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Care-Focused Empirical Macro for Policy Analysis: Estimating the Care Economy (Part 2)

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Part II Outline

- I. Definition of Paid Care Work

- II. Identifying the Paid Care Sector Labor force
 - A. Data Sources
 - B. Types of Workers
 - 1. Paid Child Care Workers
 - 2. Long-term Care Workers
 - 3. Migrant Care Workers
 - 4. Domestic Care Workers

- III. Case study: South Korea

I. Definition of Paid Care Work (ILO 2018)

- “Workers for profit or pay whose occupations involve providing a face to face service that develops the human capabilities of the care recipient. Like the unpaid careworkers, they tend to basic human needs and sustain the well-being of those in need of care e.g. children, elderly, persons with disabilities.” (ILO 2018, p. 204)
- Employed careworkers can be defined by **industry** or **occupation** or **intersection of both**
 - Ex: education is an industry, early childhood education teaching is an occupation.
- Global care workforce: 248.9 million women + 132.1 million men
11.5% of total global employment (ILO 2018)

Paid Care Workforce in Global South

- They are in education, health and social work sectors as well as in informal settings e.g. households.
- They include: child- and elderly-care providers, doctors, nurses, primary and secondary school teachers, personal care workers, etc.
- Includes domestic workers
 - “Any person engaged in domestic work within an employment relationship”
–ILO (2018, p. 168)

In the Global South, most paid care workers are **women**, frequently **migrant workers**, and working in the **informal economy** under poor conditions for low pay

Characteristics of Paid Care Work

- Role of personalistic relationships
 - Emotional relationship and contractual relationship with employer
- Viewed as extension of women's unpaid care work within their homes
- Low status in labor market, lack of social recognition
- Paid careworkers are held hostage by 'care' itself ("Prisoners of Love")
 - Don't undertake hard bargaining or negotiation based on the threat of withholding something (see *Meurs and Esquivel lectures*)
 - Care providers are more vulnerable to exploitation, violence and harassment.
- Low pay (see ILO 2018 Chap 4 discussion)

DISCUSS: What are other characteristics of the "care market"?

Implications of Unpaid Care Work on Women's Paid Work

- Constraints to labor market choice: women choose jobs that have flexible schedules or allow for onsite childcare (e.g. home-based market work e.g. running a small store at home, subcontracted piecerate work, etc.)
- Combination of unpaid caregiving and paid work
- Justification for gender stereotyping: Notion that women are not good, reliable employees, or are otherwise not “ideal workers”
- Wields a “wage penalty” or “motherhood penalty”
- Discrimination: belief that women tend to be less committed to jobs and thus treat them differently (fewer promotions, maintenance of lower salaries, etc.)

Impact of Performing Dual Roles as both Paid and Unpaid Workers

- **Time squeeze:** Reduces the time they spend on activities like sleep and personal care
- **Time shift:** Reschedule childcare activities to later or earlier in the day and to weekends
- **Use of non-parental childcare:** Older daughters, grandparents, other kin, paid caregivers, etc.
- **Multi-tasking:** Performing overlapping activities

II. Estimating the Paid Care Workforce

Several challenges arise:

- **Lack of data** – no official data for migrant care workers, data on informal employment is inadequate – underestimate informal workers including domestic help
- **Lack of gender-disaggregated data** on wages, hours of work, other working conditions e.g. benefits, etc.
- **Lack of information about care-relevant infrastructure** – accessibility to affordable transportation, safe water, etc.

Operational Definition of Paid Care Work

- Varies depending on purpose of study and data availability.

Example:

- In the estimation of South Korea's paid care sector, Suh (2019) defines the paid care workforce by specific occupations within the industry sectors:
 - Health care, including both residential and non-residential long-term care
 - Education and child care, including preschools and family day care centers
 - Social services
 - Domestic workers hired by households to clean, cook, and care for members

Any “face-to-face” service developing human capabilities like physical health, cognitive, or social skills (England, Budig, and Folbre, 2002)
See also: England, 2005; Folbre, 2006a; Budig and Misra, 2010; Barron and West, 2013; King-Dejardin, 2019; Lightman (2017) disaggregates between high- and low-status

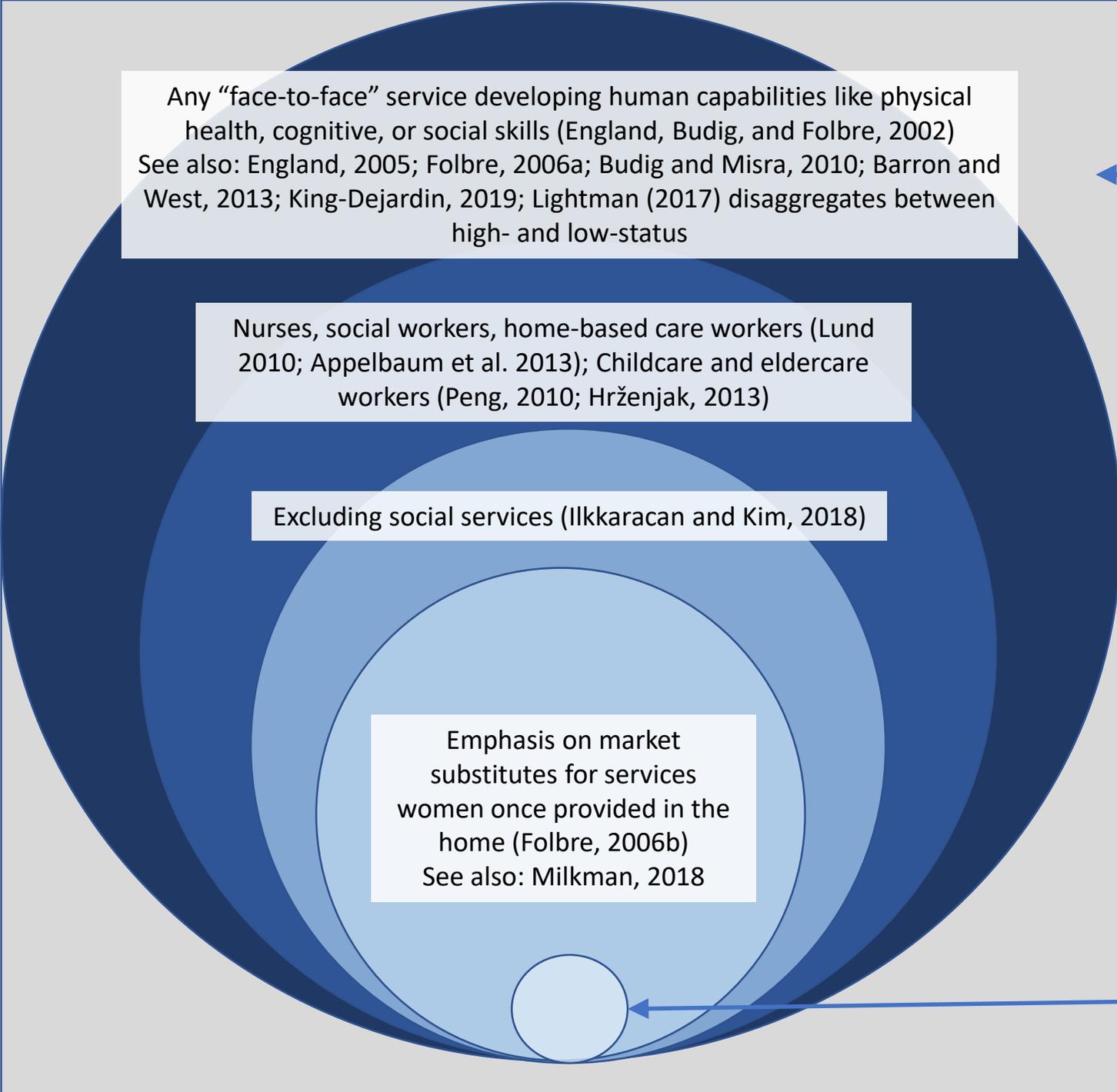
Nurses, social workers, home-based care workers (Lund 2010; Appelbaum et al. 2013); Childcare and eldercare workers (Peng, 2010; Hrženjak, 2013)

Excluding social services (Ilkcaracan and Kim, 2018)

Emphasis on market substitutes for services women once provided in the home (Folbre, 2006b)
See also: Milkman, 2018

Also includes domestic workers hired to do household chores and likely also perform some relational care work (Razavi and Staab, 2010) or related administrative support (Duffy, Armenia, and Stacey, 2015; Ghosh, 2016)
See also: Duffy, 2011; Duffy, Abelda, and Hammonds, 2013

Country/context specific subsets of occupations such as Anganwadi workers/helpers and hired domestic workers (Palriwala and Neetha, 2010) or women working in aged care organizations in Australia (Austen and Jefferson, 2016)



III. Case Study: South Korea

Source: Jooyeoun Suh 2019, *“Methodology for Estimating the Paid Care Sector in South Korea,”* forthcoming

- Who in the labor market have also provided care (childcare and eldercare) in South Korea?
- Combines data from the following sources for 2009 and 2014:
 - Local Area Labor Force Survey – hourly wages for paid care workers
 - Child Care Statistics – gender distribution of employees and geographic distribution of childcare facilities
 - Social Services Voucher Statistics
 - Long-Term Care Insurance Statistical Yearbook – information on recipients and paid caregivers for age-related (not disability-related) LTC

Table 1. Distribution of Types of Employment, by Occupation, in 2009 and 2014 (Percent)

| | 2009 | | | | 2014 | | | |
|----------------------|--|-----------------------|---|--|--|-----------------------|---|--|
| | Social Welfare Service Related Workers | Kindergarten Teachers | Medical and Welfare-Related Service Workers | Domestic Chores and Infant Rearing Helpers | Social Welfare Service Related Workers | Kindergarten Teachers | Medical and Welfare-Related Service Workers | Domestic Chores and Infant Rearing Helpers |
| Regular employee | 70.26 | 78.16 | 38.15 | 5.87 | 74.84 | 87.49 | 45.77 | 7.61 |
| Temporary employee | 16.53 | 15.58 | 42.84 | 27.4 | 11.45 | 10.61 | 44.93 | 44.27 |
| Daily worker | 0.04 | - | 16.45 | 28.64 | 10.31 | - | 7.74 | 26.84 |
| Employer | 10.48 | 5.44 | 0.35 | 1.02 | 2.66 | 1.89 | 0.7 | 0.04 |
| Self-employed | 2.4 | 0.82 | 2.06 | 37.03 | - | - | 0.76 | 21.17 |
| Unpaid family worker | 0.29 | - | 0.14 | 0.04 | 0.74 | - | 0.1 | 0.08 |
| All | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 |

Figure 4. Number of Child Care Facilities by Type, 2011 – 2015

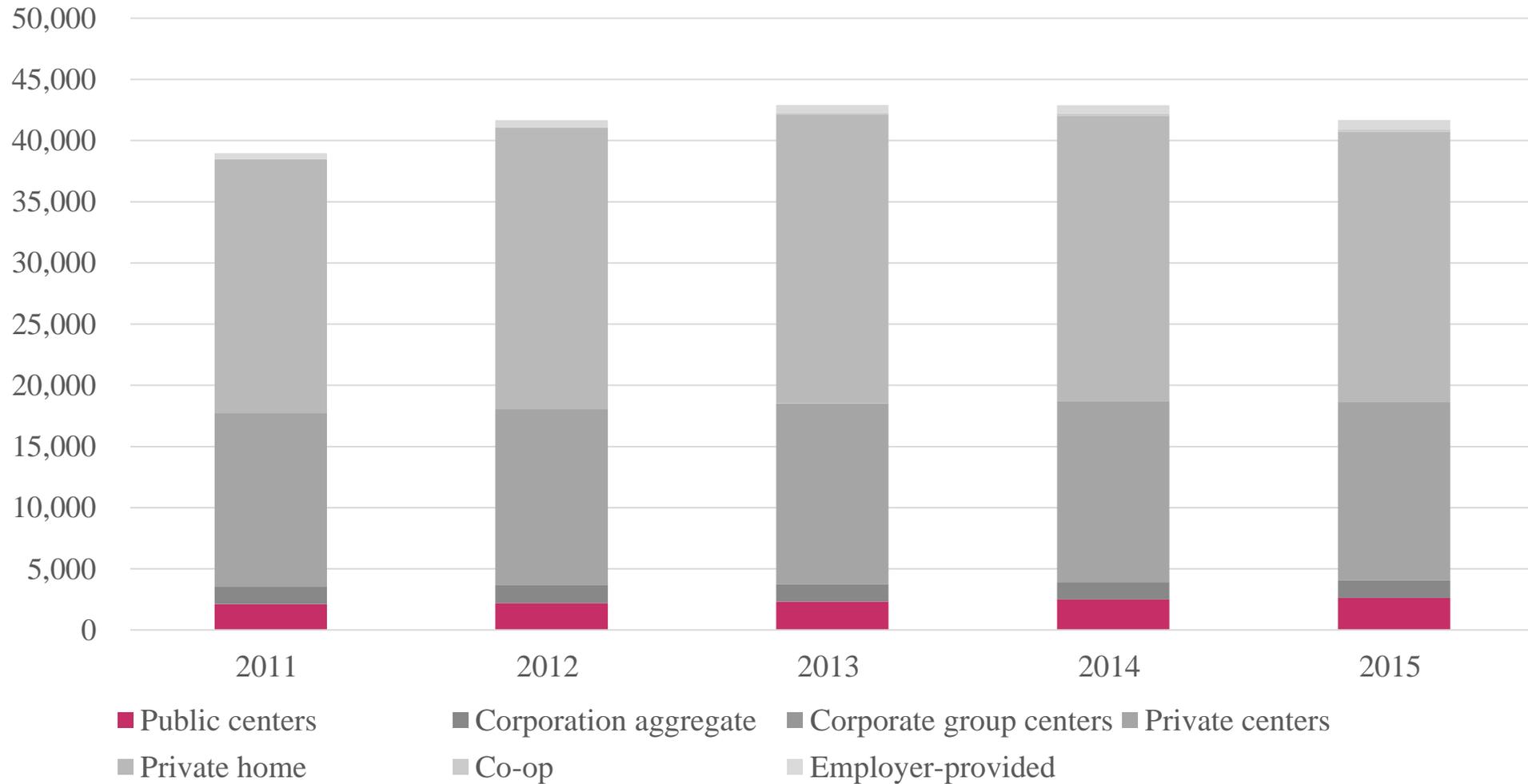
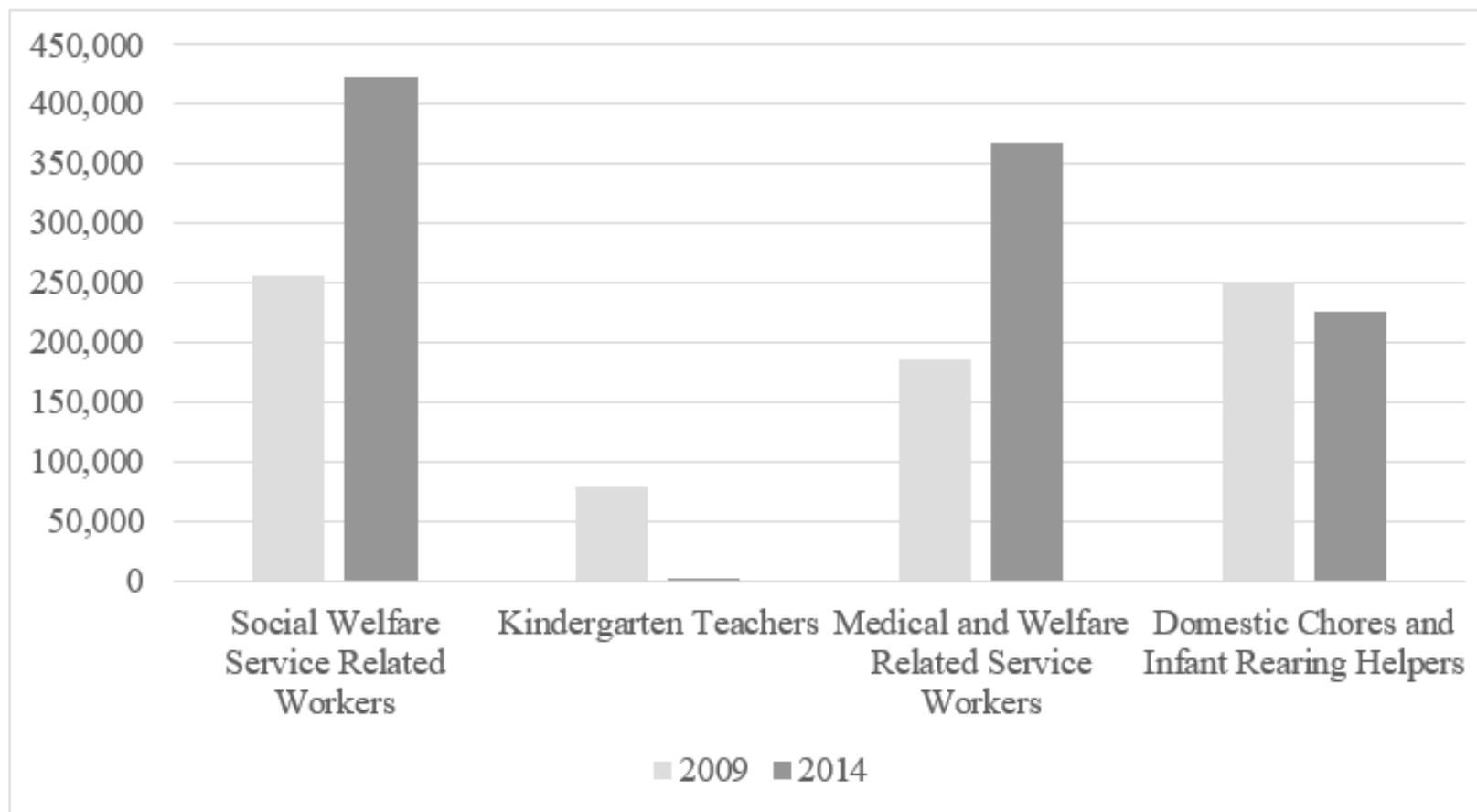


Table 3. Long-Term Care Insurance Employment by Occupation and Types, 2011 – 2014

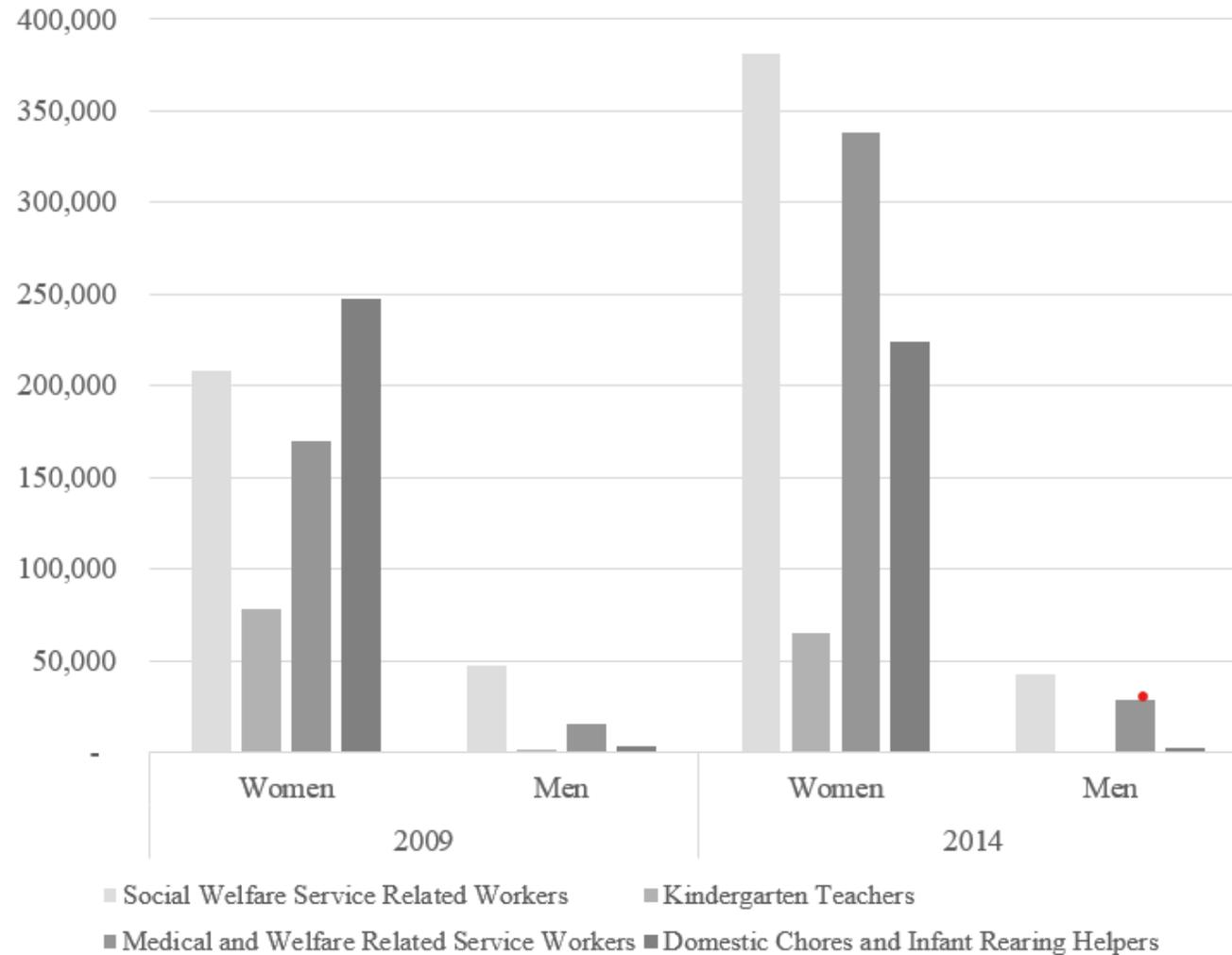
| | All | | | | In-home | | | | Facilities | | | |
|----------------------------------|---------|---------|---------|---------|---------|---------|---------|---------|------------|--------|--------|--------|
| | 2011 | 2012 | 2013 | 2014 | 2011 | 2012 | 2013 | 2014 | 2011 | 2012 | 2013 | 2014 |
| Doctors | 1,081 | 1,142 | 1,233 | 1,324 | 62 | 71 | 83 | 94 | 1,038 | 1,104 | 1,194 | 1,288 |
| Registered Nurses | 2,838 | 2,735 | 2,627 | 2,683 | 1,331 | 1,310 | 1,262 | 1,213 | 1,633 | 1,552 | 1,498 | 1,575 |
| Dental hygiene providers | 7 | 7 | 4 | 5 | 5 | 5 | 4 | 5 | 2 | 2 | - | - |
| Physical therapists | 1,530 | 1,626 | 1,740 | 1,813 | 200 | 219 | 213 | 225 | 1,396 | 1,474 | 1,593 | 1,668 |
| Dietitian | 776 | 835 | 918 | 987 | 45 | 45 | 48 | 45 | 740 | 796 | 875 | 944 |
| Social welfare workers | 6,133 | 6,751 | 7,506 | 11,298 | 3,224 | 3,424 | 3,828 | 6,623 | 3,059 | 3,459 | 3,809 | 4,817 |
| Nurse assistants | 5,859 | 6,560 | 7,552 | 8,241 | 1,499 | 1,546 | 1,838 | 2,073 | 2,776 | 5,427 | 6,190 | 6,752 |
| Care helpers (home aides) | 232,639 | 233,459 | 252,663 | 266,538 | 196,784 | 192,830 | 206,971 | 216,358 | 39,902 | 45,234 | 51,449 | 56,072 |

Size of Care Employment in South Korea



Source: Author's calculations, Local Area Labor Force Survey 2009 and 2014.

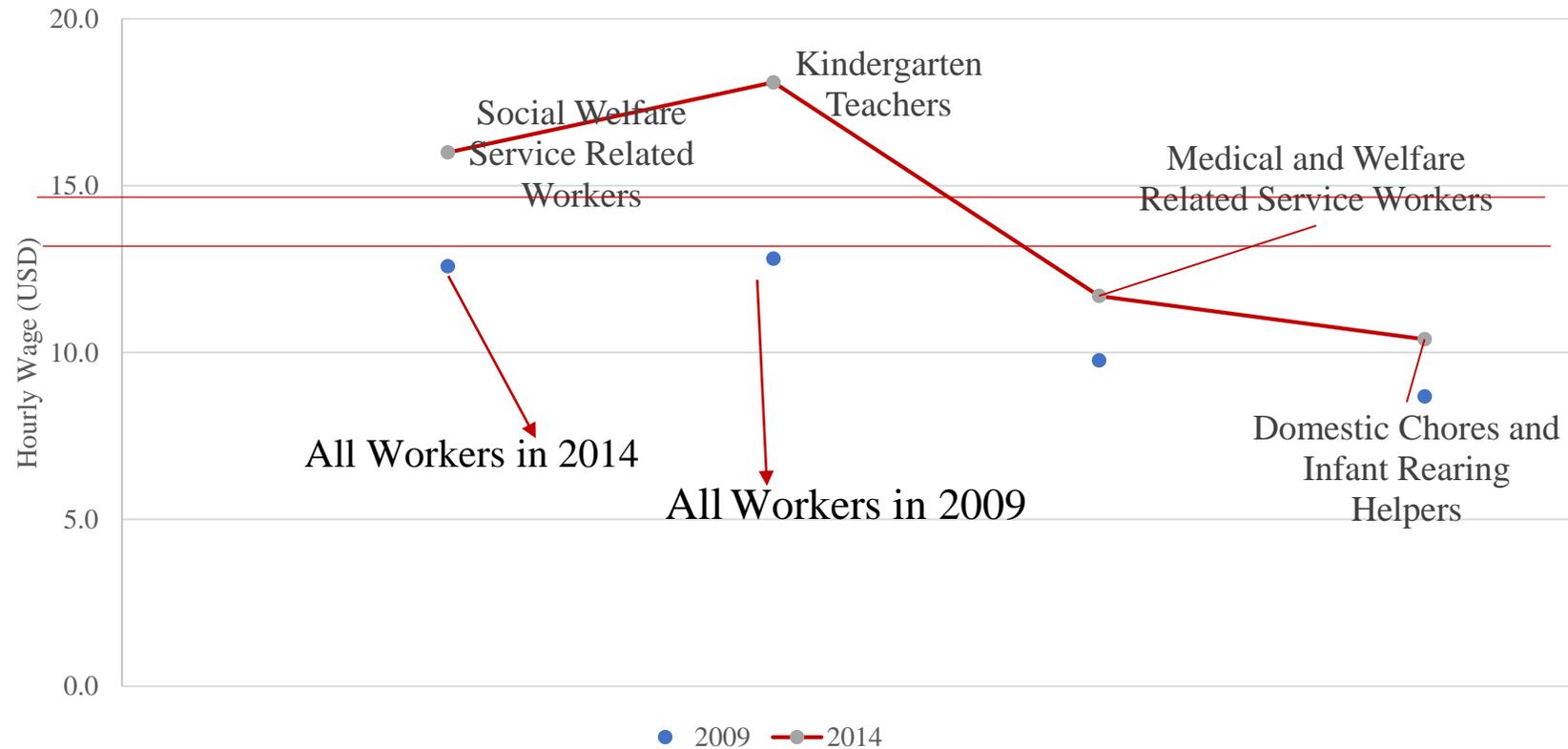
Care Work Employment by Gender



Characteristics of the Korean Paid Care Workforce

- Mostly in part-time employment, which is considered more precarious than full-time jobs.
- The majority work in more than 1 job to make ends meet.
- Childcare workers: different wages and working conditions between public and private care centers. In South Korea, teachers in public care center receive higher pay and have lower turnover rate; the quality of childcare is guaranteed by rigorous government monitoring.
- Long-term eldercare workers: work in for profit and non-profit nursing facilities, assisted living facilities, and continuing care retirement communities; work 188 hours a month on average, excluding travel time.

Figure 3. Average Hourly Wages, by Occupation, in 2009 and 2014



Characteristics of Native Care Workers and Migrant Care Workers

| | Korean Native Care Workers | Migrant Care Workers |
|---------------|---|---|
| Size | 300,000 – 600,000 | 30,000 – 80,000 |
| Occupations | Domestic helper, childminder, elder care helper, and others | Domestic helper, <u>carer</u> for children, the frail elderly, and pregnant women, and others |
| Ages | Late 40s – 60s | 50s and 60s |
| Education | 70 percent of them are high school graduates | Varies from primary school to college |
| Previous jobs | Housewife, work in restaurant, cleaning, manufacturing | Farming, cleaning, restaurant, housewife |
| Hours | 2-4 hours per client/customer | 6 days a week, live-in personal care workers, about 16 hours a day |

Korean Case Study: Key Findings

- Number of paid care workers is growing at a faster rate than before, but demand has not been accompanied by good working conditions.
- Vicious cycle: poor job quality for care workers leads to poor quality care work
- Many care occupations are viewed as extensions of women's care roles within their own homes
- A disproportionate number of these jobs is taken up by women who may be further marginalized by their race, ethnicity, or migrant status

Care Policies: Ongoing Issues and Debates

- Persistence of the view among policymakers and in society at large that families are able to adequately meet the care needs of elderly and children, without economic and social costs
- Care provisioning is an important **public good** that has positive externalities; it has been taken foregranted like clean air
- Currently, there is inadequate or very little public investment in the care of children (beyond provision of education) and the elderly
- Heavy reliance on unpaid care work of women for majority of households
- Poor working conditions of paid care workers
- Debate over the effects of different policy options: Inadequate? Reinforce gender inequalities? Poor quality care provided?
- Debate on which effective policies to address growing care needs.