



CARE WORK AND THE ECONOMY

Advancing policy solutions with gender-aware macroeconomic models

CARE ARRANGEMENT AND ACTIVITIES IN SOUTH KOREA: AN ANALYSIS OF THE 2018 CARE WORK FAMILY SURVEY ON CHILDCARE AND ELDERCARE

Eunhye Kang, Seoul National University
Ki-Soo Eun, Seoul National University
Jiweon Jun, Center for Transnational Migration and Social Inclusion
Seung-Eun Cha, University of Suwon
Hyuna Moon, Seoul National University

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*Corresponding author email: haliek68@snu.ac.kr

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THE AUTHOR TEAM

EUNHYE KANG



Eunhye Kang is a doctoral student at Seoul National University, majoring in international studies with an emphasis on East Asia. Kang received her master's degree from the same school. For her master's thesis she analyzed the childcare and housework time of married women in regards to the composition of their children. She has written and presented papers at conferences on work-life balance, gender issues, and women's unpaid work.

KI-SOO EUN



Ki-Soo Eun is Professor of Sociology and Demography, and the Director at the Center for Transnational Migration and Social Inclusion (CTMS) at the Graduate School of International Studies (GSIS), Seoul National University. He received a PhD in sociology from the University of Pennsylvania. His research interests include: low fertility and aging, family history, family values, transnational migration, care and care work, time use study and quantitative method. Prof. Eun has led the *Comparative Asian Family Survey* (CAFS) project together with Prof. Emiko Ochiai of Kyoto University in Japan, which conducted family surveys in Thailand, Vietnam, Malaysia, India, Qatar and Turkey. Since 2017, he has been engaged in an international project on care economy (*CWE-GAM project*), representing the Korean team. He is in charge of KOICA Gender and Development Program at GSIS as the Program Manager. Prof. Eun is also an expert on time use research with publications and articles on work-life balance, time poverty, study time, and sleep. He leads comparative studies on time use across countries. Prof. Eun currently serves as Vice President of International Association for Time Use Research and a founder and current President of the Korean Association for Time Studies. He is President of the Population Association of Korea and the Korean Social History Association, as well as Vice President of the Korean Family Studies Association. At Seoul National University. He also serves as Vice Director at the *Kyujanggak* Institute for Korean Studies. Prof. Eun is a member of the Presidential Committee on Aging Society and Population Policy (PCASPP) in Korea.

JIWEON JUN



Jiweon Jun, DPhil, is a Senior Research Fellow at the Center for Transnational Migration and Social Inclusion (CTMS), Graduate School of International Studies, Seoul National University. Her research interests include: understanding the nature of care work; the structure of care work and inequalities among care workers; well-being in late life; work-life balance; low fertility and population ageing; changing patterns of time use across the life course; and multidimensional index. She was a Post-Doctoral Research Fellow with the Centre for Global Social Policy, University of Toronto and with the Centre for Time Use Research (CTUR), University of Oxford. She received her BA in Anthropology from Seoul National University, and her MSc and DPhil in Sociology from University of Oxford. Dr. Jun is a Chevening Scholar and a member of St. Cross College, University of Oxford.

SEUNG-EUN CHA



Seung-Eun Cha received her Ph.D. in Human Development and Family Studies from Seoul National University. Her doctoral dissertation dealt with examining the impact of the family role, as spouse and parent, on individual health experience, based on gender difference. After receiving her Ph.D. her research interests expanded to midlife development, life transition issues, and retirement issues. Currently Cha is working at the University of Suwon as an associate professor, using time use survey data to focus on the field of leisure, sleep, and time pressure. Cha has been involved in a research project that deals with sleep and health issues ("Sleeplessness in Korea"). Cha has published several papers dealing with time related stress, time pressure and time poverty. Her research paper 'Social acceleration vs. slowdown' in *Development and Society* (2017) tried to understand the time pressure trend during the past decade in Korean society and how time pressure experience diverge by social groups.

HYUNA MOON



Dr. Hyuna Moon received her Ph.D. in Political Science from the Academy of Korean Studies. After receiving her Ph.D. in political science, she expanded her interest to the field of feminism and NGO health movement. Based on her knowledge and experiences of Korean society/history and gender studies, she taught graduate courses on Korean studies as a lecturer at Seoul National University. Her research interests focus on the relationship between gender and various issues including migration, health, family, and division of labors. Related to the theme of care she wrote with her colleagues a book titled *Who Will Take Care of the Care Workers?* (2012, Hanul) (*in Korean*). Her book *Mothers also Want to Hand in their Resignation* (2012, Jisik Nomad) (*in Korean*) was written based on interviews with mothers in contemporary Korean society.

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I . Introduction

1. Purpose

The purpose of this report is to present a portrait of care arrangements and the characteristics of caregiving activities for children and the elderly in South Korea (hereafter, Korea). The findings are based on data collected from the Care Work Family Surveys conducted in 2018 in Korea as part of the Care Work Economy and Gender-Aware Macroeconomic Modelling for Policy Analysis (CWE-GAM) Project.⁶

This report focuses on presenting the different arrangements of childcare and eldercare managed within the family in Korea. By analyzing the answers collected from primary family caregivers for children and the elderly, this report attempts to shed light on who in the family is involved in childcare and eldercare and what care services outside the family are used along with family care. Despite the recent rapid expansion of the public care sector, informal family care still makes up a big portion of childcare and eldercare in South Korea. Mothers still choose to stay home for childbirth and childrearing, stepping out of the workforce (Ochiai et al., 2008, Min, 2012, Eun, 2018), and family members care for elders at home (Chang et al., 2006). This report thus aims to describe the circumstances of childcare and eldercare in Korea, providing a basis for understanding and improving the practices therein.

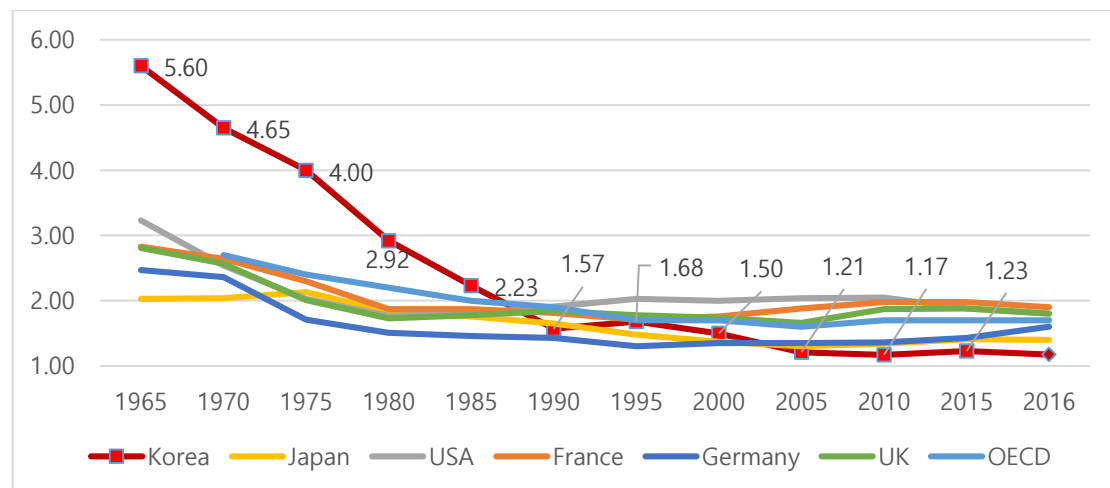
2. Background

A care crisis has arisen in Korea in the wake of compressed demographic shifts, increasing female workforce participation, and changes in the norms and values of family and care over the last decades. Childcare and eldercare, once regarded as typical of a women's role within the family, are now gaining greater recognition as a social responsibility (Lee, 2006; Baik, 2011; Shin, 2011; Choi et al., 2011; Kim, 2013). The birth rate has dramatically decreased while life expectancy has dramatically increased in Korea since the 1960s. The fertility rate fell below

⁶ Fieldwork for the project consisted of survey questionnaires and in-depth interviews. Four sets of surveys were developed to collect detailed information on care work, care arrangements for children and frail elderly, and the characteristics, caregiving activities, burdens, and well-being of caregivers in Korea. Two sets of surveys were given to paid care workers working in the area of childcare and eldercare, and two other sets of surveys were given to unpaid family care givers, also in childcare and eldercare. Time-use diaries were also collected from the paid care workers.

the sub-replacement rate in 1984 (1.74), continuing to fall before hitting 0.98 in 2018 (Statistics Korea). Korea became the first country ever in history to have a fertility rate below 1.0.⁷

<Figure 1> Fertility Rates in OECD Countries

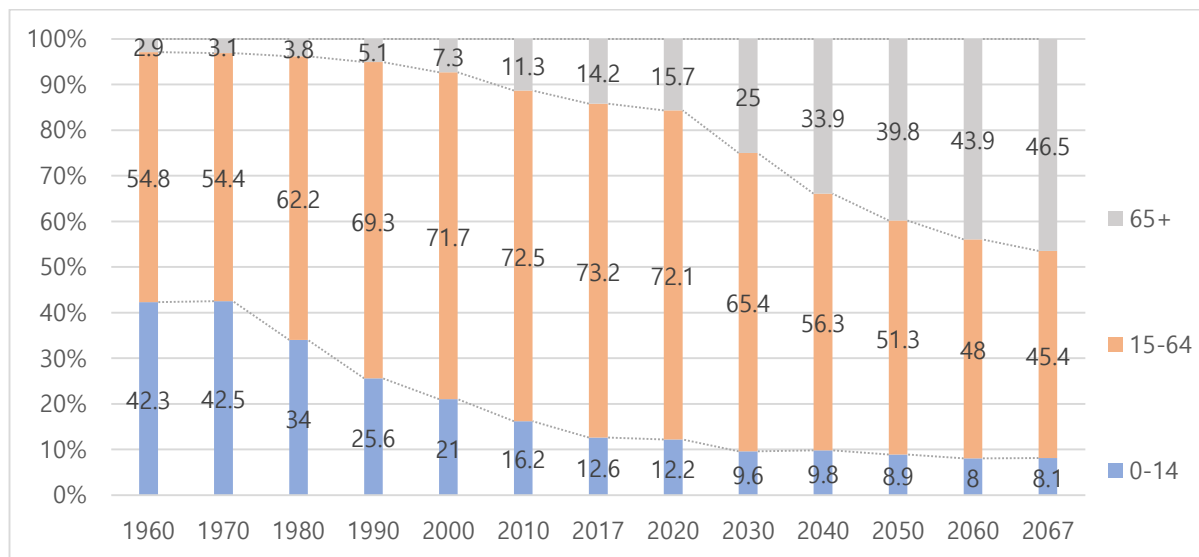


1) OECD (<http://data.oecd.org>).

Figure 1 shows the trends in total fertility rates of several OECD countries over the last 50 years. There has been a rapid drop in Korea's fertility rate in contrast to the gradually decreasing rates of the other countries. Meanwhile, with the number of elderly increasing, Korea officially became an aged society in 2017, meaning that more than 14% of the population is 65 years or older. Korea is projected to become a super-aged society by 2026 (Figure 2).

⁷ <https://www.theguardian.com/world/2018/sep/03/south-koreas-fertility-rate-set-to-hit-record-low>

<Figure 2> Changes in the Population of Korea by Age Group



1) Statistics Korea (2017). Data until 2017 is based on the Population and Housing Census. The years after 2017 are projections (medium). (<http://kosis.kr>).

Figure 2 shows Korea's rapid population aging. The population of the elderly reached 7,120,000 in 2017 (14.2%), just as the working-age population (15-64) began to shrink. Based on this trend, it is expected that almost half of Korea's population will be 65 or older by 2070. Table 1 compares the speed of Korea's population aging with respect to several other countries. The rapidity of Korea's population aging stands out at the global level, taking just 26 years (projected) to move from an aging to super-aged society. Population aging is a worldwide social phenomenon observable in both developed and developing countries (UN, 2015), but what makes Korea's population shift distinctive is its speed.

<Table 1> Population Aging in Seven Countries

	Aging Society (7%)	Transition period (years)	Aged Society (14%)	Transition period (years)	Super-aged Society (20%)
South Korea	2000	17	2017	9	2026
Japan	1970	24	1994	12	2005
China	2001	26	2027	9	2036
USA	1942	70	2012	16	2028
Germany	1932	40	1972	37	2009
France	1864	124	1988	29	2017
UK	1929	44	1973	50	2023

1) OECD. Historical population data and projections (1950-2050). (<http://stats.oecd.org>).

Such declining fertility rates and population aging epitomize the rapid demographic shift in Korea. The number of women in the labor force has increased over the past decades and family structures have become more diverse while the size of the family has become smaller. Norms with regard to care traditionally limited to informal sectors have diversified as society has changed.⁸ Demands for public childcare and eldercare have thus arisen (Kim, 2000; Chung et al., 2005; Gong, 2013).

The state has strived to strengthen the public care system. In fact, the quantitative expansion of governmental support to meet the need for care has been remarkable. National Long-Term Care (LTC) Insurance for the elderly was introduced in 2008, and daycare for children was made free of charge for all income levels in 2013, to provide just two examples. Yet many studies find that large segments of Korean society cling to the norm that childcare and eldercare provided by unpaid family members is the best practice, and unpaid family care is still widely practiced in contemporary Korea (Ochiai, 2009; Choi et al., 2012; Song, 2014; Choi et al., 2014; Lee et al., 2015; Song, 2016; Chung et al., 2017).

Looking after a child remains difficult despite this vast public expansion in childcare. Governmental policies have been strengthened to support family childcare through various channels in Korea, extending the range of services and period of benefit as well as financial support (An and Peng, 2016), but the norm that mothers serve as the primary childcare giver is still quite strong (Min, 2012; Song, 2011; An, 2012; Shin et al., 2014; Eun, 2018). Meanwhile, long work hours and a lack of family-friendly policies at work in Korea make parenthood even more challenging. How do Korean parents care for their children in these circumstances? Investigating the care arrangement of these families will serve as a basis for understanding childcare in Korea today.

With respect to eldercare, the implementation of a formal set of care policies has been relatively recent compared to childcare.⁹ Nevertheless, the introduction of LTC insurance signifies the expansion of welfare for the elderly from selective to universal provision (Seok, 2010). Despite the increasing number of LTC benefit recipients since 2008, however, studies show that frail elderly are still primarily taken care of by their family members (Jang et al., 2006; Park et al., 2008; Yang and Choi, 2013). Then who in the family is providing care for the elderly?

⁸ A report on the care work performed within the family highlights the prevalence of unpaid family care in Korea, both in childcare and eldercare (Kim et al., 2006), and a report in 2012 on the lives of the elderly reveals that unpaid family eldercare is still highly practiced (Chung et al., 2011). According to this report, the percentage of respondents who think eldercare is a personal responsibility has increased over the years. According to the Korean General Social Survey (KGSS, 2003-2007), while women's social participation is accepted, their role as primary homemaker within the family is also strongly espoused. (Kang, 2009).

⁹ The timing of the enactment of the laws pertaining to child and elderly welfare, respectively, is significant. The Elderly Welfare Act was enacted in 1981 and the Child Welfare Act was enacted in 1962.

Prior research reveals a diverse range of family members engaging in eldercare, making the care situation more complex (Chung et al., 2005, 2011). Investigating such dynamics in the provision of eldercare can help us understand eldercare in the Korean context.

In addition to delineating care arrangements, this report examines the nature of caregiving activities in terms of their type, frequency, and difficulty. Quantitative estimation of care work and exploring its nature is never easy. Care work entails a direct relationship between caregiver and recipient, a sincere emotional engagement (Folbre, 2012: 6). Yet, as Barnes (2012, p. 6) points out, caregiving in practice does not always mean such care. It is thus important to be aware of what caregiving looks like in different contexts and with respect to different relationships.

Despite the qualitative aspects of caregiving as such, measuring caregiving has been conducted in numerous previous studies, mostly through time diaries (Wang and Bianchi, 2008; Folbre and Bittman, 2004; Craig, 2006; Song, 2011; Lee, 2012; Lam and Garcia-Roman, 2017). While time diaries can help researchers to elaborate the specific activities involved in caregiving, measuring the effectiveness or level of difficulty of such activities remains a methodological constraint (Bolger et al., 2003). In this regard, a report on eldercare in the United States examined the duration and difficulties of caregiving activities (AARP, 2015). Similarly, the current report analyzes the type, frequency, and difficulty of caregiving activities by conceptualizing care in terms of an activity-oriented perspective, concentrating on the “carer’s caregiving to the recipient.” This is a nascent attempt to quantify and evaluate caregiving activities. Future research might compare the nature of caregiving situations not only between childcare and eldercare but unpaid and paid caregiving.

3. Methodology

1) Data and Sampling

This report is based on the Care Work Family Surveys on Childcare and Eldercare, two nationwide (excluding Jeju Island) surveys based on a proportional distribution by region and sex through a stratified cluster sampling method.¹⁰ The sampling was carried out with a focus on identifying care recipients due to the difficulty of identifying unpaid family care providers nationwide. The target population of the sample was set as children under age 10 and elderly

¹⁰ Refer to the Quantitative Methodology Report on Methodology and Survey Instruments in Fieldwork for Paid and Unpaid Care Work in Korea for more details (Jun et al., 2019).

over age 65, the most likely age range of care recipients. A set number of target households were allocated to each area based on the 2018 Register-based Census in Korea.

Mothers were selected for the sample of the childcare survey in searching for primary caregivers. The sample of the childcare survey included mothers of children under age 10 but was restricted to mothers with no more than three children under age 10.¹¹ The survey featured an initial question in this regard to screen for eligibility. Single mothers who gave birth out of wedlock and mothers who did not currently live with their children (living apart due to job, education, etc.) were also excluded.

The samples of the eldercare survey included those currently caring for a frail elderly person in their family on a regular basis. Since it was more difficult to identify primary family caregivers for the frail elderly, more detailed criteria questions were developed to screen for eligibility in the eldercare survey. Like the childcare survey, these questions were asked at the beginning of the survey interview. Respondents needed to currently live with and act as main caregiver for a frail elderly person aged 65 or older. If they did not live with but cared for an elder, they had to do so on a regular basis, involving at least three visits per week and two hours of care per visit. Eligible elderly care recipients were beneficiaries of LTC insurance or regular required assistance with Activities of Daily Living (ADL) or Instrumental Activities of Daily Living (IADL) due to a geriatric/chronic disease. The respondent (main caregiver) and elderly recipient had to live together or within the same region¹² if separately. The elderly in care facilities or nursing hospitals were excluded from the sampling.

2) Description of the Population of Frail Elderly

Care recipients in the eldercare survey were defined as those who depend on the regular assistance of others for living. In order to obtain a better understanding of the characteristics of this demographic in Korean society today, this section briefly reviews relevant statistics and studies. The frail elderly is often identified with the ADL/IADL index. Table 2 shows the increasing proportion of elderly who have difficulty performing ADL/IADL activities in their daily lives. The percentage of these elders has increased over the years, reaching 26% of the sample in 2017.

¹¹ Mothers with more than three children were included as long as no more than three children were under 10.

¹² The five major regions of Korea are as follows: Seoul (capital) and Gyeonggi Province. Chungcheong Province, Jeolla Province, North Gyeongsang Province; and South Gyeongsang Province. Jeju island is not included.

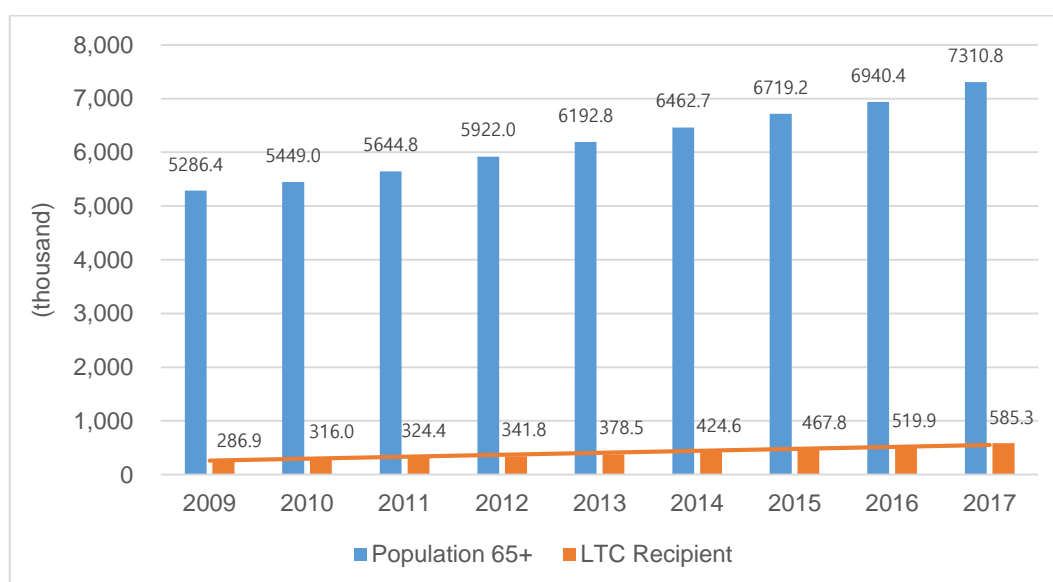
<Table 2> Increases in Population of Elderly Who Need Regular Help with Daily Living

	2011		2014		2017	
	N	%	N	%	N	%
Total	10,666	100.0	10,451	100.0	10,299	100.0
No limitation	9,077	85.1	8,549	81.8	7,693	74.7
IADL only	821	7.7	1,181	11.3	1,710	16.6
IADL +ADL	768	7.2	721	6.9	896	8.7

- 1) Survey of Living Conditions and Welfare Needs of Korean Older Persons. Ministry of Health and Welfare.
- 2) The question asked if respondents experienced difficulties with ADL or IADL during the survey periods.
- 3) Respondents who participated in this survey were 60 or older.

Statistics on LTC insurance also show an increasing number of LTC benefit recipients since its introduction in 2008 (Figure 3). The increasing number of LTC benefit recipients can be explained by the expansion of this service, but it also alludes to the rising size of the elderly population needing daily assistance in Korean society. The number of LTC benefit recipients doubled over the last 10 years, and the service utility rate increased from 5.4% in 2009 to eight percent in 2017 among those 65 or older. The estimated population of LTC benefit recipients in 2018 was 645,000, and this population is projected to reach 865,000 by 2022 (Health Insurance Review and Assessment Service, 2018).

<Figure 3> Growing Number of LTC Beneficiaries



<Table 3> Growing Number of LTC Beneficiaries

	2009	2010	2011	2012	2013	2014	2015	2016	2017
Population 65+	5,286,383	5,448,984	5,644,758	5,921,977	6,192,762	6,462,740	6,719,244	6,940,396	7,310,835
LTC Recipient	286,907	315,994	324,412	341,788	378,493	424,572	467,752	519,850	585,287
%	5.4	5.8	5.7	5.8	6.1	6.6	7.6	7.5	8.0

1) Health Insurance Review and Assessment Service (<http://opendata.hira.or.kr>)

When looking at the data on in-home care service and institutional care services, the number of recipients of home-visit care was 471,000 and institutional care about 200,000 in 2017 (Table 4). In-home care recipients made up more than twice the number of institutional care recipients and accounted for 6.5% of the elderly population (65 and older) in 2017. As mentioned above, the sample of our eldercare survey was limited to family caregivers currently caring for elders stay living at home and not institutionalized. The LTC benefit recipients in our survey were thus exclusively in-home care recipients.

<Table 4> Number of LTC Benefit Recipients by Type of Service

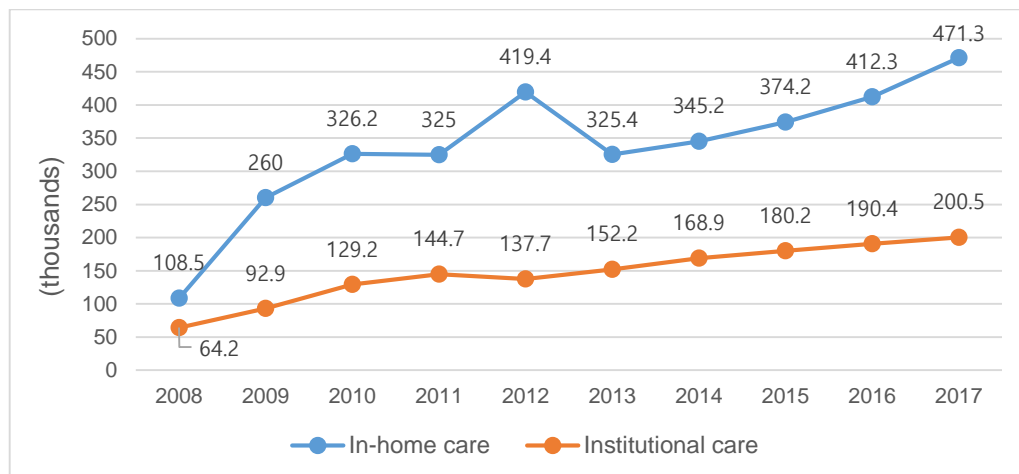
	2009	2010	2011	2012	2013	2014	2015	2016	2017
Population 65+	5,286,383	5,448,984	5,644,758	5,921,977	6,192,762	6,462,740	6,719,244	6,940,396	7,310,835
LTC Recipient	286,907	315,994	324,412	341,788	378,493	424,572	467,752	519,850	585,287
In-home care	259,811	326,186	325,090	419,441	325,427	345,158	374,156	412,286	471,351
Institutional care	929,08	129,161	144,698	157,735	152,248	168,924	180,157	189,374	200,475

1) Health Insurance Review and Assessment Service (<http://opendaa.hira.or.kr>)

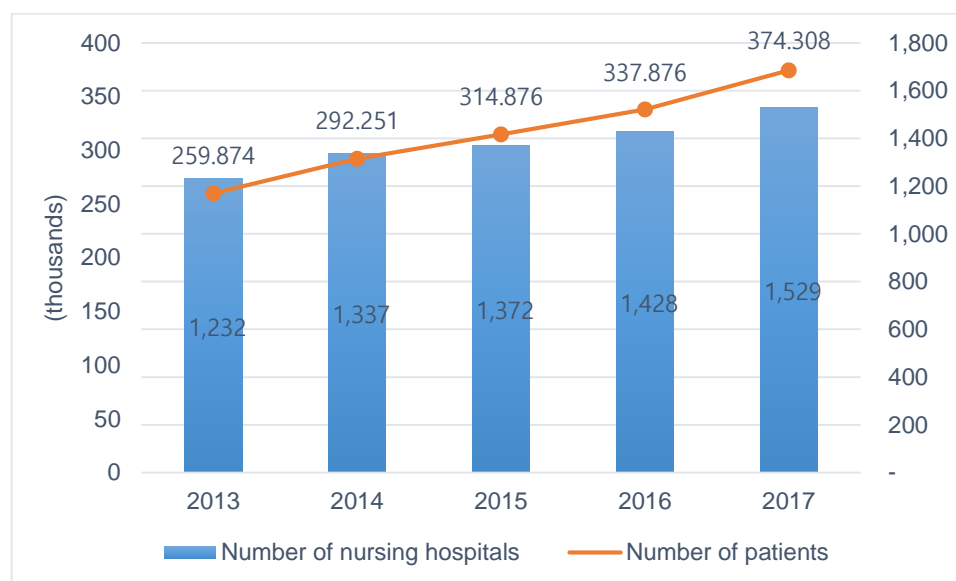
2) Institutional care includes LTC-funded care facilities where elderly live: Aged Care Facility (e.g., nursing home) and Senior Congregate Housing.

3) Overlapping cases were counted as one for the total estimation (LTC Recipient).

<Figure 4> Increases in Number of LTC Beneficiaries by In-home versus Institutional Care



<Figure 5> Increasing Number of Nursing Hospitals and Number of Patients



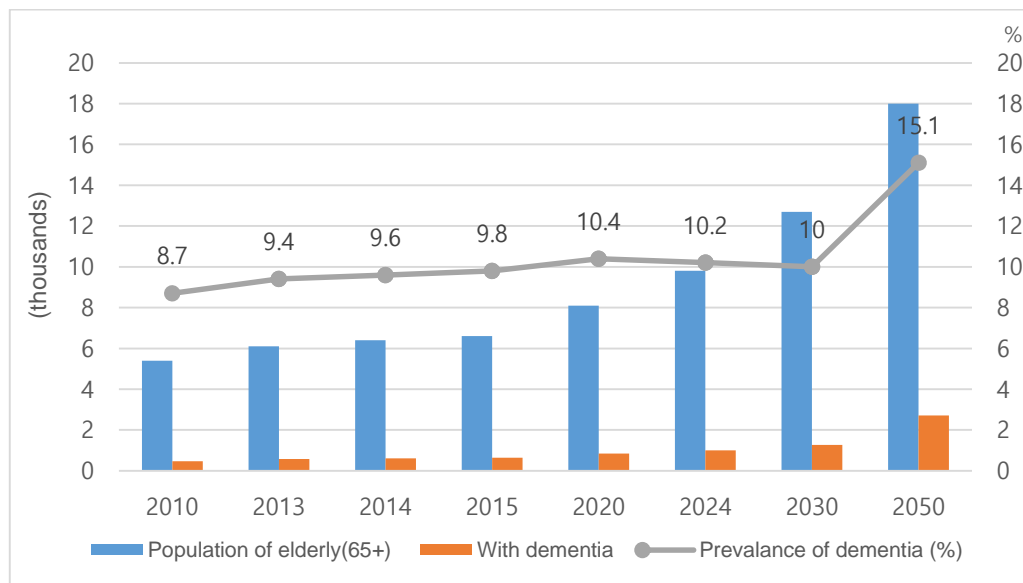
1) Health Insurance Review and Assessment Service (<http://opendata.hira.or.kr>)

Along with LTC-funded nursing homes, nursing hospitals also serve as a primary eldercare facility. Figure 6 shows the number of patients enrolled in nursing hospitals, live-in institutions for the elderly who need more intense health and medical assistance that are commonly LTC-funded. The numbers of facilities and facility users have increased over the past several years, with about 374,000 patients hospitalized in 2017.

The eldercare survey included only elderly recipients of In-home care (Table 4). Elders currently staying in LTC-funded institutions or nursing hospitals were excluded from the sample. Those who stay in institutions tend to be more severely ill or disabled. This does not necessarily mean the survey completely excluded elderly recipients of intense care; the only criteria was that the elderly recipients live at home.

Dementia, a health problem with significant health, economic, and social consequences, has become increasingly prevalent worldwide (Kim et al., 2014). This is an additional area where sharp attention is needed. Family caregivers for elderly with dementia carry a tremendous burden and suffer from a low quality of life (Brodaty and Donkin, 2009). According to the data (Figure 6), about one in ten elders in Korea was diagnosed with dementia as of 2015, a proportion projected to increase to 16.7% by 2060 (National Institution of Dementia, 2018).

<Figure 6> Prevalence of Dementia



1) Report on the Prevalence of Dementia (2013). Ministry of Health and Welfare and Seoul National University Bundang Hospital.

The current Korean government under President Moon Jae-in recently announced that dementia is a public matter (Ministry of Health and Welfare, 2017), and interest in and support for dementia are now extending to the societal level. As a growing body of literature consistently shows negative findings regarding caregivers taking care of family members with dementia, it is critical to recognize that Korea is facing a surge in elderly with dementia. As these studies have revealed, family caregivers who care for elders with dementia feel isolated, burdened, guilty, and fatigued (Lee, 1996; Chang et al., 2012; Kwon and Tae, 2014; Jang and Lee, 2017). More attention is thus needed to improve the quality of life and care of such caregivers.

3) Analysis of Caregiving Activities

The paper's primary significance can be found in its analysis of caregiving activities and arrangements for children and elders in Korea. The list of caregiving activities was developed on the basis of the ADL and IADL index.¹³ The module was designed to embed questions pertaining to the frequency and difficulty of each activity on the list. It included 14 activities as the main caregiving activities for both childcare and eldercare. The level of frequency was measured with six scales and the level of difficulty was measured with five scales. The survey

¹³ The lists of activities in ADL (Katz and Akpom, 1976) and IADL (Lawton and Brody, 1969) scales were adopted and revision of contexts was undertaken to access the caregiving activities for children.

questions regarding frequency and difficulty were as follows: “Please record how frequently you conducted the care activities listed in the following cards in the last month, and record how difficult (burdensome) the activities were.” This module allowed an analysis of which activities are habitually performed, how frequently these activities are performed, and which activities are more difficult to perform. Table 5 lists the 14 activities for eldercare. The same activities were used for childcare with appropriate adjustments.

<Table 5> List of Caregiving Activities in the Survey

Act1	Help dress/undress clothes or undergarments
Act2	Help to wash face, brushing teeth, shaving, cutting nails, etc.
Act3	Help enter/exit the bathroom, clean and dress after toilet use (including changing diapers)
Act4	Help take bath or shower
Act5	Change postures in bed or chair, help move around indoors
Act6	Help eat or drink
Act7	Prepare food and clean dishes
Act8	Housework (cleaning, laundry, organizing)
Act9	Help taking the right dosage of medication at set times
Act10	Transportation to and from hospital, picking up medication
Act11	Having a conversation or playing indoors (including reading books)
Act12	Watching TV or other media together
Act13	Taking a walk (including using wheelchairs)
Act14	Help with transportation (using public transportation, providing a ride in a car, commuting to/from nursing home, etc.)

Examining caregiving activities by frequency and difficulty will allow us to understand the nature of care work for children and the elderly, a subject that has barely been explored in previous research. The household surveys provide rich data on the different families’ care arrangements with respect to children and the elderly, arrangements that reflect various conditions. The surveys also provide valuable data on the kinds of caregiving activities involved in these arrangements. This data is analyzed in the following section. The key findings are then summarized in the conclusion. The findings of this report are expected to serve as a foundation in recognizing the current reality of care work in Korea, providing implications for policymaking that might enhance the value and practice of care work.

II. Care Arrangement and Activities: Eldercare

Respondents to the eldercare survey were unpaid caregivers for a frail elderly person in their family. The demographic and socio-economic characteristics of these respondents are described in Table 6.

<Table 6> General Characteristics of the Eldercare Providers (Respondents)

(n=501)

		Obs	%
Sex	Female	426	85.0
	Male	75	15.0
Age Group	30-39	13	2.6
	40-49	98	19.6
	50-59	230	45.8
	60+	160	32.0
Marital Status	With Spouse	454	90.5
	Without Spouse	47	9.5
Relationship with the Elder	Daughter-in-law	185	36.8
	Daughter	175	35.0
	Spouse	78	15.6
	Son	54	10.8
	Relative	5	1.0
	Sibling	2	0.4
	Son-in-law	1	0.2
	Grandchildren	1	0.2
Employment Status	Employed	147	29.4
	On Leave	5	1.0
	Unemployed but job searching	28	5.6
	Unemployed, not job searching	321	64.0
Level of Educational Attainment	No Education	9	1.7
	Primary School	32	6.5
	Middle School	59	11.8
	High School	308	61.6
	College	91	18.2
	Graduate School	1	0.2
Monthly Household Income	<200	65	16.0

(₩10,000)	200-400	184	36.7
	400-600	176	35.0
	>600	62	12.3
Monthly Household Expense (₩10,000)	<200	107	21.4
	200-400	307	61.3
	400-600	84	16.6
	>600	3	0.6
Type of Household Earning	Dual Income	101	20.2
	Single Male-income	276	55.1
	Single Female-income	35	7.0
	No Income	90	17.8
Number of Children under Age 10	0	481	96.0
	1	10	2.0
	2	10	2.0

Females dominated the family elderly caregivers in our survey, occupying 85% of the entire sample. The age of the family caregivers was quite high. About 46% of them were between the ages of 50 and 59, and 32% were 60 or older. The remainder were mostly between the ages of 40 and 49. While most of the respondents reported that they were married and currently living with their spouse, 47 respondents reported they were single (9.5%). In terms of the relationship to the elderly family member (care recipient), daughter-in-law was the most common relationship (36.9%), followed by daughter (35%), spouse (15.6%), and son (10.8%). Only 30% reported currently being employed, while 64% reported no intention to work. More than half of the respondents reported their level of educational attainment as high school (68.6%), followed by college (18.2%). Monthly household income lay mostly between 2,000,000 and 6,000,000 won, while monthly household expenses lay between 2,000,000 and 4,000,000 won. Single-income families accounted for half of the sample (55.1%), followed by dual-income families (20.2%). Given the older age range, few respondents had children under the age of 10 (4%).

<Table 7> General Characteristics of the Eldercare Recipients (Frail Elderly)

(n=501)

		Obs	%
Sex	Female	287	42.7
	Male	214	57.3
Age group	Less than 70	29	5.8
	70-74	61	12.2

	75-79	93	18.6
	80-84	121	24.2
	85-89	149	29.7
	More than 90	48	9.6
General Health Status	Good	52	10.5
	Bad	449	89.5
LTC Grade	Grade 1	4	0.8
	Grade 2	35	7.0
	Grade 3	86	17.2
	Grade 4	82	16.5
	Grade 5	74	14.7
	Grade for Dementia	10	2.0
	Other: type A, B, C	29	5.8
	No grade	180	36.0
Dementia	Mild	148	29.5
	Moderate	76	15.2
	Severe	4	0.8
	None	273	54.5

Table 7 shows the general characteristics of the care recipients in the survey, who are the frail elderly. Among the recipients, male elders made up 57.3% and female elders 42.7%. The average age was high: Most were over 70 years old. Roughly 54% were between 80 and 89 years old and 10% were 90 or older (9.6%). The general health status of the elderly was poor. Almost 90% reported their health status as bad. It was less than 60% who received a LTC grade. Grade 3 was most common (17.2%), followed by Grade 4 (16.5%) and Grade 5 (14.7%). Over 40% of the elderly did not receive the LTC insurance.¹⁴ About half of the elderly (45.5%) suffered from dementia, and most of them were diagnosed with a mild level (29.5%).

¹⁴ Elderly evaluated as LTC Grade 1 or 2 are more likely to receive institutional rather than LTC in-home care. This survey did not include elderly residing in a nursing home or nursing hospital, but only those receiving home-based care. The total number of LTC beneficiaries by grade in Korea are presented in the table below.

	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5	Total
N	43,382	79,853	196,167	223,884	42,001	585,287
%	7.4	13.6	33.5	38.3	7.2	100.0

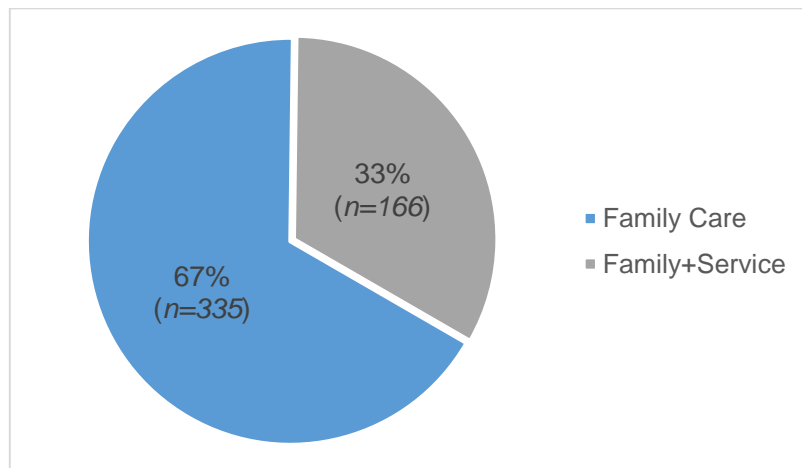
1) Source: Long Term Care Statistical Year Book 2017 Korea, National Health Insurance Service.

1. Care Arrangement

This report categorizes care arrangements in terms of whether or not respondents used external paid care services. The use of these services is an important part of family care arrangements. For various reasons, care provision performed outside the family has become vastly more prevalent over the last few decades. The type, duration, and financial burden of a care service vary with the caregiving situation of a family. In this sense, whether respondents used external care services or not was judged an appropriate indicator for distinguishing and comparing the caregiving situations of different families.

Care arrangements for the frail elderly can be more complex than those of childcare. Multiple family members with diverse patterns of caregiving can be involved in eldercare. The wide range of relationships between the respondents (the primary caregiver) and the elderly recipients in our data demonstrates such complexity. This section illustrates who provided eldercare in the family, the duration of their care, the external care services used alongside family care, and respondents' backgrounds as primary caregivers (e.g., the reason they became the primary giver, years of service, etc.). The analysis starts with the categorization of the care arrangements.

<Figure 7> Types of Eldercare Arrangement



It was found that 33% of the respondents used external care service for their frail elders. This means that taking care of the frail elderly was mostly kept within the family (i.e., not outsourced).

<Table 8> Main Reasons for Not Using External Eldercare Services

	Reason	Obs	%
1	The elderly person does not want to use a service.	116	34.6
2	We do not feel the need to use a service.	68	20.3
3	We think the family should take direct care of the elderly person.	68	20.3
4	The services are too expensive.	34	10.2
5	I did not know there are services I can use.	18	5.4
6	The services are not trustworthy.	14	4.2
7	There are no services that I can use.	14	4.2
8	Other	3	1.0
Total		335	100.0

The most frequent answer for not using an external care service was that the elderly recipients did not want to receive the service (34.6%). The next most common reasons were that respondents did not feel that an external care service was necessary or that elderly care should be kept within the family (20.3%, respectively). These results reflect the current perception of eldercare in Korean society. Using an external care service is not seen as the best choice by both the family caregivers and elderly care recipients.

<Table 9> Main Reasons for Using an External Eldercare Service

	Reason	Obs	%
1	Taking care of the elderly is too difficult physically and/or mentally.	67	40.4
2	It's not too expensive to use external services.	30	18.1
3	To gain more time to do other activities like work or studies.	25	15.1
4	To receive professional care service	18	10.8
5	To allow the elderly to socialize with other elderly people.	14	8.4
6	To gain some private time for leisure or rest	12	7.2
Total		166	100.0

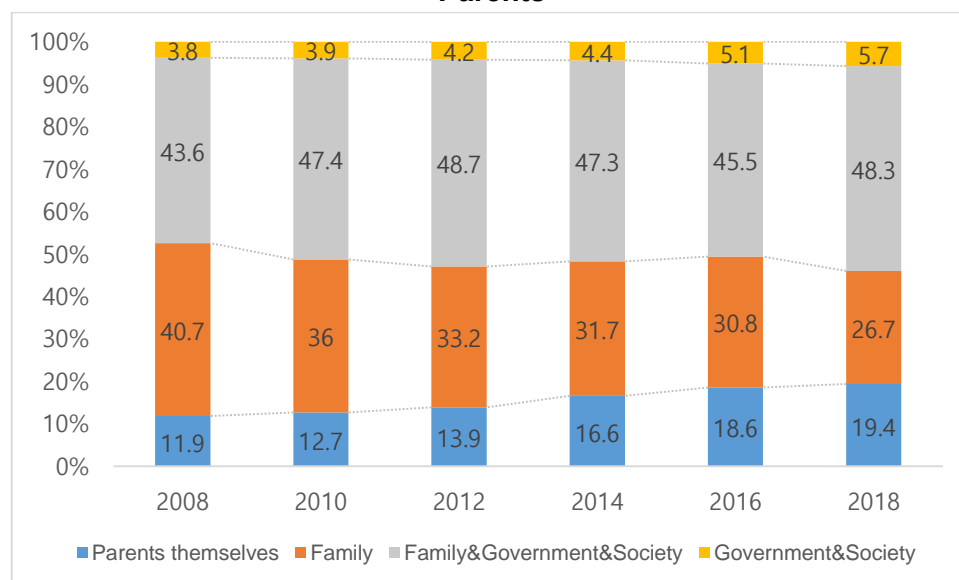
Table 9 shows the reasons for using an eldercare service. The most common reasons were that eldercare is too difficult physically and/or mentally (40.4%), the service cost is reasonable (18.1%), and by the need for time to do other activities (15%). The physical and mental burden of eldercare work was clearly the main reason the respondents used external

eldercare services.

1) The Providers of Care

Taking care of a frail elderly person has long been the primary responsibility of the family in Korea (Kim and Cho, 1991). But recent survey findings show changes in this perception. Figure 7 shows that, in addition to being a family duty, people also perceive supporting their elderly parents a burden to be shared with the government and society or to be taken on by the parents themselves (Statistics Korea, 2018).

<Figure 8> Changing Perceptions on the Responsibility to Support One's Elderly Parents



1) Source: Social Survey, 2018, Statistics Korea

However, despite this changing perception on the responsibility for elderly care, studies show that in practice family members still predominate as main caregivers for the elderly (Chung et al., 2017). As demonstrated in figure 8 pertaining to the types of care arrangements, unpaid family care for the elderly is a widespread practice, contradicting people's changing perceptions. The following sections describe various aspects of the experiences of these family caregivers.

(1) Family Care

a) Experience of Caregiving

If family care is the preferred type of care in practice, then understanding who it is that is performing this family care is fundamental to understanding eldercare in Korea. As shown in the general characteristics of the respondents in table 7, the eldercare givers in our sample were most commonly daughters-in-law and daughters. Spouses and sons followed next. Table 10 shows the living arrangements of the respondents by their relationship with the recipient. More than half of the respondents reported living together with the elderly recipient (62%, [310 out of 501]). All spouses and more than half of the sons and daughters-in-law were found to live with the elder. Daughters tended to care for the elder while living separately. Table 11 shows the number of years the respondents had cared for the elderly recipient.

<Table 10> Relationship Between Caregiver and Elderly Recipient by Living Arrangement

	Total		Live together		Live separately	
	Obs	%	Obs	%	Obs	%
Daughter-in-law	184	36.7	113	36.3	71	37.4
Daughter	174	35.0	81	26.1	93	49.0
Spouse	79	15.6	79	25.4	0	0.0
Son	55	11.0	36	11.6	19	10.0
Other relatives	5	1.0	0	0.0	5	2.6
Sibling	2	0.4	1	0.3	1	0.5
Son-in-law	1	0.2	0	0.0	1	0.5
Grandchildren	1	0.2	1	0.3	0	0.0
Total	501	100.0	310	100.0	191	100.0

According to Table 11, half of the respondents reported living with the elderly recipient for more than 15 years (53%). About 20% reported having lived with the elder for one to four years and 15% for five to nine years.

<Table 11> Number of Years Caregiver Has Lived with Elderly Recipient

	Obs	%
Less than 1 year	6	2.0
1-4 years	63	20.4
5-9 years	47	15.3
10-14 years	29	9.3
More than 15 years	165	53.0
Total	310	100.0

However, just because the respondents and the eldercare recipients had lived together for a number of years did not necessarily mean the elder had been the recipient of care for the same period of time. Table 12 shows the number of years the elder had been a care recipient.

<Table 12> Number of Years the Elder Has Been a Care Recipient

	Obs	%
Less than 1 year	21	4.2
1-4 years	285	56.9
5-9 years	148	29.5
10-14 years	36	7.2
More than 15 years	11	2.2
Total	501	100.0

The periods the elderly had been care recipients were relatively short compared to the periods of co-residence. More than half of respondents reported that the elder had received care for 1-4 years (57%) and the other 30% reported the elder had received care for the past 5-9 years. Those who had been receiving care for more than 10 years were low in number, making up just 10% of the eldercare recipients. The important point is that over half of the frail elderly in the entire sample were found to have received care for the last 1-4 years.

<Table 13> Number of Years the Respondent Has Cared for the Elder

	Obs	%
Less than 1 year	27	5.4
1-4 years	322	64.3
5-9 years	113	22.6
10-14 years	29	5.8
More than 15 years	10	2.0
Total	501	100.0

Table 13 shows the number of years respondents had taken care of the elder. Roughly 64% of the respondents reported caring for the elderly for the last 1-4 years, and 22.6% reported 5-9 years. It can be inferred from Table 12 and Table 13 that many of the respondents had cared for the eldercare recipients since they had begun to require care.

<Table 14> Whether the Respondent was the Initial Main Carer

	Yes		No		Total	
	Obs	%	Obs	%	Obs	%
Daughter-in-law	148	80.3	36	19.7	185	100.0
Daughter	118	67.3	57	32.7	175	100.0
Spouse	78	100.0	0	0	78	100.0
Son	46	85.6	8	14.4	54	100.0
Other relatives	2	39.8	3	60.2	5	100.0
Sibling	0	0	2	100.0	2	100.0
Son-in-law	1	100.0	0	0	1	100.0
Grandchildren	1	100.0	0	0	1	100.0
Total	395	78.7	106	21.3	501	100.0

1) Numbers may not add to 100 due to rounding

In fact, almost eight out of ten respondents reported they had served as the initial main giver. All of the elderly recipient's spouses reported having been the main carer from the start, and most of sons and daughters-in-law reported the same (more than 80%). The proportion of daughters who had served as the main carer since the beginning was smaller than that of sons (67.3% versus 85.6%).

<Table 15> Whether the Respondent is a "Family Elderly Care Worker"

Q23. Are you currently a 'family elderly care worker'?

Q23-1. If you are a family elderly care worker, which of the following applies to you?

	Yes, I am a family elderly care worker				No, I am not		Total	
	Only take care of family		Also work in other jobs					
	Obs	%	Obs	%	Obs	%	Obs	%
Spouse	7	20.0	0	0	72	15.5	79	15.8
Daughter	14	40.0	1	50.0	159	34.3	173	34.6
Son	1	3.0	1	50.0	53	11.4	55	11.0
Daughter-in-law	12	34.0	0	0	172	37.1	184	36.8
Son-in-law	0	0	0	0	1	0.2	1	0.2
Grandchildren	0	0	0	0	1	0.2	1	0.2
Sibling	0	0	0	0	2	0.4	2	0.4
Other relatives	1	3.0	0	0	4	0.9	5	1.0
Total	35	100.0	2	100.0	464	100.0	501	100.0

The national LTC insurance in Korea allows LTC elderly care workers to serve their own family members.¹⁵ However, very few respondents in our survey were found to be family elderly care workers (only 7.4% [37/501]). The respondents who were elderly care workers reported not working other jobs. The Elderly care workers were most commonly daughters and daughters-in-law, followed by spouses.

<Table 16> Reason for Having Become the Main Eldercare Giver

Q10. Why did you become the elderly person's main caregiver? Please choose two reasons in order of relevance.

Reason		Obs	%
1	I have been living with the elderly family member	169	17.5
2	I (or my spouse) am the first child of the elderly family member	143	14.9
3	All other family members work, so I am the only available person to take care of the elderly family member.	130	13.5
4	The elderly family member wants me to take care of him/her.	125	13.0
5	I live nearest to the elderly family member	121	12.5
6	Because I feel the most comfortable giving the care myself.	115	11.9
7	In order not to bother other family members.	54	5.6
8	I am the elder's only family member	46	4.7
9	Because I love the elderly family member	39	4.1
10	Because I am able to provide the best care for the elderly family member	19	2.0
11	Other	3	0.3
Total		964	100.0

1) The observations represent the total sums of the reasons chosen by the respondents without differentiating between those chosen as "first" or "second" reasons. 463 out of 501 respondents chose two reasons.

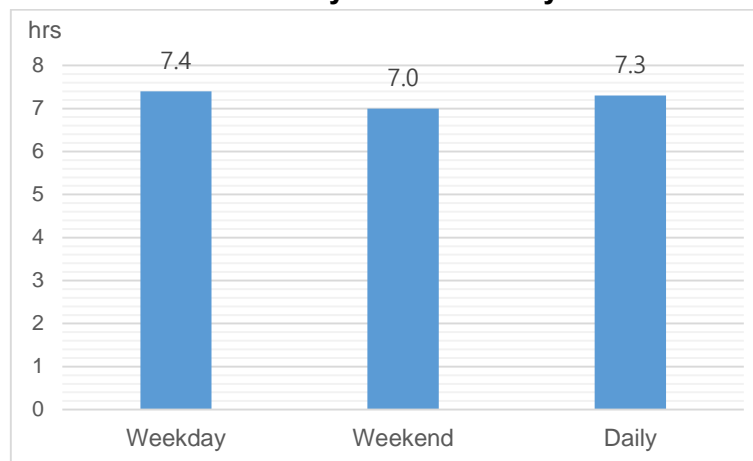
The main reasons that respondents became the main carer of the elder are shown in Table 16. Living together was the most common answer (17.5%). Being the first child and available for providing care were also frequently reported. Next were personal desire and proximity. The least common answers were that the respondent cared out of love (4.1%) or was able to best care for the elder (2%). Living arrangement and birth order among siblings appeared crucial in determining who became the primary caregiver.

¹⁵ Family elderly care workers did not exist when the LTC program was founded but were created later through a special provision. At first, they were paid the same as normal elderly care workers, but beginning in 2011 family elderly care workers became payable for only 60 minutes per day, 20 days per month (Yang, 2013).

b) Hours of Eldercare among Respondents and Their Spouses

The previous section described the caregiving experiences of respondents. In this section, the findings show the amount of time respondents and other family members spent on performing care.

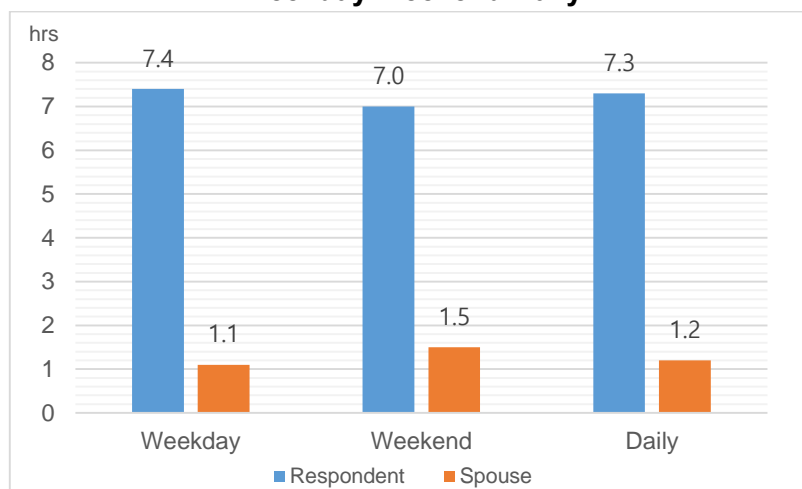
<Figure 9> Respondents' Average Hours Spent in Eldercare by Weekday/Weekend/Daily



Respondents reported that on average they took care of the elder for 7.4 hours a day during the week and seven hours a day during the weekend (Figure 9). Their hours of care decreased during the weekend, but on average they spent 7.3 hours daily taking care of the elder. It is clear that the respondents spent a considerable amount of time on eldercare as part of their daily life.

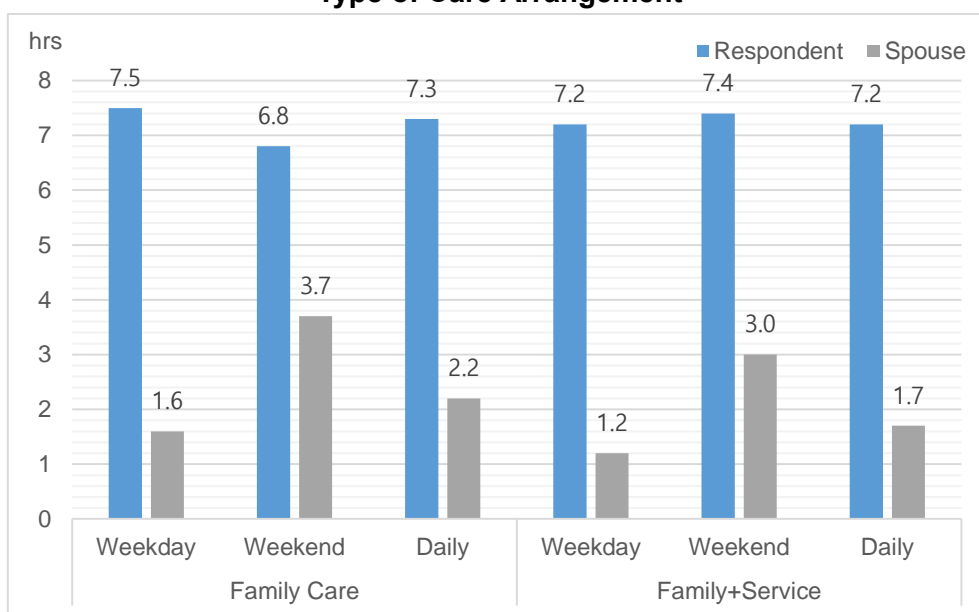
Figure 10 shows the hours the respondents' spouses spent in taking care of the elder. Compared to the respondents who served as main elderly caregiver, the spouses spent significantly less hours caring for the elder: six hours less per day on average. Although the spouses were also family members, their time devoted to caring for the elder was minor in comparison to their partners who were the primary caregivers.

<Figure 10> Respondents and their Spouses' Average Hours Spent in Eldercare by Weekday/Weekend/Daily



1) The total number of spouses was not equal to the number of respondents. Respondents without spouses to assist with care included 78 respondents who took care of their spouses as a care recipient and 48 respondents who were single. The total number of spouses in the analysis was 375.

<Figure 11> Respondents and their Spouses' Average Hours Spent in Eldercare by Type of Care Arrangement



<Table 17> Respondents and their Spouses' Average Hours Spent in Eldercare by Type of Care Arrangement

		Family Care (n=335)		Family + Service (n=166)		t
		Mean	SD	Mean	SD	
Respondent	Weekday	7.5	4.2	7.2	3.5	-0.72

	Weekend	6.8	4.7	7.4	4.4	1.23
	Daily	7.3	4.2	7.2	3.6	-0.11
		Family Care (<i>n</i> =245)		Family + Service (<i>n</i> =130)		<i>t</i>
		Mean	SD	Mean	SD	
Spouse	Weekday	1.6	1.0	1.2	1.0	-1.31
	Weekend	3.7	2.7	3.0	2.6	1.34
	Daily	2.2	1.3	1.7	1.3	-0.48

* $p < .05$ ** $p < .01$ *** $p < .001$

1) Among the 335 respondents who did not use external care services, 56 respondents were taking care of their spouse and 34 respondents did not have a spouse. The total number of spouses in the analysis of the amount of time spent in eldercare in this table is therefore 245 (335 – 56 – 34). Among the 166 respondents who used external care services, 22 respondents were taking care of their spouse and 14 respondents did not have spouses. The total number of spouses was thus 130 (166 – 22 – 14).

Figure 11 shows the difference in the average hours spent in eldercare by the respondents and their spouses with regard to their use of external care services. To our surprise, using external care services was not found to influence the time respondents spent in taking care of the elder. The time spouses spent in eldercare decreased when paid care was provided, but the difference was not statistically significant. Given that the top reason for using external care services was to alleviate the physical and mental burden of eldercare (as shown in the previous section), it is possible to infer that respondents with a heavier caregiving burden were more likely to use paid care services.

<Figure 12> Respondents and their Spouses' Average Hours Spent in Eldercare per Day by Type of Relationship

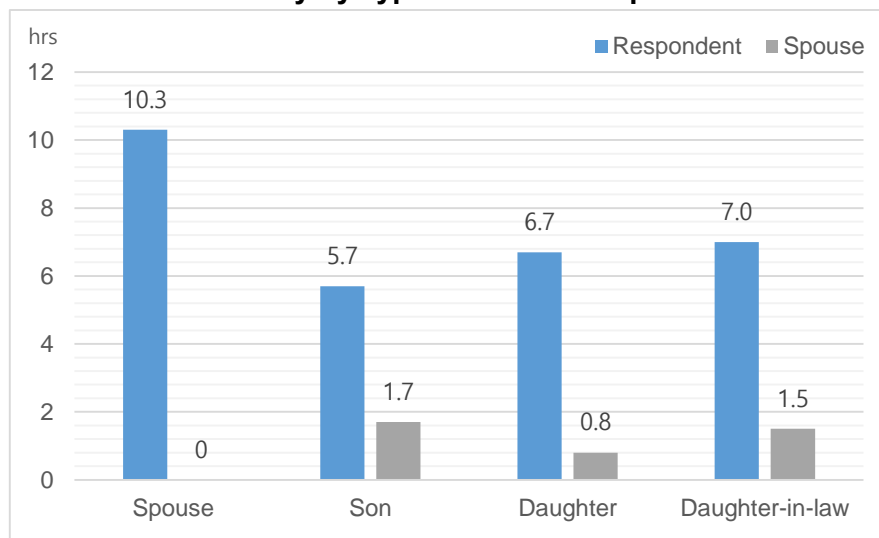
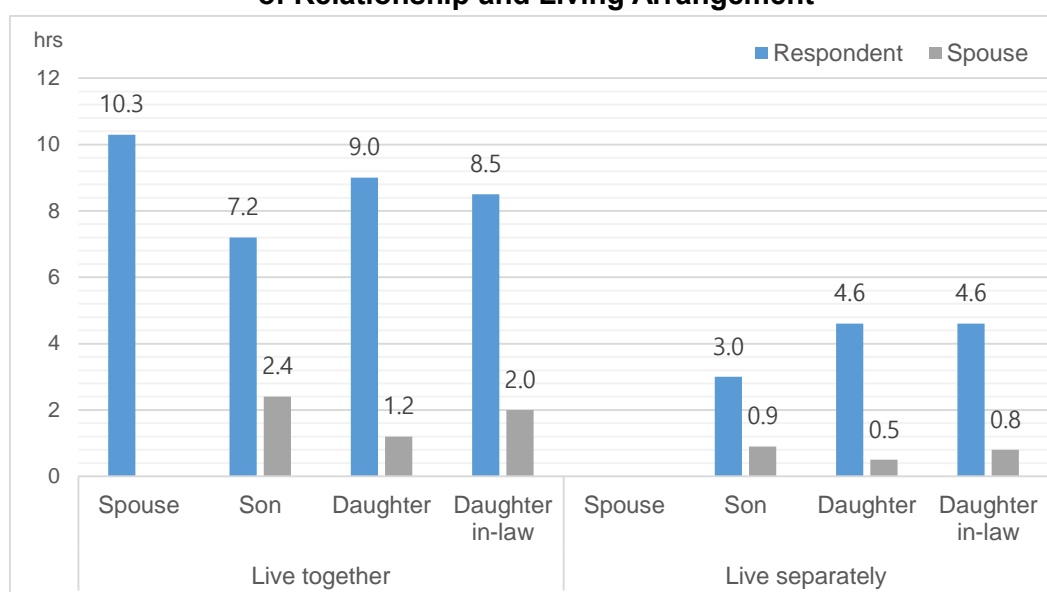


Figure 12 shows the average hours the respondents and their spouses spent in caregiving by their relationship with the elder. Spouses who were primary caregivers spent the

most time in caregiving: 10.3 hours on average every day. Daughters-in-law followed next, spending seven hours daily, slightly more than that of daughters, who averaged 6.7 hours daily. Sons reported the lowest amount of time, spending 5.7 hours per day on average. Regardless of their relationship with the elder, the spouse of the respondent spent significantly less hours in care than their counterparts (less than an hour per day on average). It is once more demonstrated that the respondents' spouses did not engage much in eldercare even though their partners (the respondents) were primary caregivers. In other words, this role did not seem to be shared by partners.

<Figure 13> Respondents and their Spouses' Average Hours of Care per Day by Type of Relationship and Living Arrangement



The average hours of care by relationship between the respondent and the elder can be further explored in terms of living arrangement. Figure 13 shows that living arrangement was an important factor influencing respondents' eldercare time. Respondents living with the elder were found to spend four more hours on average in care than respondents who did not live with the elder. The elder's children spent more than eight hours per day in taking care of the elder when they lived together. This number halved when they lived separately. Daughters and daughters-in-law spent 4.6 hours on average, while sons spent three hours per day. The respondents' spouses also spent less time (less than an hour) caring when they did not live together with the elder.

Spending more than eight hours daily means spending one third of the day taking care of the elder. This could be a huge burden for the carer, especially when his or her spouse is not a good helper. It is also critical to note that among the respondents, daughters-in-law

played a significant role in the eldercare. Rather than the elder's biological children, his or her daughter-in-law provided the most care in terms of time, excepting the elder's spouse. Supporting parents-in-law has been one of the main responsibilities of daughters-in-law in Korea, particularly for the wife of the eldest son (Kim and Namgung, 2009). Our data shows that this norm still persists today. On the other hand, the number of hours daughters among the respondents spent in eldercare is also notable. The average hours daughters spent in taking care of the elder was almost the same as that of daughters-in-law. This means that the responsibility of caring for frail elderly parents, traditionally falling on the shoulders of the (eldest) son and his wife, is now passing to the elder's daughter to a considerable extent.

<Figure 14> Respondents and their Spouses' Average Hours of Care per Day by Type of Relationship and Care Arrangement

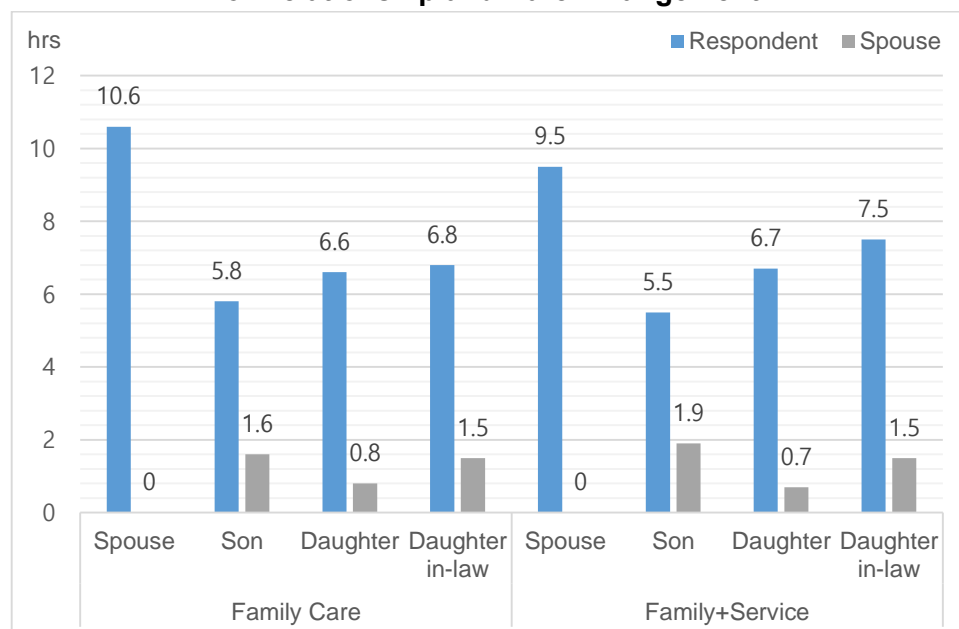


Figure 14 shows the average hours of care by type of care arrangement. Overall, respondents and their spouses seemed to spend a little less time caring for the elder when he or she received paid care, but the difference was negligible. The minor impact of external paid care services on the time respondents and their spouses spent in eldercare was shown above, but further analysis in terms of the type of relationship with the elder did not result in any additional distinctions between different groups.

c) Eldercare Practices by Other Family Members

Besides the respondents and their spouses, how much did other family members engage in eldercare? It is important to know if the respondents (the primary caregivers) in fact assumed most of the workload or whether it was relatively equitably distributed among family members.

<Table 18> Respondents' Perceptions on the Participation of Other Family Members in Eldercare

Q35. In your opinion, how much do your family members participate in taking care of the elderly person? Please record what % of the total work is done by other family members.

(unit: %)

	Obs	Mean	SD	<i>t</i>
Average	501	24.3	13.9	-
Family Care	335	24.7	14.0	-0.91
Family + Service	166	23.5	13.7	

* $p < .05$ ** $p < .01$ *** $p < .001$

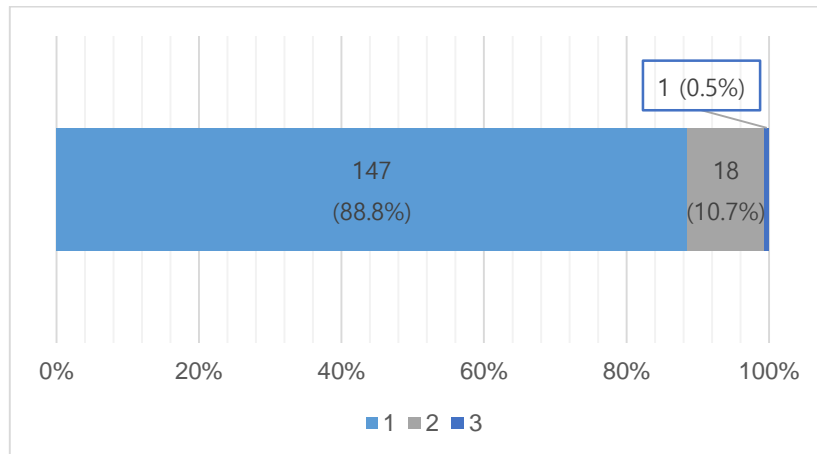
Respondents were asked to report the proportion of eldercare shared by other family members. Their subjective evaluation of the participation of other family members in eldercare was found to be 24.3% on average (Table 18). A higher percentage means other family members' greater participation in eldercare. When it is close to zero, this means the respondent is solely in charge of care among the family members. Fifty percent means an equal division of care work among the respondent and the rest of the family members. Observing that the mean value here is not high, this means that the respondents perceived their involvement in the eldercare as higher than that of other family members. No significant difference was found between groups using and not using external care services.

This suggests the burden on the respondents. Considering the number of hours the respondents reported spending in eldercare and the rate at which other family members participated in this eldercare, the respondents appeared to perform an extensive amount of care work without substantial help from other family members.

(2) External Care Service

The results above depict how elderly care is performed within the family. Henceforth, we move on to view elderly care provided outside the family. The following statistics show the type of services respondents used in taking care of their elderly care recipient, hours of care provided by these services, and the costs incurred from using these services.

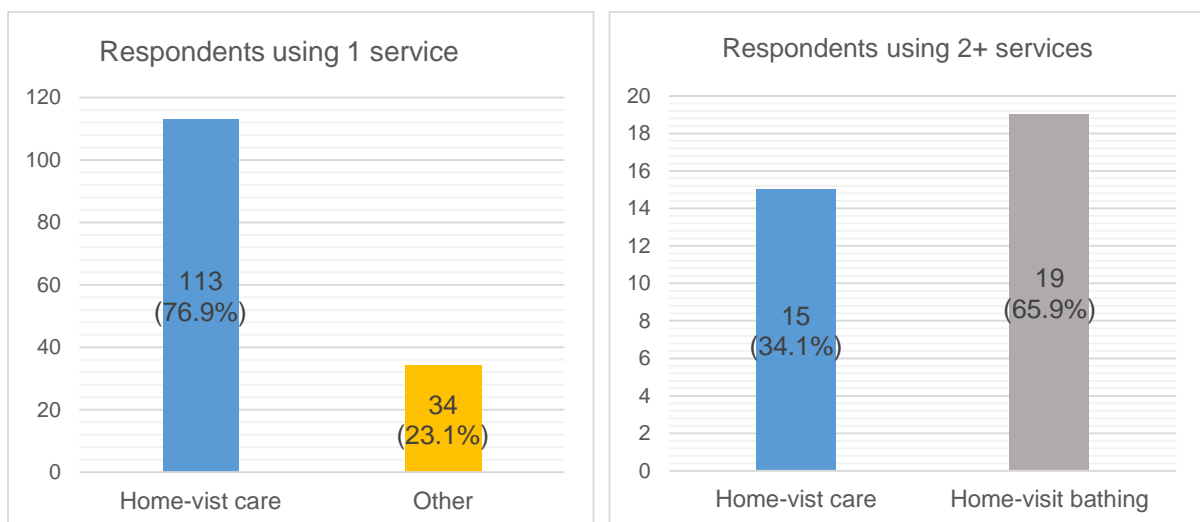
<Figure 15> Number of Eldercare Services Used in the Last Month



Out of the 166 respondents who reported using external care services for the elder, 147 respondents (nearly 90%) reported using one external care service. Only 10.7% reported using two or more services. The following graphs show the most frequently used types of services among the respondents.

a) Types of Care Services Used

<Figure 16> Most Used External Eldercare Services



The most common kind of eldercare service was found to be LTC in-home care. This is provided to LTC beneficiaries graded 1-5 and those diagnosed with a mild level of dementia. LTC insurance seems to serve as a principal care service providing support for eldercare in Korea.

<Figure 17> Total Number of Eldercare Services Used by Type of Service

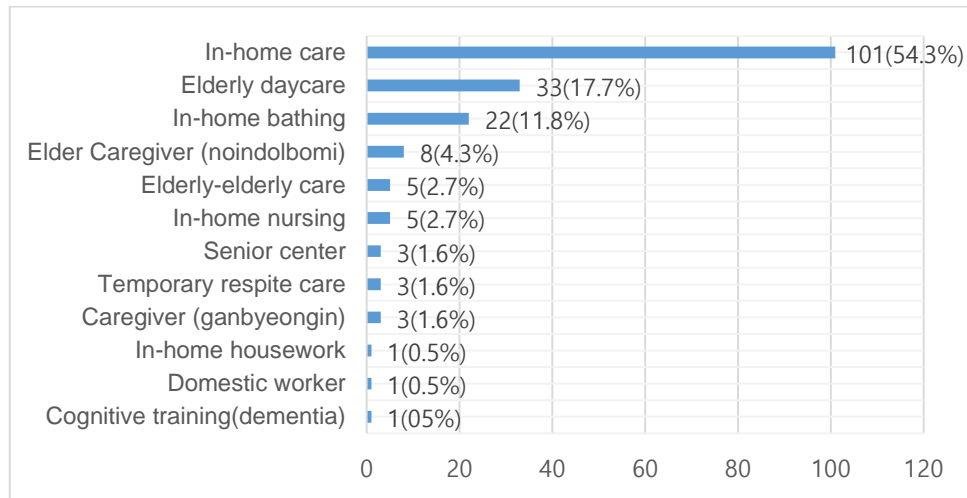


Figure 17 lists services the elderly recipients had used in the last month. LTC home-visit care was the most commonly reported service. Five in ten recipients were found to have used this service (54.3%). Elderly daycare, which is an LTC-funded senior daycare program, followed next, and in-home bathing (LTC home-visit bathing service) scored third. Elder caregivers, which is provided by the market (*noindolbomi*), not by the LTC insurance were next. Overall, the LTC program was found to be the most common among the variety of external care services in our data.

b) Hours in the Use of Care Services

The following tables show the hours in the use of care services.

<Table 19> Average Number of Days and Hours per Weekday/Weekend Eldercare Service was Used

(n=186)

	Obs	Weekday		Weekend	
		Days in use	Hours used per day	Days in use	Hours used per day
Home-visit care	101	4.4	3.5	0.2	0.7
Elderly daycare	33	4.3	6.2	0.3	1.5
Home-visit bathing	22	3.2	3.3	0.1	1.0
Elder caregiver (<i>noindolbomi</i>)	8	3.9	4.6	0.5	1.1
Elderly-elderly care	5	4.8	6.6	0.8	3.2
Home-visit nursing	5	2.8	1.6	0.0	0.0
Short-term care	3	5.0	18.0	1.7	18.0

Caregiver (<i>ganbyeongin</i>)	3	5.0	11.3	2.0	11.7
Senior daycare center	3	4.3	6.0	0.7	1.7
Domestic worker	1	5.0	10.0	0.0	0.0
Cognitive training (dementia)	1	3.0	8.0	0.0	0.0
Home-visit housework	1	4.0	6.0	0.0	0.0

<Figure 18> Average Hours of Eldercare Service by Weekday/Weekend

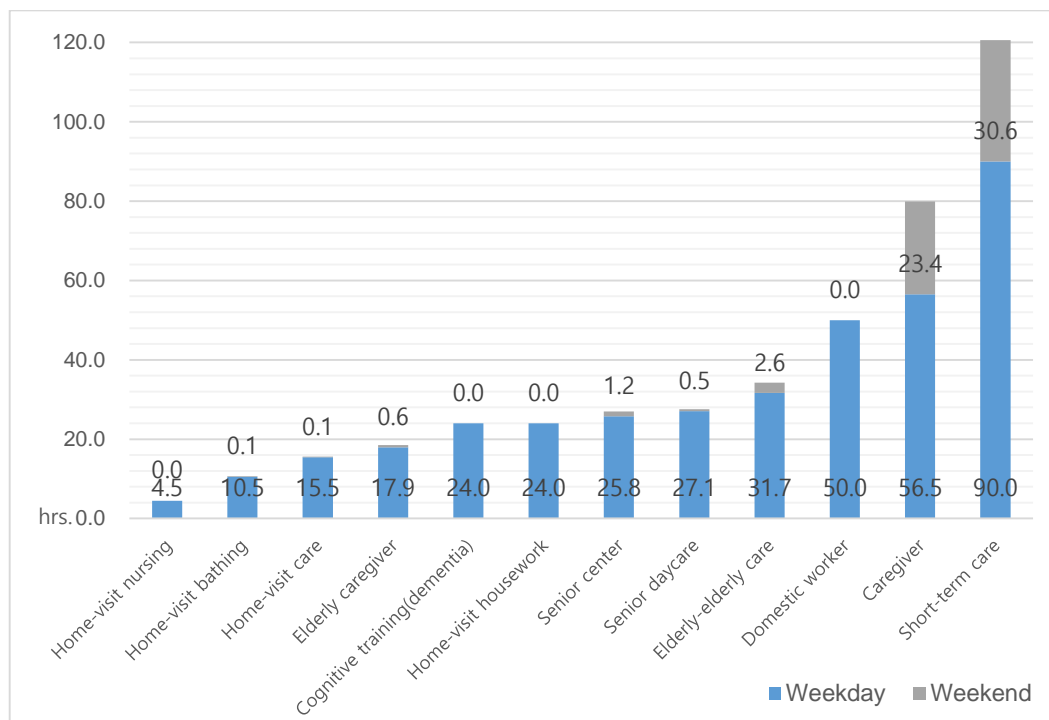


Table 19 and Figure 18 show the average hours recipients used eldercare services by weekday and weekend. Short-term care, caregiver service (*ganbyeongin*), and domestic worker service were found to be used for the most hours (more than 50 hours per week). Short-term care is an LTC-funded service in which the elderly recipient stays temporarily in a care facility when his or her family caregiver is unable to provide care during a specific period. Caregiver service is a one-on-one caregiving service provided through the market. Since they are the privately hired caregivers, they care for the elder on a contract basis, but they generally tend to provide long hours of care because that is one of the main reasons for using this service; caregivers are needed who can take care of the elder for a day. Domestic workers are hired to specialize in housekeeping. They do not actively engage in direct eldercare but perform other tasks such as cleaning the house and doing laundry.

While elderly-elderly care service is not provided by the LTC program, the data showed that respondents used this type of service for many hours. As part of the

Comprehensive Eldercare Service offered by the Ministry of Health and Welfare, this service involves an elderly person living in the same community and providing care to other elderly people; the elderly carer spends time with the elderly recipient, talking, playing, assisting with walking and moving, eating together, etc. They are not necessarily caregivers but more like friends. LTC-funded senior daycare centers are places where elders stay and receive a range of various care during the day. The elders mostly commute to the center and stay there for the whole day mostly on weekdays.

Home-visit care services are LTC program services. Home-visit nursing care was found to be used for the fewest number of hours, which makes sense since the purpose of this care is for a nurse to provide basic health check-ups to the elder by visiting the elder's house, not to provide a range of care tasks as typical caregivers do. Elder caregivers were found to be used for the second fewest hours. This was likely because they usually work part-time for short periods when the elder's family members are gone or need someone to assist with going to the hospital. These caregivers are accessed through the market

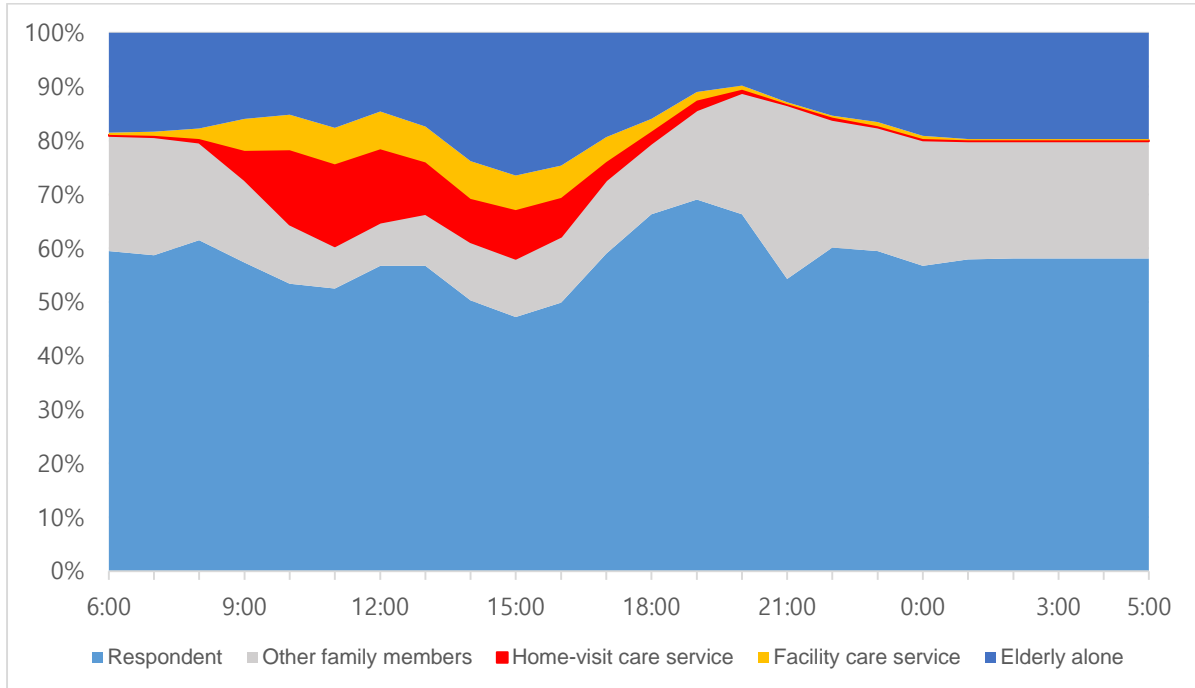
(3) Hours of Care Provision

Figure 19 summarizes the number of hours per day the elderly recipients were cared for by type of care provider/care service.

More than half of the elders were taken care of by the respondent over the course of a day. This tendency was less pronounced during the daytime but more so in the evening. Family members, who could stay with the elderly recipient at night as well, took on the next most significant time allotment for the eldercare. The proportion of elders receiving external care service was highest during 9 a.m. - 6 p.m. Facility care and in-home care made up to 20% of the care provision during this time of the day, with facility care starting a bit earlier than in-home care. These services disappeared in the evening, by approximately 9 p.m. About 20% of the elders were found to be alone at all times of the day, to our surprise. In contrast to the childcare in which almost no children were alone during the day, one in five elders was found to be alone at any given time of the day.

<Figure 19> Time Allotment of Daily Eldercare Provision

Q11. Below is a timetable of the elderly person's day. Please indicate who mainly took care of the elderly at each hour yesterday. (If you're not sure about yesterday, please respond regarding the most recent day you can recall. If the elder was sleeping, please record who was in the house, if anyone. Please select '5. The elder was alone' only if the elder was in the house by him/herself.)



<Table 20> Hours of Eldercare by Type of Care Arrangement

(Unit: hours)

	Total	Family Care				External Service
		Respondent		Spouse		
		Obs	Mean	Obs	Mean	Mean
Family Care	8.5	335	7.3	245	1.2	0.0
Family + Service	12.2	166	7.2	130	1.1	3.9
<i>t</i>	2.1*	501	-0.11	375	-0.48	-

* $p < .05$ ** $p < .01$ *** $p < .001$

1) The hours of care provided by other family members were not included in this table as there was no question in the survey regarding this information.

Table 20 shows the average hours of care provision by type of care arrangement. The elderly recipient who used an external care service was found to receive 3.7 hours more than those who did not. These elders received almost four hours of external care per day on average. The use of external paid care services did not seem to replace family care as the hours of care provided by family members did not decrease when a service was used.

2) The Financial Costs of Care

(1) Family Care

The financial costs of eldercare can vary depending on their definition. Furthermore, it is difficult to collect information from respondents on every little expense with respect to caring for the elder. The survey asked respondents two questions regarding care-related expenses. Although medical fees can differ significantly depending on insurance coverage, they are essential for measuring the costs of eldercare paid by respondents. Table 21 shows the average monthly costs of eldercare by type of care arrangement.

<Table 21> Average Monthly Expenses on Eldercare Paid by Respondents

Q20-1. In the past year, how much did you spend on average per month to take care of the elder excluding fees for paid care services? (Additional Fees are fees for expendable medicine (prescriptions, gauze, antiseptics, etc.), medical appliances (wheelchairs, etc.), and special food like nutritional food for tube feeding, excluding expenses on paid care services).

Q20-2. Over the past year, how much did you spend on average per month on the elderly care recipient's medical fees?

(unit: ¥10,000)

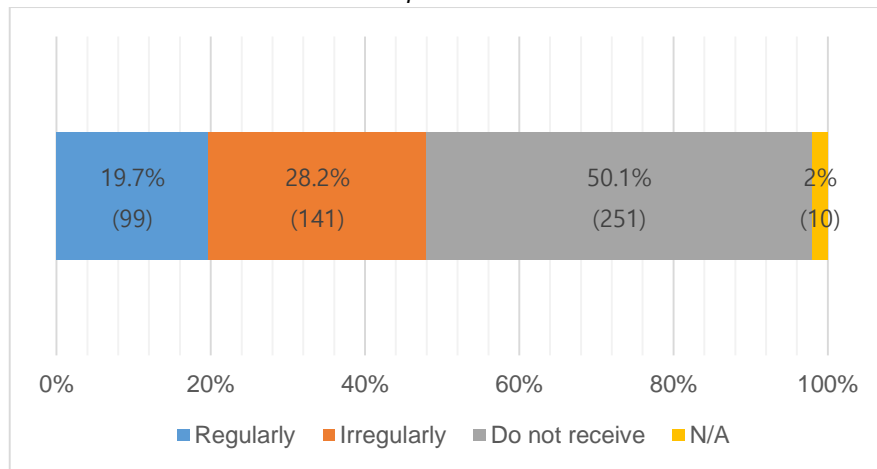
		Supportive, care-related expenses		Direct medical expenses	
	Obs	Mean	SD	Mean	SD
Total	501	15.4	30.3	17.9	22.4
Family Care	335	11.0	15.5	18.5	24.2
Family + Service	166	24.2	46.6	16.9	18.4
<i>t</i>		4.69***		-0.74	

* $p < .05$ ** $p < .01$ *** $p < .001$

The respondents who used external care services were found to spend much more on purchasing expendable medicine and medical appliances than their counterparts, but their medical fees were not significantly higher.

<Figure 20> Financial Assistance from Other Family Members

Q21. Do you receive any financial help from family members that you don't live with for taking care of the elderly person?



As with hours of care, the costs of care can also be shared among family members. Respondents were asked if they receive any financial help from other family members for the eldercare. About 20% reported receiving regular economic assistance and 28% reported irregular assistance. The other half reported not receiving any financial help from other family members. Because the costs of eldercare are not a one-time but rather constant expense, receiving regular help from other family members can be a great aid in sustaining the eldercare. It is thus significant so few of the respondents reported receiving regular financial assistance.

<Table 22> Average Amount of Financial Assistance from Other Family Members

(unit: ¥10,000)

	Obs	Mean	SD	t
Total	99	64.3	46.9	-
Family Care	53	66.5	49.7	2.17*
Family Care + External Service	46	61.8	44.0	

* $p < .05$ ** $p < .01$ *** $p < .001$

Table 22 shows the average amount of financial assistance respondents (99 out of 501) “regularly” received from other family members. They reported receiving about 643,000 won per month from other family members. When examined by care arrangement, it was found that respondents who did not use any external care services for eldercare received 47,000 won more than respondents who did use a service.

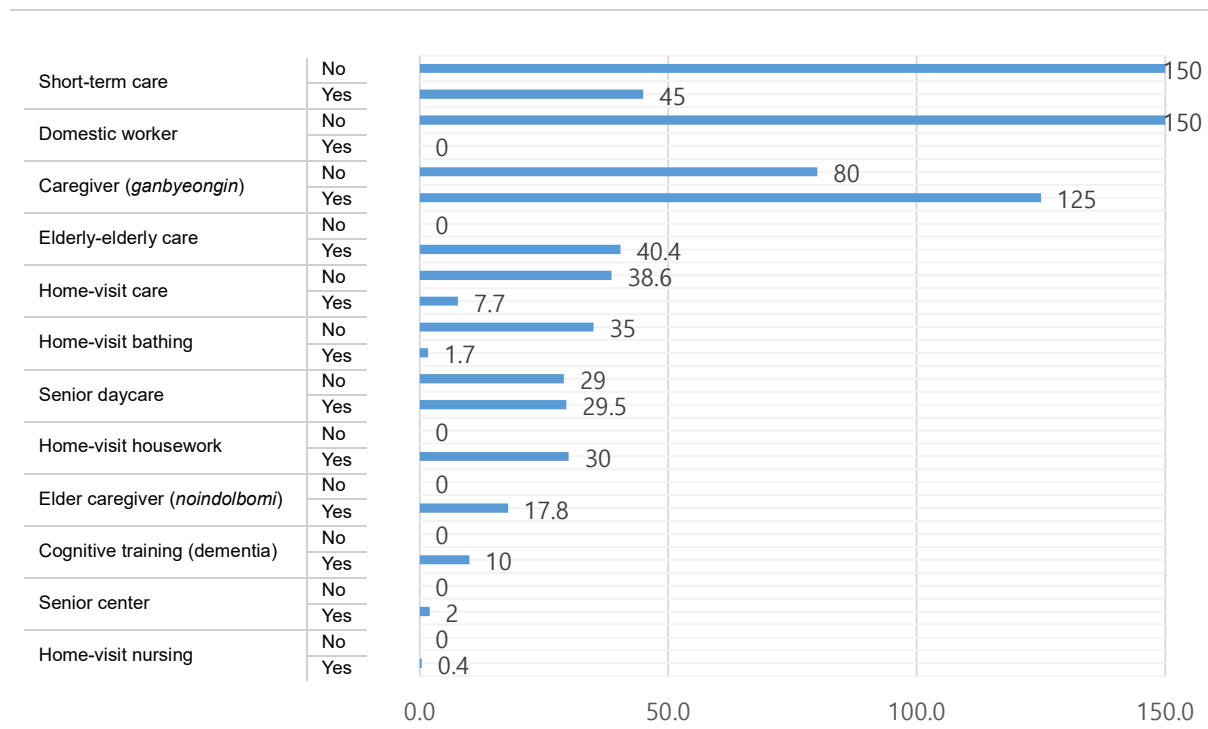
(2) External Care Service

External care services constitute another burdensome cost of eldercare. In general, government-funded services cost less than private services. The cost of public (subsidized) services differs depending on the income level of the beneficiary and on the duration of their use (e.g., more time means a higher cost).

Both the LTC short-term care services and domestic worker services were found to be the most expensive on the list (1,500,000 won per month). Domestic worker service is a private service provided through the market, but short-term care service is offered through the LTC insurance. Short-term care service offers facility care for a maximum of nine days per year. This service benefits family caregivers by providing them day-off opportunities from their care responsibility so they can go on a vacation or engage in other activities while the elderly recipient is taken care of by the facility for several days. The service charges a higher fee if the family wants to extend the length of the service. Domestic worker service is a housekeeping service, which is quite commonly used in Korea.

<Figure 21> Monthly Cost of Eldercare Services Paid by Respondents by Subsidy Reception versus Non-Reception

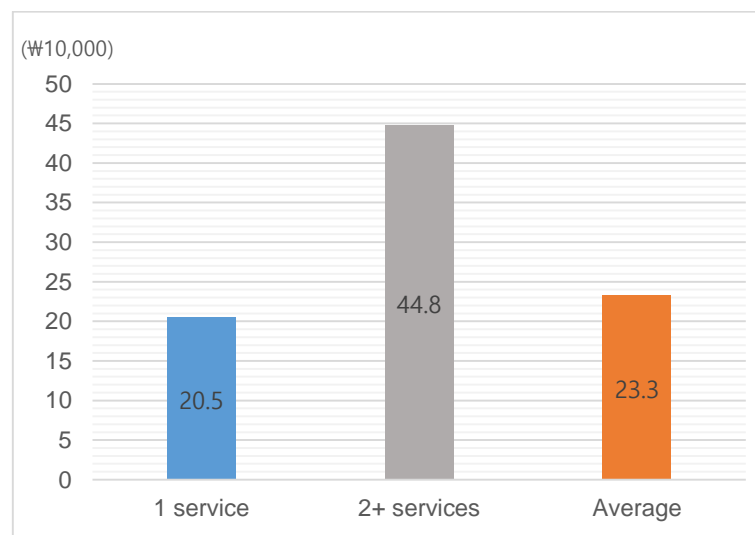
(unit: ₩10,000)



Caregiver (*ganbyeongin*), another common type of service, was found to be relatively costlier. Domestic worker service and caregiver service are mostly provided through the

market, and private services generally cost more than public services. Elderly-elderly care service followed next (404,000 won). Home-visit care service was the most expensive among the LTC-funded in-home services. This is an expected result as the use of home-visit care is the most common among the LTC program services. The cost of home-visit nursing service was the lowest (4,000 won on average per month) and senior center service was the second lowest at 20,000 won on average per month. Senior center programs are offered by senior centers in the community, consisting of cooking classes, art classes, yoga, etc. Cognitive training programs, which ranked as the third least expensive (100,000 won per month on average), are provided to elderly persons with dementia.

<Figure 22> Average Cost of Eldercare Services by Number of Services Used



<Table 23> Average Cost of Eldercare Services by Number of Services Used

(unit: ₩10,000)

	Obs	Mean	SD	t
Average	166	23.3	31.2	-
1	147	20.5	27.6	-3.19**
2+	19	44.8	47.6	

* $p < .05$ ** $p < .01$ *** $p < .001$

Figure 22 shows the average cost of using an external service depending on the number of services used. It was found that, on average, respondents spent 233,000 won per month on external eldercare services. When this figure was divided by the number of services in use, using two or more services was found to cost 243,000 won more, twice as much as using one service. The cost of using external eldercare services increased by the number of services used.

(3) Financial Costs of Care Provision

Table 24 summarizes the cost of eldercare by type of care arrangement. It shows the aggregated cost of spending within the family and spending on external care services.

<Table 24> Cost of Eldercare by Type of Care Arrangement

(unit: #10,000)

	Obs	Total	Within the Family		External Service
			Expenses on supportive, care-related costs	Expenses on direct medical fees	Service fee
Family Care	335	29.5	11.0	18.5	-
Family + Service	166	64.4	24.2	16.9	23.3
<i>t</i>	501	15.6**	4.69***	-0.74	-

* $p < .05$ ** $p < .01$ *** $p < .001$

The cost of eldercare was found to be twice as much in families using external care services. While this cost may not reflect the actual entire cost of eldercare, it suggests that eldercare is likely to be more expensive for families who use external eldercare services. The average cost of using an external care service estimated in the data was not too severe, but this could nevertheless be a financial burden for families considering using an external care service.

3) Family Profile by Type of Care Arrangement

Who is involved in eldercare? How much time do they spend and what costs do they incur therein? How do the answers to these questions vary by care arrangement, that is, whether the caregivers use an external service or not?

<Table 25> Family Characteristics by Two Types of Care Arrangement

		Family Care		Family Care + External Service		Total	
		Obs	%	Obs	%	Obs	%
Total		335	100.0	166	100.0	501	100.0
Respondent's Relationship with the Elderly Recipient	Spouse	56	16.8	22	13.0	78	15.6
	Son	38	11.4	16	9.6	54	10.8

	Daughter	114	34.0	61	36.9	175	35.0
	Daughter-in-law	124	36.8	61	36.9	185	36.8
	Other	3	1.0	6	3.6	9	1.8
χ^2	9.42						
Respondent's Employment Status	Employed	100	31.3	52	30.0	152	30.4
	Unemployed	235	68.7	114	70.0	349	69.6
χ^2	0.07						
Respondent's Level of Education	High school or lower	273	82.0	136	81.0	409	82.0
	College or higher	62	18.0	30	19.0	92	18.0
χ^2	6.54						
Respondent's General Health Status	Good	140	41.8	67	40.5	207	41.3
	Fair	144	43.1	65	39.1	209	41.8
	Bad	51	15.1	34	20.4	85	16.9
χ^2	2.25						
Living Arrangement with the Elderly Recipient	Live together	214	63.8	97	58.3	310	62.0
	Live separately	121	36.2	69	41.7	191	38.0
χ^2	1.40						
Sex of the Elderly Recipient	Male	154	45.8	60	36.4	214	42.7
	Female	181	54.2	106	63.6	287	57.3
χ^2	4.10*						
Age of the Elderly Recipient	Younger than 70	23	6.9	6	3.5	29	5.8
	70-80	112	33.3	42	25.4	154	30.7
	80-90	176	52.6	94	56.6	270	53.9
	Older than 90	24	7.2	24	14.5	48	9.6
χ^2	10.92*						
Diagnosis with Dementia (of the Elderly Recipient?)	None	214	63.9	59	35.4	273	54.5
	Mild	83	24.6	65	39.2	148	29.5
	Moderate	38	11.5	38	22.9	76	15.2
	Severe	0	0.0	4	2.4	4	0.8
χ^2	42.63***						
Average Monthly Household Income of the Respondent		389.4	(174.4)	392.7	(183.9)	390.4	(178.17)
F	0.02						

* $p < .05$ ** $p < .01$ *** $p < .001$

1) The values of the average monthly household income are the mean and the standard deviation is in the parenthesis.

2) Numbers may not add to 100 due to rounding.

In fact, the characteristics of families did not differ all that much by type of eldercare arrangement. For both types of care arrangement, daughters and daughters-in-law were most commonly the main caregiver of the elderly recipient. The employment status of the

respondents also did not differ significantly. Contrary to expectations, respondents who used external care services for the elderly recipient were not employed to a greater degree than respondents who did not use a service. Most of the respondents with respect to both types of care arrangement had a level of education of high school or lower. Respondents who used external care services were slightly more likely to report their general health status as poor, but this difference was not significant overall. Finally, the respondents' average monthly household income was not different between the two types of care arrangement.

On the other hand, there were differences between the care recipients themselves depending on whether they received the care of an external service or not. One such aspect was the sex of the elderly recipient. Families that used external eldercare services were more likely to be caring for a female elder than families that did not use an external care service. Another aspect was age: Elderly recipients in families who used a care service were likely to be older. In fact, the proportion of care recipients 90 years or age or older was twice as much in this group. Elderly recipients in families who used a care service were also more likely to be diagnosed with dementia, which was also more severe among these elders. Overall, then, the characteristics of the families did not differ much while the characteristics of the elderly recipients differed in many respects by type of care arrangement.

2. Caregiving Activities

The previous section showed how families arrange care for the frail elderly. This section analyzes caregiving activities in terms of their frequency and difficulty. It also presents the activities respondents wished to outsource given the financial opportunity and to perform more frequently given more time.

<Table 26> List of Caregiving Activities for Eldercare

Act1	Help dress/undress clothes or undergarments
Act2	Help wash face, brush teeth, shave, cut nails, etc.
Act3	Help enter/exit the bathroom, clean and dress after toilet use (including changing diapers)
Act4	Help take bath or shower
Act5	Change postures in bed or chair, help to move around indoors
Act6	Help eat or drink
Act7	Prepare food and clean dishes
Act8	Housework (cleaning, laundry, organizing)
Act9	Help to take the right dosage of medication at set times
Act10	Transportation to and from hospital, picking up prescriptions
Act11	Having a conversation or playing indoors (including reading books)
Act12	Watching TV or other media together
Act13	Taking a walk (including using wheelchairs)
Act14	Help with transportation (using public transportation, providing a ride in a car, commuting to/from nursing home, etc.)

Table 26 lists the caregiving activities for the elderly. Respondents were asked to report how frequently they perform each of these activities and how difficult they felt they were.

1) Type and Frequency

Table 27 shows how frequently respondents performed each activity in their caregiving for the elderly recipient.

<Table 27> Frequency of Eldercare Activities

Q7. Please record how frequently you engaged in the care activities listed in the cards in the past month.

(n=501, unit: %)

Scale		1	2	3	4	5	6	Total
Activity		None	1-2 times a month	1-2 times a week	3+ times a week	Once a day	Many times a day	
Act1	Dressing/undressing	35.6	4.3	10.2	10.0	29.6	10.2	100.0
Act2	Washing	29.5	11.9	14.3	11.6	15.8	16.9	100.0
Act3	Toilet use/changing diapers	53.0	3.1	6.4	8.2	9.0	20.2	100.0
Act4	Bathing	20.5	12.8	29.6	20.7	13.9	2.6	100.0
Act5	Changing postures/moving	37.2	3.5	6.9	10.0	22.3	20.1	100.0
Act6	Eating/drinking	29.1	1.6	8.0	11.6	18.1	31.6	100.0
Act7	Food prep/clean-up	5.7	1.4	9.3	14.1	14.8	54.7	100.0
Act8	Housework	3.6	1.8	8.9	18.8	24.7	42.2	100.0
Act9	Taking medication	17.9	3.8	5.5	11.2	25.1	36.6	100.0
Act10	Hospital check-up /medication pick-up	5.2	53.4	23.5	11.0	3.2	3.8	100.0
Act11	Talking/playing indoors	20.8	7.5	14.0	15.3	20.2	22.2	100.0
Act12	TV/media	13.2	4.2	11.0	17.7	25.4	28.5	100.0
Act13	Taking a walk outdoors	14.8	13.0	27.0	24.8	16.0	4.4	100.0
Act14	Travel/transportation	23.4	37.7	23.0	8.4	5.3	2.2	100.0

The housework-related tasks (Act7 and Act8), were the most frequent. Performing housework tasks such as preparing meals and housekeeping are a frequent part of eldercare, just as with childcare; one might easily expect these activities to be performed at least once a day in a regular household. Many of the activities showed polarized responses. In other words, some respondents conducted activities quite frequently that others did quite seldom. These were helping the elder dress (Act1), use the toilet (Act3), change postures (Act5), eat and drink (Act6), and take medication (Act9), as well as playing with (Act11) and watching TV with the elder (Act12). While more than half of respondents indicated that they did not conduct these activities in the past month, another 20% or higher reported they conducted these activities many times a day.

<Figure 23> Mean Frequency of Eldercare Activities

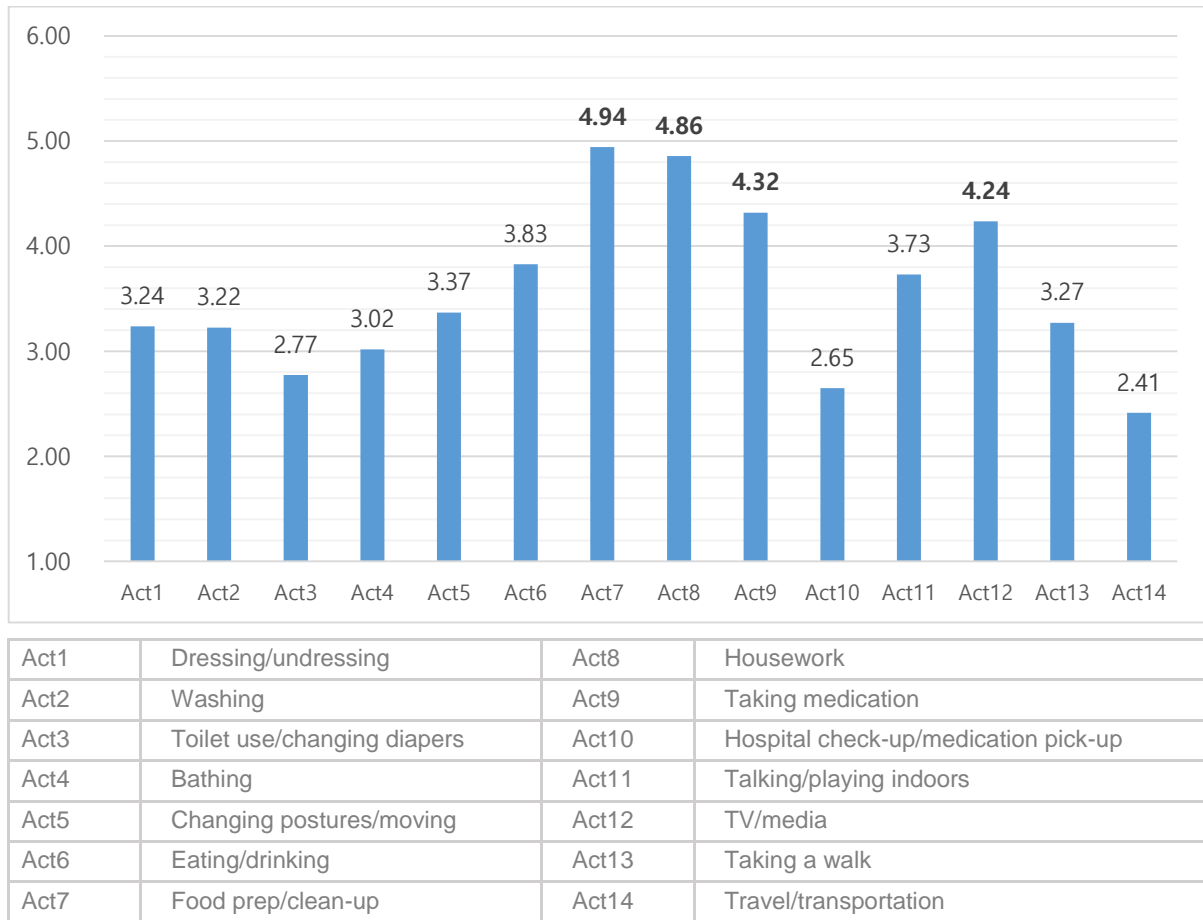


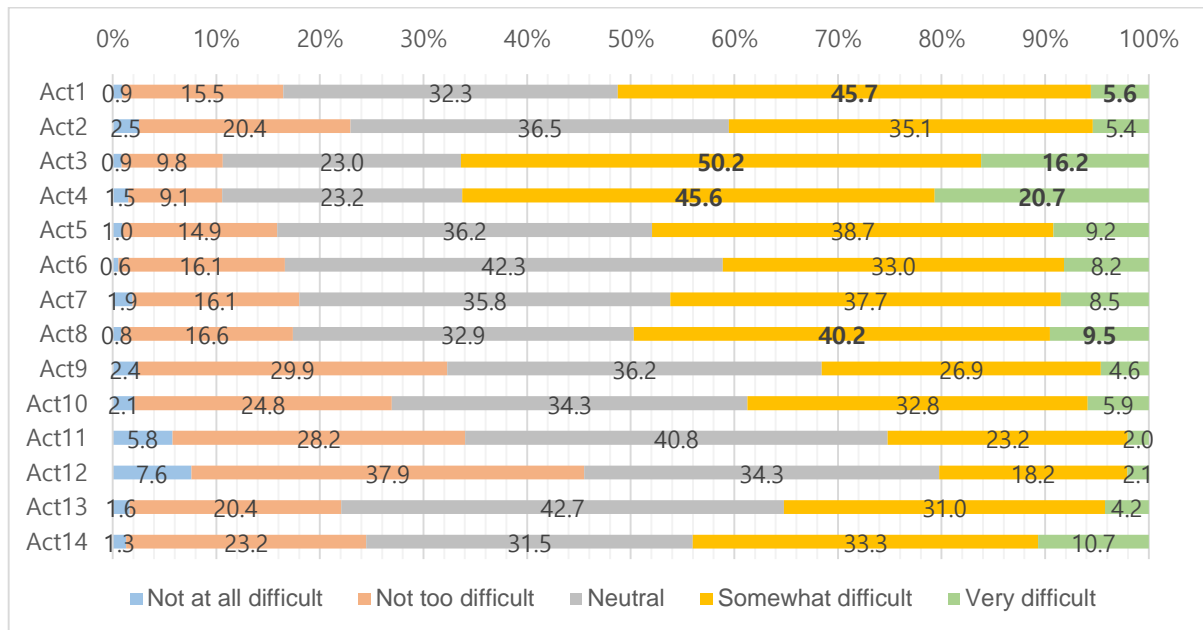
Figure 23 shows the mean frequency of the activities. As expected, the housework tasks (Act7 and Act8) were the highest, followed by the activity of helping the elder take the right dosage of medication at set times (Act9), and watching TV or media together (Act12). Taking the elder to hospital for check-up (Act10) and helping with using public transportation and giving a ride (Act14) were conducted least frequently. Not many of the eldercare activities were performed at least once a day on average.

2) Type and Difficulty

Figure 24 shows the range of difficulty of the activities. These proportions did not include the responses “did not conduct this activity” with respect to frequency.

<Figure 24> Difficulty of Eldercare Activities

Q7-2. Please record how much difficulty you experienced in the past month (how burdensome the activity was)



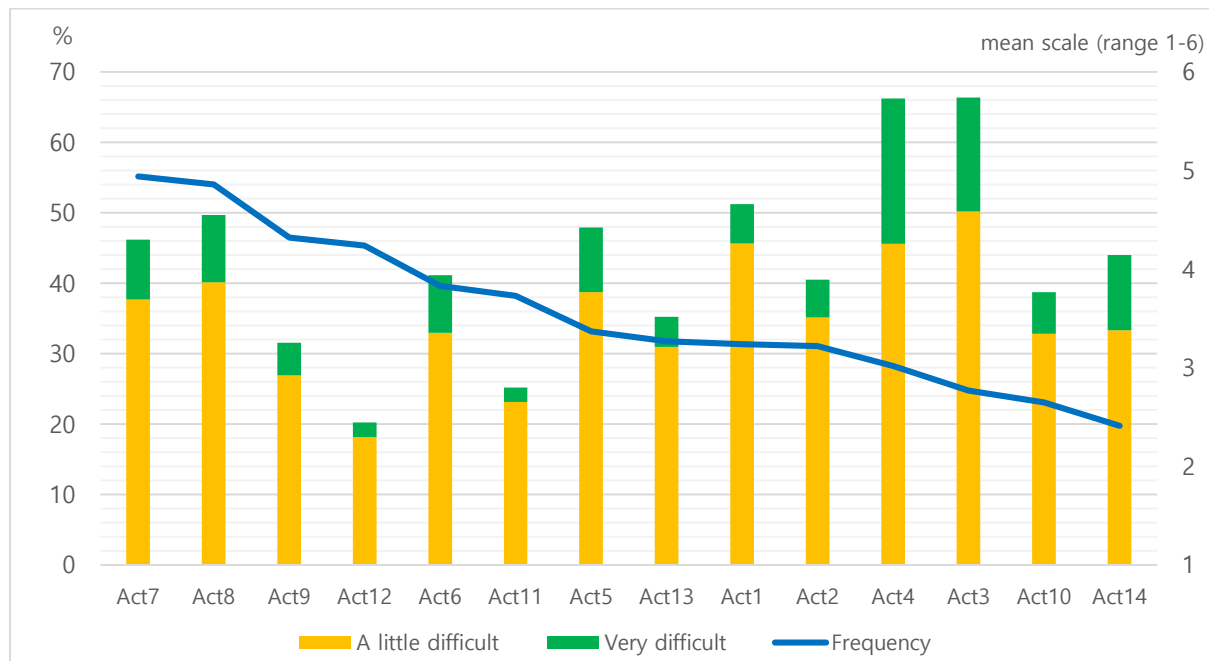
Act1	Dressing/undressing	Act8	Housework
Act2	Washing	Act9	Taking medication
Act3	Toilet use/changing diapers	Act10	Hospital check-up/medication pick-up
Act4	Bathing	Act11	Talking/playing indoors
Act5	Changing postures/moving	Act12	TV/media
Act6	Eating/drinking	Act13	Taking a walk
Act7	Food prep/clean-up	Act14	Travel/transportation

The activity of helping the elder use the toilet (Act3) and take a bath (Act4) were found to be the most difficult, with almost 70% of respondents reporting these activities as difficult to perform. To help the elder dress and undress (Act1) and to conduct housework tasks (Act8) followed next, with about 50% of respondents reporting these as difficult. To help the elder with changing postures or moving around the house (Act5), and to prepare food and wash dishes (Act7) followed close behind. These findings show that eldercare activities that involve physical labor were the most difficult, just as much as housework that was more frequently conducted (on a daily basis). To have a conversation or play together with the elder (Act11), and to watch TV or media together (Act12) were found to be least difficult to perform.

3) Type, Frequency, and Difficulty

Figure 25 shows both the mean frequency and proportions of responses regarding the difficulty of the eldercare activities. The graph is arranged in order of the mean frequencies.

<Figure 25> Mean Frequency and Level of Difficulty of Eldercare Activities



Act1	Dressing/undressing	Act8	Housework
Act2	Washing	Act9	Taking medication
Act3	Toilet use/changing diapers	Act10	Hospital check-up/medication pick-up
Act4	Bathing	Act11	Talking/playing indoors
Act5	Changing postures/moving	Act12	TV/media
Act6	Eating/drinking	Act13	Taking a walk
Act7	Food prep/clean-up	Act14	Travel/transportation

The housework tasks (Act7 and Act8) showed both the high level of frequency and difficulty. To help the elder eat and drink (Act6) was also relatively frequent and difficult. To help the elder dress (Act1), use the toilet (Act3) and bathe (Act4) were the most difficult activities to perform but were on average performed less than one to two times a week. To help the elder use public transportation or give a ride (Act14) was also infrequent, performed only once or twice a month; but it had a high level of difficulty compared to its low level of frequency. For the most part, eldercare activities conducted at least once a day were uncommon. Except for static activities such as talking and playing indoors, most of the activities were found to be quite difficult

<Figure 26> Frequency and Difficulty of Eldercare Activities by Type of Care Arrangement

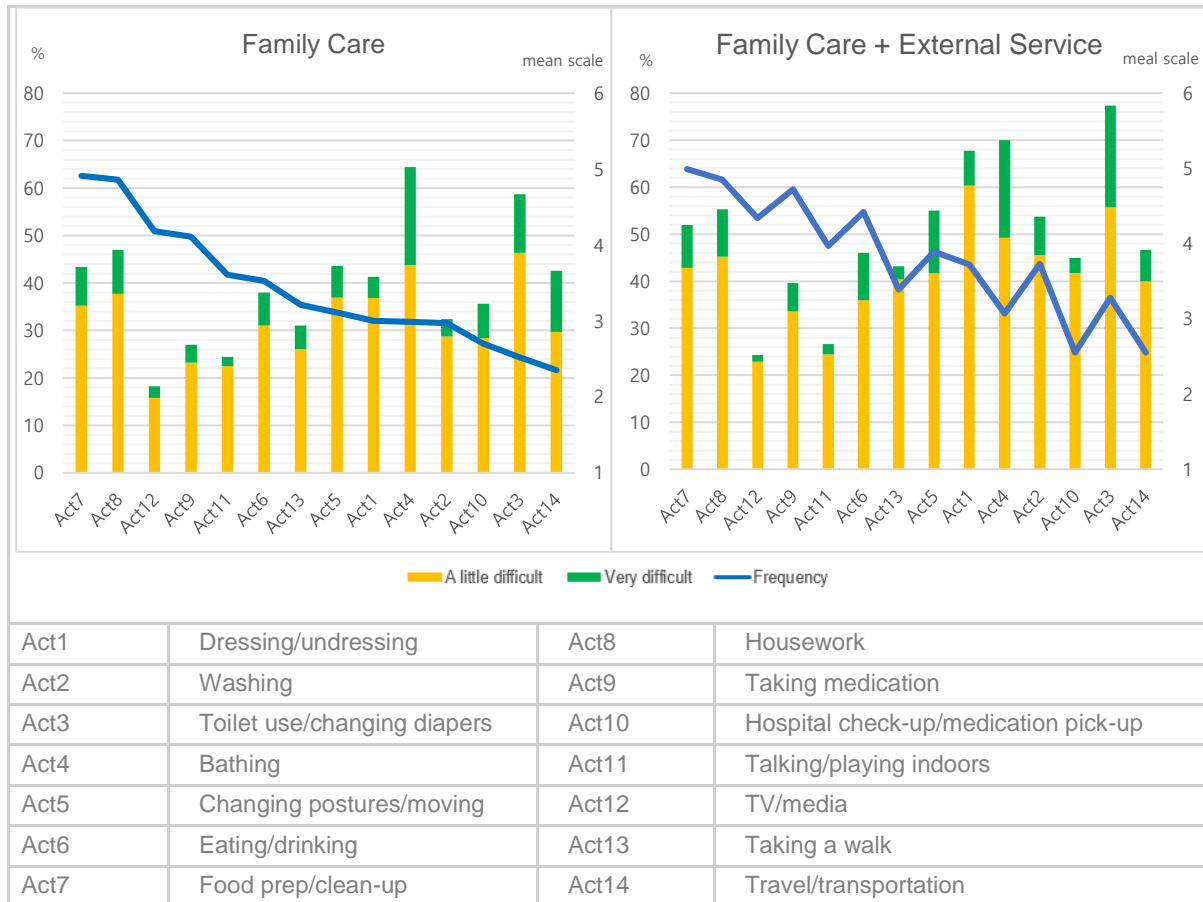


Figure 26 shows the frequency and difficulty of the eldercare activities by type of care arrangement. It shows an interesting result. Respondents who used external eldercare services reported higher frequencies and levels of difficulty of the activities. Respondents performed more physical care when they used external services: to help the elder take medication (Act9), eat and drink (Act6), change postures (Act5), wash (Act2), and use the toilet (Act3). Furthermore, respondents who used an external service reported most of the activities as being more difficult. These were changing postures (Act5), helping with dressing (Act1), toilet use (Act3), and eating and drinking (Act6). The general assumption that the use of an external service would ease the burden of care respondents, then, was not reflected in the data.

4) Activities Respondents Wished to Outsource and Perform More Frequently

Taking into consideration the frequencies and levels of difficulty of each activity reported above, what activities did the respondents desire to perform more or less? Table 28 shows which activities respondents wished to outsource and which they wished to conduct more frequently given the resources and time. Respondents were asked to choose up to three activities for each question.

<Table 28> Activities Respondents Wished to Outsource and Conduct More Frequently Given Resources and Time

Q7-3. If you were provided with financial assistance to use a care service, what care activities would you like to be done by a care worker or a care institution?

Q7-4. If you yourself were able to do more care work (given more time, etc), what care activities would you like to do yourself?

Activities for outsourcing			Activities to do more frequently		
Act4	Bathing	41.9	Act13	Taking a walk	28.7
Act7	Food prep/clean-up	27.6	Act12	TV/media	25.4
Act8	Housework	24.6	Act11	Talking/playing indoors	23.6
Act14	Travel/transportation	18.2	Act6	Eating/drinking	17.7
Act10	Hospital check-up	17.9	Act7	Food prep/clean-up	16.0
Act13	Taking a walk	14.3	Act4	Bathing	14.6
Act3	Toilet use/changing diapers	13.5	Act8	Housework	11.9
Act6	Eating/drinking	10.6	Act10	Hospital check-up	11.2
Act1	Dressing/undressing	8.6	Act2	Washing	9.7
Act2	Washing	7.0	Act14	Travel/transportation	9.4
Act11	Talking/playing indoors	5.4	Act9	Taking medication	8.7
Act5	Changing postures/moving	4.7	Act5	Changing postures/moving	8.4
Act9	Taking medication	2.6	Act1	Dressing/undressing	7.6
Act12	TV/media	2.4	Act3	Toilet use/changing diapers	5.5
None		0.2	None		0.2

The activity respondents most wished to outsource was to help the elder take a bath or shower (Act4). Housework tasks followed next. Activities respondents wished to perform more frequently given more time were taking walks, watching TV or media, and having a conversation or playing indoors. These are activities that were rated with a low level of difficulty. To help with bathing (Act4) was rated as one of the most difficult activities to perform in the

previous findings, and was also chosen as the number one activity to be outsourced.

3. Summary

The results of our survey broadly reveal the characteristics of eldercare in Korea today. A range of family members were found to be participating in eldercare, but respondents who were the primary caregiver of the elder were found to take on most of the care compared with other members in the family. More than half of the respondents were currently living with the elder. And the elderly recipients seemed to start receiving care quite late, as almost 57% reported it had been less than five years since they began to receive care.

Respondents spent more than seven hours on average taking care of the elder per day. Few used an external care service for the elder. The main reasons for this were the elderly recipient's aversion to such care or the respondent's opinion that it was unnecessary. When respondents did avail themselves of an external service, the LTC in-home care program was the most frequently used. Notably, the use of an external service did not seem to lessen the burden the respondents reported in terms of frequency and level of difficulty of the activities they performed; in fact, they reported higher frequencies and levels of difficulty than those who did not use external services. Meanwhile, the cost of caregiving in this group was naturally higher.

The most frequently performed caregiving activity was housework, consisting of tasks such as preparing food and cleaning the house. The most difficult activities were helping the elder take a bath and use the toilet. The respondents expressed the desire to outsource these activities, given the financial resources, most frequently. Given more time, respondents wished to perform recreational activities with the elder more frequently, including taking a walk, watching TV, having a conversation, and playing indoors with the elder. These activities are physically less burdensome and more fun.

III. Care Arrangement and Activities: Childcare

This section presents findings on the care arrangements and activities for childcare. Respondents to the childcare survey were limited to mothers. Table 29 below displays the general characteristics of the respondents.

Almost 70% of the respondents were in the 30-39 age range. Another 25% were between 40 and 49. A handful (6 out of 500) reported not currently living with their spouse. Less than half of the respondents were employed, with only 27.2% currently going to work and 4.4% on leave. The remaining 68% of the respondents were unemployed, and 56.8% reported no intention to work. Nearly 70% of the respondents held a college degree while most of the rest held a high school degree. The majority of the respondents' household income lay between 2,000,000 and 6,000,000 won, and 77% of the respondents' monthly household expenses were between 2,000,000 and 4,000,000 won. Single male-earner families were most prominent (67.8%), followed by dual-earner families (30.8%). More than half were one-child families; 64% of respondents had one child, 33% had two, and three percent had three children.

<Table 29> General Characteristics of Childcare Givers (Respondent: Mother)

(n=500)

		Obs	%
Sex	Female	500	100.0
	Male	0	0.0
Age Group	20-29	32	6.4
	30-39	343	68.6
	40-49	124	24.8
	50-59	1	0.2
Marital Status	With Spouse	494	98.8
	Without Spouse	6	1.2
Employment Status	Employed	136	27.2
	On Leave	22	4.4
	Unemployed but job searching	58	11.6
	Unemployed, no intention to work	284	56.8
Level of Educational Attainment	No Education	2	0.4
	Middle School	3	0.6
	High School	137	27.5
	College	347	69.3

	Graduate School	11	2.2
Monthly Household Income (¥10,000)	<200	9	1.82
	200-400	221	44.13
	400-600	221	44.21
	>600	49	9.84
Monthly Household Expense (¥10,000)	<200	47	9.4
	200-400	385	77.0
	400-600	63	12.6
	>600	5	1.0
Type of Household Earning	Dual Income	154	30.8
	Single Male-income	339	67.8
	Single Female-income	4	0.8
	No income	3	0.6
Number of Children under Age 10	1	320	64.1
	2	166	33.1
	3	14	2.8

Table 30 shows several characteristics of the care recipients, the youngest child of each respondent. The number of boys was slightly higher than that of girls, making up 51.3% of the entire sample. Almost half of them were between the ages of 3 and 6 (46%), another 28.4% were between 0 and 2, and 25.7% were school-age children (age 7-9). Most of the children were found to be in good health.

<Table 30> General Characteristics of Childcare Recipients (Youngest Child)

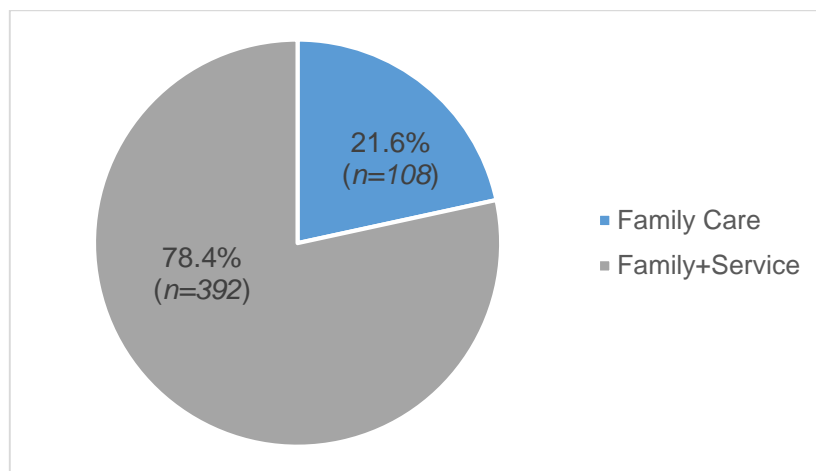
(n=500)

		Obs	%
Sex	Female	243	48.7
	Male	257	51.3
Age Group	0-2	142	28.4
	3-6	230	45.9
	7-9	128	25.7
General Health Status	Good	498	99.6
	Bad	2	0.4

1. Care Arrangement

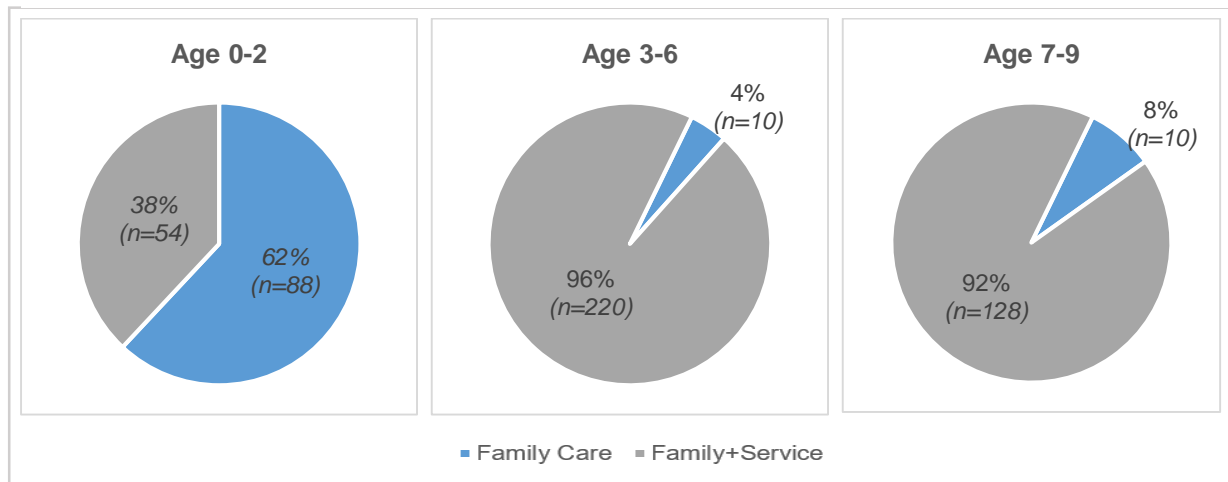
This report categorized care arrangements by use of external care services for children (family care versus family care + external service). The following sections will delineate the findings on who performed childcare, for how long, the incurred costs, and whether or not external care services were used. Figure 27 shows that the majority of respondents in the survey used external care services for their children.

<Figure 27> Types of Childcare Arrangement



Nearly 80% of the respondents reported using external childcare services. This is not surprising considering the range of programs and services for childcare and child education offered in Korea. In a cross-national comparative study on the current status of extracurricular activities for young children, Kim and her colleagues (2017) found that 89.8% of children in Korea were recipients of external care services on weekdays, including home-visit programs, private academies (*hagwon*), programs offered by public and private institutions, and so on. The study also found that Korea has the highest number of extracurricular activities available for children (22 programs in total) as well as the highest usage of these programs (on average 1.7 programs per week) among the surveyed countries Taiwan, Japan, the U.S.A., and Finland. The current report also found that almost eight in ten children under age 10 were enrolled in at least one program. Figure 28 shows this proportion by age group.

<Figure 28> Types of Childcare Arrangement by the Age Group of Children



The proportion of respondents not using external childcare services was largest with respect to the youngest age group (0-2). More than 60% of respondents in this group reported that they alone care for their children. This proportion drops when the child enters the 3-6 age group. Almost all children in this age range (as well as the 7-9 range) were found to receive external care. The 21.7% of respondents who did not use external childcare, as shown in Figure 7, were mostly from the 0-2 group. What would be the reasons these respondents do not use an external service for their children?

<Table 31> Main Reasons for Not Using External Childcare Services by Age Group

(unit: n, (%))

		Age 0-2	Age 3-6	Age 7-9	Total
1	I think a mother should take direct care of her child.	46 (52.2)	4 (39.8)	5 (50.0)	55 (50.8)
2	I don't feel the need to use outside services.	29 (33.1)	3 (29.8)	4 (40.2)	36 (33.4)
3	I can't trust external services.	5 (5.7)	2 (19.9)	1 (9.8)	8 (7.4)
4	My child is too young to receive external service.	4 (4.4)	1 (10.5)	0 (0.0)	5 (4.6)
5	The service fees are too expensive.	2 (2.3)	0 (0)	0 (0)	2 (1.9)
6	My child doesn't like or refuses to use external services.	2 (2.3)	0 (0)	0 (0.0)	2 (1.9)
Total		88 (100.0)	10 (100.0)	10 (100.0)	108 (100.0)
χ^2		5.02			

Table 31 shows the main reasons for not using an external care service by age group. Half of the respondents did not use any external care service because they believed a mother should directly take care of her child (50.8%) or did not feel the need to use outside services (33.4%). These answers were most frequent among respondents in the age 0-2 group. According to a report on childcare which surveyed mothers in the Seoul metropolitan area, mothers with children less than one-year old believe it is proper for parents to be the primary caregiver of their children (over 90%) (Lee et al, 2013). This response drops to 44.5% when the children turn two years old. Daycare centers were referred to as the proper care provider by 58.3% for respondents with children aged two and 70.6% by those with children aged three (p. 100). Despite the small size of the sample, our finding still corresponds to the results from this report and further supports the claim that Korean mothers tend to believe that they themselves should care for their children, especially infants, and that this belief weakens as the children grow.

1) The Providers of Care

Mothers are commonly thought of as the primary caregivers for children. As mentioned above, a significant number of Korean women still leave the labor market to take care of their children, as the M-shaped curve of the Korean female labor force participation rate demonstrates. Yet other family members besides parents, such as grandparents, also serve as caregivers. Meanwhile, the use of paid childcare services has increased over the last decades. In this regard, this section examines who are the caregivers in childcare and how much time they spend in this role. rapidly

(1) Family Care

Respondents were asked to report the number of hours they and their spouses perform care during the week and weekend. They were also asked to report if other family members or anyone else was currently assisting with their childcare, and if so, the number of hours per day they spend doing so.

a) Hours of Childcare by Parents

Our data shows a substantial gap between mothers and fathers in their time spent on childcare. When it comes to parents taking care of their children in Korea, the fathers' lack of participation

cannot be ignored (Yoo and Choi, 2002; Kim, 2008; Lee, 2012). Although recent studies have found that fathers in Korea are increasing the amount of time they spend on conducting housework and childcare (Song, 2011; Ahn et al., 2013; Kim and Jin, 2016; Cha and Song, 2017), their participation in childcare in comparison with mothers is still significantly low (Son, 2005; Kim, 2005; Eun, 2009; Song, 2011). The following graphs show what was found in our data.

<Figure 29> Parents' Average Hours Spent in Childcare by Weekday, Weekend, and Daily

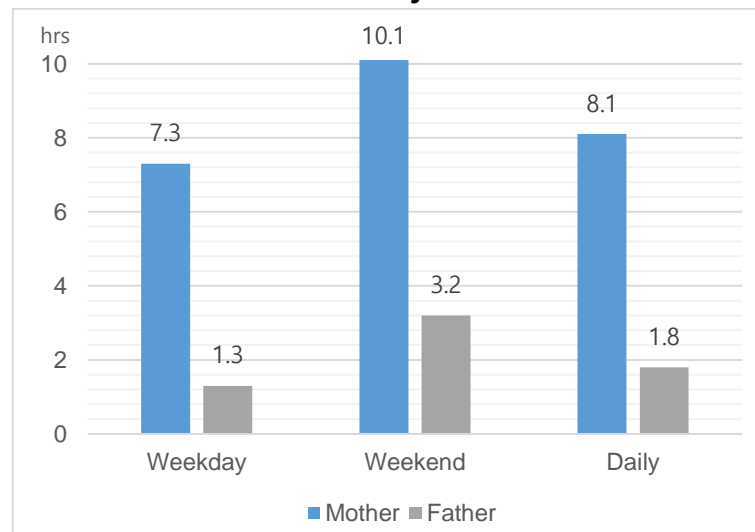
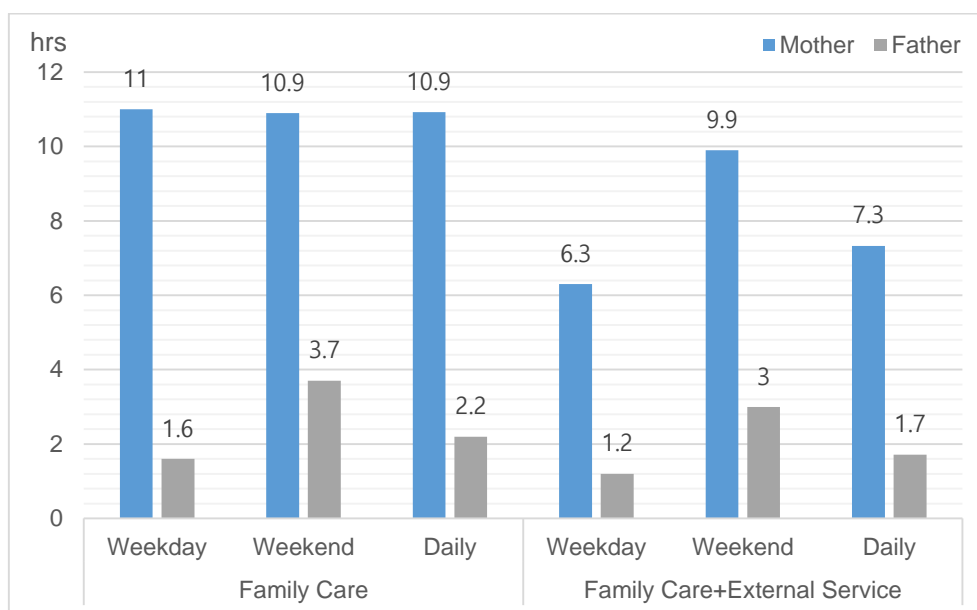


Figure 29 shows parents' average hours spent in childcare by weekday, weekend, and daily. The mothers spent 7.3 hours on average in childcare during the week, six more hours than fathers. Both mothers and fathers spent more time in childcare during the weekend; mothers spent three more hours and fathers spent two more hours. Although fathers' childcare time increased during the weekend, the time gap between mothers and fathers was not narrowed. Mothers' care time increased by an hour compared to that of fathers, resulting in a higher gap between mothers and fathers during the weekend than during the week. On average, mothers spent eight hours a day in childcare, four times more than the hours fathers spent.

<Figure 30> Parents' Average Hours Spent in Childcare by Type of Care Arrangement



<Table 32> Parents' Average Hours Spent in Childcare by Type of Care Arrangement

		Family Care (n=108)		Family + Service (n=392)		t
		Mean	SD	Mean	SD	
Mother	Weekday	11.0	4.5	6.3	2.8	13.31***
	Weekend	10.9	3.5	9.9	3.8	2.43*
	Daily	10.9	3.9	7.3	2.7	11.10***
		Family Care (n=106)		Family + Service (n=388)		t
		Mean	SD	Mean	SD	
Father	Weekday	1.6	1.0	1.2	1.0	4.22***
	Weekend	3.7	2.7	3.0	2.6	2.18*
	Daily	2.2	1.3	1.7	1.3	3.67***

* $p < .05$ ** $p < .01$ *** $p < .001$

1) Total number of fathers is 494, six less than the total number of respondents (500) because six respondents reported they were single (either divorced or widowed).

Figure 30 and Table 32 show the difference in childcare time between mothers and fathers by families that use external childcare service versus those that do not. Using an external childcare service was found to affect mothers' and fathers' care time. Both mothers and fathers in families that used an external childcare service reported less hours of childcare, although this was most marked among mothers, especially during the week. Mothers who did not use an external service spent almost five more hours on childcare than mothers who did (11 hours versus 6.3 hours). Yet, the use of external care service did not impact on the time parents spent in childcare during the weekend.

b) Hours of Childcare by Other Family Members

Who else in the family is involved in childcare besides mothers and fathers? Do parents not using external care services receive more help from other family members than parents using services? The results are as follow.

<Table 33> Other Family Members Regularly Providing Childcare

Other Family Members	Obs	%
Maternal grandmother	32	58.2
Paternal grandmother	16	29.1
Other	7	12.7
Total	55	100.0

1) The total number of cases here includes not only other family members reported as primary but also secondary or assisting carer.

The number of respondents who reported receiving help with childcare from other family members was 47 out of 500 (9.4%). Among these 47 respondents, eight reported receiving help from not only one but two people. The total number of caregivers included in Table 33 is thus 55. These 55 family members were mostly grandmothers, with the number of maternal grandmothers twice as high as that of paternal grandmothers. Others were grandfathers, aunts, uncles, etc. Then who are these families that receive help with childcare from other family members?

<Table 34> Characteristics of Respondents Who Receive Regular Help from Other Family Members

Characteristics	In Detail	Obs	%
Living Arrangement	Live together	5	10.0
	Live separately	40	90.0
Mother's Employment Status	Employed	37	82.2
	Unemployed	8	17.8
Age of the Child Recipient	Age 0~2	13	28.9
	Age 3~6	23	51.1
	Age 7~9	9	20.0
Use of Childcare Service	Use service	35	74.5
	Do not use service	12	25.5
Total		45	100.0

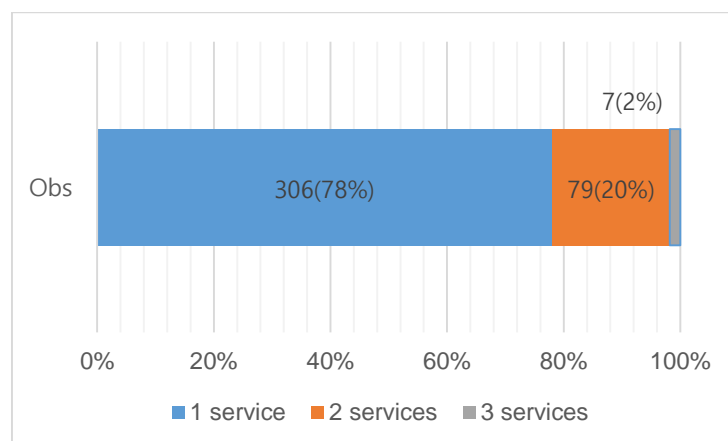
Table 34 describes several characteristics of the respondents who receive help with

childcare from other family members. Very few were found to live together with the assisting family members. Only five out of 45 (10%) respondents reported living with the child's grandmother. More than 80% of these respondents were employed mothers. Half of the children were aged between three and six. These were also the children more likely to receive care from an external care service. It might be generally assumed that respondents receiving help with childcare from other family members might be less likely to use an external care service, but in fact these respondents showed a higher rate of using such services. It seems that employed mothers not only arrange external care service but also additional help from other families in providing care for their children.

(2) External Care Service

What does non-family childcare consist of in Korea? This section examines the use of external childcare services by the recipients of our survey who were parents of children aged 0-9. As mentioned above, eight out of ten respondents in our data were found to be using external care services for their children. These care services included not only public programs but also private services such as tutoring or recreational activities. The findings below demonstrate that the respondents used a range of types of childcare services for varying amounts of time.

<Figure 31> Number of Childcare Services Used in the Last Month



If 80% of respondents were using external childcare services, how many services were they actually using? Figure 29 shows that using one service was most common among the sample (roughly 80%). The rest of the respondents mostly used two services, while respondents using three services were rare.

a) Types of Care Services Used

<Figure 32> Most Used Types of External Childcare Service

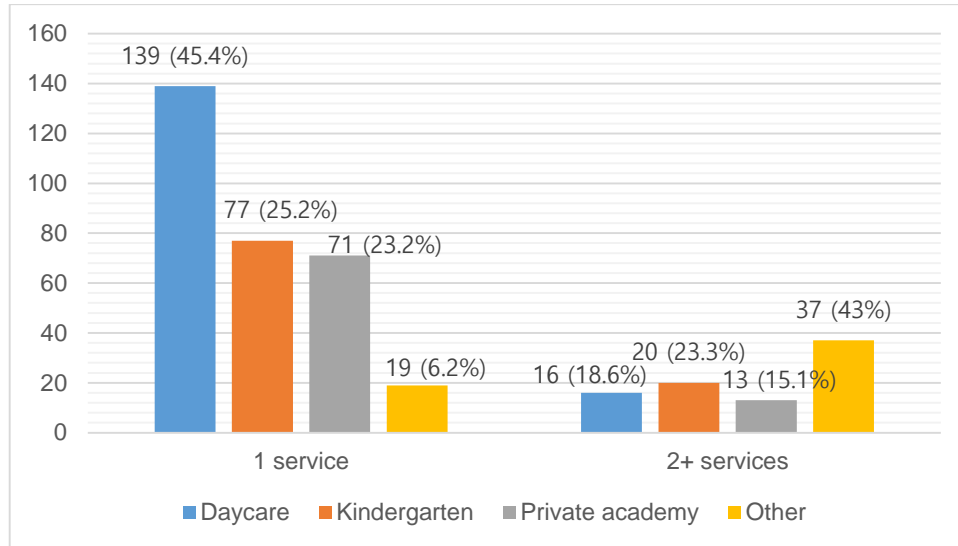


Figure 32 shows the most common care services recipients used grouped by the total number of services used per family. Daycare centers, private academies (*hag'won*), and kindergartens were the three most common services in our data. The majority of respondents sent their children to daycare or kindergarten.

<Table 35> Types of Services Used by Age of Children

	Age 0-2		Age 3-6		Age 7-9		Total	
	Obs	%	Obs	%	Obs	%	Obs	%
Daycare	45	78.9	110	41.7	1	0.6	156	32.2
Private academy (<i>hag'won</i>)	0	0.0	35	13.3	100	61.0	135	27.8
Kindergarten	2	3.5	102	38.6	0	0.0	104	21.4
After-school Program	0	0.0	0	0.0	26	15.9	26	5.4
Home-visit Program	0	0.0	8	3.0	16	9.8	24	4.9
Program by Private Institutions	8	14.0	4	1.5	4	2.4	16	3.3
After-school Childcare	0	0.0	1	0.4	9	5.5	10	2.1
Community Childcare Center	0	0.0	0	0.0	6	3.7	6	1.2
Program by Public Institutions	0	0.0	1	0.4	2	1.2	3	0.6
Babysitter	2	3.5	1	0.4	0	0.0	3	0.6
Public Babysitter (<i>aidolbomi</i>)	0	0.0	2	0.8	0	0.0	2	0.4
Total	57	100.0	264	100.0	164	100.0	485	100.0

1) The total number of observations (485) here surpasses the total number of respondents who reported using an external service in the sample (388). This is because the observations refer to the total number of services

respondents used. Respondents used three services at most.

Table 35 shows the types of services respondents used by the age of their child recipients. Different age groups showed different patterns of service use. Daycare centers and kindergartens were used mostly for children aged between three and six, while private academies were most prevalent among school-aged children.

Daycare centers and kindergartens are the major care institutions for preschool-aged children in Korea. The major difference between these two types of services is that while daycare centers are available for all preschool-aged children, kindergartens are mostly available for children aged between three and six. This is also well represented in the data. The respondents also commonly reported using private academies. These were used mostly for children of school age, but also for children of preschool age. The reason private academies (*hag'won*) is included in the list of care services in our survey is because in many cases children are sent to private academies not just for educational achievement but also for receiving care until their parents return from work after 6 p.m. Private academies may not be seen as a care facility because it is principally education-based institutions. Korean parents' reliance on private academies for extra care can be explained by the combination of their working hours and the shortage of formal care services the whole afternoon.¹⁶ It is difficult to completely clarify whether children attend academies for educational or care purposes. In any case, Korean parents' dependence on this service, as evident in its ranking among the most used childcare services among the respondents, conveys the unique context of childcare in Korea.

Home-visit programs are similar to private academies, the only difference being that the teacher actually comes to the child's home instead of the child going to the academy for learning. After-school programs and childcare are offered at elementary schools after regular school hours. Community childcare centers are public institutions that provide care free of charge, but they target children from low-income families. A handful of respondents reported using one-on-one caregiving services; two respondents reported using a public babysitter (*aidolbomi*) and three reported using a private babysitter.

b) Hours in the Use of Care Services

¹⁶ It is often reported in the Korean mass media that the lack of after-school public care services leads dual-income parents to unwillingly send their children to private academies simply for the sake of not leaving them alone. (<https://www.edaily.co.kr/news/read?newsId=01485846615996816&mediaCodeNo=257>)

Having discovered the types of services involved in external childcare in Korea, the following analyses show how many hours of care the children received with respect to each type of service.

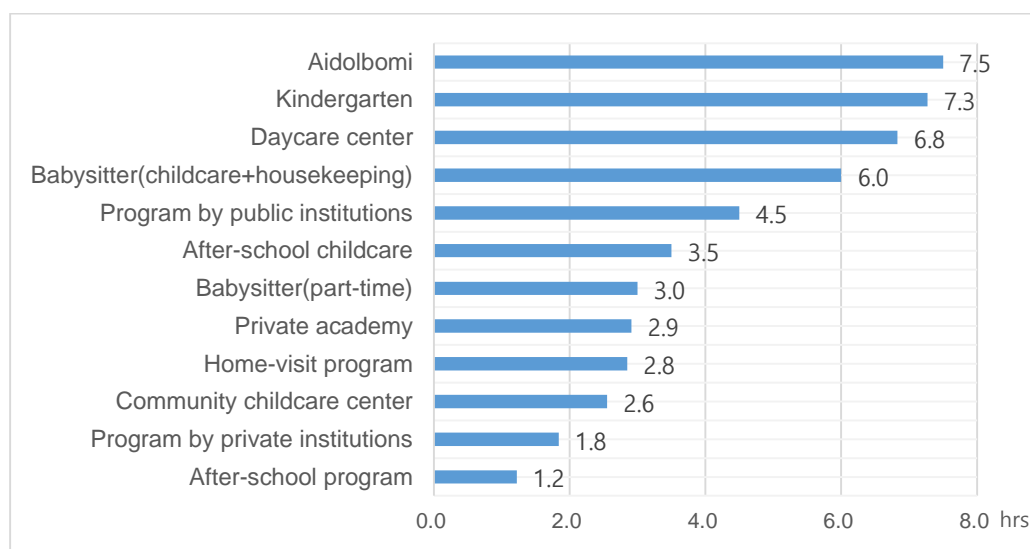
<Table 36> Average Number of Days and Hours of Using Childcare Service by Weekday

(n=388)

Service	Obs	Days in use (mean)	Hours of use per day (mean)
Daycare center	156	5.0	6.8
Private academy (<i>hag'won</i>)	135	4.5	3.2
Kindergarten	104	4.9	7.4
Home-visit program	26	4.2	3.4
Program by private institution	24	2.8	3.3
After-school program	16	3.3	1.8
Community childcare center	10	4.3	3.0
Program by public institution	6	5.0	4.5
After-school childcare	3	5.0	3.5
<i>aidolbomi</i> (part-time standard)	2	5.0	7.5
Babysitter (part-time)	2	3.0	5.0
Babysitter (childcare+housekeeping)	1	5.0	6.0

Services used every day during the week included daycare centers, kindergartens, programs by public institutions, after-school childcare, *aidolbomi*, and babysitters. Among these, kindergartens and *aidolbomi* were found to be the services with longest hours of use, used for more than seven hours per day. Daycare centers followed, used for almost seven hours per day. Despite the small number of users, *aidolbomi* and babysitters were used for longer hours similar to daycares and kindergartens. Private academies were also prominent both in terms of days per week and hours per day.

<Figure 33> Average Daily Hours Spent in Childcare Service by Type of Service



Daycare centers and kindergartens, the main care institutions for preschool-aged children, were found to be used for long hours. Kindergartens were found to provide longer hours than daycare centers in the survey (7.3 versus 6.8 hours per day). Programs by public institutions also offered more than 4 hours of care. Babysitting services such as private babysitters and *aidolbomi* offered long hours of care as well. While limited by the small sample size, it was found that the respondents who used babysitting services seemed to make use of these services for long hours.

<Table 37> Average Hours of Childcare Services Used during the Week

	Obs	Hours
Total	392	5.7
Age 0-2	54	5.9
Age 3-6	220	7.2
Age 7-9	118	2.4
<i>F</i>		20.39***

* $p < .05$ ** $p < .01$ *** $p < .001$

Table 37 shows the average number of hours the respondents used childcare services during the week. The result only includes the hours of the service used during weekdays because external childcare services were hardly used on the weekend; only seven respondents reported using such services on the weekend (one daycare, two kindergartens, and four private academies). The children in our data spent four hours on average in the care of an external service during the week. The children aged between three and six were found

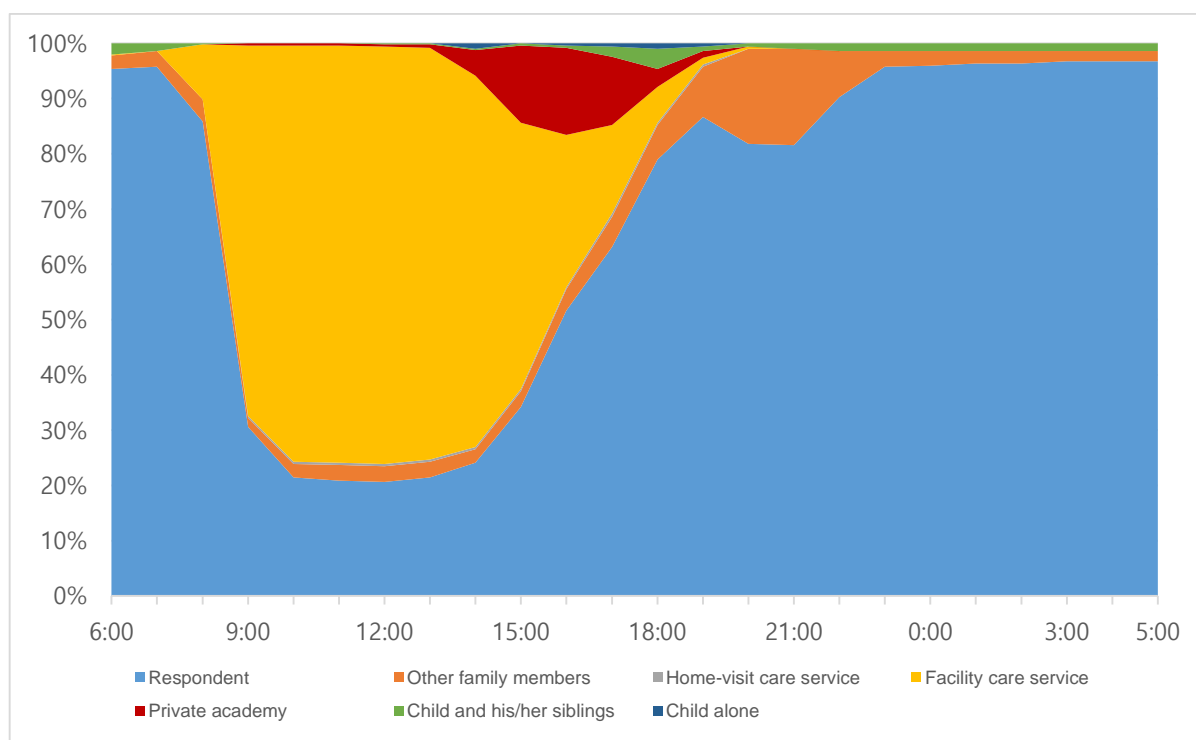
to spend the most time in these services among the age groups, at 7.2 hours per day during the week. These long hours are presumed to reflect the fact that this age group mainly attended daycare centers and kindergartens.

(3) Hours of Care Provision

The following graph summarizes the daily care provision of children. It shows the proportions of care provided to the child over a twenty-four-hour period.

<Figure 34> Time Allotment of Daily Childcare Provision

Q8. Below is a timetable of your child's day. Please indicate who mainly took care of him/her yesterday at each hour. (If you're not sure about yesterday, please respond regarding the most recent day you can recall. If your child was sleeping in a different room, please select the people who were in the house. Please select '7. Child alone' only if the child was alone in the house with no one else present.)



Almost 80% of children were found to use a facility service during the day, starting from 9 a.m. until 2 p.m. on average. Between 2 p.m. and 6 p.m. the types of care arrangement started to diversify. Notably, there was an increase in private academies and some children staying with their siblings at this time. Facility care almost disappeared after 6 p.m., when care provided by other family members increased. These family members can include not only respondents' husbands but also the children's' grandparents or relatives. This type of care diminished and was barely observable after 11 p.m. Care by other family members could also

be seen at other times of the day, likely to be grandparental care for children of employed mothers. Children were rarely alone. Care by respondents, the mothers, increased after 2 p.m., when children leave facility care. A number of mothers participated in childcare during the daytime, indicating that many of them did not have a full-time (but perhaps part-time) job. The daily composition of childcare shows that mothers are the major caregiver of their children in terms of the time spent with them.

<Table 38> Hours of Childcare by Type of Care Arrangement

(Unit: hour)

		Obs	Total	Family care			External Service
				Mother	Father	Other Family Members	
Family Care	Parents Solely	96	13.5	11.3	2.2	0.0	0.0
	Parents + Other Family Members	12	14.7	7.8	2.3	4.6	0.0
Family + External Service	Parents + External Service	357	13.0	7.4	1.7	0.0	3.9
	Parents + Other Family Members + External Service	35	16.4	6.3	1.9	3.7	4.5
<i>t / F</i>			38.74**	49.35***	4.93**	0.18	0.14

* $p < .05$ ** $p < .01$ *** $p < .001$

1) The total number of husbands is different from the total number of respondents (A total of 494 husbands were analyzed for this table: Parents Only = 95, Parents+Other Family Members = 11, Parents+External Service = 354, and Parents+Other Family Members+External Service = 34).

Table 38 shows the average hours of care provision by type of care arrangement. As seen in the table, the two major types of care arrangement, Family Care (without any external care service) and Family Care + External Service are further divided into four categories in terms of the additional provision of care by other family members. The total amount of hours of care was estimated by adding the hours of care provided by all the caregivers.

The total hours of care were highest in the group that received care from both other family members and non-family external care services. Mothers' care time was the least in this group. The hours of care provided by mothers was highest in the group where parents performed care without any other source of help. When the parents used other sources of care provision, it affected the amount of time mothers spent in care but not that of fathers. The availability of other sources of care for the children is likely to be mostly associated with the time mothers spend in childcare.

2) The Financial Cost of Care

(1) Family Care

The financial costs of childcare are categorized into two types: expenses within the family and expenses outside the family (care service fee). Expenses within the family include buying basic goods for raising a child, but they also signify household expenditures in the form of payments to family members as compensation for their help with childcare. Although childcare costs mostly mean money out of pocket, a certain portion of the costs can be covered by other family members who provide financial support. The findings are as follow.

<Table 39> Average Monthly Expenses for Childcare

Q 14-1. In the past year, how much did you spend monthly on average on your youngest child's baby formula and diapers?

(unit: ₩10,000)

	Total		Family Care		Family + Service		<i>t</i>
	Obs	Mean	Obs	Mean	Obs	Mean	
Total	500	8.2	108	23.5	392	4.1	11.32***
Age 0-2	142	24.5	88	27.9	54	19.1	2.02*
Age 3-6	230	2.5	10	4.2	220	2.5	0.77
Age 7-9	128	0.5	10	4.5	118	0.2	4.30***
<i>F</i>	126.07***		5.83**		141.11***		

* $p < .05$ ** $p < .01$ *** $p < .001$

The survey included one question for measuring household expenditures on childcare, asking about the amount spent on baby formula milk and diapers for the youngest child. Because the range of items used in childcare can vary hugely, the team decided to set one question representing the general costs of childcare. The results show that respondents spent 80,000 won on average per month for buying such baby goods. Further analysis reveals differences in expenses by the age range of the child. Respondents with their youngest (the care recipient) child in the 0-2 age group reported the highest expenses. Their monthly expenses were nearly 245,000 won, significantly higher than the averages of the rest of the age groups. This is likely because diapers and baby formula are most frequently used for children in this age group.

<Table 40> Financial Compensation to Other Family Members Who Provide Childcare

Q30-5. Do you financially compensate them for their help with the children? If so, how much do you compensate?
(Compensation can include monthly allowances and support for living expenses.)

(unit: ₩10,000)

	Obs	Mean	SD	<i>t</i>
Family Care	12	46.7	25.1	0.66
Family + Service	35	38.4	21.8	
Total	47	40.5	23.6	-

* $p < .05$ ** $p < .01$ *** $p < .001$

Financial compensation to grandparents who provided childcare was quite common in Korea. According to the Study of Grandparents Raising Young Grandchildren and Support System, almost 50% of grandparents receive financial compensation regularly for taking care of their grandchildren and 30% receive irregular compensation. The average amount they receive from the child's parents was found to be 570,000 won per month (Lee et al., 2015). Our survey also asked respondents if they compensate their family members who help with childcare. The answers revealed that 33 out of the 45 respondents regularly gave financial compensation, averaging 405,000 won per month.

(2) External Care Service

The cost of external childcare services can vary by the type of institution. Public services are generally cheaper than private services because they are subsidized by the government, but private daycare centers and kindergartens, the services that are widely used by parents with children between age three and six, also receive government support. They are nonetheless generally more expensive (Lee et al., 2013).

The amount of government subsidies is equally provided to users of daycare centers and kindergartens, but not all publicly funded care services are provided with an equal distribution of financial assistance. The costs of using *aidolbomi* and community childcare centers varies by the level of household income. *aidolbomi* is the only official public babysitting service that is home-based. The rest of the other in-home care services in our data are private. Because a private babysitting service is usually used for longer hours and requires an hourly-based payment, the cost is much higher than other services that provide relatively shorter hours of service or publicly funded services such as daycare centers.¹⁷ Table 41 below shows

¹⁷ Although it is hard to generalize the result of the average cost of babysitting services in the data because there is only one data point, the average cost of private babysitting service was 10,000 won per hour (Lee et al., 2018).

the average monthly cost of care service by whether or not the service was supported through government subsidies or not.

<Table 41> Average Monthly Cost of Childcare Service by Reception versus Non-reception of Government Subsidies

(unit: ₩10,000)

Type of Service (Government support available)	Subs idy	Obs	Cost	Type of Service (Government support not available)	Subs idy	Obs	Cost
Kindergarten	Yes	86	9.3	Program by private institution	Yes	0	0
	No	18	21.4		No	16	6.1
Daycare center	Yes	149	10.7	Home-visit program	Yes	0	0
	No	7	16.1		No	24	8.8
Community childcare center	Yes	3	0	Private academy	Yes	0	0
	No	3	10		No	135	21
<i>aidolbomi</i> (part-time standard)	Yes	1	50	Babysitter (childcare+housework)	Yes	0	0
	No	1	25		No	1	140
Program by public institution	Yes	2	3.5	Babysitter (part-time)	Yes	0	0
	No	1	0		No	2	2
After-school childcare	Yes	1	0				
	No	9	5.1				
After-school program	Yes	2	0				
	No	24	3.9				

The majority of respondents using kindergarten and daycare received government subsidy. Those who did not receive subsidies were likely to use private institutions not publicly funded (such as English kindergartens). Governmental support is also available with regard to community care centers, *aidolbomi*, programs by public institutions, after-school childcare, and after-school programs, but this depends on income levels.

<Table 42> Average Monthly Cost of Childcare Services Paid by Respondents by the Number of Services Used

	Obs	Mean	SD	<i>t</i>
Average	392	20.8	21.5	-
1	306	17.8	17.1	-5.24***
2+	86	31.3	30.5	

* $p < .05$ ** $p < .01$ *** $p < .001$

<Figure 35> Average Monthly Cost of Childcare Services Paid by Respondents by the Number of Services Used

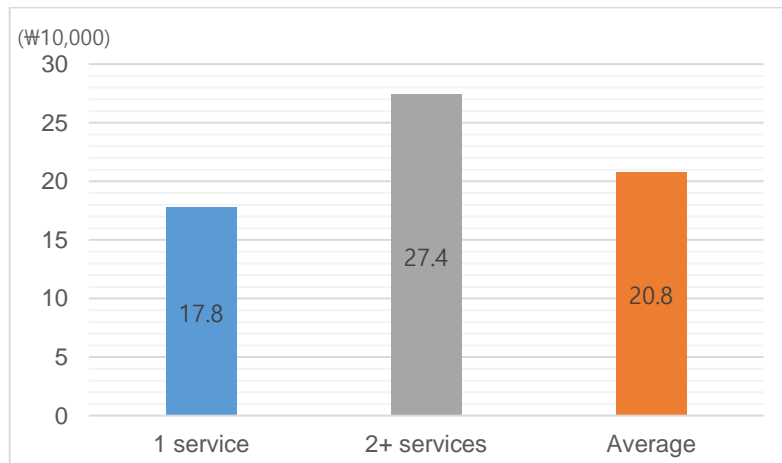


Table 42 and Figure 35 show the average monthly cost of childcare services by the number of services used. The average was 208,000 won. The cost increased with the number of services. Respondents who used more than two services per month for their child spent 135,000 won more than respondents who used one service.

(3) Financial Costs of Care Provision

Table 43 summarizes the costs of childcare per family. While these estimates indicate a portion of the care cost for children, they still serve as a meaningful indicator for understanding how much families generally pay to raise a child. The aggregated cost is presented in Table 43 by the type of care arrangement.

<Table 43> Cost of Childcare Paid by Respondents by Type of Care Arrangement

(unit: ₩10,000)

	Obs	Total	Within the Family	External Service
			Expense on Diapers/Formula Milk	Service fee
Family Care	108	23.5	23.5	-
Family + Service	392	24.8	4.0	20.8
<i>t</i>	501	-0.49	11.32***	-

* $p < .05$ ** $p < .01$ *** $p < .001$

The total cost of childcare by type of care arrangement was found to be quite similar despite large differences between costs within the family and the costs of external services.

Interpreting the care costs within the family by type of care arrangement requires caution because this difference could be due to childcare recipients being in the youngest age range,¹⁸ but the extra cost of using an external service for this group of children still resulted in a total amount close to that of other age groups when aggregated. The total cost of childcare estimated through the expenses in our data was found not to differ by type of care arrangement.

3) Family Profile by Type of Care Arrangement

<Table 44> Family Characteristics by Four Types of Care Arrangement

		Parents Only		Parents + Other Family Members		Parents + External Service		Parents + Other Family Members + External Service		Total	
		Obs	%	Obs	%	Obs	%	Obs	%	Obs	%
Total		96	100.0	12	100.0	357	100.0	35	100.0	500	100.0
Mother's Employment Status	Employed	12	12.4	8	67.0	106	29.9	31	88.8	158	31.6
	Unemployed	84	87.6	5	33.0	249	70.1	4	11.2	342	68.4
X^2		76.03***									
Mother's Education Level	High school or less	27	28.3	4	34.0	102	28.6	9	26.0	142	28.5
	College	64	66.5	7	58.1	250	70.0	26	74.0	347	69.3
	Graduate School	5	5.2	1	7.9	5	1.4	0	0.0	11	2.2
X^2		8.46									
Mother's General Health Status	Good	55	57.3	8	67.0	228	63.8	16	45.4	307	61.3
	Fair	34	35.4	4	33.0	123	34.5	19	54.6	180	37.1
	Bad	7	7.3	0	0.0	6	1.7	0	0.0	13	2.6
X^2		16.10*									
Age of the Child Recipient	Age 0-2	79	82.2	9	74.6	49	13.7	5	14.0	142	28.4
	Age 3-6	9	9.4	1	8.4	197	55.4	22	62.9	230	45.9
	Age 7-9	8	8.4	2	17.0	110	30.9	8	23.1	128	25.7
X^2		193.13***									
Number of Children under Age 10	1	60	62.6	8	66.0	235	65.9	17	48.7	320	64.1
	2	32	33.3	3	25.6	116	32.4	15	42.6	166	33.1
	3+	4	4.1	1	8.4	6	1.7	3	8.7	14	2.8
X^2		10.53									
Living Arrangement	Live together	0	0.0	3	25.0	0	0.0	2	5.7	5	1.0

¹⁸ Mothers with younger children tend not to use external care services and spend more on diapers and formula milk than mothers with older children.

with Other Family Members	Live separately	96	100.0	9	75.0	356	100.0	33	94.3	495	99.0
χ^2	537.19***										
Average Monthly Household Income		7.0	(2.0)	10.8	(4.9)	8.1	(2.3)	9.3	(2.5)	8.0	(2.4)
F	14.86***										

1) The values of the average monthly household income are the mean and the standard deviation is in the parenthesis.

2) Numbers may not add to 100 due to rounding.

It was found that families that received help with childcare from other family members were more likely to have an employed mother than families that did not. Also, families that did not receive any help from other family members or external care service for childcare were found to have the highest proportion of unemployed mothers (87.6%). Mothers in this type of family also reported the highest average hours of care per day among parents in all family types (Table 38 on p.62) (13.5 hours per day). Fathers in this type of family reported a relatively higher amount of time spent on childcare compared to fathers in other types of families. By contrast, almost 90% of mothers were found to be employed in families that received help with childcare from both other family members and external care services. The average number of hours they spent on childcare was lowest, at 6.3 hours per day.

Not much difference was found in the types of care arrangement by mothers' education levels; mothers with college degrees were most common in all the family types. Mothers' health status was also found to be relatively similar among the different family types. The age of the child recipient was found to be an important factor for childcare arrangement. The families that did not use an external care service were more likely to have a young child, under the age of two. In families that used external care services the most, the youngest child was between the ages of three and six. Meanwhile, the proportion of children aged between seven and nine increased when families still used an external care service but no longer received help from other family members. On average, more than half of the families among every family type had only one child under the age of 10. The proportion of families having two children under the age of 10 was highest among the families who received help with childcare from both other family members and external services. Among the families who received help with childcare from other family members, only five reported living with these family members.

The families who used external care services were found to have higher household incomes than families that did not. The families that did not receive any help with childcare from other sources were found to have the lowest household income on average. The average household income seems to be related with the employment status of mothers, that is, the families with lower monthly household incomes are more likely to have unemployed mothers.

2. Caregiving Activities

This section attempts to show the nature of caregiving activities for children. Respondents were asked to state the frequency and difficulty of a total of 14 different activities. They were also asked to choose up to three activities they would rather a paid care service performed and three activities they would like to perform if they had more time.

<Table 45> List of Caregiving Activities for Childcare

Act1	Help dress/undress
Act2	Help wash face, brush teeth, wash hands, etc.
Act3	Help enter/exit the bathroom, clean and dress after toilet use (including changing diapers)
Act4	Help take bath or shower
Act5	Holding the child, carrying the child on the back, helping the child move around
Act6	Help eat or drink
Act7	Prepare food and clean dishes
Act8	Housework (cleaning, laundry, organizing)
Act9	Help take the right dosage of medication at set times
Act10	Take to hospital, pick up prescriptions
Act11	Have a conversation or play indoors (including reading books)
Act12	Watch TV or other media together
Act13	Take a walk (including outdoor playgrounds)
Act14	Help with transportation (using public transportation, providing a ride somewhere in a car, commuting to/from daycare/school, etc.)

Table 45 lists the caregiving activities in the survey. Respondents were asked to state the frequency and difficulty of each activity. As explained in the methodology chapter, this list of activities was developed based on the ADL and IADL index for eldercare and adapted to the circumstances of childcare.

1) Type and Frequency

Respondents described the frequency by which they performed the caregiving activities in terms of six scales, ranging from *do not perform* to *many times a day*. Table 46 presents the frequencies. These scales were converted into a numeric scale of one to six. The mean frequencies of the activities are presented in Figure 36.

<Table 46> Frequencies of Childcare Activities

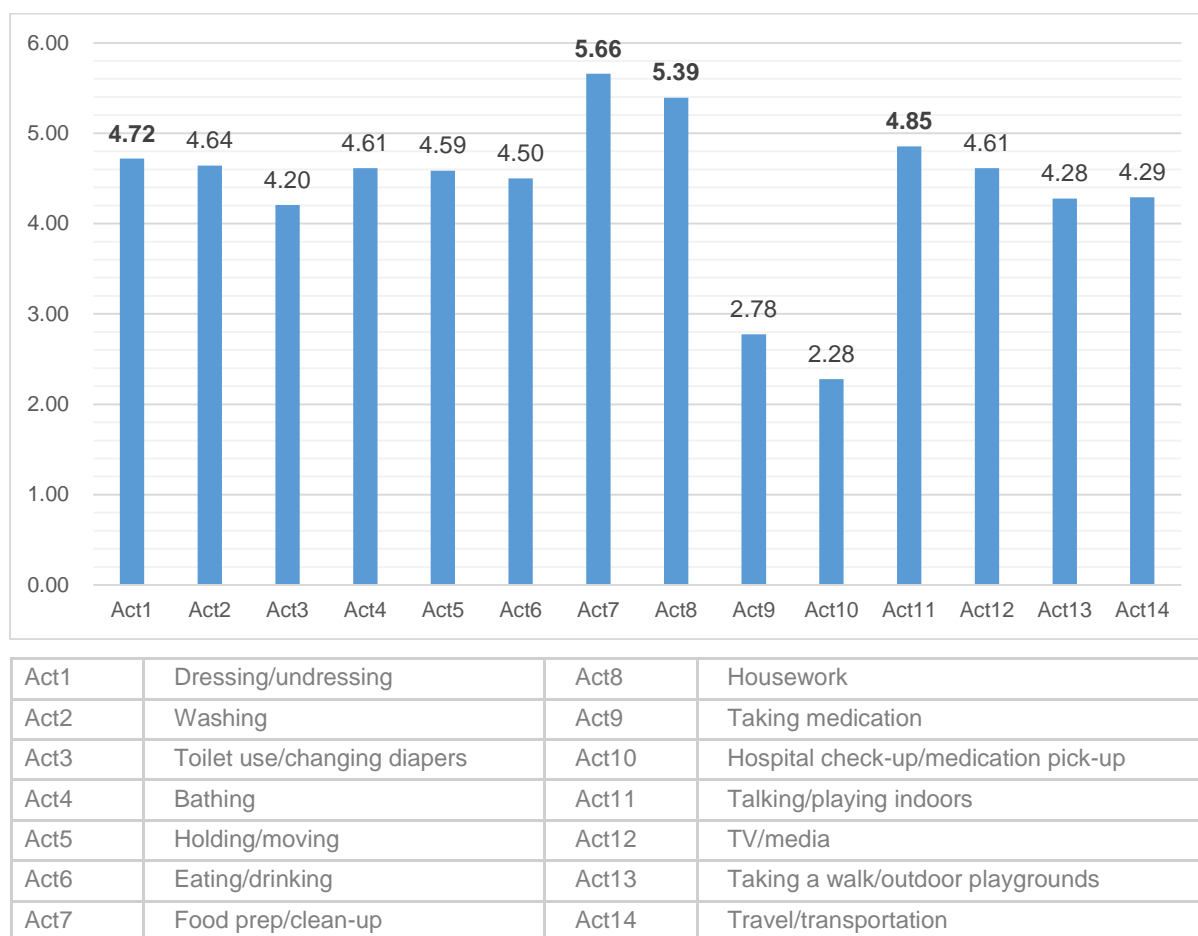
Q4. Please record how frequently you engaged in the care activities listed in the cards in the past month.

(n=500, unit: %)

Scale		1	2	3	4	5	6	Total
Activity		Not performed	1-2 times a month	1-2 times a week	3+ times a week	Once a day	Many times a day	
Act1	Dressing/undressing	15.6	1.2	3.4	4.4	26.4	49.0	100.0
Act2	Washing	18.2	1.0	4.2	4.6	19.0	53.0	100.0
Act3	Toilet use/changing diapers	28.6	1.4	1.8	4.4	16.8	47.0	100.0
Act4	Bathing	7.4	1.4	7.0	10.0	55.0	19.2	100.0
Act5	Holding/moving	18.3	1.6	5.2	6.6	15.2	53.1	100.0
Act6	Eating/drinking	23.5	1.2	2.6	4.0	12.4	56.3	100.0
Act7	Food prep/clean-up	3.2	0.0	0.8	2.2	11.4	82.4	100.0
Act8	Housework	3.4	0.4	1.8	5.6	25.4	63.3	100.0
Act9	Taking medication	27.0	30.0	15.6	7.6	5.4	14.4	100.0
Act10	Hospital check-up /medication pick-up	22.8	48.4	17.4	4.6	3.2	3.6	100.0
Act11	Talking/playing indoors	3.2	3.0	9.6	14.3	29.3	40.6	100.0
Act12	TV/media	10.6	1.6	7.0	11.8	34.7	34.3	100.0
Act13	Taking a walk/playgrounds	4.6	4.2	16.6	24.4	33.8	16.4	100.0
Act14	Travel/transportation	17.6	1.8	7.4	8.2	37.0	27.9	100.0

Help the child with washing (Act2), holding and carrying the child (Act5), helping the child with eating and drinking (Act6), preparing food and clean up afterwards (Act7), and performing housework such as cleaning and laundry (Act8) were found to be most frequent caregiving activities for children. Yet we need to note that a considerable proportion of these activities were also given to “Not performed”, with respect to helping the child with washing (Act2), with moving (Act5), and with eating (Act6). The mean frequencies for each activity are shown in Figure 34.

<Figure 36> Mean Frequencies of the Childcare Activities



Preparing food and cleaning dishes (Act7), and cleaning the house and doing laundry (Act8) were found to be most frequent. They were also the only two activities that average more than 5.0, which means that respondents performed these activities at least once a day on average. The next most frequently performed activities were activities 11 (engaging in conversation or playing with the child indoors, including reading books, $m=4.85$) and 1 (help the child dress or undress, $m=4.72$). The most infrequently performed activities were 10 (take the child to hospitals or to pick up prescriptions from the hospital or pharmacy, $m=2.28$) and 9 (help the child take the right dosage of medication at set times, $m=2.78$). The frequency of these activities tended to be several times a month. Except these, the rest of the activities averaged a frequency of more than 4.0, which means they were performed on average at least three times a week.

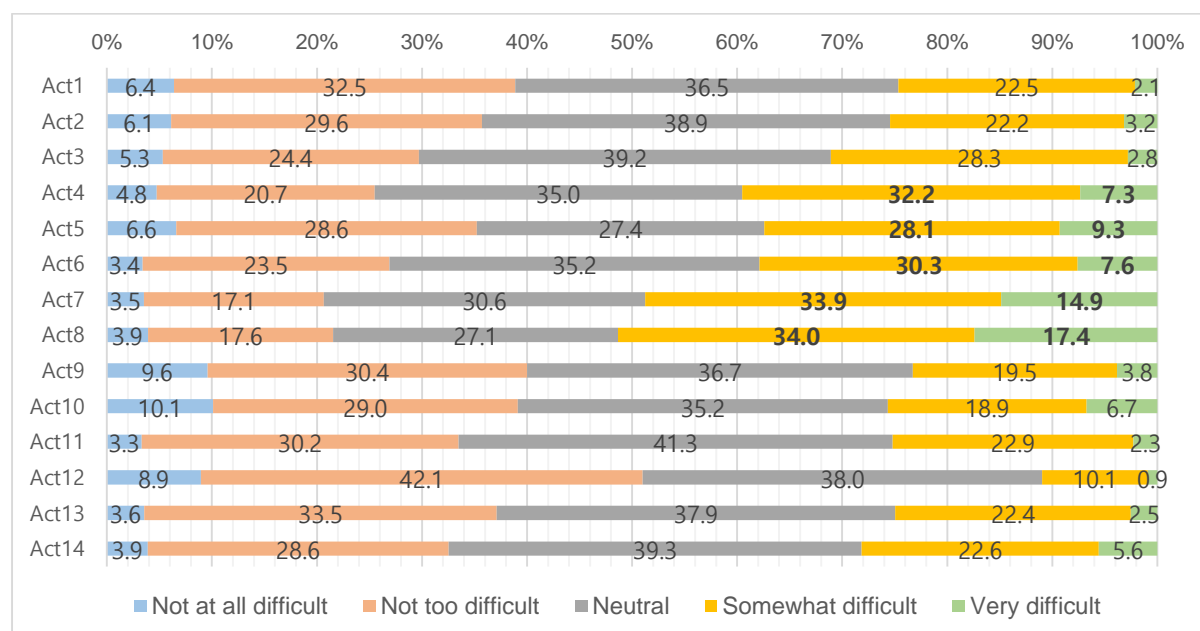
2) Type and Difficulty

Figure 37 shows the levels of difficulty respondents reported with respect to each activity. The

number of responses for each activity varies because respondents who answered “none” for the frequency question did not answer the question on difficulty.

<Figure 37> The Levels of Difficulty of the Childcare Activities

Q4. Please record how much difficulty you experienced in the past month (how burdensome the activity was).



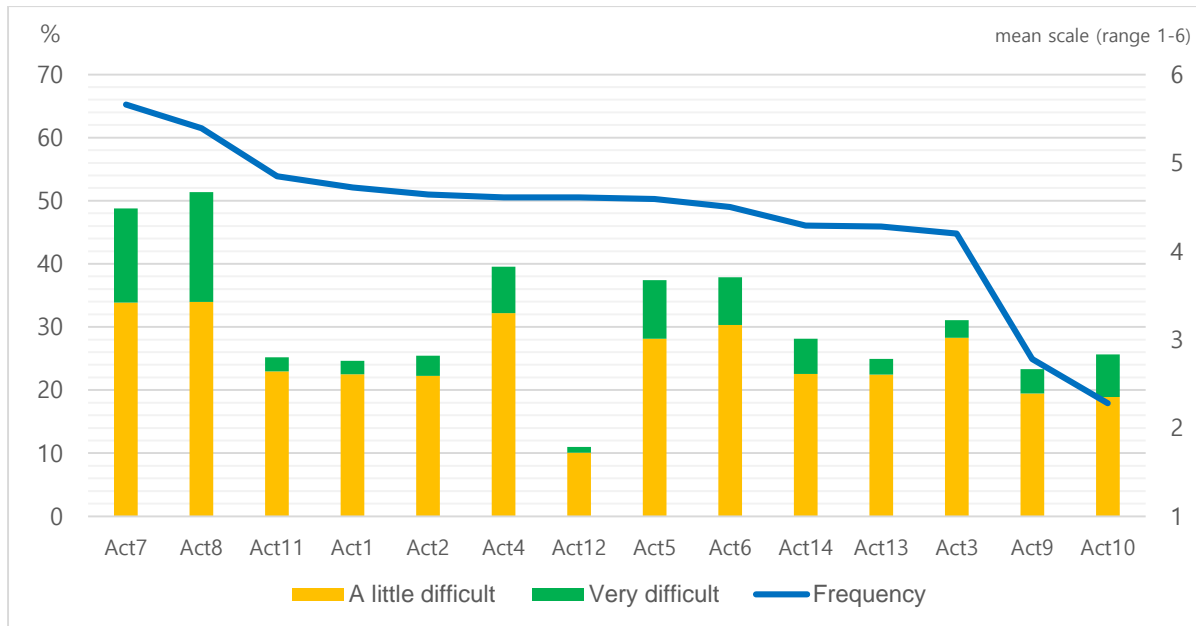
Act1	Dressing/undressing	Act8	Housework
Act2	Washing	Act9	Taking medication
Act3	Toilet use/changing diapers	Act10	Hospital check-up/medication pick-up
Act4	Bathing	Act11	Talking/playing indoors
Act5	Holding/moving	Act12	TV/media
Act6	Eating/drinking	Act13	Taking a walk/outdoor playgrounds
Act7	Food prep/clean-up	Act14	Travel/transportation

To prepare food and clean dishes (Act7) and to conduct housework tasks such as cleaning the house and doing laundry (Act8) were found to be the most difficult. Housework (both Act7 and Act8) was thus found to be most difficult as well as most frequently performed. Respondents described these activities as even more difficult than providing physical assistance to the child. To help the child take a bath or shower (Act4), to hold a child or help move around (Act5), and to help the child eat or drink (Act6) followed next, showing roughly 40% reporting as it is difficult to perform.

3) Type, Frequency, and Difficulty

Figure 38 shows both the mean frequency and levels of difficulty of each activity. The graph orders the activities from highest to lowest mean frequency.

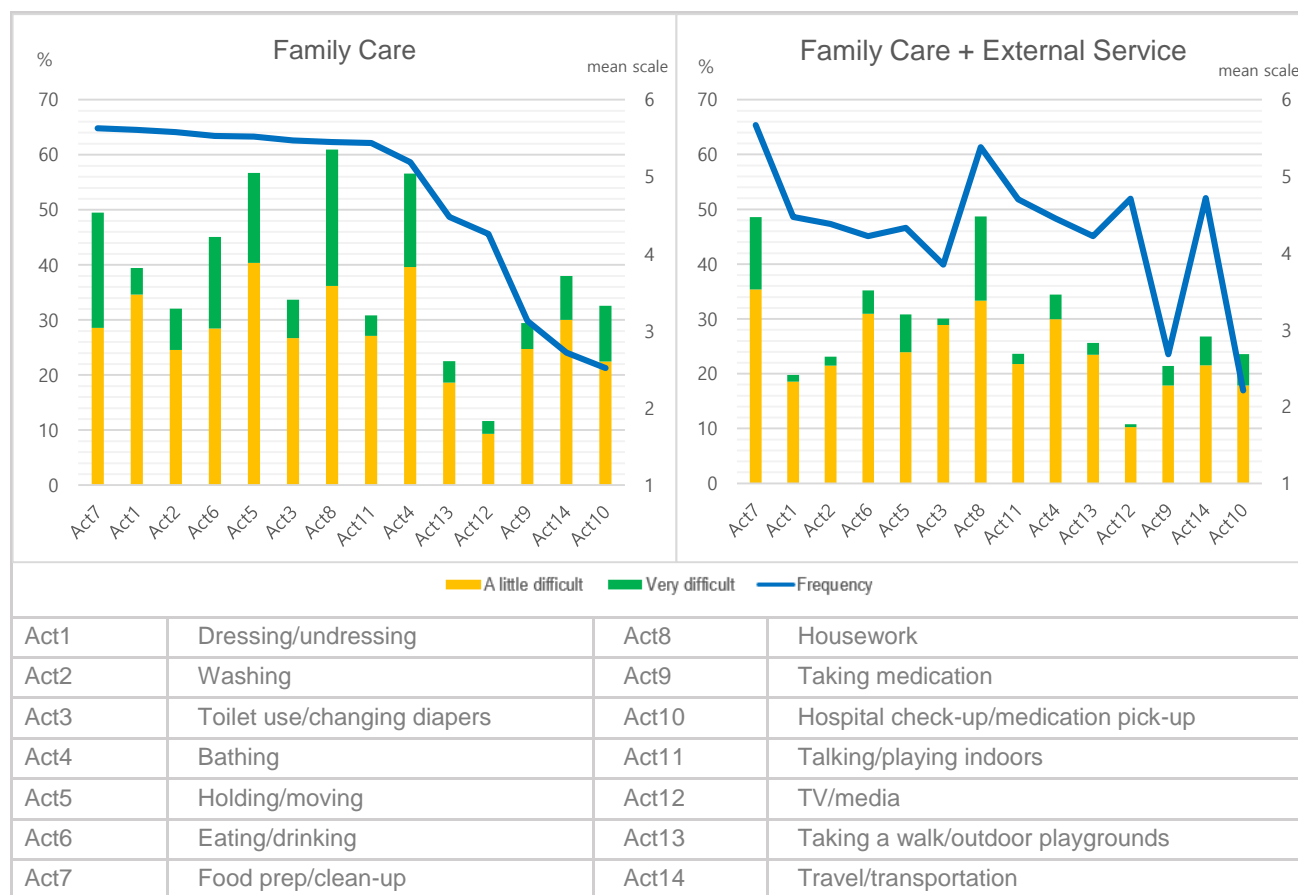
<Figure 38> Mean Frequency and Level of Difficulty of Childcare Activities



Act1	Dressing/undressing	Act8	Housework
Act2	Washing	Act9	Taking medication
Act3	Toilet use/changing diapers	Act10	Hospital check-up/medication pick-up
Act4	Bathing	Act11	Talking/playing indoors
Act5	Holding/moving	Act12	TV/media
Act6	Eating/drinking	Act13	Taking a walk/outdoor playgrounds
Act7	Food prep/clean-up	Act14	Travel/transportation

As mentioned above, it is notable that housework (Act7 and Act8) was both most frequent and most difficult. Preparing meals, washing dishes, cleaning the house, and doing laundry were found to be more difficult tasks than performing “direct” care, which involves tasks such as feeding the child or giving a shower. This perceived difficulty could actually be directly related to their frequency; their very repetition makes them more energy-consuming. However, exploring the relationship between frequency and level of difficulty may require further consideration. For example, bathing, holding, and feeding the child were also relatively frequent and difficult, while watching TV together with the child was frequent but not difficult. The data was thus rearranged by type of care arrangement to see if using external care service affected the frequency and level of difficulty of the childcare activities.

<Figure 39> Frequency and Level of Difficulty of the Childcare Activities by Type of Care Arrangement



For comparison, the order of the activities in the graph on the right (family care + external care service) was adjusted with respect to the order of the activities in the graph on the left (family care). This revealed quite a different pattern. Families who conducted the childcare activities without using an external service reported performing most of the activities more frequently and experiencing more difficulty. To give a child bath, to hold, to feed, and to conduct housework tasks (Act4, Act5, Act6, Act7, and Act8) were especially more frequent in this group. Among respondents using external childcare services, these levels decreased overall, but some activities showed an increase. Respondents in this group reported watching TV or media together and giving a ride more frequently and reported taking the child to the hospital, picking up prescriptions at the pharmacy, and giving a ride as more difficult.

4) Activities Respondents Wished to Outsource and Perform More Frequently

Table 47 shows the responses to two questions concerning which activities respondents would outsource given the financial resources and which activities they would conduct more often (or at all) given more time. Up to three activities were chosen for each question.

<Table 47> Activities Respondents Wished to Outsource and Perform More Frequently by Frequency (unit: %)

Q4-3. *If provided with financial assistance, what type of care activity would you like to outsource to a care worker or institution?*

Q4-4. *If given more time, what care activities would you like to perform yourself?*

Activities for outsourcing			Activities to do more frequently		
Act8	Housework	62.6	Act13	Taking a walk/playground	53.1
Act7	Food prep/clean-up	57.0	Act11	Talk/play indoors	50.8
Act14	Transportation	41.6	Act12	TV/media	30.3
Act13	Taking a walk/playground	25.2	Act5	Holding/moving	28.1
Act11	Talk/play indoors	25.1	Act2	Washing	17.6
Act4	Bathing	23.1	Act1	Dressing/undressing	17.0
Act6	Eating	16.4	Act7	Food prep/clean-up	15.6
Act10	Hospital check-up	14.4	Act14	Transportation	15.6
Act5	Holding/moving	12.5	Act4	Bathing	14.2
Act3	Toilet use/changing diapers	5.4	Act8	Housework	14.0
Act9	Taking medication	3.4	Act6	Eating	13.8
Act12	TV/media	3.2	Act9	Taking medication	7.0
Act2	Washing	3.0	Act10	Hospital check-up	6.8
Act1	Dressing/undressing	1.6	Act3	Toilet use/changing diapers	5.0
None		0.2	None		0.2

1) The percentage here is the sum of the percentage of the three activities respondents chose.

Respondents reported the types of activities they would most like to outsource as housework, preparing food and cleaning up, and giving a ride to the child. Housework tasks such as tidying up the house, doing laundry, preparing food, and washing dishes were also reported as most difficult and performed most frequently. In other words, the most frequently performed and difficult activities were also the ones respondents desired to outsource. The activities respondents most wished to perform themselves given more time were those that could be considered fun, such as playing indoors and outdoors and watching TV or media together.

3. Summary

The findings on childcare arrangement reiterate that mothers serve as the primary caregiver in Korea, with a wide gap in the hours spent in childcare between mothers and fathers. A traditional norm that mothers should take direct care of children was most evident among respondents when the children were young (under two years old), as the child's young age was cited the most often as a reason for not using an external care service. The use of external care services increased drastically with the children's' ages. There was a diverse variety of these services, and they were used for a considerable number of hours every week, demonstrating their importance as a provider of childcare in Korea besides mothers. The family members who helped with childcare were found to be mostly grandparents, especially grandmothers, but the number of children with grandparental care was not large. The hours that assisting family members spent on childcare was higher than that of fathers, which again tells us that the participation of Korean fathers in childcare is still very low, even though their interest and involvement in childcare have increased in recent years, as discussed in the literature.

The level of difficulty of childcare activities was found to be generally lower than that of eldercare, but frequency was higher. The caregiving activities respondents reported to perform most frequently and as most difficult were housework tasks. These activities were also chosen as the activities respondents most wished to outsource given the financial resources. Another activity that respondents wished to outsource besides housework was accompanying (walking or driving) their children to sites of external care services. What they wished to do more was playing with their children, both outdoors and indoors.

IV. Conclusion

This report described the survey findings on the arrangement of care provision and characteristics of caregiving activities within Korean families from the 2018 Care Work Family Survey in Korea. The data was collected from September through November, 2018. Respondents were mothers with a maximum of three children under the age of 10 for the childcare survey and family caregivers currently serving as primary caregiver for a frail elderly family member for the eldercare survey. The care recipients with respect to the childcare survey were the respondents' youngest children, and the care recipients with respect to the eldercare survey were the frail elderly taken care of by the respondents. In the latter case, respondents and the care recipient either lived together or the respondents visited at least three times a week, providing care for at least two hours per visit.

1. Eldercare

1) Care Arrangement

The arrangement of care was classified into two types: care performed solely by the family and care involving the use of an external care service. About 67% of the respondents were found to keep eldercare totally within the family network. The rest reported using external care services; the majority reported using one, which was most commonly the national LTC program.

(1) Hours of Care

Care arrangement for the frail elderly was more complex compared to care arrangement for children because a range of family members took part in eldercare, from the elder's children to siblings and sometimes grandchildren, while mostly only grandparents helped with childcare. Daughters-in-law were found to be the family member most involved in eldercare. Among all respondents, daughters-in-law were the primary caregiver in 36.7% of the cases, followed by daughters (35%), spouses (15.6%), and sons (11%). Among these primary caregivers, all spouses reported living together with the elderly care recipient. Daughters-in-law and sons were more likely to live with the elder while daughters were more likely to live separately. This points to the tendency for frail elders to live with their sons rather than with their daughters. In

the meantime, it also brings to our attention the proportion of daughters involved in care compared to that of daughters-in-law and sons. Daughters did not engage much in taking care of their elderly parents in the past,¹⁹ but the data certainly shows a changing trend: the increased participation of daughters serving as main caregiver for their parents in Korea today.

Looking at the caregiving experience of family caregivers, they were most likely to have started providing care within the previous one to four years (57%). About 80% reported having been the initial primary caregiver. This figure included all spouses. A similar proportion of sons and daughters-in-law reported being the initial primary caregiver, while daughters showed a comparably lower proportion in this regard. This tells us that sons, which in fact more likely means daughters-in-law, generally take on a bigger role as primary caregiver for their old and frail parents.

In terms of how much time was spent providing eldercare, spouses spent the most, at about 10 hours per day; daughters-in-law spent seven hours, daughters spent slightly less at 7 hours, and sons spent 5.7 hours a day. Rather than the elder's biological children, daughters-in-law provided the most care in terms of time, excepting the elder's spouse. Yet, as stated above, the minor difference in the hours of care between daughters-in-law and daughters again emphasizes the fact that the responsibility of caring for frail elderly parents, a duty that has traditionally fallen on the shoulders of the (eldest) son and his wife, is now passing to daughters to a considerable extent.

Meanwhile, the respondents' spouses spent very little time providing care for the elderly family member, with the average being less than two hours per day. Even when this was analyzed by living arrangement, living together with the elderly person did not considerably increase the amount of time spouses spent on care, while respondents, the primary caregiver of the elderly person, did increase their hours of care. Although the overall participation of spouses was low, daughters-in-law still showed the longest hours of care spent on providing care to the elder.

The number of respondents using external care services for the elderly was lower than expected. Among the respondents, 33% reported using a care service, and using one service was predominant. LTC In-home care programs were found to be the most commonly used, with the highest turnout among home-visit care beneficiaries, while senior daycare centers also turned out to be another service with relatively high usage. Yet the number of elderly recipients receiving home-visit care was more than three times higher than that of those

¹⁹ The main caregiver of the elderly parents was found to be the daughter-in-law (35.1%), spouse (31.5%), daughter (13.5%), and son (6.7%), according to the report on the demand for the long-term care for the elderly (Chung et al., 2001).

attending daycare centers. In terms of the number of hours of care provided, however, the LTC program came out quite low. LTC in-home care programs offer a maximum of four hours of care at a time. If an elder needs longer hours of assistance every day, LTC in-home care programs certainly have limitations. Hiring a private caregiver is an option, but they are often available at a higher price. Elderly with severe conditions are usually hospitalized, but those who do not but receive in-home care or use senior daycare centers may still need much assistance. Considering the hours of care respondents spent in general every day taking care of the frail elderly person, the effectiveness of the current LTC program in lessening the burden of family caregivers needs to be reexamined.

(2) Financial Costs of Care

Families spent on average 154,000 won on eldercare per month, which mainly includes expenses pertaining to medicine, medical appliances, and goods specially needed for frail elders. They also spent another 179,000 won on direct medical fees. It was found that these expenses were higher for families that used external care services, especially those for purchasing medical appliances and goods. This means that the financial cost of care for families using external care services is more burdensome, in addition to the extra costs of external care services. The average cost of using external care services for the elder was found to be 233,000 won per month. The difference in the costs for different services was quite high. The cost of private care services such as caregivers and domestic workers were considerably high, at 1,000,000 won per month. Government-subsidized services were offered at a relatively low price. The LTC programs cost roughly 300,000–400,000 won per month. The average monthly cost of external care services varied by the number of services used; the cost increased with the number of services the elderly person received.

These costs, along with the expenses for eldercare services, were shared within the family. The average amount respondents received from other family members who did not live with the elderly recipient was found to be 643,000 won per month, but only 20% reported receiving regular financial support from other family members. Less than 30% of the respondents reported receiving help on an irregular basis, and the rest reported no financial assistance from other family members. This attests to the fact that the cost of eldercare is shouldered solely by the primary caregiver in many cases.

The use of the LTC insurance program has steadily expanded since its establishment in 2008. Based on the data, however, only eight percent of those above 65 years old were currently receiving benefits. This implies that, compared to the socialization of childcare, eldercare is still being performed by the family in a considerable number of cases. This trend,

however, is not entirely due to insufficient public support. The tendency for frail elders to prefer family care also accounts for the current family-oriented eldercare practice in Korea, as shown in the data. This suggests the importance of primary caregivers in Korea's eldercare. When this role is not equally shared within the family but shouldered by one specific person, it might become questionable whether family care is the desired form of eldercare. This gives rise to concerns about the quality of the caregiver's life and the care they provide as well as the quality of life of the care recipient. Especially given that women are typically taking on the role of caregiver, this issue cannot be detached from concerns regarding women's labor, women's quality of life, and gender equality in Korea.

(3) Family Profile

What was found to be crucial in the different types of care arrangement were the characteristics of the elderly recipient. Age, sex, and diagnosis with dementia were factors associated with whether families used external care services or not. Female elders received external care more than male elders, and on average, elders receiving the care of an external service were older and more likely to be diagnosed with a more severe degree of dementia.

The characteristics of the caregivers were little different between families using an external care service and those keeping care entirely within the family. With respect to both types of care arrangements, it was mostly daughters and daughters-in-law serving as primary caregiver, almost 70% of whom were unemployed. More than half of the caregivers did not live with the elderly recipient. Also, their general health status was not significantly different by care arrangement. These findings demonstrate that the condition of the elder is a more important factor than the situation of the family caregiver in determining whether to use a paid care service or not.

2) Caregiving Activities

Caregiving activities for the elderly were performed less frequently in general than those for children, but they were perceived as more difficult to perform. Assisting with bathing and using the restroom were deemed especially difficult in eldercare. As one might expect, caring for an elderly person is never an easy job. The degree of difficulty varies with the health status of the elder, but some cannot move their body as young children do, and they weigh more than young children. Undoubtedly, this could mean a significant physical burden for family caregivers.

In contrast to caregiving for children, where respondents reported a lesser level of difficulty when using an external care service, eldercare respondents who used an external care service rather reported higher levels of difficulty in conducting the caregiving activities. This result can be understood as indicating that respondents who used external care services for the elderly recipient were those with a heavier burden of care. According to Mentzakis and his colleagues (2009), LTC in-home care service mainly focuses on assisting elders with activities in their daily life, thus doing little to lessen the burden of the family caregivers. Helping elders with their daily activities could be beneficial to the family on occasion, but it seems that families who arrange external care services for the elderly recipient in Korea are generally overloaded with care work. However, the use of external care services for the elderly is not much preferred in Korea, as only 33% of the respondents reported using such services, in contrast to the 78% who reported using external services for their children. Although further analysis is needed, external care service for the elderly in Korea still appears to be perceived as an option only when the burden of care is too demanding.

2. Childcare

1) Care Arrangement

When divided by two major types of care arrangement, unlike eldercare, most of the childcare was shared between families and external care services. About 22% of the respondents reported that their childcare arrangement involved only family members (whether just parents or including other family members), while 78% reported using external care services. The use of external care services was thus the dominant pattern in childcare. It used to be that Korean society strongly relied on informal care for children through the extended family (Kwon, 2005; Ochiai, 2009). The establishment of the formal childcare system over the last two decades, however, has gradually led to government subsidization of most care for children aged five and under (Mok et al., 2013). Currently, the rate of use of childcare facilities in Korea is quite high. In fact, Korea ranked sixth among OECD countries in terms of the enrolment rate in childcare services for children under the age of two (OECD Family Database, 2017). Our data also found that a great deal of the children were enrolled in external childcare services.

The families that did not use external care services for their child were found to be those raising a young infant, mostly under the age of two. The main reason they did not use these services was their belief that mothers should take direct care of their children. The traditional norm that mothers should take care of the children was clearly evident among the

mothers with infants. When the child turns three years old, however, the use of external services increased drastically. This means that deciding whether to use an external care service or not for children was significantly affected by the age of the children.

(1) Hours of Care

The mothers who responded to the survey on childcare were found to be the primary childcare givers in their households. A considerable gap was reported between mothers and fathers in the number of hours they spent on childcare, with mothers spending six to seven hours more than fathers taking care of the child on average. Fathers doubled their hours of care during the weekend, but this was still seven hours less than what mothers performed. The use of external childcare services seemed to influence the amount of time mothers spent on childcare, but not that of fathers. This reaffirms that mothers play a major role in taking care of their children in Korea.

Korean society used to strongly rely on informal care for children through the extended family, meaning mostly grandparents, but recent studies show that grandparenting in Korea is now not as widespread as it used to be.²⁰ The number of respondents who received help with their childcare from grandparents in this data was also not large. The majority of them reported not living with the child's grandparents, and those who lived together were found to spend roughly five hours a day looking after the child, two hours more than those who do not live together.

External paid care services serve as another important care provider for children in Korea besides the family. More than 78% of the respondents reported using one or more external care services in the last month. Using one service was prevalent among the respondents; approximately six in ten children currently attended one external care service. Facility care was found to be used far more than home-visit care. Among the kinds of facility care, daycare centers and kindergartens, which provide relatively longer hours of care and are generally less expensive, were the most used types of service. The age of the children was the most significant factor associated with the high usage rate of these services; they were mostly used by respondents with children aged between three and six. This group was also more likely to use an external care service than the other groups.

The prevalent use of private academies in addition to daycare and kindergartens

²⁰ The 2015 National Survey of Fertility and Family Health and Welfare finds that only one in four married women aged 15-49 affirmed their children were recipients of grandparental care (Lee et al., 2015). Ko and Hank found that there is a significant difference in the proportion of grandparenting between Chinese families and Korean families (58% versus 6%) (2014).

captures the uniqueness of the care arrangements for children in Korea. These private academies, called *hag'won*, symbolize Korea's intense emphasis on education. *Hag'won* are at the center of the intense competition for academic achievement. They even specialize in music and sports programs as focused as jump-roping. Educational meritocracy underlies the social structure in Korea, where one's educational success is still believed to be a pivotal means of obtaining higher social status (Chang, 2010). This, however, requires among parents – mostly mothers – a dedication to playing a key managerial role in coordinating their children's daily schedules. In the meantime, parents face the ironic situation of having no choice but to send their children to private academies. *Hag'won* are often chosen as an alternative form of care service when both parents are employed and need to fill the gap between the end of their children's primary care services and their leaving the office, especially since public services provide care for a limited number of hours. Overall, the prevalence of private academies in Korea is closely related to childcare; they are used to fill in the gaps in the hours of care children require, but also entail parents' additional commitment to childcare both in terms of time and money.

(2) Financial Costs of Care

Respondents were found to spend 83,000 won per month on average in purchasing diapers and formula milk for their youngest child, and up to 245,000 won when the respondent's youngest child was an infant. This expense was used to infer the general household expenditures for rearing children. While it was just a rough indicator, it served as a common denominator for understanding the cost of childcare among parents with young children, especially acknowledging that respondents with young children are less likely to use external care services. Another expenditure of family care is the financial compensation to other family members who provide help with childcare. It is customary in Korea for parents to financially compensate their children's grandparents for providing help with childcare. The amount and frequency can vary from case to case, but the data reveals that on average grandparents received 350,000 won per month from the child's parents in exchange for their childcare. In the case of Korea, then, the term "informal family care," which usually means "unpaid care," might be more accurately referred to as "informal paid family care," since paying grandparents for their care support is a normative practice.

The use of external care services brings additional costs. The average cost of using such services was 208,000 won per month, but this increased with the number of services used. Selection of an external service is naturally related to its cost, and the cost of daycare or kindergarten is, on average, between 100,000 and 200,000 won. When compared with the

average cost of a babysitting service at 1,000,000 won per month, we can see a huge difference in cost-benefit calculations for using these services.

(3) Family Profile

Family characteristics varied by the type of care arrangement. The two types of care arrangement were further split into four types by factoring in the provision of care by other family members. Although the number of families who received help with childcare from other family members was not all that large, looking at the characteristics of these families certainly revealed the significance of this type of care arrangement.

Families in which mothers were the sole caregiver for the child had the highest proportion of unemployed mothers, whereas families that received help with childcare from grandparents or paid care service had the highest proportion of employed mothers. The provision of grandparenting made an additional difference regarding the employment status of mothers: In both types of care arrangement, the number of employed mothers increased significantly when the family had grandparents who provided care for the child.

The provision of care by other family members, primarily the child's grandparents, is a crucial factor with respect to the employment status of mothers. It appears even more important than the use of paid care services, a common arrangement for supplementing or substituting family care. This is because the families that did not use an external care service but received help from grandparents had a higher proportion of employed mothers. The fact that mothers in families that received the help of grandparents or external services in childcare spent the shortest hours on care reaffirms the significant role of grandparenting for mothers' labor participation.

Another important distinction between care arrangements was related to the age of the child recipient. The families that did not use an external care service were mostly those with a child under the age of three. Among these families, the ones receiving help with care from grandparents were more likely to have a school-aged child. The great majority of families that used external care services had a child between the ages of three and six and were more likely to have a child of school age. The number of children under the age of ten did not significantly differ among the four types of care arrangement. The families who arranged both external care services and grandparenting were more likely to have more than two children under the age of ten, while most of the rest of the families reported having one child under the age of ten.

2) Caregiving Activities

Among the 14 different caregiving activities, housework such as preparing meals, cleaning, and laundry were found to be the most difficult as well as most frequently performed activities. Although housework is not a type of activity that involves direct relational care with the care recipient, the fact that both its frequency and level of difficulty were high signifies the importance of housework as a part of childcare. Physical care such as helping the child to dress, undress, wash, and shower was found to be frequent but relatively less difficult, just as with activities like watching TV or playing together indoors. Taking the child to the hospital or helping him/her take medication were found to be the least frequently performed and also least difficult activities. The use of external care services for children noticeably led to a decrease in both the frequency and level of difficulty of caregiving activities. External care services were thus found to share the care work mothers perform.

Although this report is limited to a descriptive analysis of the relationship between the frequency and difficulty of caregiving activities, it enables us to glimpse the nature of care work. The fact that housework was reported as the most frequently performed activity in both eldercare and childcare, and was also reported as one of the top activities respondents wished to outsource among their caregiving activities, conveys the reality of how significant a role housework plays in both childcare and eldercare. Yet the current in-home care services such as LTC insurance or babysitting services do not include housework as part of the services offered. The findings from this study suggest the need to question this manifest division between housework and childcare currently embedded in the government's concept of care work. Caregiving activities in fact demand a significant amount of housework labor both in terms of frequency and difficulty. Including or expanding the range of housework services could enhance the quality of care practiced in Korea.

Although there are limitations in quantifying caregiving activities and comparing them with one another, we believe this is a worthwhile endeavor that can be helpful in developing and supplementing a variety of public care services. While this report shows the frequency and difficulty of each caregiving activity through rudimentary statistics, we expect that a more in-depth analysis in the future could contribute to devising policy options to lighten the burden of family caregivers in Korea.

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Appendices

Appendix 1. 2018 South Korea Eldercare and Childcare Household Survey - Eldercare

Appendix 2. 2018 South Korea Eldercare and Childcare Household Survey- Childcare

**See both surveys on the Care Work and the Economy [Resources Page](#)