

one provisional category under the LTCIE system (Um, 2012).

After the introduction of the LTCIE system, the numbers of recipients accruing benefits increased from 210,000 people in late 2008 up to 320,000 people in late 2011. The proportional rate of beneficiaries amongst the number of people above the age of 65 was 4.2% in 2008 and 5.7% in 2011 (Table 2).

Meanwhile, between 2008 and 2011, the number of in-home care centers increased 1.6 fold (by 10,857) and facility care centers increased 2.4 fold (by 4,061 centers), making service accessibility higher (Figure 2). As can be seen from Figure 2, the total number of both in-home care centers and facility care centers had considerably increased from 8,300 in 2008 to 14,600 in 2009. This number then stayed relatively stable with 14,900 such centers in operation in 2011. Figure 2 also highlights the fact that the majority of care centers have always been in-home care centers, although the relative proportion has decreased slightly over time. Hence, the proportion of in-home care centers out of total care centers was 80% in 2008, dropping to 73% in 2011. This is due to the government having relaxed the standard required for the establishment of in-home care centers, alongside the implementation of the LTCIE system. The main activities of in-home care centers are home-visit care and home-visit bathing.

Major Care Providers for Long-Term Care Recipients

Figure 3 indicates who the main providers of long-term care are for recipients. It clearly shows that the major care providers are recipients' children (including daughters-in-law), in Korea. However, there are some notable peculiarities seen when examining the gender of long-term care recipients. Figure 4 shows that in the case of male long-term care recipients, the major care giver is their spouse (50%), with the next most common care provider being a paid caregiver or their children. For men in 2008, which was during the early stage when the system was first introduced, the second major care providers were paid caregivers (22%) and the third were children (15%). This then changed, with the second being children (18%) and the third being paid caregivers (17%) between 2010 and 2011, 2-3 years after the system was implemented. Meanwhile, in the case of female long-term care recipients (Figure 5), the major care provider was children, with the next being paid caregivers. However, also here the proportion of paid caregivers has declined slightly over time, while the proportion of children acting as carers has increased since 2008.

In other words, Figures 4 and 5 show that the percentage of paid caregivers as major care providers has decreased by approximately 7~9%, while the numbers of children (including daughters-in-law) providing the majority of care has increased by about 2~8% over the 2~3 year period since the introductory stage of the LTCIE system. This could be interpreted as meaning that the numbers of paid caregivers has declined, with the task then falling to

children, or family yoyangbohosa. One of the reasons for this development is that the government actively promoted the holding of a yoyangbohosa certificate, in order to increase the supply of yoyangbohosa, when the system was first introduced, thereby encouraging family members to acquire one and earn money while caring for elderly relatives. They became known as 'family yoyangbohosa'. However, when the number of family yoyangbohosa increased considerably in 2010, it was observed that many of these family yoyangbohosa did not actually provide adequate, or sometimes any, care and instead just took the stipend. Hence, the government changed the regulations in 2011 so as to reduce the benefits of being a family yoyangbohosa, including a reduction in their wage, which was cut to half its previous level.⁸

Prior to 2008 there was no requirement for any certificate related to care workers such as domestic workers or caregivers in Korea. However, national class 1 or class 2 certificates were required when the yoyangbohosa system was introduced through the LTCIE system in 2008. In the beginning, a yoyangbohosa certificate could be obtained after taking only a 240 hour education course at a relevant educational institute. However, with the revision of regulations subordinate to the Welfare of the Aged Act in April 2010, the method of obtaining a yoyangbohosa certificate

was changed to 240 hours on an education course followed by a satisfactory pass in the newly instituted yoyangbohosa qualification examination.

Figure 6 shows the numbers of yoyangbohosa certificate holders and those who are employed. The number of people who had obtained a yoyangbohosa certificate increased dramatically from 340,000 people in 2008 to more than a million in 2011. The increase in the number of certificate holders has slowed since April 2010, at which time the new national examination was introduced. This was due to the added obstacle of the national examination, but also importantly because there were already too many yoyangbohosa in 2010, 2 years after the system was implemented. Indeed it is notable that only a quarter of yoyangbohosa certificate holders have been working since 2010. The reason for this is the difficulty in finding a job because there is already an oversupply of yoyangbohosa for the care demanded. A secondary reason is that many women obtained a certificate in advance, expecting to care later for their family members.

The background to the oversupply of yoyangbohosa was the government's overemphasis on establishing the necessary framework for the LTCIE system. Efforts focused on encouraging and attracting carers from the private sector for the supply of services. Infrastructure was expanded, and national labor standards and facility standards, which were seen as entry barriers to service providers, drastically relaxed. The government

⁸ A registered family yoyangbohosa earned about 400,000 won when caring for a family member in 2008. However, since the law changed on 1st August 2011, the stipend has been halved to 200,000 won.

was afraid of potential criticism for developing a LTCIE system without a service infrastructure.

These observations can be given extra weight by examining the changes which have taken place in the yoyangbohosa educational institutions. From the outset the establishment of a yoyangbohosa educational institution was based on a reporting system, where institutions simply had to report that they were operating. This was permitted in order to allow the institutions to flourish and multiply rapidly. However, as time progressed there were simply too many educational institutions. As a consequence, regulations under the Welfare of the Aged Act were amended in April 2010 and yoyangbohosa educational institutions came to follow a designatory system. Figure 7 illustrates well this change, with the number of yoyangbohosa educational institutions reaching a peak in 2009, a year after the implementation of the system. It has then been seen to decrease slightly since 2010.

Working Conditions of Care Workers

Table 3 illustrates the working conditions of care workers, focusing on yoyangbohosa and ganbyungin while also providing some information regarding domestic workers as a reference. According to research (Oh et al., 2009; Chu, 2011; Economic and Social Development Commission, 2012), the demographics for yoyangbohosa indicate that they are primarily housewives, between 40~50 years of age, and 75% have obtained a high

school diploma. Many yoyangbohosa operating through in-home care centers are part-time workers, while those working through facility care centers are usually employed full-time. However, in both types of care centers the employment of yoyangbohosa tends to be irregular.⁹

The National Health Insurance Corporation (NHIC) set the minimum yoyangbohosa wage at the moderate level of 7,000 won per hour in 2011.¹⁰ In practice, each care center sets the yoyangbohosa remuneration rate differently. Care centers are required to subscribe to the four major Korean social insurance schemes, such as industrial accident compensation insurance, employment insurance, the national pension, and national health insurance. However, 20% of facility centers and 44% of in-home care centers did not subscribe to these insurance programs in 2009 (Table 3).

Similarly, ganbyungin are typically women of over fifties years of age. Most of them work for a full 24 hours proving round the clock care, taking breaks only to sleep when time permits, with a daily wage of approximately 60,000 won (60,000 won for working in a general ward and 70,000 won for working in an intensive care ward). Their

⁹ A considerable number of yoyangbohosa employees are irregular workers because they are employed on a contractual basis annually rather than by way of a permanent position (MEDICAL Today, July 02, 2012: <http://www.mdtoday.co.kr/mdtoday/index.html?no=193409>).

¹⁰ The minimum hourly wage was 4,320 Korean Won in 2011.

hourly rate of pay is therefore less than 3,000 won. Most ganbyungin seek employment through connections such as people they know (31%), or by way of short-term employment agencies (27%), or regular employment agencies (19%). General hospitals usually introduce patients to a ganbyungin, so patients (or their guardians) can either employ that ganbyungin or another, which they have knowledge of by word of mouth. The employed ganbyungin then gets a simple daily wage. However, specialist elderly care hospitals tend to form a contractual relationship with private employment agencies, such as the Korea Patient Helper Society. Elderly care hospitals prefer Josonjok because their real daily rate is less than it is for locals, as Josonjok tend to accept long 24 hour shifts, with room and board provided, unlike locals, who prefer commuting from their own home to work an 8 hour shift.

The number of private ganbyungin employment agencies was approximately 1,700 in 2011 (Kim, 2007; Park, 2010; Chu, 2011). These agencies operate and manage ganbyungin through a membership system. A start-up fee (of approximately 100,000 won) and a monthly membership fee (25,000~60,000 won) are required from the ganbyungin. In all cases it seems that the majority of ganbyungin do not have any employment contract (83%), and a mere 28% are in receipt of the four major Korean social insurance schemes (Table 3).

Yoo (2011) conducted research in the field of yoyangbohosa working in elderly care facilities and ganbyungin working in geriatric hospitals in the Daegu-Gyeongbuk region of

Korea between September and October 2011. The findings were that differences existed in relation to methods of payment, with yoyangbohosa typically being paid by the hour, and ganbyungin by the month. Despite the differences, both groups enjoyed similar working conditions. It was observed that 85% of both yoyangbohosa and ganbyungin made a monthly salary of between 1,010,000~1,500,000 won. While most ganbyungin preferred to change their status from work in the private sector to public sector employment as yoyangbohosa in the early stages of the LTCIE system, Yoo (2011) noticed that many yoyangbohosa certificate-holders were in fact employed as ganbyungin in 2011. The most significant reason given for this was the difficulty in acquiring an appropriate job because of the oversupply of yoyangbohosa.

It is easily observed that most care workers in Korea are women over fifty. Some reasons for this are that it is difficult for middle-aged or elderly women to find a job in other service industries. Indeed many jobs with better conditions are staffed by the younger generations, who tend to avoid 3-D (Dirty, difficult, dangerous) jobs. Older women in Korea typically have a lower level of education than their younger counterparts, and so find it tougher to obtain jobs with better conditions. As a result older women gravitate to service sector jobs shunned by their younger peers.

More recently, competition amongst yoyangbohosa for jobs intensified as small sized in-home care center vacancies became

scarcer, resulting in worsening income and employment conditions. According to research on actual working conditions (Institute of Medical and Welfare Resources, 2012), the average monthly net income of yoyangbohosa, based on 40 hours per week of work and excluding the four major categories of insurance, is currently 670,000 won at in-home care centers, and 910,000 won at facility centers (Joong Ang Il Bo, July 03 2012; MEDICAL Today, July 02 2012).

Therefore, the National Human Rights Commission of Korea,¹¹ recommended that the Ministry of Health and Welfare and the Ministry of Employment and Labor take measures to alleviate problems for employees in the care sector on 1st July 2012. Suggestions included more encompassing and stringently enforced salary levels, the monitoring of methods of labor placement such as employment agencies, and the enactment and enforcement of rules relating to employment conditions, such as excessively long working hours and sexual harassment.

Thus, at this time, 4 years after the LTCIE system was introduced, criticism in relation to the large scale of unemployment of yoyangbohosa and their poor working conditions has grown. Many of these problems have been blamed on the oversupply of yoyangbohosa and the excessive competition amongst care institutions due to the

government's policies of marketization and deregulation. Accordingly, on 1st July 2012 on the 4th anniversary of the LTCIE system's introduction, labor, civic, welfare and public interest legal organizations, including the Korean Care Workers' Association, formed the 'Joint Measure Committee for the Complete Revision of the LTCIE Law'. This latter Committee has been applying significant pressure on the government for a reformulation of the current law. It is the Committee's opinion that revisions be made so as to: 1) Expand the size and capacity of national and public long-term care institutions by 30%. 2) Ensure an adequate wage for both yoyangbohosa and ganbyungin. 3) Pay a subsidy to yoyangbohosa directly out of the governmental purse, rather than through care centers. 4) Ensure a maximum work day of 8 hours for both yoyangbohosa and ganbyungin. 5) Acknowledge ganbyungin as a recognized and legitimate category of labor. 6) Change the current reporting system for long-term care institutions to a permit system, which is supervised and managed directly, in a strict fashion, by the government.¹²

V. THE EFFECTS OF THE LTCIE SYSTEM

The LTCIE system has helped to formalize a portion of care workers and to expand the size of the care labor market in

¹¹http://www.humanrights.go.kr/04_sub/body02.jsp?m_link_url=04_sub/body02.jsp&m_id1=72&m_id2=75&m_id3=&m_id4=?NT_ID=24&flag=VIEW&SEQ_ID=605194). Accessed on 07/11/2012.

¹² Korean Care workers' Association
<http://www.care119.net/xenotice/2175>
accessed on 2012.7.3.

Korea. In particular, it has created the new employment category of yoyangbohosa, to an aggregate figure of 240,000 jobs in late 2011. However, despite one category of care work being formalized, the working conditions of yoyangbohosa have turned out to be far poorer than initial expectations. In addition, ganbyungin and other domestic workers still operate in the informal sector, with even worse employment conditions.

There are a number of reasons why the position of yoyangbohosa has not become a decent occupation. One of the factors is that there are simply too many yoyangbohosa. Another reason is that as a result of governmental policy there are too many in-home care centers, meaning stark competition amongst them, resulting in low incomes for businesses operating in the industry. For yoyangbohosa this means that job security is poor as they can easily be replaced, there are fewer working hours as the agencies try to divide the available work up between their numerous employees, and that wages are depressed. Furthermore, the yoyangbohosa job itself is not particularly stable due to the general instability in the industry. In other words, the implementation of the system expanded the quantitative size of the care labor market, but failed to improve working conditions, or quality of care.

Similarly, the social status of care work has not been improved by the LTCIE system. Care workers have not had a particularly high social standing in Korea. The LTCIE system has not changed this. This is

true despite the government's efforts to turn some care workers into yoyangbohosa, a position requiring 240 hours of education and a pass on a national examination. Indeed, yoyangbohosa have been ridiculed in the national press and described as 'nationally recognized domestic workers' and 'not true professionals' (No Nyun Si Dae News, July, 13 2012).

One important reason for this lack of social recognition has been the fact that the LTCIE system focused effort on the defamilialization of elderly care work but failed to make any attempt at defeminization. As a result, though the new job category of yoyangbohosa was expected to professionalize the sector, the fact is it remains a pink-collar job for the middle aged or elderly, and not a career option for all. With professionalization in name only for yoyangbohosa, their real social status is little different from that of their immediate predecessors and current co-workers, the ganbyungin.

Care work has not just been the purview of local Korean labor, but also of certain foreign groups, such as Josonjok and marriage migrants, who can work as carers in Korea. Indeed considerable numbers of Josonjok have worked as care workers (Lee, 2004; Lee et al, 2006). Korea does not operate any system to recruit foreign caregivers or migrant domestic workers on low incomes, as is done in Singapore and Taiwan amongst other nations. The principle of both the Employment Permit System and the Working Visit System is for fundamental parity of

treatment for foreigners and Korean citizens. Thus, officially at least, wages and employment conditions should be the same between foreigners and Koreans with comparable positions. In reality, however, there are some differences. For example, while Korean care workers enjoy an hourly wage or daily wage system, of 8 working hours a day, many Joseonjok women work 24 hours a day, effectively living in the houses or hospitals where they are employed. The daily wage is much the same between Koreans and Joseonjok, at approximately 60,000 won/day in 2010. However, local workers are usually given one paid day off per week (typically a Sunday), with an unpaid day off given for Joseonjok. In the case of live in domestic workers, while local workers commonly work 5 days a week and earn 1,400,000 won per month, Joseonjok workers usually work 6 days a week for the same money. Korean workers who were requested to work 6 days a week typically got paid 1,600,000 won per month in 2011.¹³

Prior to the LTCIE system's implementation in 2008, when the supply of ganbyungin was less than that demanded for care work, Joseonjok women in their 50s and over constituted the primary workforce for domestic workers in private house or ganbyungin in hospitals and care centers in Korea (Lee et al., 2006). After the

implementation of the LTCIE system in 2008, most of the local women who had been working as ganbyungin changed their status to yoyangbohosa (Park, 2010; Um, 2012).¹⁴ This was because yoyangbohosa were expected to have better employment conditions and pay. When most available yoyangbohosa positions were filled by 2010, a considerable number of female Korean workers with a yoyangbohosa certificate opted for work as ganbyungin. From 2010 the influx of Korean workers has been pushing Joseonjok ganbyungin out of the better jobs. Now Korean ganbyungin work primarily in the area of one-to-one care in general hospitals, while Joseonjok ganbyungin are employed for the group care of 4~6 patients at a time in nursing homes (Choi, 2010; Hong et.al., 2010; Park, 2010).

Current Numbers of Foreign Yoyangbohosa in Korea

In relation to the education of yoyangbohosa, ethnic Koreans (Joseonjok) under the Working Visit System, and marriage migrants, have been able to acquire a yoyangbohosa certificate once they have 'sufficient Korean ability' since the introductory stages of the LTCIE system (MHW, 2008: 168-169). Permanent residents with denizenship, other than Joseonjok and

¹³ This has been directly observed by the current paper's researcher through the process of searching for and employing care workers such as ganbyungin and domestic workers, who have been both Koreans and Joseonjok, to care for her 88 year old ailing mother-in-law since

October 2010.

¹⁴ Research conducted between April and May 2009 (Park, 2010) reported that many Korean ganbyungin had moved to care centers by obtaining a yoyangbohosa certificate and that

marriage migrants, have also been permitted to obtain a yoyangbohosa certificate since 2010 (MHW, 2012: 6). Thus, the types of visas which allow the acquisition of a yoyangbohosa education for foreigners are: 1) An F-2 (Residency) visa issued to the spouse of a Korea national. 2) An H-2 (Working Visit) visa. 3) An F-4 (Overseas Koreans) visa. 4) An F-5 (Permanent Residence) visa. All are subject to the preliminary requirement for a satisfactory level and score in the Test of Proficiency in Korean (TOPIK) examination.

However, there are no statistics available for how many domestic stay foreigners have taken courses or examinations for, or obtained a yoyangbohosa certificate. As of June 2011, only 314 foreigners (including permanent residents) were employed as yoyangbohosa.¹⁵ This low level of participation in the yoyangbohosa occupation for Josonjok, marriage migrants and permanent residents in Korea, is explicable in several ways. Primarily, and particularly in the case of Josonjok, employment has never been assured by the acquisition of a yoyangbohosa certificate, and the time and cost of the 240 hour course is a real burden for many. Thus, they have tended to avoid the difficulty of entry to the profession

the 'leftover' ganbyungin employed in geriatric hospitals were mostly Josonjok.

¹⁵ Statistics related to foreign yoyangbohosa certificate holders have not been produced yet, however the numbers of foreigners who work as yoyangbohosa could be calculated from data base related to long-term care laborers kindly provided by the LTCIE system at the current researcher's request.

and instead work as ganbyungin.¹⁶ Another factor is that while female local Korean workers prefer to work as daily yoyangbohosa in care institutions or visit clients homes as part-time workers, Josonjok favor working as ganbyungin employed on a 24 hour basis as this also provides them with room and board. In this way they can save as much money as possible during their 5 year stay in Korea. Therefore, in the case of ganbyungin, Korean workers tend to work in general hospitals, while Josonjok women tend to work in specialist care hospitals and geriatric hospitals.

In the case of marriage migrants, when they are naturalized as Korean citizens, they come to be categorized as local Korean residents. Therefore, it is possible there are numbers of nationalized marriage migrants amongst Koreans who work as yoyangbohosa.¹⁷ However, there is no way of knowing how many naturalized marriage migrants work as yoyangbohosa, since they are already counted as locals. Recently, several reports (Kim, et.al. 2010: 106, 118; Yang et.al. 2010) have suggested that work as a yoyangbohosa is highly desirable for female marriage migrants because the yoyangbohosa

¹⁶ The educational expense the 240 hour yoyangbohosa educational course was 400,000~800,000 won during 2010~2011. This educational expense is reimbursed by the government for low-income Koreans who earn less than 150 % of the predetermined minimum cost of living. There is no such benefit for Josonjok.

¹⁷ According to Kim et.al. (2009), 33% of female marriage migrants were naturalized in 2009. By their nationality, they were Josonjok (59%), Filipino (43%), Chinese (23%),

program is open to all ages, educational backgrounds and classes. Pragmatically, being a yoyangbohosa also brings in a certain amount of money for marriage migrants who have to take care of their parent(s)-in-law. However, in reality, it does not appear to be the case that there are significant numbers of female marriage migrants who work as yoyangbohosa.

In summary, it would seem then that both Josonjok and marriage migrants have particular handicaps in the Korean care labor market. That is, in the case of Josonjok, though there are no theoretical obstacles to the performance of care work, local employers are concerned about the security and safety of their clients as Josonjok can leave their employment with short, or no, notice. In the case of marriage migrants from South East Asian countries such as Vietnam or the Philippines, amongst others, many local employers consider them too young to work in the field. Indeed, South East Asian marriage migrant women often suffer from a lack of skills and experience, are confronted by cultural obstacles, and faced with serious language barriers. Thus, to date, female marriage migrants from South East Asia rarely work as care workers in practice.

VI. CONCLUSION

This paper has examined the current situation in the care labor market in Korea and the changes caused by the LTCIE system, which was introduced in July 2008. Closer consideration should now be given to what the

Vietnamese (12%) and Japanese (5%).

effects have been of the LTCIE system on the care labor market in Korea.

Above all, since the implementation of the LTCIE system in 2008, the size of the domestic care labor market has expanded. The relative proportion of employees by service area has also been affected. As shown in Figure 6, the number of yoyangbohosa who were employed in 2011 was roughly 240,000. When this number is incorporated into Table 1, we find that in 2011 about 166,000 yoyangbohosa worked in the public sector, with approximately 74,000 employed as ganbyungin working in the private sector. As there are no accurate statistics relating to the numbers of care workers prior to 2008, it is difficult to know exactly how much the care labor market has expanded as a result of introduction of the LTCIE system. However, it seems that the implementation of the LTCIE system, by creating the new occupation of yoyangbohosa, has had the side effect of also increasing numbers of ganbyungin as well. Conversely, the numbers of domestic workers is likely to have decreased. The reason for this is that, in the respect of demand, it seems that domestic workers were replaced by yoyangbohosa, as family members, who used to hire domestic workers to care for their elderly or sick relatives, are now able to place them in elderly care facilities, or get assistance from yoyangbohosa. Meanwhile, in respect of supply, many low-income, middle aged housewives, who used to work as part-time domestic workers, have moved to other jobs, such as yoyangbohosa or in the voucher program area,

the latter of which has also increased in popularity since 2008.

Despite marginal gains, when compared to the original government's plan, which was for the creation of 200,000 jobs per year during the implementation stages of the LTCIE system in 2008 (Park, 2010), the current quantitative size of the care labor market is very much less than expectations. Furthermore, even though the vast majority of Korea's national workforce now pays an insurance premium for the LTCIE system, the fact is that only about 6% of the elderly currently accrue any benefit from it. Table 2 clearly illustrates problems with the coverage of the system in terms of raw numbers of people. Of course, it has been only 4 years now since the system was implemented, but the 6% coverage figure is much lower than the average for OECD members (No Nyun Si Dae News, July 13, 2012). Therefore, it would seem that care service supply has yet to satisfy actual care service demand in Korea.

Meanwhile, from a qualitative standpoint in respect of the yoyangbohosa, there is the advantage that some types of care work have become officially recognized as legitimate jobs. However, care work hasn't become socially recognized as a decent job or a career choice because the working conditions are still too poor and the society's general perception of the field remains low. A couple ways of raising the status of care work would be to improve salaries and working conditions, and recognize and legitimize all areas of care work. There were in sum a total of 500,000

care workers in Korea in 2011, of which only 200,000 yoyangbohosa operating in the public sector had been recognized as a legitimate form of labor. The remaining 300,000 care workers working in the private sector had no recognition as laborers and consequently no protection under the law. That is, they are excluded from the provisions of Article 11 of the Labor Standard Act.

There are then two urgent problems which need to be addressed in respect of care givers. The first is the need for the application of the Labor Standard Act across the board. The second is the need for improved salaries and working conditions. Efforts have only recently commenced to tackle the first of these issues (Ha, 2011). Organizations such as the National House Manager's Cooperative have demanded that the government acknowledge paid housekeepers as official laborers through ratification of the International Labour Organization's 'Convention on Decent Work for Domestic Workers'.¹⁸ In relation to the second issue, both government and non-governmental organizations are attempting to find ways to ensure that some of the 'ganbyung' (care-giving) service is covered by National Health Insurance (Hwang, 2010).¹⁹ However, in the case of yoyangbohosa who

¹⁸ The treaty was adopted at the 100th General Conference of the International Labour Organization on 1 June 2011 following recommendations made in the 'Decent Work for Domestic Workers Report (1)'.

¹⁹ Amendments to the National Health Insurance Act are contained in a bill which has been being processed by the National Assembly since 2011 (Hwang, 2010).

work in the public sector, even though they are acknowledged as laborers, their working conditions are still poor and social standing low. In consideration of this situation it is clear that more significant general improvements in working conditions for the whole sector are needed to bring about any real social change.

Since there has been very little research related to migrant care workers in Korea, it is difficult to determine what the effects of the LTCIE system have been for migrant care workers. As previously noted the LTCIE system has not brought about any broader changes in the social status of care work yet. In addition, it is an unfortunate truth that Josonjok and other migrant care workers suffer from the contempt of the general Korean public, which translates into very real discrimination in all areas. Thus it is that many migrant care workers, who have even less social standing than their Korean counterparts, are often used by employers and customers in a fashion akin to slave laborers. Following the implementation of the LTCIE system, and the concurrent yoyangbohosa system, the typical places of work for migrant care workers and Korean care workers has altered. Many local Korean workers changed occupations from ganbyungin to yoyangbohosa, while most Josonjok remained as ganbyungin. Recently many local Korean workers have also begun to work as ganbyungin, and this has pushed the Josonjok into performing group care functions in live-in nursing homes.²⁰

²⁰ A similar situation was noticed for domestic workers, that is while the majority of Korean

Even though Josonjok women have been providing care work services, such as care and domestic work, for a considerable time in Korea, there is currently no official review of policy aimed at institutionalizing their services. The reason for this lack of governmental attention is that the employment rate of local women is not actually that high yet in Korea, and the government view is that there is therefore an ample supply of local Korean women for care worker positions (Lee, 2005; Lee, 2006). As the employment rate of local women and the demand for care work increases, the government will supposedly then view foreign care workers as a more favorable option.

Though the media has focused recently on the problem of too many yoyangbohosa (No Nyun Si Dae News, July 13 2012), it is the case that some care centers, in rural areas within the provinces, cannot find enough yoyangbohosa for demand. In particular, under-populated, rural areas, such as farming and fishing villages, have generally acute labor shortages in all fields, unlike urban areas and cities. In addition, many local yoyangbohosa avoid jobs where there are poor working conditions and ‘cherry pick’ the better positions. There is therefore some speculation that over time foreign yoyangbohosa will come to fill these vacant roles.

Furthermore, as it is estimated that a quarter of population will be above the age of

local workers are employed on a daily or hourly basis, Josonjok tend to work as rather isolated live-in domestic workers (Lee et al., 2006).

65 by 2030, and especially when the post (Korean) war baby boomers enter into their 80s from 2035, the supply of local care workers is expected to be greatly lacking. It is doubtful whether at that time the Josonjok will still provide care services in Korea, considering the Josonjok population structure back in China. Alternatively, or in conjunction with the latter, it may well be that some South East Asian migrants, including marriage migrants, will come to play a more significant role. It is notable that because Korea is still a divided country, there is always the chance that unification of the North and South will have provided the necessary labor by that time. More attention has been given to this possibility than to any idea of officially importing labor from other countries, with the exception of the spotlight given to the Josonjok and female marriage migrants.

To conclude, the LTCIE system has helped, to a degree, in bringing about the socialization of care work, or defamilization of care work for the elderly. In the case of relatives of family who have debilitating conditions such as Alzheimer's disease, there were many difficulties for immediate family members, as the wider family had tended to think the task of care should fall on an appropriate family member (under the traditional doctrine of familism), who was usually the wife of (the first) son, and little thought was given to the impact on her career or lifestyle. However, such thinking has begun to change and many families in this situation now opt to send their sick relative to long-stay

care facilities. However, in the case of the elderly with less acute ailments there remains a preference for assistance, in the form of home-visit care and home-visit bathing, rather than dispatching their relative to a long-term care facility. This is borne out by the fact that 22% of yoyangbohosa in home care centers were family yoyangbohosa in 2011, and serves to illustrate the fact that the tradition of familism is still strong in Korea.

Meanwhile, in attempts to further erode familism, there has been some discussion about the prospect of the institutionalization of care work for general patients, in a similar fashion as has already been done for elderly care through the LTCIE system. The government is currently grappling with the concept of insurance coverage, and how much general care should fall within current national insurance programs. Central ministries and some local governments have begun operating 'wards without guardians', as trials for future programs.

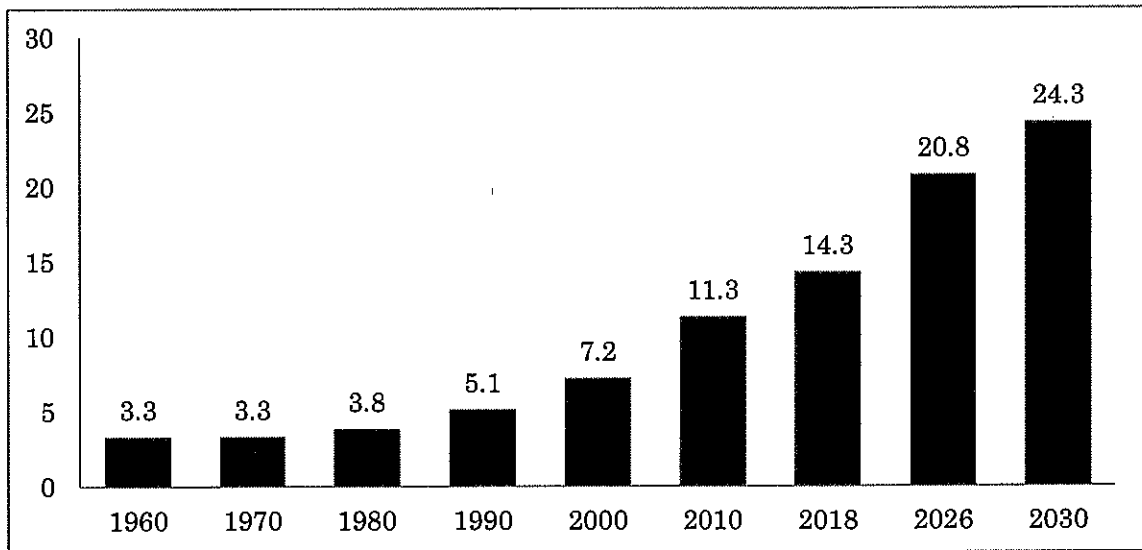
It can then be said that the LTCIE system has contributed to the process of defamilization of care work to some extent in Korea. However, there has been little progress made in terms of the defeminization of care work. Indeed the latter has not even been a stated policy goal, or come to the general public's attention through instruments such as the media. Simply put, it is still taken for granted that female care workers should be responsible for taking care of the elderly, other patients and babies. Were there to be any significant success in the defeminization

of care work, this would then serve to revitalize the care labor market in Korea both quantitatively as well as qualitatively, making it

more likely that it would indeed become a true profession.

TABLES & FIGURES

Figure 1. Percentage (%) of Elderly (65 and over) in Korean Population, 1960-2030



Source: Statistic Korea, KOSIS. <http://www.kosis.kr>

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Table 1. Size of Care Labor Market in Korea, 2011

	Public Sector		Private Sector	
	Elderly Care Program	Voucher Program	Elderly or Patient Care	Domestic Work
Type of worker	Yoyangbohosa	Yoyangbohosa (14,000) Assistants, postpartum-helpers, child caregivers (34,000)	Ganbyungin (considerable numbers of yoyangbohosa worked as ganbyungin in 2011)	Gasagwanrisa, Domestic helpers, postpartum-helpers, child caregivers
Number of Workers	152,000	48,000	90,000	210,000
	Total: 200,000		Total: 300,000	

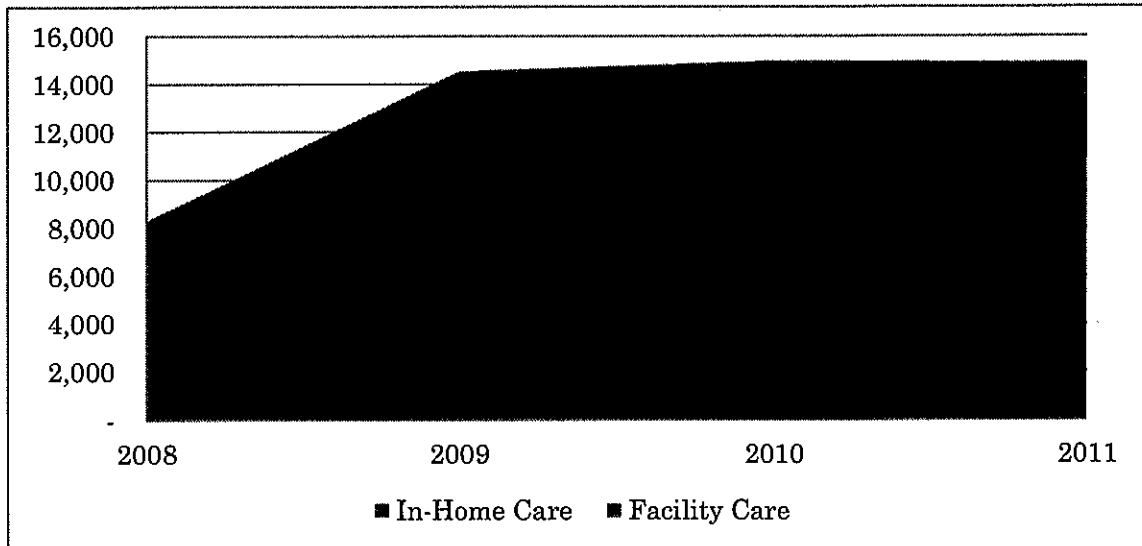
Source: Economic and Social Development Commission (2012: 20).

Table 2. Number of Beneficiaries of the LTCIE System, 2008-2011

	2008	2009	2010	2011
Total Number of Elderly (65 and over) in Korea	5,086,195	5,286,383	5,448,984	5,644,758
Percentage of Total Elderly (65 and over) out of Korean Population	10.2%	10.5%	10.8%	11.1%
Number of LTCIE Applicants	355,526	522,293	622,346	617,081
Number of Approved LTCIE Applicants	214,480	286,907	315,994	324,412
Approval Rate	60.3%	54.9%	50.8%	52.6%
Percentage of Elderly LTCIE Beneficiaries out of Total Elderly (65 and over)	4.2%	5.4%	5.8%	5.7%

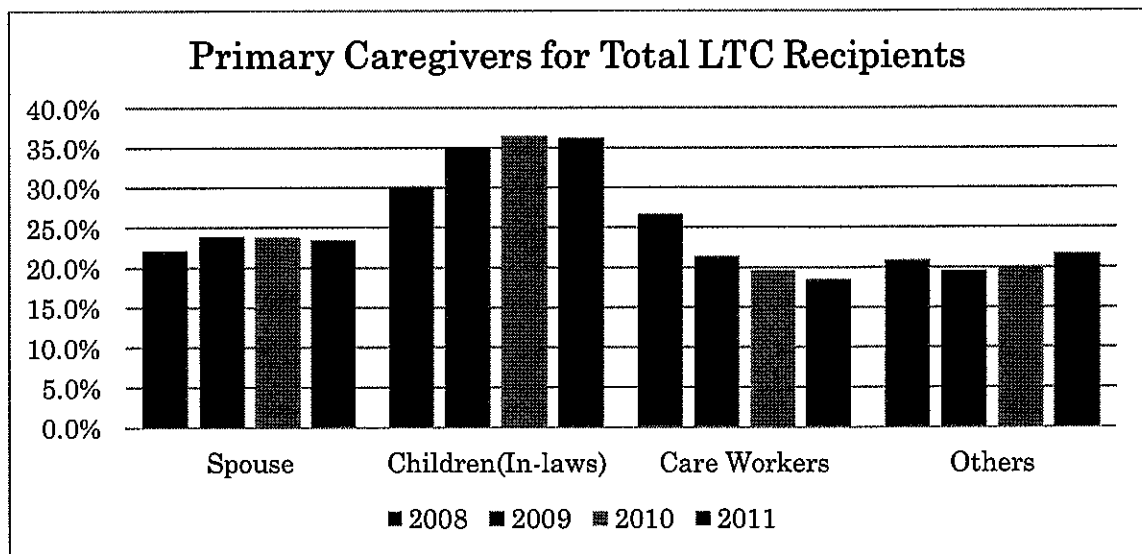
Source: NHIC, LTCIE Statistical Yearbook, 2008, 2009, 2010, 2011.

Figure 2. Number of In-home and Facility Care Centers, 2008-2011



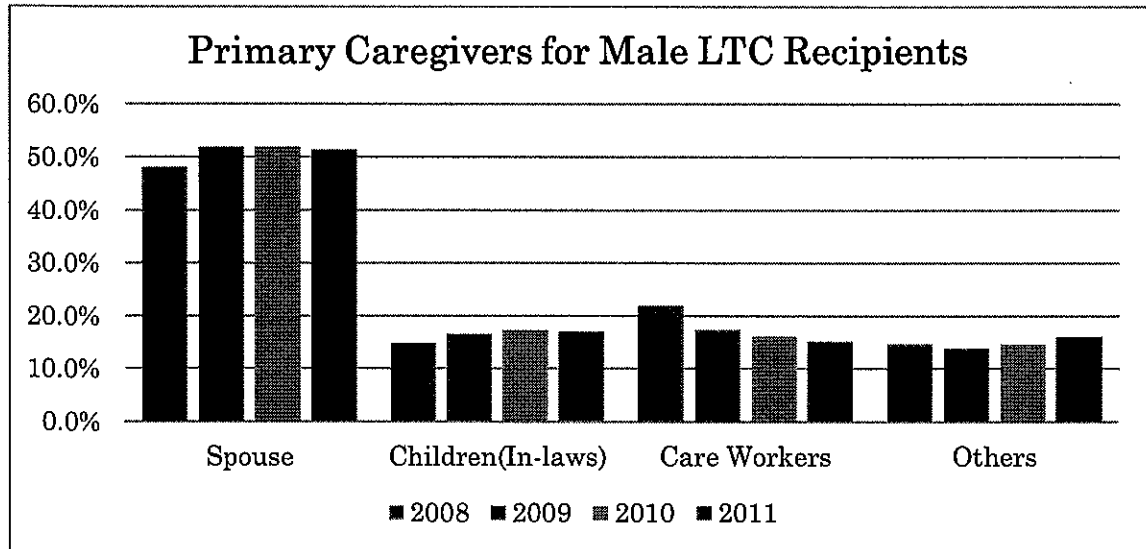
Source: NHIC, LTCIE Statistical Yearbook, 2008, 2009, 2010, 2011.

Figure 3. Major Care Providers for Total Long Term Care Recipients



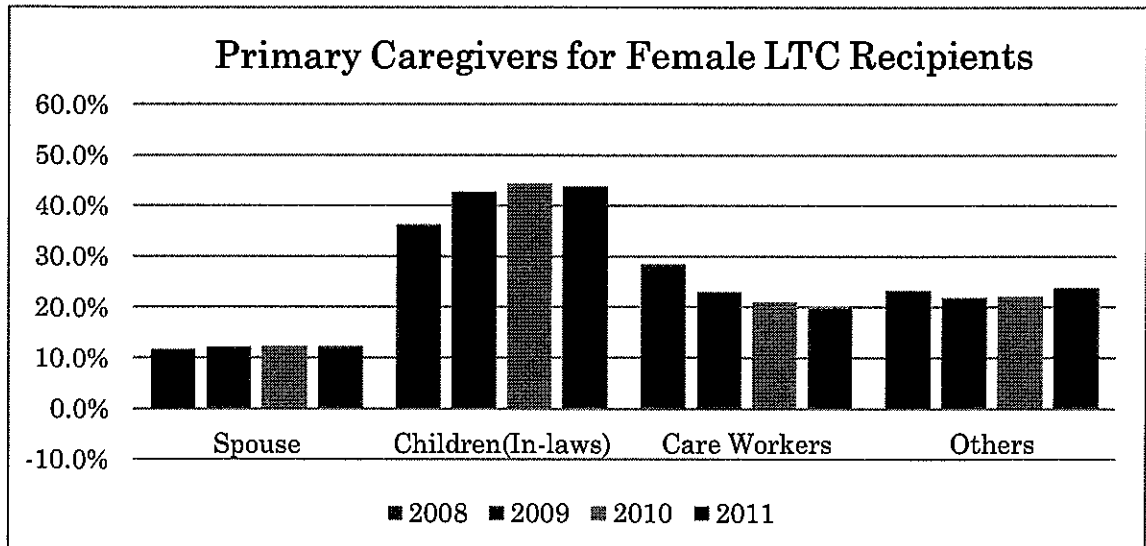
Source: NHIC, LTCIE Statistical Yearbook, 2008, 2009, 2010, 2011.

Figure 4. Major Care Providers for Male Long Term Care Recipients



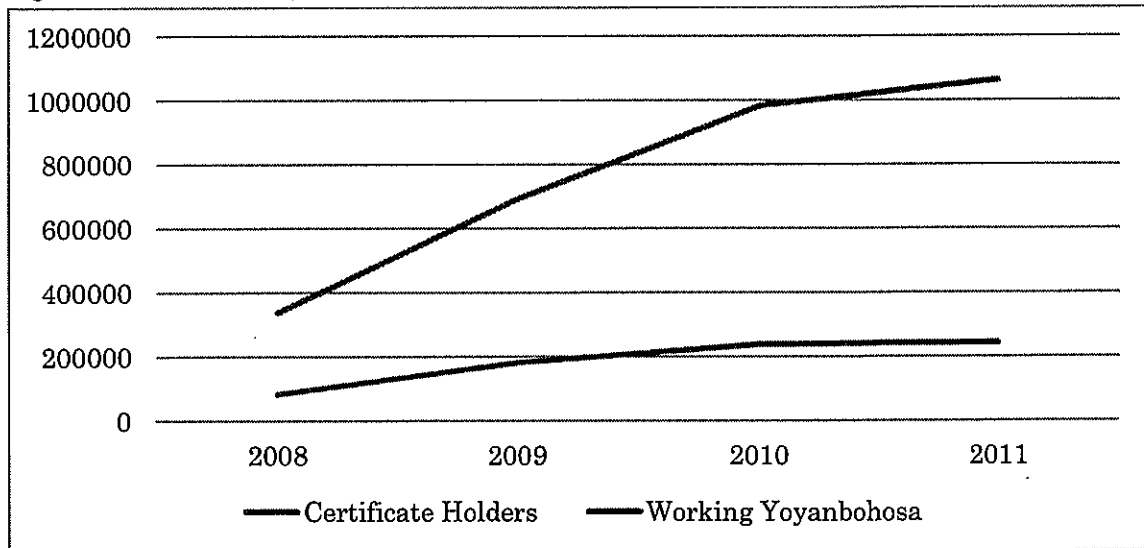
Source: NHIC, LTCIE Statistical Yearbook, 2008, 2009, 2010, 2011.

Figure 5. Major Care Providers for Female Long Term Care Recipients



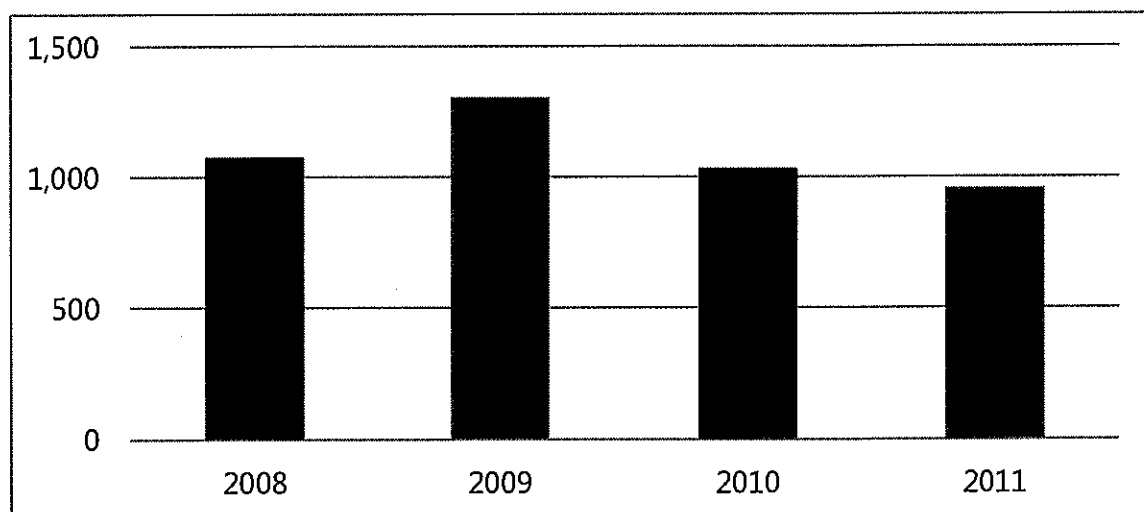
Source: NHIC, LTCIE Statistical Yearbook, 2008, 2009, 2010, 2011.

Figure 6. Numbers of Yoyangbohosa, 2008-2011



Source: 2008: Economic and Social Development Commission. 2012: 130. 2009-2011: NHIC, LTCIE Monthly Statistics, 2009, 2010, 2011.

Figure 7. Number of Yoyangbohosa Educational Institutions, 2008-2011



Source: NHIC, LTCIE Monthly Statistics, 2008, 2009, 2010, 2011.

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Table 3. Employment Conditions of Care Workers, 2011

	Public Sector	Private Sector	
	Yoyangbohosa	Ganbyungin	Domestic Workers
Formal Labor Status (A)	Recognized Worker	No Recognition	No Recognition
Percentage with an Employment Contract (A)	86%	17%	No Employment Contract
Method of Obtaining Employment (A)	Educational Institution Placements (55%), Personal Connections (17%), Employment Agencies (15%)	Personal Connections (31%), Ganbyungin Associations (27%), Employment Agencies (19%)	YWCA, Local Welfare Centers, Employment Agencies
Method of Payment (B)	In-home Centers - Per Hour Facility Centers - Per Month	Per day or Per Month	Per Hour, Per Day or Per Month
Hourly Pay (B)	Minimum of 7,500 won	2,500 won	Minimum of 7,000won
Average Daily Wage (C)	Not Applicable	60,000~70,000 won (for 24 hours)	70,000~80,000 won (for 8 hours)
Average Monthly Wage (A)	1,090,000 won (In-home Centers 1,030,000 won, Facility Centers 1,150,000 won)	1,200,000 won	1,400,000 won (Visiting Type: Work 5 days per week) 1,600,000 won (Live-in Type: Work 5 days per week) (C)
Average Working Hours (A)	9 hours: 8 hours (In-home Centers); 10 hours (Facility Centers)	20 hours	4 hours/ 8 hours (C)
Percentage Subscribed to 4 Major Categories of Employment Insurance (A)	80% (Facility Centers); 56% (In-home centers)	28%	None

Sources: (A) Oh, et al. (2009); (B) Economic and Social Development Commission (2012); (C) Author's Personal Observations.

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