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## Care Deficit and Migrant Workers in Taiwan

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Care deficit is now a common situation in East Asian society when the population gets ageing while the fertility rate continues to decline (Jones and Shen, 2008). Taiwan joins the ageing society club after the late 20<sup>st</sup> century, and the percentage of aged people over 65 reaches 10.89% in 2011 (MOI, 2012). Hope to cope with such elderly care deficit, different societies use different ways based on their values and historical trajectories of the institutions.

### Estimation of Population Change

In 1988 the population aged over 65 was only 5.7 per cent, while in 2011 it increased to 10.89 per cent (see Table 1). Industrialization brings urbanization, and most families are nuclear families living in cities. It is still a prevalent ideology that old parents should live with their children, especially to live with sons, so the government does not have to provide general care support for elderly. However, when the family is no longer sustainable by depending only on one income, it is hard for a family to take care of the elderly by keeping the wife or husband at home. In addition, as Table 2 shows, more and more aged couples live alone without living with their children, increased from 19.6 per cent (1992) to 29.2 per cent (2002), a big increase of

10 per cent in ten years. Three generation family types with persons aged over 65 is reduced from 43 per cent to 33 per cent in the same period. In other words, traditional family care system is no longer sustainable. To deal with this care crisis, the government allows people to hire migrant workers to take care of elderly since 1992. Now the migratory regime is incorporated into the social care system, together with other institutions, to tackle the care deficit problems.

### Migrant worker employment trend

Figure 1 shows the trend of hiring migrant workers since 1998. It is claimed by the government from the beginning that the import of migrant workers is 'supplementary', and all migrant workers have to leave after the contract expires. In the first few years, the policy only allowed unskilled migrant workers to stay for three years, but relaxed to six years in 2000, and then relaxed again in 2007 to nine years, and in 2012 to twelve years. It means that the so-called 'short-term, temporary' migration has turned out to become 'long-term and permanent'. It also witnesses the structural dependence on migrant workers to cope with care crisis and blue-collar labor shortage.

Migrant workers hired in manufacturing industry remained at the level

between 150,000 and 200,000, but increased significantly after 2010 because the Ma Ying-jeou government tries to reduce production cost by importing more cheap migrant workers. Care workers increased steadily at the annual rate of 10.4%, from less than 5,000 to 20,000 in fourteen years. There is no sign that the trend will change in the coming few years if the public long-term care system does not start.

Table 3 shows the origins of migrant workers by country. There is a significant clustering phenomenon, ie, most Indonesian migrant workers are allocated in service and social industry, while Thai and Filipinos in manufacturing. Most migrant care workers are Indonesian, which is portrayed by recruitment agency as “stupid but docile”, a racialized process to locate migrant workers in different social spaces (Lan, 2005). It is also gendered that almost all care workers are female.

Since more and more women participate in labor market, domestic care work becomes an important issue for family members and the state. We take child and elderly care as examples to illustrate how the society copes with such care deficit.

#### **Middle Class use market service: private care service, or migrant worker**

The fertility rate is reduced to unprecedented low, as low as 0.9‰ in 2010 (Taiwan Insurance Institute, 2012/12/26.) Who should take care the children? Currently the children aged over six can receive elementary

school education, but no public care for children under six years old. Taiwanese feminist groups demand the government to shoulder the task, to provide general public care system for all families, to extend the compulsory education down to kids of 4 years old and above (Wang Shuyun, 2012).

A survey on ‘female child care and employment’ done in 2006 shows that the percentage of full time mothering for child under 3-year old is reduced from 84.71% in 1979 to 76.96% in 1985, 69.65% in 2003 and 65.79% in 2006 (DGBAS, 2006). Even though such a social change, the percentage (65%) to stay at home to take care of children is much higher than the female not in the labour market in general (51%). It means that most females still choose to care child under 3-year old by themselves. Another 35% families might send their babies to private care center or by their relatives like mother-in-law.

Different classes have different percentages of taking care of child by themselves. The higher educated a woman is, the less she takes care of the child by herself (See Table 4 below). 83.42% of those females with education less than junior high school (9 years education) takes care of their children under the age of three by themselves, while the percentage for senior high school (12 years) and tertiary school educated females are 62.42% and 35.72% respectively. However, the percentage of hiring nanny to take care of children increases with the increase of education. About one out of five tertiary educated females (19.78%) hire nanny to help,

while the percentage is only 1.62% for female with education less than 9 years. This table also shows that higher educated women could hire migrant workers to help child care, which is only affordable for higher income family. Without state's support of pre-school child care, and the marketization of care industry, money becomes key factor to arrange child care in different ways by different classes. Higher income family could hire private nanny or migrant worker to shoulder the child care burden, while low income family has to do it by itself.

Children over six years old can attend the elementary school which starts from 7:30 am till 4:30pm. However, parents need to work normally after 6:00pm. The elementary school children cannot go home alone since the law prohibits children aged under 12 staying at home by themselves (Article 32, Children and Youth Welfare Act). Most pupils go to Anchinban (安親班, the class that makes parents no worry), a type of child care center that arranges pupils to stay at the center to do homework after school, and wait for children's parents to take them home, normally after 6:00 pm. Some big Anchinban even has its bus to take pupils directly from school to care center. Poor family may send their kids to their grandparents or neighbors for short term rest, and take them home after work.

For elderly care, table 5 shows the major and second caring persons who cared elderly aged over 65 and who had been hospitalized in last one year (2005). Survey in 2005 shows the main carers are spouses (21%),

sons (30%), daughters (15%) and daughter-in-laws (8%), while only 3% of the families hire migrant care workers, and 8% hire domestic care workers. However, for elderly aged over 65 and handicapped, more families hire migrant workers (12.4%). We can also see the gendered care phenomenon. If the elderly is male, major carers are wife and son, while the female elderly are cared by daughter-in-laws, female migrant care workers, sons, and daughters (see table 6).

Another place to take care of elderly is the care institute. By June 2012, there are 1,065 care institutes, accommodating 42,600 persons, about 1.7% of total aged people. Very few elderly likes to stay in care institute, only 15% surveyed in 2006. The higher educated elderly, the more willing to stay in care center. Single person is more likely to stay in Care Center. The care center is polarized by quality. On the one hand, the government sets up many Veteran's care centers over the island for retired soldiers, who are many Mainlander Chinese who came to Taiwan after the civil war in China in 1949, and do not marry in their whole life. They are put in these care centers. On the other hand, the expensive private elderly care centers are used by upper class, who can afford a small unit about 45 squaremeter with good medicare and community facilities. In a private care center in Tamsui, about 20 kilometer west to Taipei city center, costs at least US\$1,400 a month in addition to the bond deposit of US\$170,000. Consider the wage level in Taiwan that a university diploma graduated earns only \$900 a month, such a tariff is only

rich affordable. So it is not surprising that more educated elderly who can afford private care institute are more willing to stay there.

#### **Who are care workers?**

We classify the persons who take care work as unpaid and paid care worker. The unpaid care workers are mostly the female family members who do not enter the labor market, including spouses, daughter-in-law or daughters. Table 7 shows that about 70% of the family carers for long-term sick family members are females. Table 8 shows that the cared persons are mainly parents (29.5%), spouses' parents (12.2%), spouses (20.6%) and children (29.2%).

Though the government subsidizes those family with care demand free of charge of some hours per week, depending on the degree of disability of cared persons, the money does not go to family members like in Korea (LEE, this edited volume). The government gives the money to care institutes to send care workers to family for a few hours work so that family care members can have a break from long-term care pressures.

There are four types of paid care workers: migrant care worker, immigrant Chinese spouse, Taiwanese female care worker and nurse or nursing assistant. They are stratified by law regulations and ethnicity.

Migrant care workers are highly regulated by law, and bonded by their debt at home country (Wang and Belanger, 2011; Lan, 2006). They cannot easily change their jobs nor employers unless under some strict conditions.

They are normally paid by minimum wage set by the government. Migration and work policies that prevent the creation of a competitive market for the employment of migrant workers create a worker-employer bondage that prohibits the workers' mobility within the receiving nation.

Compared to such bonded care workers, the other three types of care workers are free to change their jobs and employers. Immigrant Chinese spouses are a specific group of care workers who are located by the society as immigrants but command the language of Mandarin needed for emotional care. Table 9 shows that most Chinese immigrant females work in service industry. In the initial phase of immigration to Taiwan in early 1990s, many of them married Taiwanese veterans who were aged over 60. When their husbands were getting old, these immigrant wives were expected to take care of them (Chao, 2008). The government encourages such a type of "marriage with care". Before 2010 the Chinese immigrant spouses were not allowed to work until they got permanent residence status. In other words, many of them at that time could be classified as 'undocumented migrant worker'. At that time even these Chinese immigrant wives were not allowed to work, the government turned a blind eye to it if these immigrant wives earned money for the Taiwanese husbands, not for their Chinese families. It creates a historical path dependency that many Chinese female spouses were recruited in the social network of care giving market. It is also the same reason that they

receive the wage below Taiwanese care givers.

Those 'teachers' in private after-school center, ie, Anchiban, are de facto caregivers for children aged between 6 and 12. But here we discuss those caregivers for children under 6 years old, and for elderly and patients.

An important segment of caregiver is nanny for children under 6 years old. The government starts to subsidize family with kids under 6 years old to hire nanny, from US\$100 to 130 per month. Only those people with nanny certificates can apply for subsidy. Since the family members can also apply for the subsidy if they receive 126 hours training and pass the exam, the number of certified nanny increased from 32,172 in 2003 to 97,232 in October 2012 (See Table 10).

According the government's description of the occupation of caregiver for elderly, most Taiwanese caregivers work in care institutes, but long working hours and low payment. It is not necessary to pass the state exam to do the care work, though the government has set up such exam to improve the caring skill of caregivers. So it becomes that the entrance level is low and anyone who needs a job can go to apply for the job. More than 95% of caregivers are female. Trained caregivers like to work at medical center, which is much less demanding than working at care institutes. A caregiver in private care institute needs to work 12 hours a day, and receives about US\$1,000 a month. Caregiver for in-house care work receives about US\$5.0 per hour. Since the workload at medical institutes is

much less, 49.4% of caregivers choose there to work, while only 22.6% of them work at care institutes, and 23% work as in-house caregivers (Council of Labor Affairs, 2012).

In Taiwan, to hire a migrant care worker needs to go to official long-term care center to register first, and the center will announce the news to find native caregiver for the applicant. If the job matching is not successful, then the applicant can apply for migrant worker. Table 11 is made by the government to persuade the applicant to hire native elderly care worker instead of migrant care worker. Even though, the real situation is that less than 0.1% (48 out of 46,747 applicants) accepted long-term care center's recommendation to hire native care workers, while more than 74% of the applicants in the end hire migrant care workers (Jan to Sep 2006).

Why does Taiwanese prefer to hire migrant worker to native caregiver, even only two-thirds of the migrant workers have received medical care training (see Table 12)? First of all, Taiwanese takes the function of migrant care worker as 'accompany' rather than 'medical care', so what an elderly needs is not medical care, but someone's accompany. Even for bed-ridden elderly, and the migrant caregiver needs to do some specific work like massage, feeding, body cleaning, such work is not considered as skilled work since other family members do such jobs before the hire of migrant caregiver. If there is an emergent need, the migrant worker can call emergency center for help. Secondly, these migrant workers

almost have no holiday off (see Table 13). More than half of the workers never have one day off in the whole year, though they receive overtime pay. If they hire Taiwanese caregiver, it will cost at least two times higher wage for the same amount of work.

The last category of care worker is nurse and nursing assistant. By 2010 there are 124,938 nurses and nursing assistants, but most of them work at hospital and clinic (see Table 14). Only 13% work in other institutes, mainly care institutes. The working at hospital is much better than in care institute, ie., better pay, lower working hours and fixed working time slot, so most nurses and nursing assistant prefer to work at hospital and clinic. However, since the government regulates that every care institute needs to employ at least one nurse or nursing assistant per 15 cared elderly (Article 11, Establishment Standards of Senior Citizens' Welfare Institutions), these care institutes have to hire some nurses or nursing assistants. Article 8 regulates that a care institute cannot hire foreign migrant caregivers more than half of total employment. In reality, these institutes almost hire the maximum quota of migrant caregivers set by the law based on cost calculation, and leave little room to employ nurses or nursing assistants.

### Concluding remarks

Since the government under neoliberalism ideology does not like to expand the welfare system to cover those people in need of care, people has to find a way out to

tackle the care deficit problem. Most care workload is placed on family members, especially the females. But different classes have different resources to cope with the care deficit problems. Rich family can afford expensive child and elderly care by hiring nanny or migrant worker, while poor family can only use unpaid family members to do the work. Some families might find an immigrant wife to marry, and to ask her for taking care of the whole family care problems, which often causes unmatched expectations of wife and husband and leads to family discords (Tang and Wang, 2011).

The persons in need of care include children, elderly, disabled and patients. Taiwan has general care system (National Health Insurance) to cover patients' medical expenditure. However, there is yet long-term care insurance and the government only uses residual social welfare to help the poorest family. Most families have to either use unpaid family labor force or buy service from the market. In this social context Taiwanese family is structurally dependent on migrant care worker to take care of the persons in need of long-term care. Hiring a migrant care worker at home can help not only the elderly but also the children, and to clean the house. In other words, these migrant care workers play dual roles: caregiver and domestic helper. Their hourly wage is only about 40% of Taiwanese caregiver, and upper middle class family still can afford it.

In the coming few years there is no sign that the employment of migrant care workers will be declining. First, the current

conservative and pro-capitalist government has no willing to expand any social welfare scheme. The long-term care scheme is planned in 2007 under previous Chen Shui-bian government, but is left intact. The current government does not want to use fiscal budget to support the scheme, and is considering the use of self-financed insurance to cover the cost (Chen Shufen, 2011). The policy debate is yet emerging in mass media, so it will take at least a few years to enact the law. In addition, the government is trying to cancel minimum wage standard applied on migrant worker. A recent policy is to set up “free economic zone” where

the capitalists can hire migrant workers more than 40% of the total labor force employed. Besides, the minimum wage is not applicable to migrant worker (United Daily News, 2012). If the minimum wage is reduced, there will be less incentive to hire native caregiver, and the number of employed migrant caregiver will increase. In the end, Taiwanese long-term care system is polarized: those have import cheap migrant caregivers, while those have-nots use unpaid family members or government provided minimum service to tackle the care-deficit.



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Table 1. Selected Demographic Data in Taiwan, 1975-2007

Year	Population	Number of Women aged 15~49	Total Fertility Rate (‰)	Newly born babies	Unmarried Males aged 30~44	Unmarried Females aged 30~44	Percent-age aged over 65 (%)	International migration	
								Inbound	Outbound
1975	16,223,089	3,919,805	2,840	369,349	131,754	44,081	3.5	17,639	16,426
1976	16,579,737	4,047,219	3,085	425,125	121,715	45,205	3.6	15,466	15,426
1977	16,882,053	4,172,297	2,700	397,373	119,123	47,450	3.8	14,272	21,875
1978	17,202,491	4,294,491	2,715	410,783	119,797	56,250	4.0	15,818	22,371
1979	17,543,067	4,415,681	2,670	424,034	126,937	61,473	4.1	14,281	18,166
1980	17,866,008	4,533,257	2,515	413,881	140,171	73,834	4.3	13,847	15,988
1981	18,193,955	4,648,047	2,455	414,069	151,692	82,529	4.4	14,377	11,142
1982	18,515,754	4,757,502	2,320	405,263	162,154	90,267	4.5	14,007	13,370
1983	18,790,538	4,857,683	2,170	383,439	175,961	102,260	4.7	14,011	17,295
1984	19,069,194	4,959,369	2,055	371,008	191,871	111,850	4.9	14,765	22,513
1985	19,313,825	5,058,530	1,880	346,208	214,080	124,954	5.1	16,902	32,878
1986	19,509,082	5,146,231	1,680	309,230	234,795	137,471	5.3	19,228	30,733
1987	19,725,010	5,230,176	1,700	314,024	257,521	149,927	5.5	26,993	40,745
1988	19,954,397	5,313,456	1,855	342,031	286,339	163,304	5.7	30,778	38,840
1989	20,156,587	5,390,622	1,680	315,299	313,169	183,199	6.0	33,492	33,167
1990	20,401,305	5,464,196	1,810	335,618	347,406	204,604	6.2	31,391	25,518
1991	20,605,831	5,551,085	1,720	321,932	381,882	220,025	6.5	27,723	41,062
1992	20,802,622	5,643,283	1,730	321,632	417,086	238,576	6.8	30,553	47,151
1993	20,995,416	5,732,819	1,760	325,613	448,956	257,277	7.1	38,059	48,495
1994	21,177,874	5,838,714	1,755	322,938	491,954	279,187	7.4	41,113	41,743
1995	21,357,431	5,953,671	1,775	329,581	521,722	290,663	7.6	51,855	78,420
1996	21,525,433	6,061,425	1,760	325,545	543,280	296,164	7.9	67,089	119,144
1997	21,742,815	6,160,153	1,770	326,002	560,547	307,252	8.1	77,720	66,644
1998	21,928,591	6,247,214	1,465	271,450	588,284	324,971	8.3	47,754	10,776
1999	22,092,387	6,313,071	1,555	283,661	606,860	346,062	8.4	40,833	34,258
2000	22,276,672	6,352,815	1,680	305,312	620,066	367,632	8.6	44,302	38,674
2001	22,405,568	6,359,382	1,400	260,354	635,570	390,665	8.8	40,479	44,086
2002	22,520,776	6,346,621	1,340	247,530	650,001	413,461	9.0	42,311	45,846
2003	22,604,550	6,341,051	1,235	227,070	668,308	437,631	9.2	37,305	49,560
2004	22,689,122	6,332,149	1,180	216,419	698,770	467,129	9.5	50,776	47,185
2005	22,770,383	6,320,814	1,115	205,854	730,054	498,121	9.7	52,520	37,140
2006	22,876,527	6,313,944	1,115	204,459	781,010	543,172	10.0	80,239	42,247
2007	22,958,360	6,307,957	1,100	204,414	821,419	579,659	10.2	82,428	63,150

Source: MOI (2009). <<http://www.ris.gov.tw/ch4/static/st20-12.xls>>, accessed on 7 July 2009.

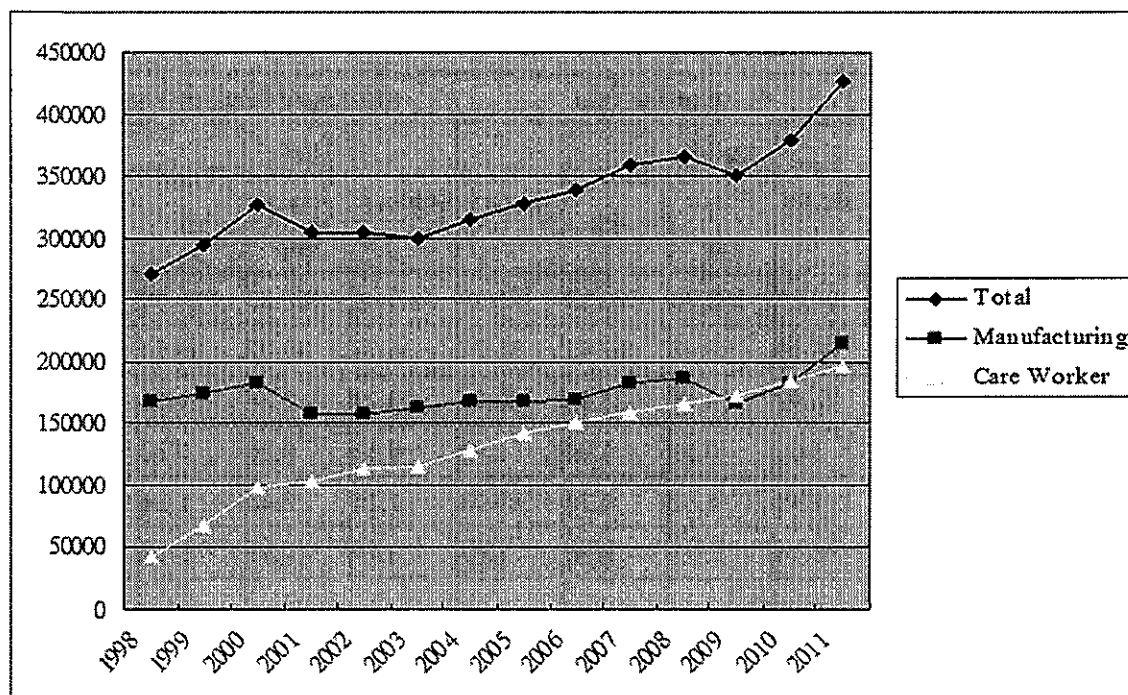
Table 2. Family structure change between 1992 and 2002

Unit: %

	% of total households		% of family with persons aged over 65	
	1992	2002	1992	2002
Single	6.6	8.5	9.6	8.7
Only Wife and husband	8.5	12.9	19.6	29.2
Single parent	6.4	8.1	3.9	4.6
Nuclear	56.6	47.7	14.3	12.9
Three generation	17.0	16.3	43.1	33.5
Other	5.0	6.5	9.6	11.2

Source: DGBAS (Directorate General of Budget, Accounting and Statistics)  
<<http://www.dgbas.gov.tw/public/Attachment/412218164171.doc>>, accessed on 9 July 2009.

Figure 1. Migrant worker employment trend, 1998 – 2011.



Source: <http://www.evta.gov.tw/files/57/720084.csv>, accessed on 15 Jan 2012.

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TABLE 3. Migrant workers in Taiwan by labor sector and nationality

Jan 2012, Unit: Person

Labor sector	Total	Indonesia	Philippines	Viet Nam	Thailand	Mongolia	Malaysia
<b>Total number</b>	426,378	177,904	94,882	82,550	71,038	1	3
Agriculture (including sailors and fishermen)	8,634	7,192	328	1,094	20	0	0
<b>Manufacturing</b>	214,311	20,326	68,910	58,473	66,599	0	3
Construction	3,809	26	360	42	3,381	0	0
<b>Social and individual service (including domestic helpers and caretakers)</b>	199,624 (168,113)	150,360 (110,457)	25,284 (22,969)	22,941 (33,161)	1,038 (Nov 2008)	1	0

Source: Council of Labor Affairs (2012). <http://www.evta.gov.tw/files/57/722073.csv>. Accessed on 31/12/2012.

Table 4 How to care the youngest child by married woman, aged 15 to 64 (2006)

Unit: %

Items	Child under 3 y.o.				Child aged between 3 and 6			
	Subtotal	Under Junior HS	Senior HS	Tertiary	Subtotal	Under Junior HS	Senior HS	Tertiary
Total	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00
Self	65.79	83.42	62.42	35.72	36.78	49.07	30.56	18.10
Parents	24.99	14.41	28.35	40.76	10.27	7.24	11.62	15.25
Other Relatives	1.06	0.51	1.20	1.92	0.32	0.26	0.32	0.48
Nanny	7.48	1.62	7.28	19.78	1.26	0.40	1.24	3.44
Migrant worker	0.34	-	0.30	1.08	0.19	0.11	0.17	0.42
Working place care center	0.07	-	0.05	0.27	0.33	0.10	0.20	1.18
Public Care center	0.02	-	0.05	0.03	11.79	12.69	11.29	10.48
Private Care Center	0.22	0.05	0.30	0.43	39.05	30.13	44.60	50.65
Other	0.02	-	0.05	-	-	-	-	-

Source: Ministry of Interior (2007) "Survey on Women's marriage, fertility and employment, 2006".

Table 5 The major and second caring persons who cared elderly aged over 65 and who had been hospitalized in last one year (2005)

Care Givers	Major	單位：%
		Secondary
Spouse or Co-habitant	21.10	3.79
Son	30.86	24.07
Daughter	15.45	14.20
Daughter-in-law	8.14	12.62
Son-in-law	-	0.52
Brothers	0.31	-
Sisters	0.24	-
Father	-	-
Mother	-	0.30
Other Relatives	1.96	1.33
Neighbor	-	0.20
Friend	1.19	0.59
Migrant Worker	3.03	2.43
National service worker	8.79	2.26
Volunteer	0.22	0.02
Self	7.86	2.04
Other	0.83	0.87

Source: MOI (2005) "Laoren zhuangkuang diaocha jieguo zhaiyao fenxi" (Summary of the Survey on Aged People's Situation"). <http://www.fclma.url.tw/fclma/94oldman.doc>, accessed on <2010/10/7>.

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Table 6 Major care giver for handicapped elderly aged over 65 (2005)

Unit: %									
	Spouse or Co- habitant	Son	Daughte r	Daughte r-in-law	Son-in- law	Brother	Sister	Father	Mother
Subtotal	13.20	13.39	4.49	8.92	0.37	-	0.02	-	0.47
Sex									
Male	20.96	17.11	0.78	2.85	1.05	-	-	-	-
Female	8.94	11.34	6.52	12.26	-	-	0.04	-	0.73
Age									
65~69	17.52	7.42	-	4.21	-	-	-	-	-
70~74	21.57	4.90	6.44	11.34	1.87	-	0.11	-	-
75~79	9.53	21.11	2.92	8.88	-	-	-	-	-
> 80	8.63	16.82	6.60	10.13	-	-	-	-	1.19

	Other relative	Neighbo r	Friend	Migrant worker	Domesti c care giver	In-house service provider	Care givers from private institute	Self	Other
Subtotal	1.28	0.39	0.02	12.40	5.14	0.89	7.63	29.53	1.85
Sex									
Male	-	0.13	-	6.45	7.64	0.16	9.81	30.01	3.05
Female	1.98	0.53	0.03	15.68	3.77	1.29	6.42	29.27	1.20
Age									
65~69	-	-	-	14.62	1.20	-	5.75	45.57	3.73
70~74	1.66	-	-	7.85	3.82	0.13	3.76	34.68	1.87
75~79	1.15	1.72	-	9.66	2.43	1.87	9.83	30.91	-
> 80	1.81	0.11	0.05	14.96	9.21	1.24	9.42	18.01	1.82

Source: MOI (2005) "Laoren zhuangkuang diaocha jiegou zhaiyao fenxi" (Summary of the Survey on Aged People's Situation"). <http://www.fclma.url.tw/fclma/94oldman.doc>, accessed on <2010/10/7>.

Table 7 Who cares family members? By gender (2007)

	Frequency	%	Valid %
Female	441	69.6	70.4
Male	185	29.2	29.6
Subtotal	626	98.7	100
Missing		8	1.3
Total	634	100	

Source: Zhonghuaminguo jiating zhaoguzhe guanhuai zonghui (Taiwan Association of Family Caregivers) (2007). 2007 Jiating zhaoguzhe xiankuang diaocha baogao (Survey on family caregivers, 2007).[http://www.familycare.org.tw/db/pdfs/upload/journal/2007research\\_24424512.pdf](http://www.familycare.org.tw/db/pdfs/upload/journal/2007research_24424512.pdf). Accessed on <2010/10/06>.

Table 8 Relationship with the cared person (unit: %)

Relationship	Cases	%
4a Parents	193	29.50%
4b Spouse's parents	80	12.20%
4c Siblings	26	4.00%
4d Spouse	135	20.60%
4e Children	191	29.20%
4f Grandparents	12	1.80%
4g Spouse's grandparents	1	0.20%
4h Friend's children	1	0.20%
4i Grand-children	2	0.30%
4k Spouse's siblings	3	0.50%
4l Employer's wife	2	0.30%
4m Co-habitant	2	0.30%
4n Divorced husband	1	0.20%
4o Relative's children	2	0.30%
4p Other	3	0.50%
Total	654	100.00%

Source: Zhonghuaminguo jiating zhaoguzhe guanhuai zonghui (Taiwan Association of Family Caregivers) (2007). 2007 Jiating zhaoguzhe xiankuang diaocha baogao (Survey on family caregivers, 2007).[http://www.familycare.org.tw/db/pdfs/upload/journal/2007research\\_24424512.pdf](http://www.familycare.org.tw/db/pdfs/upload/journal/2007research_24424512.pdf). Accessed on <2010/10/06>.

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TABLE 9 Employment status of immigrant wives

	Subtotal		Employed						
	Persons	%	Sub	Fixed Job				Casual	
				Sub	Agricultural	Industry	Service	Pub	
<b>Total</b>	<b>175,909</b>	<b>100.</b>	<b>29.4</b>	<b>100.0</b>	<b>8.8</b>	<b>40.8</b>	<b>48.9</b>	<b>1.5</b>	<b>10.9</b>
Foreign	82,358	100.	34.6	100.0	11.5	48.1	38.9	1.4	12.3
Chinese	93,551	100.	24.9	100.0	5.2	31.3	61.8	1.6	9.7

Source: MOI (2004).

Table 10 Number of certified nanny

Year	Number
2003	32172
2004	37610
2005	40553
2006	43473
2007	47843
2008	55679
2009	67608
2010	82460
2011	91248
Oct 2012	97232

Source: Child Welfare Bureau, Ministry of the Interior.

[http://www.cbi.gov.tw/CBI\\_2/internet/main/doc/doc\\_detail.aspx?uid=110&docid=1536](http://www.cbi.gov.tw/CBI_2/internet/main/doc/doc_detail.aspx?uid=110&docid=1536)

Accessed on 31 Dec 2012.

Table 11 Compare the benefits of hiring native vs. migrant care worker

Items to compare	Native helper	Migrant worker
Cultural		
Language	O	X
Cultural background	O	X
Occupational training and supervision		
Professional training	O	X
Professional supervision	O	X
Application Procedure		
To-door service	O	X
Approval time	O	X
Cost		
Partially subsidized by govt	O	X
free of accommodation and dining cost	O	X
Service items		
Daily assistance	O	O
Eligible for 'take a break' service	O	X
Other		
24 hours service	X	O

Source: Ministry of Interior (2007) Woguo changqi zhaogu shinian jihua: dawennuan shehui fuli tao'an zhi qijian jihua (Ten years long-term care plan: flagship of warming society social welfare scheme), Table 10-3- 2. <http://sowf.moi.gov.tw/newpage/tenyearsplan/我國長期照顧十年計畫.doc>  
Accessed on 2012/2/15.



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Table 12 Medicare training for migrant care workers

By June 2011 Unit: %

Sex		Nationality	
M	0.8	Indonesia	77.4
F	99.2	Philp.	11.6
Age		Thailand	0.6
<29	37.3	Vietnam	10.4
30~39	48.9		
40~49	13.0		
>50	0.8	<b>Medical care training</b>	
<b>Education</b>		YES	66.5
< Junior High	56.3	NO	33.5
Senior High	37.3		
Tertiary	6.5		
> Tertiary	0.0		

Source: BEVT Bureau of Employment and Vocational Training (2011) "100nian wailao diaocha tiyao fenxi" ("Summary of Survey on foreign worker, 2011"), p. 31.

Table 13 Migrant Caregiver's holiday

Unit : %

	June 2010	June 2011
Total	100.0	100.0
Holiday off	5.6	6.2
Holiday partly off	52.0	50.8
With overtime pay	99.3	98.2
No overtime pay	0.7	1.8
Never have holiday off	42.4	43.0
With overtime pay	99.1	98.4
No overtime pay	0.9	1.6

Source: BEVT Bureau of Employment and Vocational Training (2011) "100nian wailao diaocha tiyao fenxi" ("Summary of Survey on foreign worker, 2011"), p. 34.

Table 14 Distribution of nurse's working institutes

Type	Persons	Percentage
Hospital	87,732	70.2%
Clinic	20,043	16.0%
Other	17,163	13.8%
Subtotal	124,938	100%

Source: Lu (2011), page 9. [http://www.nurse.org.tw/userfiles/file/Projects/99年醫事人力需求推估1000130\(fin\).pdf](http://www.nurse.org.tw/userfiles/file/Projects/99年醫事人力需求推估1000130(fin).pdf). Accessed on 31 Dec, 2012.

### REFERENCES

- Chao, Yen-ning (2008). "Qinmi guanxi zuowei fansi guozu zhuyi de changyu: laorongmin de liang'an hunyin chongtu" ("Rethinking nationalism through intimate relationships: conflicts in cross-strait marriages"), *Taiwan Shehuixue (Taiwanese Sociology)* 16: 97-148.
- Chen, Zhengfen (2011). "Woguo changqi zhaogu zhengce zhi guihua yu fazhan" ("Planning and development of Long-term care policy in Taiwan"). *Shequ Fazhan Jikan (Community Development Quarterly)* 133: 192-203.
- Council of Labor Affairs (2012). Occupation "Zhaogu fuwuyuan" ("Care attendant"). [http://statdb.cla.gov.tw/careerguide/ind/ind\\_detail.asp?section\\_id=2&id\\_no=50132](http://statdb.cla.gov.tw/careerguide/ind/ind_detail.asp?section_id=2&id_no=50132). Accessed on 2012/12/28.
- DGBAS (Directorate General of Budget, Accounting and Statistics) (2006). *Funv hunyu yu jiuye diaocha baogao* (Report on women's marriage, fertility and employment). <http://www.dgbas.gov.tw/public/Attachment/76251555871.doc>. Accessed on 31/12/2012.
- JONES, GAVIN, AND HSIU-HUA SHEN. 2008. "International marriage in East and Southeast Asia: trends and research emphases", *Citizenship Studies*, vol. 12, no. 1, pp. 9 – 25.
- MOI (Ministry of Interior) (2004) *92nian waiji yu dalu peiou shenghuo zhuangkuang diaocha* (Survey on living conditions of foreign and Mainland Chinese spouses, 2003), Taipei: Ministry of Interior.
- 2012. *Minguo 100nian zhongyao renkou zhibiao* (Important demographic indicators in 2011). [http://www.ris.gov.tw/zh\\_TW/346](http://www.ris.gov.tw/zh_TW/346). Accessed on 31/Dec/2012.
- Lan, Pei-Chia (2005). Stratified Otherization: Recruitment, Training and Racialization of Migrant Domestic Workers. (in Chinese) *Taiwanese Journal of Sociology*, June 2005, 34: 1-57.
- Lan, Pei-Chia (2006). *Global Cinderellas: Migrant Domestic and Newly Rich Employers in Taiwan*. Durham: Duke University Press.
- Lu, Meixiu (2011). *99nian yishi renli xuqiu tuigu luntan* (Forum on the estimation of

- demand for medical manpower). PPT presented at the National Union of Nurses' Association, 31 Jan 2011.
- Taiwan Insurance Institute (2012/12/26). Taiwan renkou yu yiliao tongji ziliao (Population and Medical Statistics in Taiwan). <http://www.tii.org.tw/fcontent/mi-20111201/file/台灣人口與醫療統計資料.pdf>. Accessed on 2012/12/26.
- Tang, A. W. and H. Wang. 2011. From Victims of Domestic Violence to Determined Independent Women: How Vietnamese Immigrant Spouses Negotiate Taiwan's Patriarchal Family System. *Women Studies International Forum* 34(5): 430-440.
- United Daily News (2012). Ziyou jingjiqu, bewailao xinzi zhanbu tuogou (In free economic zone, migrant worker's wage is temporarily not delinked from native worker). <http://udn.com/news/FINANCE/FIN2/7536313.shtml>. 2012/12/31 accessed.
- Wang, Hong-zen and Daniele Belganer (2011). "Exploitative recruitment processes and working conditions of Vietnamese migrant workers in Taiwan," in Anita Chan (ed.) *Labor in Vietnam*, pp. 309-336. Singapore: ISEAS.
- Wang Shuyun (2012) "Taiwan tuoyu gonggonghua zhi yanjiu" ("Research on public care of children"), in Taiwan Thinktank (ed.), *Maixiang shehui touzixing guojia: jiuye yu shehui anquan zhongda yiti yanjiu lunwenji* (Towards a social investment state: employment and social security essay collection), pp. 63-107. Taipei: Taiwan Thinktank.

## The Concept of Care in the Philippines

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### Absence of the Concept of Carework: Careworker Candidate's Anguish

Many nursing and careworker candidates who come to Japan on the EPA are nurses in the sending country. Filipino careworker candidates can come to Japan, even if they are not nurses, if they have a caregiver qualification. In Indonesia's case there is no qualification equivalent to a careworker, so mostly nurses become careworker candidates, particularly in the case of the first and fifth groups, all were nurses. In Indonesia, with the support of the Japanese government, careworker training was started; however, as it was not guaranteed that you could come to Japan after completion of the training, it did not last long. The spreading of careworker skills is not a simple matter.

To the people of developing countries, where family care is commonplace, talking with nostalgia saying "there is something which we have forgotten" is common. Unlike Japan, with its trend towards the nuclear family and its developed welfare system, sending countries, where extended families and having three generations under one roof or living close by is commonplace, joint care from inside and outside the family based on blood relationships or regional relationships is often seen. With undeveloped commercialization and socialization, many people are bearing the role

of carer, and you could say that care is being somatized. The fact that in evaluation of EPA candidates it is said that "they know the dignity of providing care before they are taught about it." would appear to indicate this.

However, the externalized careworking profession has low status as an occupation in the sending country. The image of carework in poorhouses and orphanage facilities as a profession has not yet established. This is common to both Indonesia and the Philippines. In Vietnam, from which acceptance under the EPA will start from now, carework is sometimes expressed as "Oshin".

Nurses coming to Japan as careworker candidates, from the point of view the sending country, is a lowering of social status. Because of this there are apparently candidates who hide what they are doing from their families. Because it leads to a lowering of status, the nurses associations of Indonesia and the Philippines are vehemently opposed to nurses working as careworkers. However, the freedom to choose occupation and self-realization is up to the individual and it cannot be regulated against. The Indonesian government's Ministry of Health, does not approve of nurses working as careworkers, because the nursing education curriculum, work duties and the social roles are each different.

Somatized care is not necessarily synonymous with the establishment as a