.

- ▶ The expectations for government care services was 62.3%, followed by care provided through families (51.6%), individual caregivers for the sick (50.4%), and friends and neighbors (26.1%).
- ▶ In terms of gender differences, women reported lower expectations for care from families compared to men while displaying high expectations for government care services.

<Figure 2> Expectations for care providers at old age



● (Evaluation of government-provided care services) An analysis of the overall quality of care services for infants and young children, elementary school children, the elderly, and the disabled showed that the respondents rated the quality of all those services as moderate.

- ▶ When asked to rate the quality of care services for different groups on a scale ranging from 0(very low) to 10 points(very high), the respondents rated all the services as of moderate quality, with an average of 5.5-6 points. However, this question was a measure of general public's perception, not a user evaluation, as many respondents were not actually using care services.
- ▶ By gender, women gave higher scores than men did, but this result was influenced by the ratings of those in their 40s and older, while young women gave lower scores than men did.

<Figure 3> Evaluation of care services

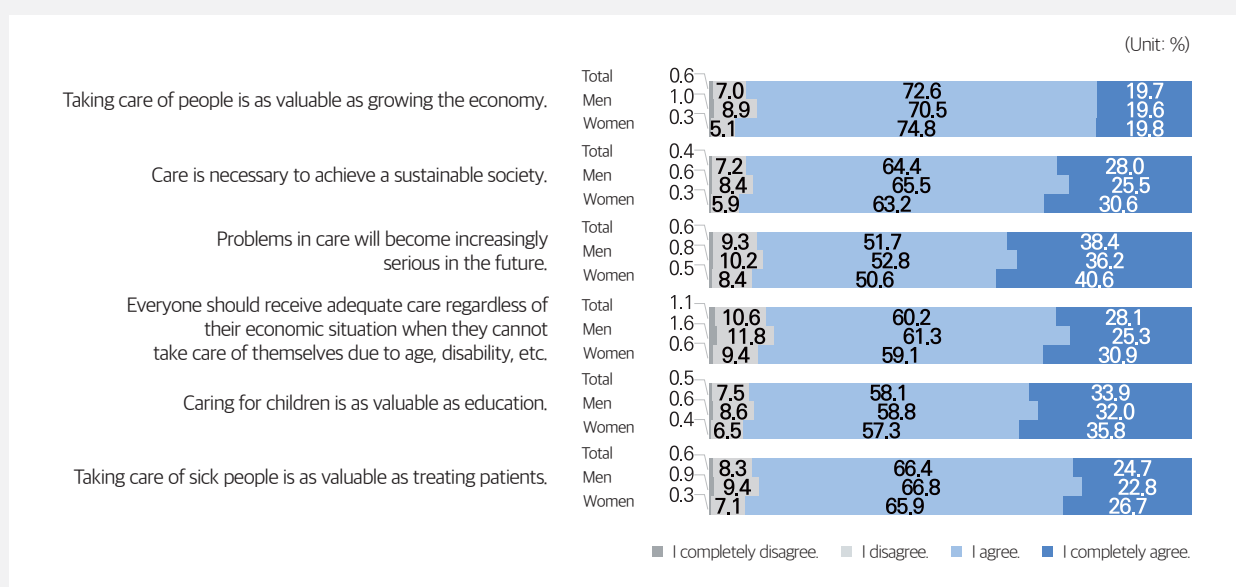


## The value and need of care

**(Awareness on the value of care)** A majority of the respondents reported that care was important from various angles.

- ▶ The study found that care was generally regarded as an important value in many aspects, including its contribution to social sustainability, universal rights, and so on.
- ▶ Although both men and women recognized care as an important value, women were more likely than men to appreciate the value and right of care.

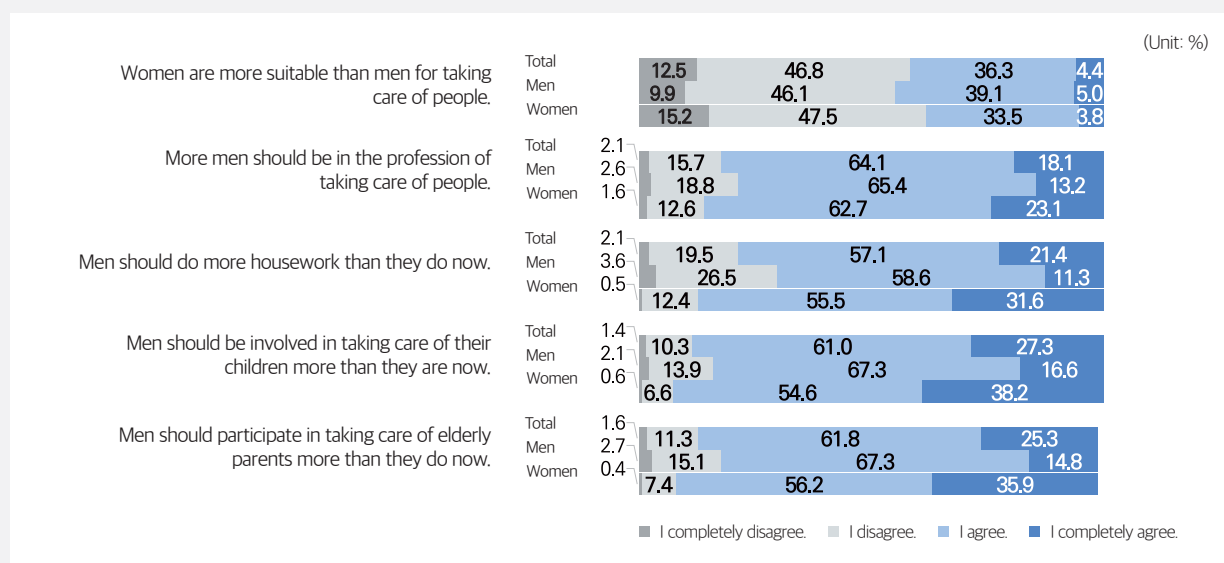
<Figure 4> The value and right of care



**(Perceptions on gender gaps in care work participation)** The respondents showed a high level of consensus on the need for men's participation in care for both public and private arenas involving their job selection, family life, and so on. The results indicated that gender role stereotypes surrounding care work have weakened considerably, and the majority of respondents reported that both men and women should participate in care.

- ▶ The respondents expressed an extremely high level of agreement on the need for improving gender segregation by care occupation. Only four out of ten respondents agreed that "Women are more suitable than men for taking care of people", but at least eight out of ten agreed that "More men should be in the profession of taking care of people". Also, eight out of ten respondents agreed that "Men should do more housework than they do now", and nine out of ten agreed that "Men should be involved in taking care of their children more than they are now" and "Men should participate in taking care of elderly parents more than they do now".
- ▶ The level of consensus was higher among women than men, but the consensus was also remarkably high among men.

<Figure 5> Gendered participation in care

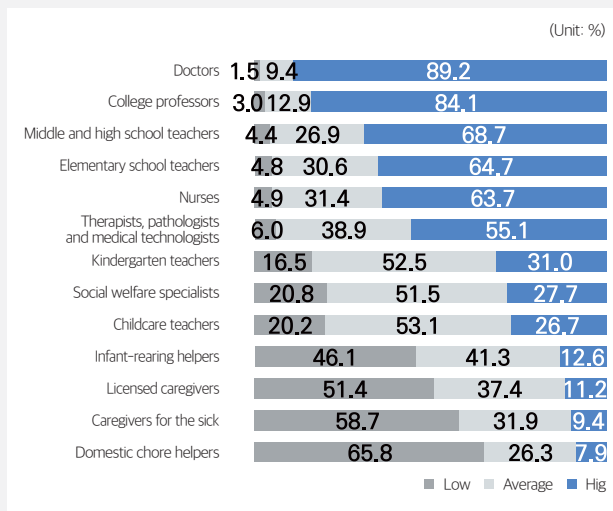


## Treatment and social status of care workers

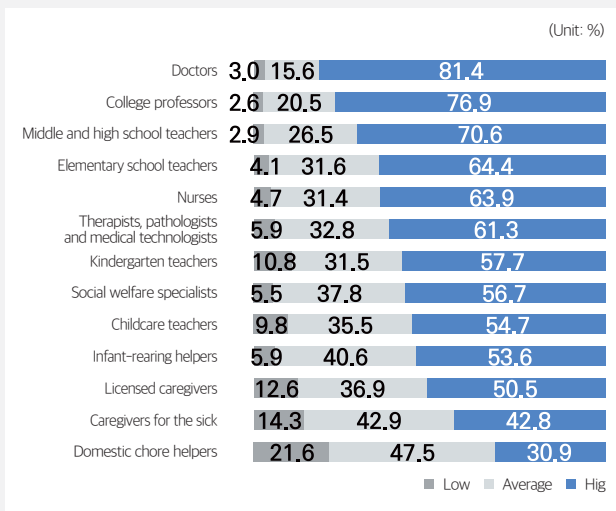
⦿ (Social status and social contribution/value by care profession) This study presented the respondents with a variety of care professions in the broad sense (e.g., health care and education, etc.) and care professions in the narrow sense, and asked the respondents to rate the social evaluation and social contribution/value of each profession. Overall, in terms of social status and social contribution/value, care occupations in the broad sense were rated higher than those in the narrow sense, but the differences in the ratings for their social contribution/value were not as great as the differences in their social status.

- ▶ In terms of social status, the social evaluations for care occupations in the narrow sense (e.g., childcare teachers, licensed caregivers, social welfare specialists, etc.) were lower than the evaluations for care occupations in the broad sense (e.g., nurses, doctors, elementary, middle and high school teachers, college professors, etc.).
- ▶ In terms of social contribution/value, the social contribution scores were somewhat lower for the care occupations in the narrow sense, which also had low ratings on social status, but their scores on contribution were considerably higher than their scores on status. Thus, there was a large gap between the ratings on their status and contribution.
- ▶ In terms of gender difference in the ratings, women gave higher scores on the social meaning and value of care occupations than men did.

<Figure 6> Ratings on the social status of care professions



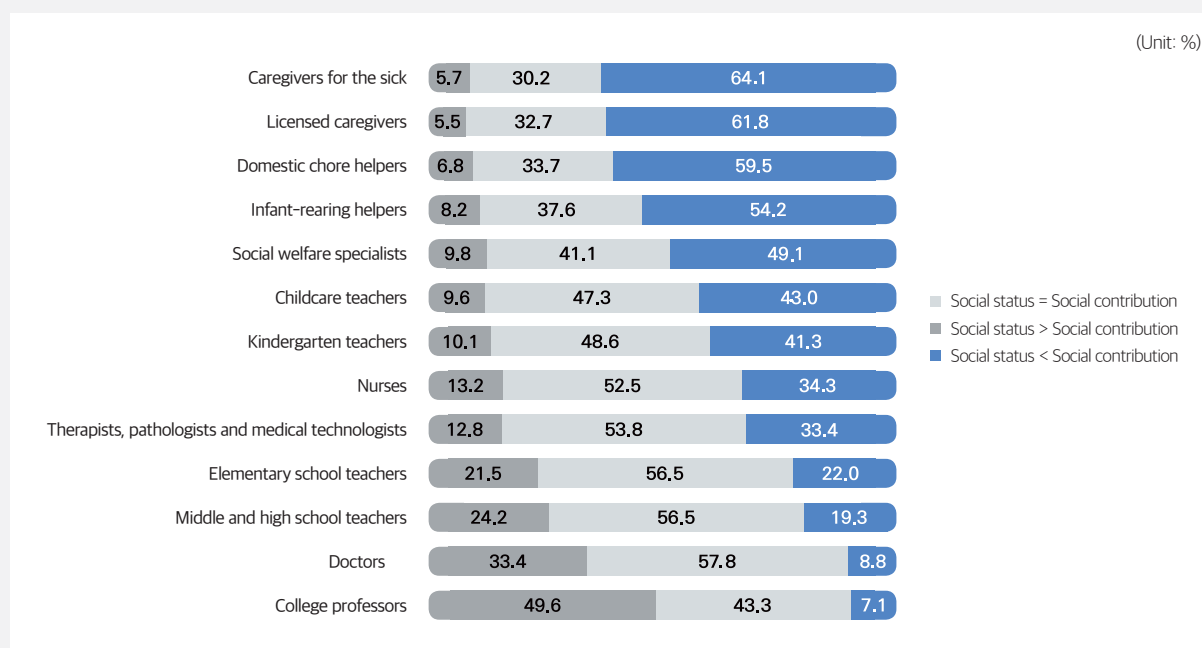
<Figure 7> Ratings on the social contribution/value of care professions



**(Difference between social status and social contribution/value by care profession)** The study examined the differences between social status and social contribution/value of care professions and found that the respondents commonly perceived that care work in the narrow sense did not receive sufficient professional recognition that matches their social contribution and value.

- The respondents perceived that care occupations in the broad sense (e.g., health and medical care, education, etc.) received social recognition that matches the social meaning and value of their work. In contrast, care occupations in the narrow sense (e.g., caregivers for the sick, licensed caregivers, domestic chore helpers, infant rearing helpers, etc.) were perceived as not receiving appropriate social recognition. Six out of ten respondents reported that caregivers for the sick, licensed caregivers, domestic chore helpers, and infant-rearing helpers had lower social status relative to their social contribution, and four out of ten respondents expressed that childcare teachers and kindergarten teachers had lower social status relative to their social contribution. By contrast, a majority of the responders reported that the highest-ranking occupations in the field of health and education (e.g., doctors, college professors, etc.) had higher social status relative to their social contribution.
- By gender, women were more likely than men to report that care work in the narrow sense did not receive adequate social recognition.

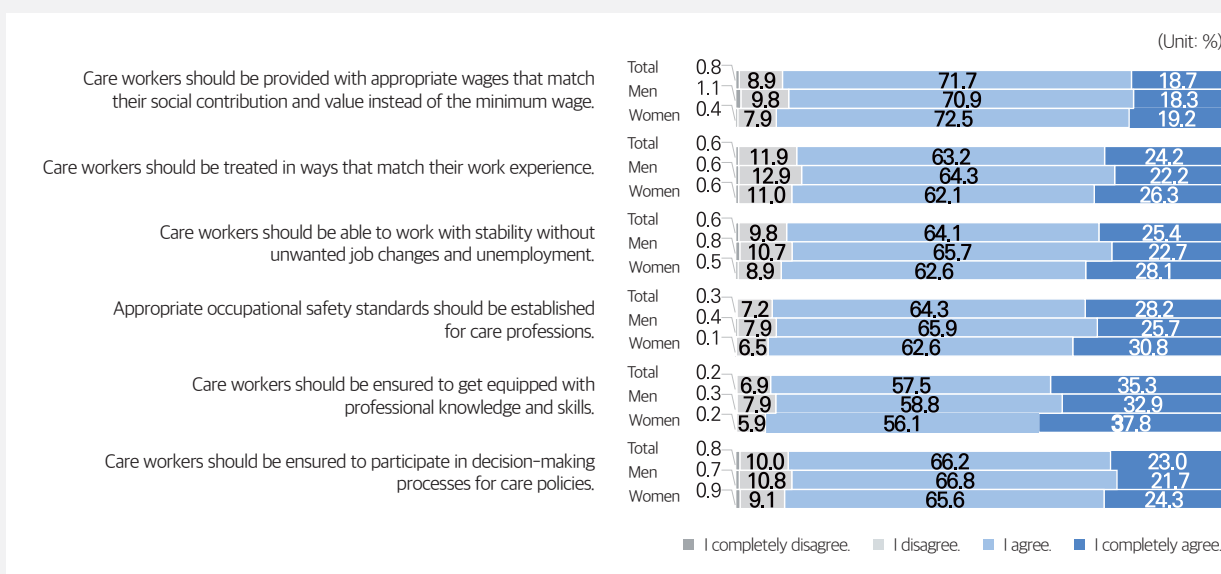
<Figure 8> Differences in ratings between the social status and social contribution of care work



🔵 (Improving the treatment of care workers) The consensus among the general public was that the treatment of care workers should improve overall.

- ▶ The respondents commonly reported that care workers should be guaranteed appropriate wages, career experience recognition, stability and safety, advancement of expertise, participation in policy-making processes, and so on.
- ▶ Women were more likely than men to perceive that improving the treatment of care workers was important.

<Figure 9> Improving the treatment of care workers



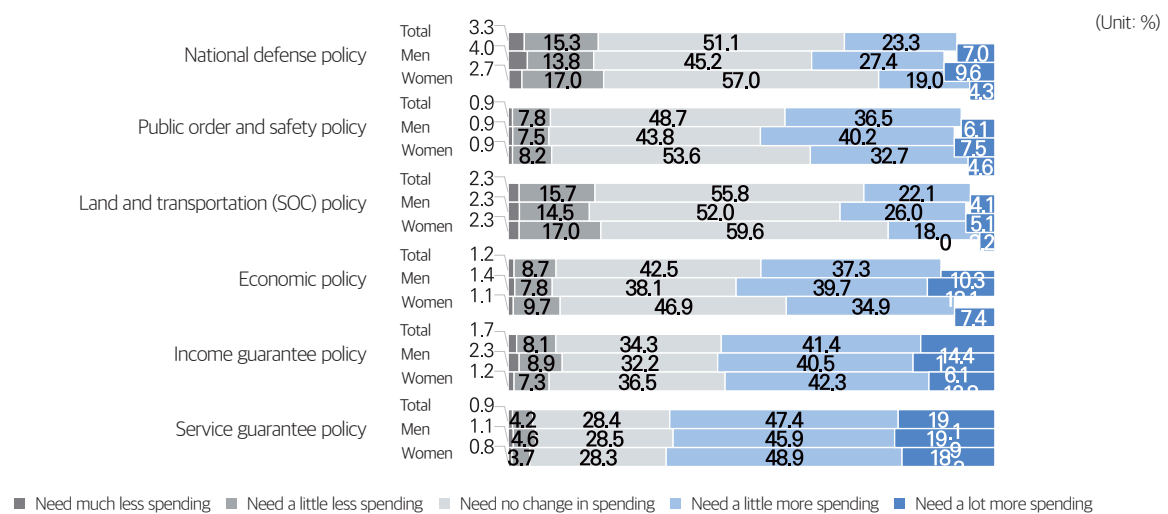


## Need for increased spending in social services including care

**(Opinions on increase in spending by policy area)** The respondents were asked about expansions in government spending for various areas such as public safety, economy, land and transportation, income guarantee, service guarantee, and so on. The highest consensus was seen on the need for increased spending in service guarantee.

- ▶ According to the survey on the need to increase or decrease government spending by policy area, the respondents reported a high level of agreement on the need to increase spending on service guarantee, followed by income guarantee, economic policy, public order and safety policy, national defense policy, and land and transportation (social overhead capital, SOC) policy.
- ▶ In other words, there was a high level of consensus on the need to spend on welfare policies, with at least a half of the respondents expressing the need. Overall, there was a higher level of agreement on the need for service guarantees than income guarantee.
- ▶ Women respondents in general showed a low level of agreement on the need to increase spending in national defense or land and transportation policies but a high level of agreement on the need to increase spending in welfare policies, especially service guarantee policies.

<Figure 10> Need for an increase or decrease in government spending



### Based on the results, this study suggests the following policy recommendations.

- ▶ It is essential to provide high-quality care services to reduce social anxiety about care.
  - According to the survey results, South Korean people experience widespread anxiety about whether they can receive proper care when they need it and whether they can properly take care of their family in need. The anxiety is pervasive despite the remarkable quantitative expansion in care services over the past 20 years, including the introduction of the long-term care insurance for the elderly, the institutionalization of free childcare, and so on. This indicates that qualitative improvement is required beyond the simple quantitative growth of care services. The general public's ratings on the quality of current care policy remain in the 50s out of a score of 100. Care services need to scale up and their quality should be upgraded to reduce anxiety about care.
- ▶ To improve the quality of care services, it is vital to reduce the gaps between occupations within the care labor market and adopt the “high-road strategy” for care jobs.
  - The results of this study revealed that care professions that have developed into professional occupations, such as those in health and education fields, were perceived as receiving appropriate social recognition that matches the social significance and value of their work. By contrast, care occupations that used to be provided without pay within families (e.g., long-term care, childcare) but only recently started to be offered from outside of families were perceived as not receiving proper social recognition. Care occupations in the narrow sense that are now provided from outside of families can increase their social standing and establish their paths towards becoming decent jobs by closing their gaps with the care professions that have acquired their status a long time ago as professional occupations (e.g., education, health). By providing quality care jobs, care needs will be satisfied and women's employment will be maintained. Through those jobs, stable financial resources can increase and this in turn will lead to a virtuous cycle of appropriate fiscal spending.
- ▶ Policy support should be expanded to reduce gender differences in both care professions and participation in care within families.
  - This study confirmed that gender role stereotypes surrounding care work have been considerably weakened, and there was a widespread perception that the division of labor by gender needs to be dismantled. Nevertheless, there was a general consensus on the social value of care. As the rigid set of values on care is gradually being destroyed, society needs an institutional mechanism that can translate these changes into actual care practice. It is imperative to expand policy support to facilitate a balance between work and care, and this can be done by improving the treatment of care occupations as professions, continuously reducing work hours while increasing flexibility to boost the participation of men in care within families, expanding paid family care leave, and so on.
- ▶ The government should increase financial investment in care services and reinforce national accountability.
  - The study revealed that there was a higher level of agreement on expanding the government spending on welfare policies compared to national defense or economic policies, and among welfare policies, there was overall a higher level of consensus on the need for spending on service guarantee policies compared to income guarantee policies, with about two-thirds of the respondents expressing the need. When considering the priorities of fiscal expenditure as well as its restrictions, future spending needs to reflect the fact that care service is the most acceptable area to obtain public approval.

## References

ILO (International Labour Office) (2018). *Care Work and Care Jobs for the Future of Decent Work*. Geneva: ILO.

England, P., Michelle B., Folbre, N. (2022). Wages of Virtue: The Relative Pay of Care Work. *Social Problems*, 49(4): 455–473.

### Related Ministries

- Low Birth Rate Response Division, Ageing Society Response Division, Presidential Committee on Ageing Society and Population Policy
- Division of Social Services Policy, Division of Childcare Policy, Division of Senior Policy, Division of Long-term Care Insurance Policy, Ministry of Health and Welfare
- Division of Family Policy, Division of Family Culture, Ministry of Gender Equality and Family
- Taskforce on Consolidation of Early Childhood Education and Care, Early Childhood Education Policy Division, After-school Care Program Policy Division, Ministry of Education