

CARE WORK AND THE ECONOMY

Advancing policy solutions with gender-aware macroeconomic models

THE QUALITATIVE METHODOLOGY AND SURVEY INSTRUMENTS: SOUTH KOREA FIELD WORK

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CWE-GAM METHODOLOGY REPORT

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THE CARE WORK AND THE ECONOMY (CWE-GAM) PROJECT

The Care Work and the Economy (CWE-GAM) Project strives to reduce gender gaps in economic outcomes and enhance gender equality by illuminating and properly valuing the broader economic and social contributions of caregivers and integrating care in macroeconomic policymaking toolkits. We work to provide policymakers, scholars, researchers and advocacy groups with gender-aware data, empirical evidence, and analytical tools needed to promote creative, gender-sensitive macroeconomic and social policy solutions. In this era of demographic shifts and economic change, innovative policy solutions to chronic public underinvestment in care provisioning and infrastructures and the constraints that care work places on women's life and employment choices are needed more than ever. Sustainable development requires gender-sensitive policy tools that integrate emerging understandings of care work and its connection with labor supply, and economic and welfare outcomes.

Find out more about the project at www.careworkeconomy.org.

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1. INTRODUCTION

The main goal of the Care Work and the Economy (CWE-GAM) project, on which this report is based, is to advance policy solutions with gender-aware macroeconomic models in the care economy. To achieve this goal, the main agenda given to Working Group 2 (Measuring and Understanding Care) was to understand and measure care in the South Korean context. The focus of the qualitative research team was, first of all, to provide useful care narratives based on the Korean context for Working Group 3 to make gender-aware care macroeconomic modelling possible. Secondly, a qualitative approach can be useful for future care research in other societal contexts outside of Korea. This paper is a part of the Group 2 report that outlines care research in South Korea using an in-depth interview method.

In line with previous studies on care emphasizing the need for a more unified approach to care policy (Folbre and Wright, 2012: 1), the qualitative research team of Group 2 has attempted to focus on two main fields of care work, that is, elderly care and child care, in the South Korean context. The theme of caring for the disabled is also considered important in care studies in terms of the agency of care recipients and their relationship with care providers. However, the topic encompasses a number of issues that should be considered in their own right. For example, more consideration should be given to the social discrimination against people with disabilities and medical or hospital circumstances. For this research, we focused on elderly and child care with the expectation that we could expand our scope according to the future development of the project. In addition, as the overall project focuses on the measurement of care economy, we should consider not only 'paid' care but also 'unpaid' care.

The main agenda of the qualitative research team is to promote a deeper understanding of the nature of care work and the well-being of caregivers. The important questions to be addressed from this qualitative field research are as follows:

- What is the basic situation on care provision like in Korea?
- What is the current policy on elderly care and childcare, and what policy improvements are needed?
- How should we understand the nature of care?
- With regards to unpaid and paid care work, what are the similarities or differences between the two types of work? Is it just a matter of money or is there any other factor that distinguishes the two types of labor?
- In Korea, care has been and still is being provided mainly by family members. Given this strong association of care as a family responsibility, what would be the most distinctive elements of care given by a family member as compared to those of care given by a third party?

2. RESEARCH AND PLANNING PROCESS

A. THE QUESTION OF 'WHO': WHO ARE WE GOING TO INTERVIEW?

From the beginning, the issue of 'who,' involved in the context of care, was one of the most important questions that we had borne in mind. In conducting the field research, the first thing that had to be addressed was finding and selecting who would be suitable for narrating the care context. This is not always the case, but in the case of a field research supported by a research grant, the scale or scope of the field survey is bound to be limited by financial considerations. Under the budget and time constraints of our project, the team figured that less than one hundred interview cases would be possible within the given period of one year. To consider people providing care to the elderly and children and to touch on both the unpaid and paid aspects of care provision, we came up with four groups: eldercare providers, eldercare recipients, childcare providers, and childcare recipients. We allotted roughly the same number of interview cases to the eldercare and childcare categories, as well as to the care provider and recipient categories, leading to about twenty-five interviewees for each group. In other words, the target study groups would consist of twenty-five eldercare providers, twenty-five eldercare recipients, twenty-five childcare providers, and twenty-five child care recipients.

We conducted a few pilot interviews after categorizing the survey subject into four groups and realized the problems of this categorization when we shared the initial stage findings during the 2018 Annual Meeting held in Berlin, Germany on October 21-23. Thanks to the comments particularly from Diane Elson and Susan Himmelweit during the meeting, the research team started to find a way to resolve the conundrum on the 'recipient' dimension of care, that is, how to incorporate the perspective of the care 'recipient.' However, a challenge was in how specifically the elderly or the child/baby could explain the important characteristics or aspects of care provision. For instance, an elderly with dementia or a two- year-old child was not considered sufficiently capable of explaining the experience of care. Also, we noticed that there was almost always a family member who was primarily responsible for caring for the subject. Hence, we came to the conclusion that in this project, it would be better to approach the family members for explaining the care situation and conditions of their elderly or their child.

Even then, this understanding led to another problem: that it may be inappropriate to call those family members who are taking care of their elderly (or child) as care "recipients." Some CWE-GAM researchers suggested labeling them as "care manager" or "facilitator of care provision." Keeping this issue in our mind and after continuously analyzing the interview materials, we found out that these family members were providing care, specifically, 'unpaid' care, within the family setting; understood the current care context; and were able to explain the problems/risks that care recipients faced.

Thus, we decided to continue our interview by categorizing them as family members who provide unpaid care to the elderly or children, who also know much detailed information about the care experience for the elderly or children. This was a different approach than what we had first aimed for, but twenty-five (25) cases were gathered as elderly care family member and twenty (20) cases were gathered as childcare family member. For the category of 'care recipients,' then, we actually interviewed 'unpaid family member care providers' for both the elderly and children, and tried to analyze how the family, as a unit, experiences the care situation.

A.1. UNPAID CHILDCARE AND ELDERLY CARE FAMILY MEMBER

For childcare, following the guideline of previous researches on childcare mostly done by semi-government organizations such as Korean Women's Development Institute (KWDI), Korea Labor Institute (KLI), and Korea Institute of Child Care and Education (KICCE), the team categorized childcare family compositions based on the age of children and only included families with children under age 10. The potential candidate among family members that could best explain the childcare situation, for example, the kind of services they utilize, the policies that they may agree on, and the best/worst aspects in childcare provision, would be a mother, a father or someone else who takes up most of the care responsibilities for the child. Since we could not include all possible instances given the limited number of in-depth interview cases, we needed to decide who would make the proper group of people that could best reveal the situation in detail. From this viewpoint, we decided to mostly interview mothers with child(ren) under age 10, but also tried to include as main interviewees, fathers and grandparents who knew about the childcare situation better than any other person.

As for elderly care, we decided to focus on the elderly age 65 or older who received Long Term Care Insurance (LTCI). We tried to conduct interviews balancing the number of cases of people with dementia, as well as the number of cases considering Activity Daily Living (ADL) or those with dementia, as well as the number of cases considering Instrumental Activity Daily Living (IADL) index limits. Eventually, we ended up with only several cases of elderly family with dementia patients, because for people with a mild degree or in earlier stages of dementia, the elder person her/himself and family members, and even the interviewers, were unsure of how to evaluate the elderly's condition, and this were conservative in categorizing the case as an elderly dementia.

In the elderly care situation, people involved in taking care of the elderly may come from diverse family relationship backgrounds such as a spouse, a son, a daughter-in-law, a nephew, an aunt,

etc. We considered that it is strategically advantageous to focus on significant groups rather than covering too much variety. Hence, we focused on spouses and adult children as the main interviewees; we also tried to make sure that interviewees could be chosen evenly based on gender, although we were aware that women take up a relatively large proportion of caregiving in the current care settings. While most of the family members who are taking care of their children live with their children, in the elderly care setting, the living arrangement of elderly recipient tends to be varied. Therefore, both the family members co-residing with the elderly and those who are not living together were included as interviewees.

A.2. PAID CARE PROVIDER, NON-FAMILY MEMBER

If care is to be viewed more clearly from the perspective of labor, it is necessary to look at the situation of care as paid work. We attempted to include paid care workers in both the elderly care and childcare categories. In terms of paid care work, the location where care is delivered and practiced can divide care into two types: at-home care and in-facility care.

In the elderly care setting, paid care workers are usually called LTCI-funded elderly caregivers, or **yoyangbohosa**, who work both at homes and institutions. There is another group of people who are mostly recruited from the Korean ethnic minority group, **Joseonjok**, referred to as **ganbyeongin**. What these care givers do is quite similar to what **yoyangbohosa** do as delivering paid care work, but these ganbyeongins are not included in the LTCI system, labeled and categorized differently due to their ethnic background. In order to understand the potential differences between the two groups in performing care work, we tried to arrange for interviews, with the few cases that we had, so to reflect these different settings.

Compared to the elderly care worker's situation, paid care workers involved in childcare, both home-based and facility-based, are situated in a somewhat different context, not only in title but also in working conditions. Home-based paid childcare workers belong to one of three main groups. One is under the public childcare frame and referred to as a government-sponsored **aidolbomi**, or a public child caregiver, and the other two groups are people mainly operating in private or for-profit contexts, such as baby-sitters working as at-home paid child caregivers and **deunghawon doumi**, a person who helps children commute between home and school and/or daycare center. The latter two groups of paid care workers are usually managed personally or on an individual level, thus difficult to be integrated into the public/formal childcare provision system. We have included people from all three groups in our survey scope for a comparative analysis of their working conditions. Facility-based paid care workers are called daycare center teachers, or **boyuggyeosa**, and are the main care workers in practice with a few after-school program teachers. We also included these groups of people to understand the situation of childcare in facility setting.

B. WHAT ARE WE GOING TO EXPLORE? MAIN THEMATIC

QUESTIONS FOR THE INTERVIEW

As we can agree that the question of whom to choose for research has been resolved to some extent, next important issue to consider is 'what' to search for. This search is directly related to the issue of identifying the nature and main characteristics of care and leads to the discussion of policy improvements given the current care situation in Korean society. Alongside the previously mentioned categories, we intend to present the research questions in two main areas: the current status/experience of family members' care and the situation of paid care workers. Specific research questions that we cover are listed below:

B.1. THEMATIC QUESTIONS FOR FAMILY CARE PROVIDERS

There are two key parts to address. The first is on the care situation of the elder person and the children receiving care. In this part of the interview, the important questions revolve around how the 'care arrangement' is chosen, by whom, why, how it was delivered to the elderly or children, and what are the results or how do the recipients evaluate the care provisions. The second part is on the situation of the family member him/herself involved in care providing.

Under this framework, the questions or points we want to emphasize are as follows:

On the care arrangement for the recipient (and his/her family):

- Why did the person become a care recipient? Since when, and how?
- Can you detail the context behind the care arrangement from the past leading up to the present?
- Evaluate the current care arrangement decision. Who gathers the information on care programs, and who makes the final decision?
- What is the family's inner dynamic with regards to care?
- How did the interviewee become the main person responsible for elderly care?
- How much does each care arrangement cost and how are the financial costs shared amongst the family members (sibling/ couple)? With whom is the burden shared?
- Can you explain any changes that you or any other family member had faced since you took part in the care work? For example, did anyone have to quit his/her job, or move in/out?
- Are you satisfied with the current care provision for the care recipient? How do you feel

- about the recipient's situation?
- Do you have any opinions on the care services (public or private) currently provided and are there any suggestions for policy improvement?
- In an emergency, how have you dealt with the situation?

On the situation of the unpaid care provider:

- Since when have you been involved in providing unpaid care for the care recipient?
- What is your unpaid care situation like?
- Do you experience any personal stress or difficulties when providing care?
- How are you feeling? Are you distressed, or happy?
- When you were feeling burdened, was there any attempt to change the situation? What were the results?
- Do you have any recommendations, suggestions or remarks on the services of care provision?
- What is your idea of care by a family member and care by a paid worker?

B.2. THEMATIC QUESTIONS FOR PAID CARE WORKERS

After reviewing the existing researches on care providers in South Korea, Group 2 figured out that quite a number of researches have already been done on several groups of care providers such as *yoyangbohosa* (LTCI-funded caregiver), *ganbyeongin* (caregiver for the sick), *boyuggyeosa* (daycare center teacher), and *aidolbomi* (public child caregiver), while not all together in a single project. Thus, for this research, Group 2 decided to focus not only on their paid care work situation but also on the potential overlapping unpaid care work situation for these care providers. We considered the situation in which paid care workers have their own family members who are in need of care at home. If this is the case, we would additionally explore the unpaid at-home care work setting of this type of paid care workers.

Therefore, questions for paid care workers also comprise of two parts: their paid care work situation and their unpaid care work situation at home. Under this framework, the questions or points we want to emphasize are as follows;

On the paid work situation

- Can you describe your work in detail (for example, your general understanding of the work, working conditions, daily routine, and relationships with co-workers, etc.)? How much do you get paid?
- Since when did you start this work?

- Can you tell us about your previous occupations or any volunteer works?
- How long have you been taking care of the care recipient(s)?
- How do you communicate with the recipient(s)?
- What is the relationship with the care recipient and/or family of the recipient like?
- When faced with a difficult situation, what is your coping strategy?
- Was there any occasion during which you were negligent of your care recipient because you were tired or sick?
- How would you consider or evaluate your work?
- How long do you think you can continue to work?
- Are you satisfied with the work?
- Do you have any recommendations to give to a person just about to start this work?
- Do you have any remarks to add regarding the care recipient(s), institution, and government policy, etc.?

Upon returning home

- Do you have someone who is in need of care?
- What is the work you do in terms of care?
- Are you the main provider of care?
- Compared to paid care work, can you tell the distinctions/similarity? (If the interviewee currently does not have a person who needs care at home, then the question can be modified to ask about the interviewee's past experience with unpaid care provided to her/his family).
- Have you considered yourself becoming a care recipient? Or have you ever been a care recipient?
- How do you compare the care you are providing as paid work to the care you are providing (or have received perhaps in childhood years) as unpaid family work?
- What do you think will happen when you become sick or are in need of care?

3. METHODOLOGY AND DATA GATHERING PROCESS

A. QUALITATIVE IN-DEPTH INTERVIEW METHOD

In order to examine the situation of care provision in the South Korean context, this research uses an in-depth interview methodology to focus more on the care history of people involved. The method we used in this research is unique compared to other usual in-depth interviews. An

in-depth interview is usually conducted in the form of asking questions and expecting answers or responses from interviewees. However, instead of utilizing this conventional format, our method in this research was to add on historical characteristics or an oral historical approach. The oral historical approach was added to understand the deeper meaning of personal experiences on care. In this method, active listening is more emphasized than in usual in-depth interviews, which means less of questioning and answering on care, but more of unobtrusive listening on the narrator's life story on care. This 'life story'-focused approach brings us to better understand care as a continuously recurring activity throughout one's life course and a necessary part of human existence.

The combined method intends on bringing together the less than a hundred individual stories on both elderly and child care to reveal the bigger picture of Koreans' attitudes or thoughts related to care. As the oral historical approach focuses on grasping the meaning embedded in the historical moments and narratives of people more-so than the ordinary question-and-answer style interview method, when gathering the data, our intention was to utilize this perspective to extract the historical meaning out of how thoughts, attitudes and/or behaviors on care have changed through the life course with age. Specifically, when interviewers hear about moments of agony, difficulty, or sufferings of caregivers while they were taking care of the elderly and/or the children, we can catch the meaning not only of the present time sequence, but also of their past timeline and future expectations, however vaguely.

B. INSTITUTIONAL REVIEW BOARD (IRB) PROCESS

Originally, this field research intended on including the points of view of both care recipients and care providers. However, we experienced a couple of obstacles in dealing with the IRB process and in finding a balance between elderly care and childcare. As mentioned in the previous chapter, care recipients of elderly care are mostly elders, who can be categorized as more or less a 'special group' when conducting human related research. The cases of childcare also fall under the 'special group' of people, requiring guardians or parents to sit together while we interview the children. Adding to that, our research questions that ask any sensitive questions related to private life, those revealing disease related facts, and etc, were not conducive to a 'speedy IRB review process,' not because our research was problematic but because our research subjects consisted of 'special groups' of people. We had to make compromises on our research questions to cut the IRB process time. Therefore, given the time constraint and need for a balance between elder care and childcare, we limited our research scope to family care members who know well enough to provide unpaid care work to her/his family members.

The team submitted the IRB proposal on March 19, 2018; the first ethical approval for the qualitative fieldwork part was granted on April 23, 2018 and the final approval, in conjunction

with the quantitative survey research, was granted from the Seoul National University IRB on September 6, 2018 (IRB No. 1804/003-002). The data collection was due approximately one year after the initial approval date, on April 22, 2019.

C. CONDUCTING INTERVIEWS

Keeping in mind the budget and capacity of the project, our research team decided to conduct about one hundred interviews in the given period. It meant approximately twenty five (25) in-depth interviews to be allotted to each category that were mentioned above. The in-depth interview process is very time consuming and requires a lot of human resources. The limited number of our team members led to invite outside assistance to cover the scale of interviews within the given time of less than a year. Hence, from the beginning of the project, we decided to receive assistance from Korea Gallup's qualitative research team.

Initially, there were five possible candidates proposed by Gallup to participate in the qualitative interviews, but after the first two joint pilot interviews led by our team, and upon hearing about our team's unique methodology, only two interviewers remained as the possible candidate for our field work. With three candidates dropping out, we sensed that our interviewers needed to fully understand our unique methodology and tried to convey that our interview methodology was different from existing in-depth interviews usually conducted in a question and answer setting through two rounds of interview methodology workshops. After the first workshop, interviewers from Gallup seemed to understand our methodology quite well, but when we received and carefully listened to their interview recordings, we realized that their understanding of the methodology was not sufficient. We had to hold another methodology workshop and after the second workshop, there was much improvement on the quality of their interviews and they were able to gather much richer information.

In this way, a total of five interviewers, three interviewers from our team, Hyuna Moon, Eunhye Kang, and Seung-Eun Cha, and two interviewers from Gallup, Myeong-Ok Baek and Geum-Ja Choi, conducted all the interviews. Data gathering took place from May 2018 until December 2018. The data gathering process includes searching and determining possible interview candidates, receiving contact information of the candidates, arranging interview dates, conducting the interviews, and gathering interview transcriptions. The interview began with some pilot cases in May and June 2018. After the first workshop held in July, an average of fifteen interviews were conducted every month until December, except the month of August. As August is a season for summer vacation and holidays in Korea, it was relatively easy to ask for interviews, especially for paid care workers who were on holidays. As a result, twenty-five cases of interviews were possible in August.

Thanks to the Gallup recruit team, organizing research members, two interviewers, and interview transcribers, we were able to finally gather all the audio files and written versions of data for ninety-six interviews. Altogether, ninety-six (96) interviews were conducted with forty-four (44) elderly care cases and fifty-one (51) childcare cases. Out of the ninety-six interviews, fifty-one (51) cases of paid care workers were gathered, including twenty (26) cases for elderly care and thirty-one (31) for childcare. Detailed information can be found in the [Appendix](#).

Basic data on the interviewees are provided in the table below, with participant IDs composed in four parts. The first letter indicates the team that conducted the interview: 'G' for Gallup and 'S' for our team. The two letters that follow indicate the category of interviewee: 'EP' for paid elderly care worker; 'CP' for paid childcare worker; 'EC' for elderly care providing family member; and 'CC' for child care providing family member. The four digits that follow denote the date of the interview in month-date format, and the last series of letters is a pseudonym identifying a particular interviewee. For example, the participant ID from the first column of Table 1 reads 'G-EP-01-0725,' which refers to an interview case conducted by Gallup on an elderly care paid worker on July 25 whose pseudonym is '01'.

Indeed, after the in-depth interview data gathering ended, the research team tried hard to analyze and find the meaning out of this considerable amount of data. Also, we planned to interview several cases from migrant wives in Korea who take care of children, a (disabled) husband, or an elderly mother-in-law. In the paid sector, there are some, though not many, foreign workers who participate in care sectors. However, while analyzing the data, we found that connecting the migrant family situation with care work conditions in Korea is neither simple nor easy. When we held an international conference for care workers, titled "Empowerment of Care Workers: Issues and Challenges," on February 25, 2019, we realized that the migrant issue is much more complicated, and that it was not easy to compare or combine it with other cases of care work in non-migrant Korean family settings. It means designing an interview for migrant families cannot extend from our project under the current research framework but needs a fresh and new views and plans. Therefore, we decided not to pursue even a few cases of the migrant family care work situation. Even if we were to succeed in conducting one or two interview cases, it will not give us meaningful results, as it is too small a number for grasping the full context. Drawing from this experience, we hope there would be another opportunity to research this theme of care; given the chance, we will definitely start to consider migrant family care situation in a relatively comparative perspective with the non-migrant family care situation.

4. DESCRIPTION OF THE INTERVIEWS

A. LISTS OF THE PARTICIPANTS BY CATEGORY

Below we provide a brief profile of interview participations based on their categories. Tables 1-4 present participants lists in order if paid elderly care workers, paid childcare workers, unpaid elderly care providing family member, and unpaid childcare providing family member. For the purpose of protecting the interviewees, names of the interviews were anonymized, generally by inserting pseudonyms chosen by the research teams.

Table 1. Elderly Care (Paid Worker)

Participant	Sex	Date of Birth	Type of Work
G-EP-01-0725	F	1958	LTC caregiver (in-home care)
G-EP-02-0725	M	1980	LTC nursing home / Nursing hospital
G-EP-03-0725	F	1961	LTC nursing home / Nursing hospital
G-EP-04-0726	F	1955	LTC caregiver (in-home care)
G-EP-05-0801	F	1955	Live-in caregiver (foreign national)
G-EP-06-0802	M	1960	LTC caregiver (in-home bathing care)
G-EP-07-0730	F	1961	LTC nursing home / Nursing hospital
G-EP-08-0806	M	1955	Senior day/night care center
G-EP-09-0806	F	1966	Senior day/night care center
G-EP-10-0806	F	1958	Senior day/night care center
G-EP-11-1029	F	1977	Unpaid in-home care (father)
G-EP-12-1101	M	1957	Unpaid in-home care (mother)
G-EP-13-1118	M	1959	LTC caregiver (in-home care)
G-EP-14-1125	F	1954	LTC residential nursing home
G-EP-15-1208	F	1954	Live-in caregiver (Korean national)

G-EP-16-1214	M	1949	LTC nursing home / Nursing hospital
S-EP-17-0710	F	1971	Live-in caregiver (foreign national)
S-EP-18-0811	F	1964	LTC caregiver (in-home care)
S-EP-19-0815	F	1948	Senior day/night care center
S-EP-20-0815	F	1951	LTC caregiver (in-home care)

Table 2. Childcare (Paid Worker)

Participant	Sex	Date of Birth	Type of Work
G-CP-01-0723	F	1952	Babysitter
G-CP-02-0802	F	1959	Babysitter
G-CP-03-0806	F	1993	Babysitter
G-CP-04-0810	F	1965	Public child caregiver (<i>Aidolbomi</i>)
G-CP-05-0731	F	1963	Babysitter
G-CP-06-0906	F	1964	Babysitter (helps with commuting)
G-CP-07-0913	F	1965	After-school childcare teacher
G-CP-08-0914	F	1975	Daycare center teacher
G-CP-09-0929	F	1972	After-school program teacher
G-CP-10-1004	F	1979	Babysitter (helps with commuting)
G-CP-11-1012	F	1979	After-school childcare teacher
G-CP-12-1024	F	1968	After-school childcare teacher
G-CP-13-1027	M	1994	Daycare center teacher
G-CP-14-1029	F	1960	Live-in nanny (foreign national)
G-CP-15-1205	F	1963	After-school childcare teacher
G-CP-16-1217	F	1978	Community childcare center teacher

G-CP-17-1203	F	1971	Public child caregiver (<i>Aidolbomi</i>)
G-CP-18-1211	F	1955	Live-in nanny (foreign national)
G-CP-19-0610	F	1976	Daycare center teacher
G-CP-20-1009	M	1987	After-school program teacher
S-CP-21-0707	F	1962	Babysitter (helps with commuting)
S-CP-22-0822	F	1967	Public child caregiver (<i>Aidolbomi</i>)
S-CP-23-0901	F	1976	Daycare center teacher
S-CP-24-0901	F	1965	Daycare center teacher
S-CP-25-0901	F	1963	Daycare center teacher
S-CP-26-0901	F	1973	Daycare center teacher

Table 3. Elderly Care (Family Member)

Participant	Sex	Date of Birth	Relationship Status with Care Recipient
G-EC-01-0801	F	1970	Children
G-EC-02-0806	F	1968	Children
G-EC-03-0809	F	1970	Children
G-EC-04-0823	F	1974	Children
G-EC-05-0823	F	1974	Children
G-EC-06-0906	F	1947	Spouse
G-EC-07-0914	F	1967	Daughter in-law/Children
G-EC-08-1002	M	1974	Children
G-EC-09-1012	F	1968	Children
G-EC-10-1029	F	1969	Children

G-EC-11-1104	M	1953	Children
G-EC-12-1129	F	1971	Children
G-EC-13-1109	F	1969	Children
G-EC-14-1117	M	1969	Children
G-EC-15-1201	M	1979	Children
G-EC-16-1205	F	1949	Spouse
G-EC-17-1219	F	1956	Children
G-EC-18-0605	F	1952	Daughter in-law
S-EC-19-0529	F	1968	Children
S-EC-20-0702	F	1968	Children
S-EC-21-0720	F	1966	Daughter in-law
S-EC-22-0724	F	1958	Children
S-EC-23-0724	M	1929	Spouse
S-EC-24-0906	F	1945	Spouse
S-EC-25-0906	F	1933	Spouse

Table 4. Childcare (Family Member)

Participant	Sex	Date of Birth	Earning Structure of Household
G-CC-01-0727	F	1981	Dual-earner household
G-CC-02-0807	F	1978	Dual-earner household
G-CC-03-0813	F	1982	Dual-earner household
G-CC-04-0823	M	1973	Dual-earner household
G-CC-05-0829	F	1985	Single-earner household
G-CC-06-0907	F	1988	Single-earner household
G-CC-07-0912	F	1977	Single-parent household

G-CC-08-0915	F	1988	Single-parent household
G-CC-09-1105	M	1979	Single-earner household
G-CC-10-1107	F	1985	Single-earner household
G-CC-11-1122	M	1988	Dual-earner household
G-CC-12-1125	F	1980	Dual-earner household
G-CC-13-1125	F	1983	Single-earner household
G-CC-14-1202	F	1983	Dual-earner household
G-CC-15-1128	F	1978	Single-earner household
G-CC-16-0605	F	1984	Dual-earner household
G-CC-17-1031	F	1979	Single-earner household
G-CC-18-1105	F	1984	Dual-earner household
S-CC-19-0704	F	1988	Dual-earner household
S-CC-20-0813	F	1977	Dual-earner household
G-CC-21-0803	F	1959	Grandparental care
G-CC-22-0807	F	1960	Grandparental care
G-CC-23-1026	F	1973	Unpaid in-home care
G-CC-24-1129	F	1972	Unpaid in-home care
G-CC-25-1216	M	1956	Grandparental care

B. SAMPLE OF INTERVIEW REPORT

Interview materials were first used to analyze elderly family care provider's situation, presented on July 1, 2019 at the Care Work Annual Meeting in Glasgow, and will be used for further researches. Below is a sample interview.

Topic	Caring for mother / Live together / Dementia
Date	May 29, 2018
Time	10:30 ~ 13:00

Location	Recipients' home, Seoul
Interviewer	Hyuna Moon
Interviewee	S-EC-19-0529

Participant Profile

Case-19, born in 1968, is 50 years old. She has a son and a daughter. They are both over 19 years old. One is attending college, and the other is studying for the college entrance exam. She is currently living with her children and her mother. As for siblings, she has one younger brother who is married. About ten years ago, Case-19's mother was diagnosed with dementia. Case-19's dad cared for her mom in the beginning, but her dad was also later diagnosed with Parkinson's disease. Case-19 thus decided to move into her parents' house to live together. It was by the time her first child entered middle school and her second child reached the upper grades in primary school. Her dad passed away four years ago, and she now looks after her mother. Her mother received LTC grade 3 in her initial stage.

When Case-19 found out that her parents were ill, she didn't think about passing the care duty to her brother. The siblings first considered making living arrangements so that each of them would live with one of their parents, for instance, Case-19 living with their dad and her brother living their mom, but their parents did not want this; they wanted to live together, not separately. Case-19 also felt that she ought to take care of her mother because of her ten years of experience living abroad, away from her parents. Case-19 has never thought that taking care of her frail parents is a son's or a daughter-in-law's duty. She didn't think it was her brother's duty to live with their parents and provide support. Nonetheless, her brother has taken up the role of financially supporting their parents. She says it was not negotiated but naturally happened – her brother also tried having their parents stay at her brother's house during weekends but it was always troublesome because he was not familiar with the situation, thus constantly calling up Case-19 for help. This weekday/weekend division of care duty did not work for them. Case-19's mother started going to the elderly daycare center from 2015, after her husband passed away in 2014. Her mother moved to a different center once because the center was located too far away from Case-19's place. Case-19's mother attended the first center for two years. When the center stopped running its shuttle bus to Case-19's house, Case-19 had to drive her mother to and from the center for a year. During that time, she had to hire a private caregiver who was responsible for driving Case-19's mother home in the evenings. This hired caregiver also prepared meals and did some simple house chores for Case-19. Case-19 paid her 1,000,000 KRW (about \$1,000 in USD) every month. Care-related expenses were covered with the help of her brother and totaled 2,000,000 KRW per month, which included the senior center fee of 300,000~400,000 KRW per month,

the caregiver's wage, other care services such as home-visit bathing service on weekends, food, medical bills and daily necessities such as diapers and etc. Case-19's own income was spent on her children's education and other living costs.

Description of Care Arrangement

Case-19's mother goes to the senior daycare center during the weekdays and receives a home-visit bathing service every Saturday morning. The current elderly care center runs a shuttle that arrives at Case-19's house at 8:20 am to pick up her mother and to ride her back home at 9 pm. Case-19's mother is using the center service fully, spending the whole day at the center. Case-19 takes care of her mother after 9 pm until she goes to bed. When her mother comes back home, Case-19 helps her take medicine and changes her clothes and diapers. Her mother sleeps before 10 pm. Case-19 said her mother usually gets home tired after engaging in a variety of programs and activities offered all day long at the center. Case-19 thinks of it as better than her mother staying at home and being bored.

Case-19 said the most difficult part in caring for her mother happens at night, when her mother wakes up due to defecation. Case-19 has to respond to it quickly; otherwise it becomes a long night, having to clean up the remains that will be all over the place. It got worse since last year and called for the most attention when caring for her mother. Nevertheless, Case-19 said her mother's situation of dementia is not too bad, considering that some people with dementia can be very aggressive and easily agitated. Case-19's mother is relatively well-behaved, but she has this stubbornness which makes it difficult for Case-19 to help her get washed and change her underwear for she finds these to be a shame. Case-19 said weekend care is tougher than weekday care because she needs to prepare food for every meal. The LTC-funded caregiver visits every Saturday to provide bath support, which is of great help, but Case-19 also needs to partake in the bathing assistance, requiring her presence.

Care Schedule

07:00	Case-19's mother wakes up.
07:00 ~	Case-19 helps her mother to brush teeth, wash face, dress up, comb hair, apply lotion, and eat breakfast
08:20	Mother takes the shuttle to go to the senior daycare center.

21:00

Mother comes home from the center

~ 22:00

Case-19 helps her mother take medicine and get ready for bed.

Care Cost & Thoughts

Case-19 said it was an overload of work for her when she started supporting her parents by living together, while also having to care for her two adolescent children and working for her job at the same time. She had suffered from depression during 2016-2017 due to the high stress of managing all of the above responsibilities. She had the help of psychiatric and medical treatments to overcome her depression.

Case-19 is thinking of sending her mother to the 24-hour nursing home as her health status is gradually deteriorating. Case-19 has applied for the institution for her mother's stay, but she faces a long waiting list which has more than 200 people ahead of her. Case-19 said the reason for such a long waiting list is because this is a public nursing home, which is believed to provide better quality care and facilities. Two years, she said, is what she thinks as the maximum number of years that she would be able to live with her mother if the current situation holds. But if it worsens, that is, if her mother's dementia symptoms get worse, Case-19 will also consider sending her mother to some other facility that provides lower quality care but is without a long waiting list. She said that she would have to set a deadline to her caregiving for her own sake. She does not want to spend the rest of her 50s trapped with the care duty to her mother. Her children are also old enough to be independent adults and she wants to start living her own life. She also feels she has done enough for her mother, her families and relatives all know it, and nobody will blame her for making this decision. Case-19 said because she is also a human, she needs to have her life and has the right to pursue it instead of sacrificing for her family.

5. CONCLUDING REMARKS

When we began our field work in South Korea, we had thought that asking about 'care' through in-depth interviews would be not too difficult, since we assumed that almost every adult, especially women in their middle ages, would have experienced at least one type of care experience, likely as a care receiver in their childhood or as a care provider for their child(ren) or

elderly parent(s). We had thought telling the story on such experiences should not be too hard. Moreover, ever since we started this care project, the mass media was reporting on public debates and discussions on the situation of care in Korea almost every other day, enough for us to be convinced that care has become a topic of everyone's interest. However, as we proceeded with our research, we have learned that while care does concern everybody, the experiences with care are very different depending on the settings in which people are positioned. Each individual context of care is very unique and special that to paint a general picture of the various situations with a single research was neither possible nor desirable.

The diverse care contexts that had to be taken into account required us to address, for instance, the differences between childcare versus eldercare, caring for a baby versus caring for a child in kindergarten, caring for a weak elderly versus caring for a dementia patient, and living together versus living apart with the care recipient. Trying to identify 'who' we are going to interview (who would be the right person to bring sufficient experience) and 'what to ask' in in depth interviews were additional challenges that we had to face in this project. We have tried our best to tackle the challenges, gathering a total of ninety six interviews, covering situations of both childcare and elderly care, and including the perspectives of both care providers (paid and unpaid) and care recipients, not to say that we have done enough.

For the time being, our data collection has been completed, and the research team evaluates the qualitative investigation to have been fairly successful. We are now trying to dig deeper into the four categories of care context, that is, paid childcare, paid eldercare, unpaid childcare by family, and unpaid eldercare by family, with hopes of better understanding the uniqueness/diversity as well as common/universal characteristics of care. What remains to be desired is a full-fledged research in terms of care recipients, especially with respect to the elderly; we also regret that we were unable to address the migrant family's care situation. Despite the limitations, owing to the lack of time and constraint posed by IRB procedures, we have learned valuable lessons from this qualitative data gathering process.

First, we found that family members, especially those who live with the elderly or child care recipients, take a role beyond that of an unpaid care provider who is just another family member. In this study, we analyzed care focusing on human relationships or interaction between individuals, in the conventional care giver receiver dyad. Through the interviews, we learned that care is not just a one-time event but a life-long process. And as human beings, we commonly share the experience of care, playing both the roles as a receiver and as a giver at some point in our lifetime. This means that we are capable of holding multiple perspectives on care and thinking about the different moral boundaries and ethical issues related to care. Therefore, we are considering a 'care history analysis' for our next project, which, by conceptualizing care in terms of the inter relationship or inter subjectivity not only between two individuals, but between the roles played by an individual at the same time or during different stages of one's life cycle, we

truly think it could be a useful approach to understand the current and, perhaps, future care situations in a more universal context.

Second, although it is still in the early stages of analysis, we were able to find out that not only the care giver and receiver but also a third actor needs to be included in the analysis of care. If we have 'someone nearby' to support and share the current care burden or responsibility, either in providing elderly care or childcare, the burden of care will be reduced and the care provider will find free or leisure time to take care of one's own self. Considering this situation and understanding the current difficulties with care work, maybe our next step could be extending the research to a community based care setting, moving beyond the one to one relationship in which one individual takes care of another individual to consider care dynamics involving many people, such as that wherein the community takes part in the care for one individual. Combining individual based care and community-based care could also be another interesting topic for us to explore in the future. Of course, besides the possible ideas for research just mentioned, there is considerable amount of data available for us with which to carry out further analysis, and our team will continue to yield fruitful results from this meaningful data we have gathered.

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APPENDIX

Sample Result for In-depth Interviews

Table 1. Elderly and Childcare Paid Care Workers (20 Eldercare + 31 Childcare): Total 51

Teachers	Nursing teacher (day care center)	Infant, toddler (Public/private)	1 male 6 Female #	7	# FGI interview included
	Community child care center/ Neighborhood child care center	From infant to school aged children (grade 1-3)	1 for available facility	1	
	Elementary school after-school care/ Elementary school after-school programs	School aged children (grade 1-6)	Full time/part time/temporary (including male volunteer if possible)	6	
	Subtotal			14	
In-home childcare provider	Public child caregiver (babysitter)	Pre-school aged children/ School aged children (grade 1-6)	1 Infant 1 Toddler 1 School aged children	3	- Consider recruiting 7 cases out of 12, who have family members in need of care in their household
	Babysitter	Pre-school aged children/ School aged children (grade 1-6)		4	
	Babysitter for drop-off and pick-up	Toddler/ School aged children (grade 1-6)		3	
	Live-in nanny (foreign national)	Toddler/ School aged children (grade 1-6)	1 for each	2	
	Grandparents	Toddler/ School aged children (grade 1-6)	1 for each (including grandfather)	3	
	Subtotal			15	
Unpaid	In-Home	Childcare for age 0-2(infant)	Family member who is taking care of child without external help or services 1 Childcare - Middle class 1 Childcare - Lower class	2	
Childcare Total				31	

Category	<u>Work Place</u> (Facility/ In-Home)	Characteristics of the Recipient	Interviewee	Sampling Number	Note*
Elderly care					
NLTCI-funded elderly caregiver (<u>yoanobohosa</u>)	NLTCI(National Long-Term Care Insurance)-funded nursing home (<u>yoanwon</u>) and/or nursing hospital	With grade for dementia/ With grade 1-4	2 Male 2 Female	4	- Consider recruiting at least 8 cases out of 13, who have family members in need of care in their household - Select people evenly considering elders' grade 1-4
	Senior day/night care center	With grade for dementia/ With grade 1-4	1 Male 3 Female	4	
	Specialized dementia day/night care center	With grade for dementia	Not available	0	
	NLTCI-funded residential nursing home/ Retirement home		1 for available facility	1	
	In-home service (in-home care service & in-home bathing service)		2 Male 4 Female	6	
	Subtotal			15	
Private caregiver for patients (<u>gaobveonsio</u>)	Working in the facilities	With grade for dementia/ With grade 1-4	2 Foreign national 1 Korean	0	- Consider recruiting 3 cases out of 6, who have family members in need of care in their household - Select people evenly considering the elders' grade 1-4
	Live-in		2 Foreign national 1 Korean	3	
	Subtotal			3	
Unpaid	In-Home	Elderly care/	Family member who is taking care of the elderly without external help or services 1 Eldercare - Middle class 1 Eldercare - Lower class	2	- Recruit family members without the NLTCI-funded elderly caregiver license
Elderly care Total				20	
Childcare					

* It is suggested 70% of the sample include the following caregivers: 1) Caregiver living with an elderly person (65 years or above) or a child (before higher education), 2) Caregiver living with someone who needs other care (e.g. disabled person), 3) Grandparents who take care of their grandchildren either live together or not.
 * Median income of 4,519,202 won as of 2018 (about \$4,000) is used as criteria for middle class, and classify the upper-middle class if their income is over the median income and the lower-middle class if less than the median income. The median income of each member in the household will be applied to this classification.