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2018 South Korea Paid Carework Survey - Childcare

Introduction

Greetings!

This survey is part of the work of the Center for Transnational Migration and Social Inclusion at the Graduate School of International Studies, Seoul National University. Korea today confronts many challenges arising from the demographic changes related to low fertility and population aging. Amid this context, the provision of care for children and the elderly has ceased to be a matter of private concern for individuals and families and has now become a serious social issue. Nonetheless, there is insufficient understanding of by whom and how care is being provided for the young and the elderly.

Our research team endeavors to systematically survey how childcare and eldercare are currently being arranged in Korea so to search for ways to socially redistribute the care burdens primarily shouldered by individuals and families. After successfully administrating and analyzing the 2018 Eldercare and Childcare Survey, it is our goal to provide policy recommendations based on our research findings and thereby contribute to resolving the difficulties associated with childcare and eldercare.

All information provided will be coded and your personal information kept strictly confidential and completely erased upon termination of the survey period. We kindly request your participation in this survey, which will be invaluable for developing solutions to the provision of care in Korea. Thank you.

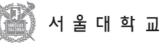
September 2018 Ki-Soo Eun Professor, Graduate School of International Studies, Seoul National University

※ I agree. □

(Please check \checkmark in the box \Box if you agree to participate in the survey based on the introduction above.)

| * The invest | stigator fills out the boxes below. |
|---------------------|---|
| | 1. Seoul 2. Busan 3. Daegu 4. Incheon 5. Gwangju 6. Daejon |
| Location | 7. Ulsa n 8. Sejong 9. Gyeonggi 10. Gangweon 11. Chungbuk 12. Chungnam |
| | 13. Jeonbuk 14. Jeonnam 15. Gyeongbuk 16. Gyeongnam |
| Size of location | 1. Metropolis2. Small and Medium Sized City3. County (eup, myeon) |
| Type of | 1-1. Public home-visit childcare 1-2. Private home-visit childcare |
| Carework | 2-1. Daycare center (public/corporate) 2-2. Daycare center (private/family) |

Principal Research Institution



Investigating Agency



■ Gallup Korea || Eunji Lee / Eunhye Jang || ☎ 02-3702-2686 / 2119
 ■ Seoul National University Graduate School of International Studies || ☎ 02-880-9220

| Childcare | | | | | | |
|--|--|--|--|--|--|--|
| * I will ask about the type, intensity, and time spent on carewor a person who needs help with daily activities. | k. In this survey, "carework" refers to paid work related to caring for | | | | | |
| Q 1) Over the past month, how many days per week did you do paid carework on average? Please respond separately for weekdays and weekend. * Please record '0' if you did not engage in paid carework. days during the week | Q 3-2) (Only if responded 1 in Q3) What time does your night shift carework start and end usually? If the time slot changes frequently, please respond regarding the most recent night shift. Start time: | | | | | |
| days during the weekend | Q 4) Where do you do your paid carework most of the time? Please respond regarding your current workplace. Select | | | | | |
| Q 2) Over the past month, how many hours per day did you do carework on average? Please record separately for a weekday and a day of the weekend. * Please record '0' if you did not engage in paid carework. i hours innutes on a weekday hours innutes on a weekend day Q 3) Have you done any night shift carework over the past month | | | | | | |
| Vight shift refers to work between the hours of 6pm~6am the next day. 1. Yes 2. No → Skip to Q4) Q 3-1) (Only if responded 1 in Q3) How many days per week do you work night shifts on average? | Q 4-1) (Only if responded 1 in Q4) Over the past week, how many houses did you visit in a day on average? Q 5) How many care recipients have you taken care of over the past week? 1. 1 person 2. 2 people 3. 3 people | | | | | |
| | 4. 4 people 5. 5 people or more | | | | | |
| Now I will ask about up to 5 children to whom you're currently providing care. If you work at a childcare center, please choose one child you take care of the most and respond only regarding this child. Q 6-1) How old is the child you're currently take care of? Q 6-2) What is his/her sex? Q 6-3) Where do you take care of this child? Q 6-4) How long have you taken care of him/her? Q 6-5) How many times a week do you visit his/her house? Q 6-6) (For home visits) How many hours do you take care of this child in one visit? | | | | | | |
| ID Q6-1) Q6-2) Q6-3) Q6-4) Age Sex Carework Place Years and m Male Femal Care Respond: Other Instituti Other recipient ent's person's on/cent 's house house er | | | | | | |
| 1 1 2 1 2 3 4 5 ^{yea} | mont 0 1 2 3 4 5 6 hours minutes | | | | | |
| 2 1 2 1 2 3 4 5 yea rs 2 1 2 1 2 3 4 5 yea rs | mont 0 1 2 3 4 5 6 hours minutes mont 0 1 2 2 4 5 6 hours minutes | | | | | |
| | hs U I Z 3 4 5 6 hours minutes | | | | | |
| 4 1 2 1 2 3 4 5 yea rs 5 1 2 1 2 3 4 5 yea rs | $\begin{array}{c c c c c c c c c c c c c c c c c c c $ | | | | | |

Q 7) This is a question on specific care activities you engage in your carework. Over the past month, how many times have you done the following care activities and how difficult were they? If you work at a daycare center, please respond regarding the child chosen in Q6; if you don't work at a daycare center, please respond regarding the child you take care of the most.

| | | | Care | Recipi | ent Ch | ild (Chi | ild ID: | |) | | | | |
|--|------|------------------------|---------------|--------------------|--------|-------------------------|-------------------|----------------------|------------------|----------------------|----------------------------|--|--|
| List | | Q7-1) Frequency | | | | | | | Q7-2) Difficulty | | | | |
| | None | Many times a day | Once a day | 3+ times a week | | 1~2 times a month | Very difficult | Somewha difficult | Neut ral | Not too difficult | Not difficult at all | | |
| 1) Help put on/take off clothes or undergarments | 0 | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 | | |
| 2) Help with washing their face, brushing their teeth, washing their hands, etc. | 0 | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 | | |
| Help enter/exit the bathroom, clean and dress after toilet use (including changing diapers) | 0 | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 | | |
| 4) Help bathe or shower | 0 | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 | | |
| 5) Holding child, carrying child on back, helping child move around | 0 | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 | | |
| 6) Help eat or drink | 0 | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 | | |
| 7) Prepare food and clean dishes | 0 | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 | | |
| 8) Housework (cleaning, laundry, organizing) | 0 | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 | | |
| 9) Help taking the right dosage of medication at set times | 0 | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 | | |
| 10) Going to the hospital together, picking up prescriptions | 0 | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 | | |
| 11) Having a conversation or playing indoors (including reading books) | 0 | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 | | |
| 12) Watching TV or other media together | 0 | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 | | |
| 13) Taking a welk (including outdoor playgrounds) | 0 | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 | | |
| Help with transportation (using public transportation, 14) giving a ride in the car, commuting to/from daycare/school, etc.) | 0 | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 | | |

Q 7-7)

1. 0 year old 2.1 year old

3.2 years old

(Respond only if you work at a daycare center) Which age group classes are you in charge of? Please select all that apply.

4.3 years old

5. 4 years old

7. Disabled children 8. Short-term care 9. Extended hour care 6.5 years old

10. Other (Specify: _____

| cond re lat | I will ask about the background and current work litions of your carework. Carework refers to work ted to caring for people who need help conducting y activities. | Q 13) Did you have any other jobs before you star carework? | ted |
|---|--|--|-----|
| р | re you the head of your household (main financial rovider of your household)? . Yes 2. No | 2. No → Skip to Q14) | |
| Q 9) T <u>re</u> 1 2 3 4 5 6 7 8 | There are many jobs out there. What is the main main mass you chose to do carework? Satisfactory income Work stability Have work experience or majored in nursery, social work, or other care related work Flexible work hours Can't find work in other desired fields Can't find work in fields related to work experience or major Carework is the only type of work I'm capable of doing Other (Specify:) | Q 13-1) (Only if responded 1 in Q 13) If yes, in what occupation did you work? * If you had multiple jobs, please respond regarding the job you had immediately before your care job. 1. Administrative/managerial 2. Professional 3. Clerical 4. Service 5. Sales 6. Farming, fishing, forestry 7. Technician 8. Machinery, Engineer 9. Simple laborer 10. Military 11. Other (Specify:) | |
| Q 11) H ar 1 2 3 4 5 6 7 8 | Year: | Q 14) How did you meet the care recipient to whom you currently providing care? * If currently taking care of multiple people, please respond regarding the care recipient you've taken care of for the longest period. 1. Assigned by workplace/care institution 2. Through an offline classified ad 3. Through an online classified ad 4. Met through volunteer work or training 5. Was introduced by a family member or an acquaintance 6. Was introduced by an HR company, organization or association 7. From a religious organization 8. Other (Specify: | |
| | low long have you engaged in paid carework since he first time you started? yearsmonths | | |

| Q 15) Have you signed an official written labor contract related to your current carework? | Q 17-2) (Only if responded 1 in Q17) Are your holidays paid? |
|--|---|
| 1. Yes → Skip to Q15-1) 2. No 3. Don't know _ Skip to Q16) | 1. Yes 2. No Q 18-1) What is your main mode of transportation for commuting to and from work? |
| Q 15-1) (Only if responded 1 in Q15) If yes, who did you sign a contract with? 1. The institution/center that the respondent commutes to and work for (e.g. elementary school, daycare center, etc) | 1. Bus 2. Subway 3. Car 4. Walk 5. Other (Specify:) |
| The center/company that hired and dispatched the respondent to the care recipient The household that the respondent visits and works for | Q 18-2) How much time does it take to commute to work from your home on average? |
| 4. Other (Specify:) Q 15-2) (Only if responded 1 in Q15) Does the labor contract indicate the wage, work hours, and other working conditions? | Q 19) What type of employment do you have at your current workplace? |
| Indicates them all Indicates some items Indicates none | Either have 1 or more contracted years or continuously work without a set contracted period (Is subject to the employer's HR regulations or receives pension and bonus payments) Contract period between 1 month and 1 year |
| Q 16) Are you expected to quit whenever the employer requests it even before the end of the contract? | Temporary employee (Including the case of extending the contract annually for the same employer) Contract period of less than 1 month (Someone who is employed on a daily basis and receives daily payments) |
| 2. No | 1. Regular employee |
| 3. Working period is not indicated in the contract | 2. Contract (up to 2 years) or dispatched employee |
| 3. Working period is for indicated in the contract | 3. Temporary employee |
| Q 17) Do you have regular holidays at your current workplace? | 4. Daily employee |
| 1. Yes | Q 20) What is your wage schedule? |
| 2. No → Skip to Q18-1) | Please respond based on how wage is paid, now how it is received. For example, a caregiver's wage that is calculated hourly is considered on bourly wage recordings of when the wage is |
| + | considered an hourly wage regardless of when the wage is received. |
| Q 17-1) (Only if responded 1 in Q17) How many holidays do | Monthly rates refer to cases where the wage is decided on a monthly level. |
| you have? | Wage contracted on a yearly level is considered a yearly |
| 1.1 day per week | rate even if you receive monthly wages. |
| 2. 2 days per wæk | ·· |
| 3. 3 days per wæk | 1. Hourly 2. Daily |
| 4. 1 day every 2 weeks | 3. Weekly 4. Biweekly |
| 5. Irregular holidays | 5. Monthly 6. Yearly |
| 6. Other (Specify:) | 7. Other (Specify:) |
| | |

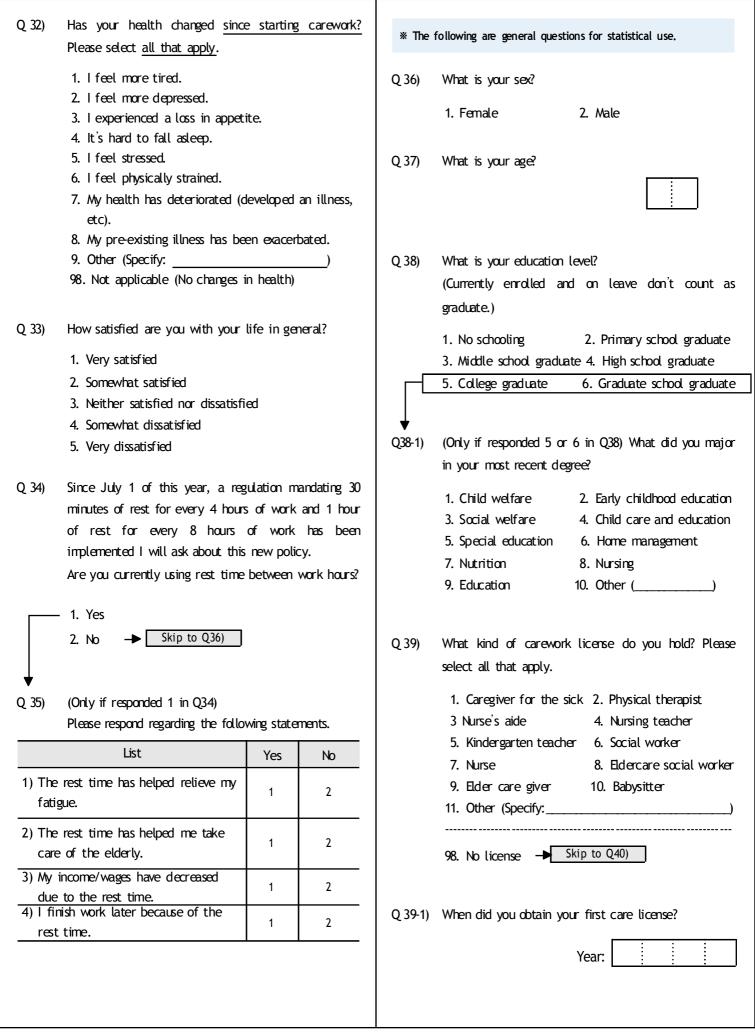
| | | | | _ | | | | | | |
|--|--|--|-------|--------------|--|-----------------------------------|----------------------|---|----------------------------------|------------------------|
| Q 21) Q 22) | What was your average r caregiving over past 3 1. Less than 50 3. 100-150 5. 200-250 7. 300-350 9. 400-450 11. 500 or above Are you satisfied with you | months? (in ₩10,000) 2. 50-100 4. 150-200 6. 250-300 8. 350-400 10. 450-500 | | Q 22-1) | If not, I respond My curr E.g. For | how much in terms ent incom | vage, mon | come is a vage scheo nthly / we n) more is thly ₩ | dule. eekly / ho appropria | urly) tte.),000 |
| Q <i>1</i> 2) | Are you satisfied with yo | u current wage: | | | For | weekly w | age, week | ly ₩ | 0,0 | 00 |
| | -1. Yes | | | | For | hourly wa | age, hourly | ′₩ | 0,00 | 0 |
| | 2. No | | | | | | | | | |
| \ | | | | | | | | | | |
| w T L: | · · · · · · · · · · · · · · · · · · · | | | | | | | | | |
| * 111 | s is a question regarding you | r work environment. | | | | | | | | |
| Q 23) | The following statement your work environment. | s pertain to your work er | viror | ment. Ple | ase selec | t the res | sponse tha | t mosta | ccurately | describes |
| | | List | | | | | Somewhat disagree | Neutral | Somewhat agree | Strongly agree |
| 1) I | work more hours than the | standard number of hours | 5. | | | 1 | 2 | 3 | 4 | 5 |
| 2) | can apply for holidays wh | en I want to. | | | | 1 | 2 | 3 | 4 | 5 |
| | 3) It's easy to change my work place to another institution or house. | | | 1 | 2 | 3 | 4 | 5 | | |
| <u> </u> | y experience in carework utside of carework. | is helpful for finding empl | oyme | ent in a fio | eld | 1 | 2 | 3 | 4 | 5 |
| 5) I | have received enough trai | ning for my work. | | | | 1 | 2 | 3 | 4 | 5 |
| ⁶⁾ My employer, the government, or HR company provides or finances training related to my work. | | 1 | 2 | 3 | 4 | 5 | | | | |

| | | : | | : | 2 |
|---|---|---|---|---|---|
| The scope of my carework is very clear. 8) (E.g.: I only do laundry for my care recipient and not for his/her family members.) | 1 | 2 | 3 | 4 | 5 |
| 9) There are times when my work schedule gets cancelled without notice. | 1 | 2 | 3 | 4 | 5 |
| 10) I am usually alone with my care recipient. | 1 | 2 | 3 | 4 | 5 |
| 11) I need to watch my care recipient at all times. | 1 | 2 | 3 | 4 | 5 |
| 12) I can take a rest when I want to. | 1 | 2 | 3 | 4 | 5 |
| 13) I can use the bathroom freely. | 1 | 2 | 3 | 4 | 5 |
| 14) I can eat my meals at work without disruption. | 1 | 2 | 3 | 4 | 5 |
| 15) I am satisfied with my current work. | 1 | 2 | 3 | 4 | 5 |
| 16) My current work is rewarding. | 1 | 2 | 3 | 4 | 5 |
| 17) Carework allows for personal improvement. | 1 | 2 | 3 | 4 | 5 |
| 18) I am proud of working as a careworker. | 1 | 2 | 3 | 4 | 5 |

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7) It is very difficult to deal with the care recipient's family members.

| Q 24) | How much time do you think it takes to get skilled at your work tasks? | Q 27) | In general, how much physical difficulty do you have taking care of the elderly person? |
|--------|--|-------|---|
| | | | 1. Not difficult at all |
| | 1. Less than 1 month | | 2. Not too difficult |
| | 2. 1 to 3 months | | 3. Normal |
| | 3. 4 to 6 months | | 4. Slightly difficult |
| | 4. 7 months to 1 year | | 5. Very difficult |
| | 5. 1 year or more | | |
| Q 25) | Do you have any intention of changing jobs or | Q 28) | In general, how much stress do you have taking care |
| - / | occupation in the next year? | | of the elderly person? |
| | 1. No, I want to continue to do carework | | 1. Not stressful at all |
| | | | 2. Not too stressful |
| | - 2. Yes, I want to switch to a job outside of | | 3. Normal |
| | carework. | | 4. Slightly stressful |
| | 3. I'm not sure. | | 5. Very stressful |
| ¥ | Skip to Q26) | × \ | will now ask about the quality of your life in general. |
| 25-1) | (Only if responded 2 in Q25) What is the reason you | | |
| | want to change jobs to a job outside of carework? | Q 29) | Do you feel that you are short on time? |
| | Choose two main reasons. | | 1. Always feel short on time |
| | 1 st 2 nd | | 2. Sometimes feel short on time |
| | reason reason | | 3. Don't usually feel short on time |
| | 1. Not enough pay | | 4. Never feel short on time |
| | 2. Unstable employment | Q 30) | How much fatigue do you usually feel after a normal |
| | 3. Unflexible work hours | | workday? |
| | 4. Too much overtime | | 1. Very tired |
| | 5. Carework is too physically demanding | | 2. Slightly tired |
| | 6. Carework is too mentally demanding | | 3. Not very tired |
| | 7. My family doesn't like me doing carework | | 4. Not tired at all |
| | 8. Because carework is not socially respected | Q 31) | How's your own health in general? |
| | 9. Because the work is not enjoyable | | 1. Very healthy |
| | 10. Other (Specify:) | | 2. Somewhat healthy |
| | | | 3. Normal |
| 2 26) | How much responsibility do you feel for the health | | 4. Somewhat unhealthy |
| | and safety of your care recipient(s)? | | 5. Very unhealthy |
| | I feel% responsibility for the | | |
| | health and safety of my care recipient(s). | | |
| · Co | ode | | |
| Not m | y responsibility | | |
| at all | Neutral responsibility | | |
| | | | |



| Q.40) What is your current marital status? 1. Never married → Skip to Q41) 2. Currently married 3. Divorced 4. Widowed → Skip to Q40-3) Q.40-1) (Only if responded 2 in Q40) What is your spouse's employment status? 1. Full-time employment 2. Part-time employment 3. Uhemployed, looking for work 4. Uhemployed, not looking for work 5. On leave from work | Q 40-6) (Only if responded 1 in Q40-4) Who takes care of your child(ren) while you work? Please select all that apply. 1. Spouse 2. Parents/parents-in-law 3. Siblings or other relatives 4. Neighbor, friend, acquaintance 5. Institution/center (e.g. daycare center, kindergarten, etc) 6. Home-visit service (e.g. babysitter, visiting child caregiver) 7. Other (Specify:) Q 41) Do you live with an elderly person (aged 65 or above) who needs help physically or mentally? 1. Yes |
|---|---|
| Q. 40-2) (Only if responded 1 or 2 in Q40-1) What is the average monthly income of your spouse? (in ₩10,000) 1. Below 100 2. 100-150 3. 150-200 4. 200-250 5. 250-300 6. 300-350 7. 350-400 8. 400-450 9. 450-500 10. 500 or above Q. 40-3) (Only if responded 2-4 in Q40) How many children do you have in total? | 1. Yes 2. No → Skip to Q42) Q 41-1) (Only if responded 1 in Q41) Who takes care of the elderly person while you work? Please select all that apply. 1. Elderly person's spouse 2. Respondent's spouse 3. Respondent's children 4. Siblings or other relatives 5. Neighbor, friend, or acquaintance 6. Institution/center (e.g. daycare center, kindergarten, etc) 7. Home-visit service (e.g. babysitter, home-visit child caregiver, etc) |
| Q 40-4) (Only if responded 2-4 in Q40) Do you have any children under the age of 10? 1. Yes 2. No → Skip to Q41) Q 40-5) (Only if responded 1 in Q40-4) If yes, how old is he/she? If you have more than 1 child under age 10, please record the <u>youngest child</u> 's age. | Q 42) Who usually does the housework at your home? 1. Respondent 2. Spouse 3. Respondent and spouse together 4. Respondent and child(ren) together 5. Child/child-in-law 6. Parents/parents-in-law 7. Other (Specify:) |

| Q 43) | your family when you're sick or in need of help? |
|---------|---|
| | 1. Yes → Skip to Q43-1) 2. No → Skip to Q44) |
| Q 43-1) | (Only if responded 1 in Q43) If yes, who is it? |
| | 1. Spouse 2. Parent/parent-in-law |
| | 3. Child |
| | 4. Other relative |
| | 5. Friend, neighbor, or acquaintance |
| | 6. Other () |
| Q 44) | What is the current tenure of your household? |
| | 1. Owner-occupied |
| | 2. Key money deposit (jeonse, no monthly rent) |
| | 3. Monthly rent with security deposit |
| | 4. Monthly rent with no security deposit |
| | 5. Free of charge (includes company housing and official residence) |
| Q 45) | Over the past year, what was the average monthly |
| | income and expenses of your household? Household |
| | income includes wage income, financial income, |
| | pension income and transfer income. If possible, |
| | please respond with a pre-tax amount. (Amount in |
| | ₩10,000) |
| | Q 45-1) Average monthly Q 45-2) Average monthly |

| household in | ncome | household expenditure | | | |
|--------------|-------|-----------------------|--|--|--|
| | | | | | |
| | | | | | |
| 1. Below100 | 2. 1 | 100~150 | | | |
| 3. 150~200 | 4. 2 | 200~250 | | | |
| 5. 250~300 | 6. 3 | 300~350 | | | |
| 7.350~400 | 8. 4 | 400~450 | | | |
| 9. 450~500 | 10. 5 | 500~550 | | | |
| 11. 550~600 | 12. 6 | 600~650 | | | |
| 13. 650~700 | 14. 7 | 700~750 | | | |
| 15. 750~800 | 16.8 | 300 or above | | | |
| | | | | | |

Thank you very much for responding.

| To Record After Investigation | | |
|---|--------------|--|
| Respondent's Name Respondent's Phone Number | | |
| Interview Date | | m m / d d / 2018 |
| Interview Time | | Start time:: End time:: Total response time: minutes |
| Investi- gator | Nama | |
| | ID | |
| Data Vali- dator | Name | |
| | ID | |
| | Valida on | i 1. Complete 2. Incomplete (Signature) |