

LONG-TERM CARE POLICY THROUGH THE LENS OF GENDER SENSITIVE PERSPECTIVE: IMPLICATIONS FOR FAMILY CARERS OF OLDER ADULTS IN KOREA

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Abstract: Ensuring adequate care provision to older adults has become one of the key policy issues in Korea. However, these policy efforts have been chiefly propelled by drastic population ageing and concern over negative effects on the public expenditure, therefore tend to exclude the voice of the persons directly involved, namely older adults with care needs and their family carers. This lack of attention is in need of in depth discussion, as it is related to developing an effective ELTCI system that fulfills actual needs of older adults and their family carers. Because care provision to older adults is likely to occur in a continuum of care interaction in a family setting, when diagnosing care needs and relevant services needed, families' views should be included for developing better, effective long-term care provision. As family care is experienced differently by gender, the paper looks closely at Korea's recent policy attempt at long-term care, i.e., the Elderly Long-Term Care Insurance system, through the lens of gender sensitive perspective; and suggests a fuller picture of long-term care policy can be drawn if family carers' point of view is also included in the policy development, along with older adults with care needs. The implications for family carers of older adults in Korea are discussed in detail.

Keywords: Family carer, gender sensitive perspective, long-term care policy, older adults.

I. INTRODUCTION

In recent years, ensuring adequate care provision to older adults has become one of the key policy issues in Korea, as reflected in the newly implemented Elderly Long-Term Care Insurance of 2008 and Elderly Care Service (Care Voucher for the Aged) of 2007. Now older adults over the age 65 with a certain level of care needs, can be benefited from the Elderly

Long-Term Care services that are financed by universal insurance. Even the Elderly Care Service (Care Voucher for the Aged) program, which is not universal but means-tested provision, is in plan to expand its coverage, so that older adults outside the eligible standard of the Elderly Long-Term Care Insurance system (here after ELTCI) can be included [1].

For Korea, this is a great step for the state to take part in supporting family with frail older adults, and this is getting positive support from its people [2]. Unlike welfare states such as the U.K. and Canada, where a shift has taken place from institution care focused provision to community care focused, with an aim to reduce public expenditure as well as with a discourse that elders prefer being cared at home [3], Korea is in the beginning stage where institutional care is yet to settle down and needs to develop further, together with community care services. Therefore, when it comes to discourses regarding family carers' voice represented in the ELTCI, it often gets little attention since the center of attention seems to be on developing a sustainable and affordable ELTCI at the moment. Because welfare policy is necessarily concerned with limited resources, emphasizing family carers' needs seems to be easily put aside in care policy discourse.

However, when one looks at lessons learned from the welfare states, a significant role played by families in the long-term care provision is clearly observed [4][5]. Even though transferring care costs to the family by shifting focus from the institutional setting to the community setting is criticized in the welfare states with valid arguments [4], what Korea can learn from the welfare states' experience is that in developing long-term care policy, particularly in the process of establishing institutional care and community care at the same time, a discourse on the

family's role in care policy should be addressed, not be put aside. Indeed, if Korea is concerned with establishing a sustainable long-term care provision, there is no need to develop institution focused provision and then shift to community focused provision where active involvements from the family is required.

Unquestionably, in providing long-term care to older adults, the family is not a separate actor. This is addressed in many studies regardless of cultural, financial differences between countries [6]-[8]. Researches have shown that in many cases, even if institutional care is sufficiently developed, turning to institutional care provision is the last resort in the continuum of long-term care for older adults [9][10]. Therefore, it would be very one-sided efforts if actual service users of the ELTCI, i.e., older adults and their families, are not involved in improving the ELTCI. In that sense, the present paper suggests that policymakers who are interested in establishing ELTC provision with sustainability and effectiveness should be prepared to listen to the persons directly involved, namely older adults and their family, not just socio-demographic statistics and fiscal pressures.

Nevertheless, it appears that current Korean policy developments pertaining to long-term care and family support have been mainly propelled by rapid population ageing as well as concern over a drastic increase in public expenditure [11]-[13]. It is estimated that, as of October 2009, the number of older adults over 65 is 5.2 million (10.7% of the total Korean population). This is an unprecedented, rapid increasing, considering the fact that the proportion of older adults over 65 in 1980 was 3.8%; and this is expected to be 20.8% in 2026; furthermore, life expectancy at birth is projected to reach 82.9 for men and 88.9 for women in 2050 [14]. Findings show that the likelihood of occurring long-term illness increases four times at the age of 70 and over when compared to the age 60 and over [12] while statistics show that in 2008 the proportion of health expenditure for older adults was 29.9% of the total health expenditure [14]. According to Sunwoo [15], one of the driving forces in implementing the ELTCI was for the state and society to shoulder the family's burden of providing care to older adults with ageing related illnesses such as dementia and strokes. Indeed, conducted in 2008 a study of dementia in Korea found that one dementia patient spent about \$400 per month (\$4,800 per year); and this is estimated to be about \$2 billion on the national level [16].

Furthermore, population ageing is usually discussed along with social changes such as increasing female workforce participation and divorce rates, smaller family household, decrease in older parent and adult

children co-residence [13]. This is mostly to call attention to decreasing 'function' of the family for older adults, which has historically shouldered care provision to older adults of long-term care needs in Korea [17]. The fact of matter is that only emphasizing socio-demographic changes and social expenditure pressure tends to bring attention to the numbers and statistics; and from this orientation of policy-making efforts, initiatives to fill out the generational "care gap" are likely to be concerned with older adults as their key clients, because they are the *problem to be solved*. On the other hand, carers for older adults, mostly women in the family, are not considered to be the "direct" beneficiary of the policy programs. Policy programs tend to have a 'taken for granted' assumption that sees family carers a *means* to elder care and the carers are supposed to be benefited by the schemes indirectly as a by-product [18].

Certainly, this is not to say that population ageing and social changes are peripheral issues when it comes to long-term care provision for older adults; and, surely, it is not to say that the implementation of ELTCI is not resulting in helping out and supporting family carers of older adults in Korea. But the present paper aims to point out that these political and economic-oriented efforts are chiefly to buttress and sustain family carers so that their caregiving function can be continued, while their voice is not properly represented. To state differently, the present paper aims to emphasize that long-term care related issues should not be discussed from the socio-demographic changes and public expenditure oriented aspects alone, but should also be discussed in a way that includes the voice of the persons directly involved.

In order to do so, the paper looks at the ELTCI from the gender sensitive perspective which can provide a tool for observing direct long-term care actors, receivers and givers, who are involved in different degrees with diverse levels of commitments according to their gender in our society. Adopting gender sensitive perspectives can mirror diverse societal values as well [9][19]. Yet, library search for family care to older adults in Korea pertaining to gender sensitive perspectives is still an unrewarding experience when compared to child care literature. Even though the ELTCI was implemented two years ago, there has been little dialogue carried on from the gender sensitive perspective in Korea. This is rather surprising when one looks at critical, substantial contributions of gender sensitive perspectives on child care literature. As Knijn and Kremer [20] state, it may be that "the right to care for children seems to be recognized rather more than it is for elderly people" (p. 346). If that is the case, it is more important to address family care for older adults in dept with a gender sensitive lens that has proven to

be useful in child care studies in Korea [21][22].

The present paper sets sights on long-term care for older adults related issues by looking at the ELTCI. Therefore, the discussion will be mostly within aspects of long-term care services and monetary provision in the current system while addressing work and care issues for utilizing services provided. In addition, the paper does not intend to systematically analyze the ELTCI with the gender lens. Rather, it aims to contribute in promoting active discussions on the ELTCI from the gender sensitive perspective that can lead to deliberating more effective long-term care for older adults and their families. To do so, the paper will first briefly go over the current condition of family care for older adults in Korea; second, review literature relevant to family care for older adults and gender sensitive perspective; third, examine the Elderly Long-Term Care Insurance of 2008 from the gender sensitive perspective; and finally, the paper will discuss implications for family carers of older adults in detail.

II. FAMILY CARE FOR OLDER ADULTS IN KOREA

The recent statistics highlight people aged 65 and over with a prospect of unprecedented rapid increasing, and this aspect is mostly discussed in terms of the society's burden supporting frail elders. For example, the estimated number of the elder population with dementia is approximately 420,000 in 2008; and it is projected to increase to over 1 million in 2027 and 2.12 million in 2050. It is estimated that the prevalence rate of dementia for older adults over the age of 65 is 6.3%-13.0%, while the number of family members and informal carers involved in caring for older adults with dementia is estimated to be as many as 1.5 million [16]. Even though it should be acknowledged that older adults in later life are not just passive care-receivers but also active care-givers in the family care setting [23], much research has also demonstrated that the majority of caregiving is provided to older adults in Korea, where public support is limited and family responsibility is accentuated [24][25]. The care of older adults is largely perceived as a private matter to be handled within the realm of the family; and the increasing proportion of older adults in the population is addressed in conjunction with the decreasing availability of women to provide full-time care.

Then, who are family carers of older adults in Korea? They are mostly women, usually daughters, daughters-in-law, and wives, who provide most of the care to older adults with care needs. In the first study in Korea that examines the total amount of caring time of family carers, Chang *et al.* [17] found that the majority of family carers were women (83.8%), main carers being composed of spouses (37.1%),

daughters-in-law (33.8%), and children (25%). While 90% of the spouse carers were unemployed due to being old enough for retirement, 25% of the daughter-in-law and daughter carers were employed. On average, family carers of older adults reported to spend 12 hours 54 minutes a day on caring, while those who were employed off the family spent 9 hours 44 minutes. This defeats the myth that employed women are assumed to have abandoned their care responsibilities and no longer available for the care of older adults. Having to provide care for someone in the family was highly associated with heavy burden to many women participating in the labor market. The imperative concern of the findings of the study is that family carers in Korea are found to be spending most of their time on care and not receiving any appropriate social support services despite their hardships in caring [17].

Along with the discourse that caring is a time-consuming activity involving physical, emotional, and financial costs, Chung [26] also found that the experience of having to reduce work hours or terminate their job was one of the most difficulties family carers felt. A significant concern is on the emotional burden of carers who often feel they are selfish because most of them did not willingly ask for the role of caregiving; and if they admit that they resent the carer's role, they again feel guilty about their reaction. Particularly for those who care for older adults with dementia, the carers are likely to feel extremely exhausted and isolated, yet they are worried whether they are providing the good standard of care. Often times they tend to forget about themselves and their own well-being.

As well, in a study by Cho *et al.* [16] where nine out of ten carers were older adults' family members, it was found that people suffering from dementia not only put themselves but also put their carers under the tremendous emotional, physical, financial burden. In many cases, family carers of older adults with dementia underwent chronic psychological burden such as depression, anxiety, and tension. They often skipped meals, and frequently had to use up energy physically so they usually sought medical attention themselves. Moreover, many also quit their job or relinquished their social life in order to provide care to older adults with dementia; and as utilizing services for care can be costly, financial burden was added.

Indeed, much literature on family care for older adults in the past 10-15 years has demonstrated that the burden and stress endured by family carers are in desperate need of recognition [27]-[32]. And certainly, there have been efforts made on the government level. Yet, the underlying trouble is that the Korean long-term care services do not recognize

family carers as direct clients.

Recent studies chiefly focus on ways to develop innovations that promote the well-being of older adults so that their carers can be helped indirectly, or provide training or education sessions that *enable the carers to better support the persons* they care for. Little endeavor was made where the primary goal of services innovation is to promote the well-being of the family carers, as its main clients. Without a doubt, it is of the foremost importance to provide care to older adults and persons with disabilities. Nevertheless, it should not be overlooked that their family carers are the disadvantaged as well, in need of support from the society. Services directly provided to older adults help out their family carers. But as H. J. Lee [30] found, even though the level of physical, financial burden of the family carers was reduced, utilizing day care services for older adults did not necessarily lessen emotional burden such as depression, anger, and burnout.

In fact, when one looks at care literature, there appears to be needs discrepancies between older adults and their family carers [32]-[34]. For example, even if carers want older adults to use day care services, the older adults do not always welcome the idea. Sometimes, even if older adults feel bad that they are becoming burden to their children and want to utilize institutional care, their children disagree and want to provide care themselves. Mostly carers long for social activities outside the house since they are isolated most of the time, but receiving community care services does not necessarily fulfill their needs. As all these cases are of diversity according to one's circumstances, and particularly men and women experience family care differently [33], this diverse aspect in long-term care provision needs to be addressed. However, there is little study focusing on the voice of family carers of older adults in relation to the newly implemented ELTCI system. Just recently Y. K. Lee of a government run research institute has proposed a feasibility study on paid family care worker [35]. However, from the proposal brief one could see that the study is interested in promoting family carers as an active *means* in supporting older adults in need, not seeing carers themselves as ones with their own need.

III. GENDER SENSITIVE PERSPECTIVE AND FAMILY CARE FOR OLDER ADULTS

As aforementioned, discussions on increasing divorce rates and changing family structures are to pinpoint the lack of *female* availability in household with elder care needs. What we notice here is that little research or policy proposal mentions the issue of male workforce participation in relation to family caregiving and as such. The underlying assumptions as well as research findings are that regardless of

time and resources available and attitudes towards filial obligation, women are likely to provide more care to older adults than do men [17]. Also, studies indicate that men who do provide care are less likely than women to be involved in personal care with bathing, feeding, toileting, dressing, whereas they are involved for shorter time periods than are women [36]. Therefore, adopting a gender sensitive lens can be beneficial as it can mirror diverse societal values [19]; and can provide an effective way to observe older adults and their family carers who are involved in different degrees with diverse levels of commitments according to their gender in our society [9].

Gender sensitive perspectives provide a basis for analyzing problems arising in the family care for older adults setting by helping to: analyze gender-biased dynamics and stereotypes about traditional gender roles, and address socio-economic gender differences in developing policies, so that potential risks or benefits of implementing new policies can be discussed [37]. Because there are differences in gender roles and related different needs, it is important to approach family care for older adults from gender sensitive perspectives in establishing equal, therefore more effective, care provision for older adults and carers. Put it differently, through the lens of gender sensitive perspective, family care for older adults can be better understood in terms of responsiveness of elderly welfare policy regarding different needs for both older women and their daughters. As well, it can investigate to see if there are different levels of access and benefit of welfare provisions for women and men [37].

For example, Kim and Song [38] observe that gender role expectations of caregiving for older adults are different for women and men. When asked why they become family carers of older adults, 52.3% of women responded that it was natural because children are responsible for their parents. In the case of caring for older adults with dementia where heavy caregiving work is required, 84.4% of the carers responded that there were nobody else and the older adults wished to be cared by them. Also, men as the primary carers tend to receive help from others in the community while women as the primary carers tend to utilize little of public service [39]. Therefore, it is essential for policymakers and service providers to recognize that men and women have different motivations and approaches towards utilizing services.

There are much literature on long-term care for older adults and their families in Korea. However, it is surprising to find that not too many specifically adopted gender sensitive perspectives. While analyzing the Journal of Korean Gerontological

Society, Yoon, Kim and Heo [40] shockingly found that between 1995 and 2005, there was no research that was feminism oriented. Some of them imply gender perspectives but it appears that long-term care literatures are mostly concerned with population ageing and social expenditure.

One of the most noteworthy studies is done by Kim and Song [38], who did not specifically analyzed long-term care policies per se with a gender lens, but attempted to outline gender sensitive policy developments that relieve women's caregiving burden for older adults. Emphasizing increasing female labor force participation in Korea, they asserted that working carers' particular needs should be reflected in developing long-term care policy. They proposed that long-term care policy should be gender sensitive because most of the primary carers for older adults are women. One of the significant findings of the study is related to specifying different dynamics of burden between carers in paid work and full-time carers. It was found that unemployed, full-time carers felt heavier burden of elder care than employed carers. The researchers speculated that it is because unemployed carers were likely to have become carers by default due to their being unemployed, i.e., not willingly took on the carer's position. Or it may be that they had to quit their job due to seriousness of older adults' health. The researchers added that, in reality, unemployed full-time carers may be under the more serious care burden because older adults may be in more severe illness. In addition, the findings indicated that the more traditional values the carers hold the lighter the burden they felt. On the other hand, in the case of employed carers, if they felt their work and career was damaged by elder care, they expressed higher levels of burden. It was suggested that women's care work should be socially recognized, and policy development should focus on extending women's labor force participation.

Similar to the study by Kim and Song [38], Hong, Ryu and Hwang [41] also proposed that developing long-term care provision should be examined with gender sensitive perspective. Even though their paper was a six-page brief, they distinguished their work from Kim and Song [38]. That is, they contemplated the ELTC provision that were being constructed at the moment, and reviewed women as service receivers and women as service givers. It was emphasized that as women tend to outlive men, it was women who face the need of care in later life. In other words, women provide care for a longer period while they are not likely to be reciprocated when in need. Moreover, they speculated that even though implementing policies that focus on launching paid care worker system is valuable, this should be carried on with caution as paid care work is in risk of

promoting undervalued, underpaid labor market.

In terms of studies published since the implementation of the ELTC, S. J. Jang [23] is the one that looked at the ELTCI with gender sensitive lens. However, she had dual foci, as employment for older women and citizenship was also on her agenda. She pointed out that, ironically, because older women have carried on care work their whole life, this put them under more vulnerable position than older men. Thus, she stressed that older women and older men experience differently throughout the life span, and that policy development should consider this difference.

Other than above studies, gender perspective oriented literature in Korea is: on the poor and the disabled [42], public support provision concerning over poverty [43], and such. Indeed, there have been rather insufficient dialogues on long-term care with a gender sensitive lens. However, when one looks at child care literature in Korea there are abundant on-going discourses [44][45]. Since gender sensitive perspectives are proven to be a very effective tool representing the voice of family carers in relation to child care studies, it is very encouraging. As Korea now has a public insurance, i.e., the ELTCI, that can benefit families with elder care need, it is expected that long-term care for older adults and gender perspective related discourses will soon catch on.

IV. ELDERLY LONG-TERM CARE INSURANCE AND GENDER SENSITIVE PERSPECTIVE

This section will briefly introduce the ELTCI, and review the ELTCI from the gender sensitive perspective.

A. Brief Introduction of the ELTCI

Background and Objectives: In response to the needs of long term care services that have been extensively acknowledged in the later part of the 1990s, the government established the Policy Planning Committee for long term care in 2000, and it came into fruition in launching the Elderly Long-Term Care Insurance system in 2008. This was quite an encouraging first step in providing care services that are based on older adults' care needs, not means-tested with financial needs. Ministry of Health and Welfare specifies on its website that the purpose of the ELTCI is to provide care and housework services to people with elder care needs so that the well-being of our later life can be assured; and to relieve the burden of families from their caregiving work [46].

Target and Coverage: The ELTC services are provided to older adults over 65, or people under 65 who are in need of care in daily life, due to ageing related illness (such as dementia, cerebrovascular related illness, parkinsonism related illness) for more

than six months. There are three levels of classification, the first being the most severe illness. In the case of third level, the service recipients can only apply for community care services, not instrumental care.

Finance: The ELTCI is financed by three sources. First, the ELTC Insurance bill is imposed under Health Insurance bill and it is managed as an independent account. Second, the government is involved in partial payment for the program costs. Third, the recipients, i.e., older adults, pay 20% of the institutional care and 15% of the community care. There is an exemption for beneficiaries according to the Act of National Basic Livelihood Security, who receive services without charge. And for those who are beneficiaries of Health Insurance or those who with income below the minimum amount the Ministry set, pay half of the bill, 10%, 7.5% respectively.

Services: On principal, the ELTCI is in-kind service provision. There are institutional care and community care services. Institutional care services are provided to older adults in regard to improving their function, recovery, and training; and assisting daily lives of institution residents in facilities, excluding special hospital for older adults. Community care services are provided to older adults in six arrangements. First, Assisting Visit helps with daily lives of older adults including bathing, toileting, housework, etc. Second, Bathing Visit helps with bathing equipments and provides a bathing service. Third, Nursing Visit helps with older adults for services directed by doctor. Fourth, Day/Night Care provides daily temporary care service provision at a facility. Fifth, Short-Term Care provides care to older adults for short period at a facility. Sixth, Goods Rental/Support provides support to older adults for purchasing or renting goods such as wheelchair. And even though in-kind provision is of principal, the ELTCI has Special Cash Grants for older adults living in remote, isolated areas where no services are provided and thus have to be cared by their families.

In reviewing the outcome of the ELTCI for the past one year Y. K. Lee [47] analyzed that the ELTCI has positively contributed in fulfilling older adults' care needs as well as relieving family carers' burden. Also, there has been an impressive increase in expanding the infrastructure of facilities and service providers. However, she pointed out that there were noticeable problems as well. In the case of community care services providers, the increase has been too rapid than expected that now some concerns are arising due to overflowing community care providers, resulting in generating replaceable care workers and low quality of services. Even though older adults categorized within the criteria of care

levels 1-3 are approximately 5% of the older adult population, the community care providers are estimated to be able to cover 9% of them. She also evaluated that uneven development of facilities between local communities has brought equality issues among service recipients; and asserted that special attention is required for developing support for family carers of older adults.

B. Reviewing the ELTCI with Gender Lens

Although the ELTCI is a positive step for Korea, it is still in the process of establishing. One way to improve the outcome of the provision is to look into the voice of service users. Therefore, the ELTCI is reviewed with a gender sensitive lens in order to reflect the needs of older adults and their family carers.

First, it is noticeable that the ELTCI does not distinguish older men and older women, thus their different experiences and needs are not echoed in the service provision. As Jang [23] criticized, not only the ELTCI does not estimate needs of older men and women separately, but also it does not separately consider the potential effects of the ELTCI to older men and women. Because older women have carried on care work in their whole life, they are likely to be put under a more vulnerable position than older men; as well, the contributions of women's life long caring work are invisible in the system [7]. Thus, there is a need for developing schemes that suit older women's particular needs.

Second, it appears that, even though the ELTCI connotes the assumption of filial responsibility in long-term care for older adults, it does not consider different experience and commitment felt by men and women. As mentioned above, it was specified that the purpose of the ELTCI is to assure the well-being of our later life and to "relieve the burden" of families from their caregiving work. ([46], quotation marks added). In other words, the ELTCI is being provided with an assumption that the family is the primary provider in charge of caring their older adults, while the ELTCI taking part as the secondary. Perhaps this statement is too obvious to be even mentioned when family caregiving for older adults in Korea is considered to be "natural" and taken for granted [48]. Yet, in-dept discussion on this aspect of the ELTC assumptions is important because it is related to the outcome of the ELTCI, i.e., the efficiency of the provision as well as the extent to which the needs of Korean families are fulfilled. Indeed, when one looks at the ELTCI bill, it is based on the Elderly Welfare Law which was established in 1981. From the beginning, the Law specifies "family care first, social care the second" ([49], p. 529). Even though, the ELTCI is in plan to expand its coverage, the assumption of family 'collaboration' when public

services are provided seems to be held on. This family care supposition, i.e., women's assumed care work when the ELTC services, particularly community care, are provided, can be seen as reinforcing the morality of private responsibility for people in need. As K.S. Park [48] argued, emphasizing filial piety or family responsibilities in providing care to older adults has an underlying assumption of moral, political, and economic bases of generational solidarity.

And yet, the ELTCI does not consider different experience and commitment felt by men and women due to gender role expectations of caregiving for older adults [38]. It was discussed that, when compared with men, women tend to provide care to older adults until they can no longer to do so. Women also use little of public services than do men. This is an important omission in the ELTCI because it affects the utilization of services and its outcome. What effect does the ELTCI have on families already providing care to older adults full time, and those who do not prefer to receive the ELTC services? There is a matter of relevant deprivation felt by those not benefiting the services, as the ELTCI is based on universal insurance [47]. Even if we know there are going to be many families who prefer family care to public care in Korea [50], should we just assume that those families who do not prefer public care have a choice, and they can do that because they are rather "well-off" (i.e., women can dependent on the husband's income and do not have to work outside the family) and can afford to manage family care?

Third, the ELTCI is 'instrumentizing' family carers in the long-term care policy and not recognizing them as direct clients of the services. It is for family carers to carry on the caregiving role, rather than enabling them to make real choices about whether or not continue caring. It seems that this is due to its gender blind view. Indeed, while discussing the effect of implementing the ELTCI, it is often brought up that now the carework by women can be socialized, and the stress and burden felt by women can be "disappear" ([11], p. 137). Is it really the case? As argued above, even though the ELTCI promotes its ultimate goal as the socialization of elder care, it covertly assumes family care in collaboration of the ELTC services. Not only the ELTC, particularly community care services, is provided under the assumption that the older adults have family carers and they can be involved in collaboration with the service provision, but also it is provided without considering the gender of the older adults and family carers. Indeed, when one looks at community care services schemes, it appears that the most frequently utilized and expanded service is Assisting Visit which is usually provided three hours per day [47]. Can we really assume that this will be enough for

many older adults to be able to manage their daily life? It clearly assumes family carers' provision while community care is not provided. When looking back the findings of Chang et al. [17] where family carers provided on average 12 hours 54 minutes a day on caring, the statement of Cha [11], i.e., the stress and burden felt by women can be "disappear", seems to be hardy the case. After all, it appears that even though the ELTCI assumes caring is a female mandate, the services seem to be organized in ways that do not respond to, or take account of, the daily realities of women's lives, as pointed out by Baines, Evans, and Neysmith [51].

Fourth, the ELTCI does not consider carers in its screening for service provision. It is, in a word of Pickard [52], "carer-blind" provision. However, considering the fact that the ELTCI clearly assumes family carers as its collaborators, it is simply unjust not to consider the situations and circumstances the carers are in. Particularly, in the case of employed carers, the service provision in the ELTCI is not necessarily accessible and affordable. Many studies point out that just using a couple of community care services do not generate enough time and flexible environments for working carers, particularly for women in labor force participation [30][53].

Fifth, the ELTCI appears to be ambivalent about payment for care, and this seems to be due to lack of consideration of societal values on care work. It seems that, even with the abundant care literature we have so far with significant contributions, particularly from feminist researchers, there still seems to be conflicting debates on "direct support" to carers, i.e., it would promote women's dependency further [45][47][52]; and still needs more discussions when it comes to family care for older adults. Although Special Cash Grant provision is indicated in the ELTCI, on principal the ELTC is in-kind service provision. This is because before launching the ELTCI, there had been much debate generating arguments that cash allowance to family carers may cause ethical problems and misuse [54]. However, as Sunwoo [55] found out, while investigating the 2nd pre-launching ELTC project, one of the reasons older adults did not utilize the ELTC services was because they were already cared for by their families. Also, Sunwoo et al. [56] found that even though respondents expressed that the state and the society were responsible for older adults' care, as the severity of care increases, the actual behaviors of the respondents revealed that, in fact, the severe the older adults' illness was the more the family care was provided. Hence, H. J. Shin [54] addressed this omission of service benefit to older adults already getting care from the family, and she proposed that compensations for family carers' work need to be contemplated.

Certainly, in other countries, the feasibility of directly compensating carers of older adults via monetary means has been fervently discussed [34]. While feminist researchers support recognition of care work by family carers, they also suggest that the programs should be offered as part of a comprehensive strategy which encourages older adults' independence as well as guarantees women the ability to make choices [57]. The prominent arguments for objecting monetary compensation for family carers are: that it reinforces women stay at home while the compensation is only an income supplement and not a result of the carer having 'earned' the compensation because the care she provided; also, that it is only for the policymakers' intention to ensure the continuance of the responsibility of the family for support and care for its frail older family members [45][58]. However, this ideal of having properly appreciated for women's care for older adults is not instantly helpful to family carers in Korea. Whatever cultural, social, or financial reasons, the reality is that the majority of elder care is done by women who may not be able to benefit from the ELTCI.

Furthermore, studies have also stressed that policy should endorse the independence of the disabled people cared for, not carers [59]. Indeed, when viewed from the perspective of "disability rights", providing support directly to the person cared for is valid. Then again, some arguments stemming from promoting an "ideal" society where women are not locked in the family doing caring work, seem to fail to notice the "reality" where family carers themselves want to get involved in direct care to older adults as well as older adults want to be cared for by their families. Is it *socially justifiable* to overlook family carers' own needs and emphasize the rationale that direct services to older adults is almost the same as meeting the needs of family carers?

In sum, the newly implemented ELTCI to older adults as direct clients seems to be not necessarily meeting the needs of family carers, and may not always efficiently "relieve the burden" of elder care. Furthermore, the ELTCI is mainly concerned with relieving financial burden [6]; and certainly, financial burden of elder care is indeed one of the most prominent burdens shouldered by the families in Korea [60]. However, emotional burden and other aspects of the "hidden patients" in family care may not be likely to be ameliorated [30][31]. Thus, it is crucial to *recognize* that, direct care provision to older adults does not necessarily "relieve family carers from their burden", as stated in the manifesto of the ELTCI.

V. GENDER SENSITIVE LONG-TERM CARE IMPLICATIONS FOR FAMILY CARERS

A. Need for Applying Gender Sensitive Perspectives on the ELTC

Since family carers occupy an ambiguous position in relation to policy and social system [18], their particular needs can fall into blind spot in policymaking. If that is the case, fulfilling the purpose of the ELTCI, i.e., relieving burden of elder care in the family, cannot be fully achieved. Then how can we successfully develop a better ELTCI? It seems that we need to include the direct service users in the process of policymaking, by applying gender sensitive perspectives. Gender sensitive perspectives can provide a basis that analyses the role expectations and responsibilities of men and women in interactive systems within policy, so that women in a vulnerable position can be understood and embraced in policy making [61]. Therefore, care policy can take into account the wishes of both older adults and their family carer.

In order to achieve effective outcomes, different levels of structural limitation and reality of women and men should be taken into account. However, this is not recognized in the ELTCI system. Even if we cannot explain completely as to why it is women who are usually responsible for elder care in our society, an apparent argument is that it is not bestowed by biological reasons [62]. Not only socialization contributes to putting women into carers' role, but also social policy and gendered care culture are factors that reinforce [63]. Considering the fact that "relieving burden of family care" is most likely to mean "relieving burden of women's care", not including women's view in bettering the ELTC can end up fruitless.

As Kim and Song [38] have demonstrated, unemployed carers could feel heavier burden of elder care than the employed. In reality unemployed full-time carers may be under the more serious care burden because older adults may have in more severe illness. Or in the case of employed carers, they may feel higher levels of burden if their work and career was damaged by care. Also, carers with traditional values may feel little burden. That is, depending on the gendered reality and gendered structural limitation women are positioned in, the carers may feel diverse levels of burden and subsequent support needs.

Furthermore, the gender sensitive perspective does not just emphasize the view of women. It also provides a better understanding for men for their

position in workplace and in care settings. The “oppressors” can realize they are oppressors, and can recognize that they are also participants in family care. This change of perspectives can lead to contribute to building a workplace where all employees are potential carers. And yet, as addressed by Quareshi and Walker [64] even though we call for shared care within families and work as a potential resolution, it is hard to offer strategy to involve men to take on this caring role. Thus, it is more timely and important to understand family care for older adults with gender sensitive perspectives.

B. Need for Developing Flexible Services

As Sunwoo [15] argues, for family carers of older adults with severe illness, Assisting Visit of the ELTC that are usually provided once or two times a week cannot fulfill support needs by the carers. Considering the findings that Assisting Visit is the most used services in the ELTCI [47], we have to wonder if the family carers are relieved at all from their burden. Reminding the findings of Chang *et al.* [17], where the carers spent 12 hours 54 minutes a day on average, this seems to be too insufficient to fulfill the needs of the family. What Sunwoo [15] continues to argue is that unless the older adults are in the hand of Day/Night Care centers it is not easy for the family carers to make time for themselves.

However, when using Day/Night Care centers were contemplated, it seems that for women this is not a simple option. Unlike child day care centers, it is older adults who are the direct service recipients and have a right to choose services in the ELTCI; and the older adults may not always prefer Day/Night Care centers. Thus, in Korean culture, daughters and daughters-in-law may not be able to get service benefits from the ELTC services. However, it seems that not too many policymakers or service providers are concerned with developing more flexible and ‘appropriate’ provision for women in Korea. It should be recognized that there is a need for developing services that can benefit family carers with traditional values. Even though services are available, if the family carers think they are against their values, then those services are just ‘pies in the sky’.

Moreover, there seems to be a need for information accessing channel for family carers. Even though studies emphasized that one of the most sought needs was information access and education programs, the ELTCI system does not seem to be interested. As Kim and Jeon [65] state, family carers who are in most need of information are ironically the most isolated and cannot make time to go outside the house due to their caregiving responsibility. In the case of family carers of older adults with dementia, an education program is provided in Korea [46].

However, this program is provided in a community health centre *without* any connected services such as short term care for older adults that enable carers to leave the house. This can be problematic, because those programs are not provided in connection with other services so as to allow family carers, who usually cannot leave their loved ones with dementia freely, to attend the sessions [66]. Also, in a study of family carers for dementia parents, Woo [10] found that unlike in other western countries Koreans stigmatize dementia, so that the carers prefer telephone counseling to face-to-face one. All in all, it appears that there is a need for developing more flexible services.

C. Need for Developing Care Friendly Employment Environment

From the gender sensitive perspective, male-oriented work environment is easily revealed. Indeed, employees are not regarded as carers at work place. It appears that balancing work and care are experienced differently between men and women. If an employee has to use up breaks, tends to be late to work, shows lower quality of work, cannot do nightshift, or tends to skip work gatherings and meetings, due to caregiving for older adults, women tend to end up quitting their job [17]. On the other hand, Y. R. Park [53] found that when the respondents, who are providing care to older adults, were asked if they were going to relinquish their job due to increasing care burden, 83.7% expressed their wish to remain in labor force. Indeed, there is soon going to be a need for developing services for those who want to balance work and care in the future.

As Daly [67] states, care is a unique concern for social policy that is more accustomed to meeting financial need. Indeed, care policy necessarily represents a wide diversity of policy measures. Even though care provision for older adults is not sufficiently established, from the child care literature, one can learn that care policy needs to tackle various aspects. That is, care policy needs to address not only services such as institutional care provision, housework help and other community based support services, and monetary support such as cash grants; but also it needs to address employment-related provisions such as paid and unpaid leave, flexible working time and so on [33].

Since the ELTCI aspires to establish sustainable, more effective care provision for Koreans, it should not limit its role within service provisions. In other words, as what policymakers want is to develop care system that are sustainable and affordable, various ways to effectively fulfill the needs of older adults and their family should be looked into and explored. What Korea learned from the experience of the welfare states is that, with limited resource,

establishing institutional care and community care services are not cost-effective as well as not successful in satisfying the needs of older adults and their family carers. Therefore, the first step in improving the ELTCI can be to tackle the work and care circumstances. This aspect is quite promising as Family-Friendly Social Environment Promotion Act was recently established and implemented on June 2008. The legislation mentions a need for flexible commute time, telecommuting, flexible working hours, parent care services, family care leave. However, it only specifies that “employers should *try* to promote family friendly work environment”. Indeed, what we need should not be dependant on employers’ *try*, but actually developing care friendly work place or employment friendly care services. This is important in care policy, because many full time carers wish to join the labor market but are unable to do so because of inflexible systems at work and at home in enabling them to be independent of their caregiving responsibilities. Also, some working carers face little option but to remain in the workplace and balance the two roles as best they can [53]. This is an advantageous strategy for policy makers as well. According to Health Insurance Research Institute, the ELTCI can make as many as 71,000 carers go back to labor force [68].

D. Need for Developing Flexible Provision in relation to Diverse Levels of Commitment

Family care should be viewed in a continuum of care interaction. As care-receivers and as care-givers, men and women are differently involved in a continuous interaction of family care history [69]. Therefore, when one argues with the uneasiness of emphasis on filial obligation in care policy, one should also acknowledge that responsibilities and commitments felt by daughters and sons are not homogenous but different according to their life long built interactions with the parents [9]. As Jang [23] asserted, older women has been providing care her whole life and may be helping out with grandchildren; which means they have a life long history of care interaction with their family carers. That may influence levels of commitment and responsibility felt by the carers [9]. In a study of older adults with dementia and their family carers, Woo [10] found that the older adults wished to be cared for at home as long as possible, and the carers wished to care the older adults at home as long as possible. What protrudes was that, in most cases, the family carers tried very hard to keep providing care to the older adults until they no longer could do so.

Furthermore, care provision for older adults can start with a simple care provision here and there but gradually grow into a longer term [23]. Many carers response that they did not realize how they came to

be the “carer” [8]. This may be that the care work usually starts with “a bit of help here and there” and gradually the levels of help become deepen. Therefore, what we can conclude is that just availability of family members or financial situations that allow women to be dependent on her husband’s salary are not the only important factors in becoming family carers for older adults. As Kittay [7] asserts, the failure to include the concerns of fundamental human dependency within political theory can lead to an inefficient outcome of the services provided. Even though elder care socialization can be an “ideal” on road to pursuing a welfare state, it should be also acknowledged that family care could not be totally socialized, as their “service” might not be a replaceable one. Family care may not be a straightforward commodity that can be replaced but a multifaceted interaction that has lasted for a long time in a family history [7]. Therefore, it should not be assumed that all women prefer public care services for their older family members. The ELTCI should recognize that older adults and family carers may have different levels of care needs when seeking public services, according to the care stage they are in; and should develop more flexible provision in relation to diverse levels of commitment.

E. Need for Developing Flexible Provision in relation to Monetary Support

As discussed before, when it comes to the issue of providing monetary support to family carers, there has been fervent dialogues among feminists. Also, the issue is argued along the line of making a dichotomous choice in paying older adults or their family carers [67]. On one hand, it is suggested that making a cash payment to the carer can be potentially advantageous in terms of expanding benefits for those not receiving services from the ELTCI. Indeed, the current ELTCI has little effect on those families who are already providing full time care to older adults. At the same time, payments to the older adult can have a positive effect on presenting greater choice. In both cases, the quality of care may be more satisfactory than receiving community care services that may not suit flexible, convenient provision. In addition, cash payment can be beneficial in terms of reducing costs to the public expenditure [54][67]. Therefore, it appears that the ELTCI should consider monetary support with flexibility, not dichotomizing provision to older adults vs. family carers.

What we need to deliberate further is on the value of family care and social recognition. The matter at hand is that even carers themselves do not seem to value their care work. Indeed, Pijl [70] points out that daughters who provide much care to their elderly parents often say they only lend a hand, and they do not consider themselves as carers. Hence, it is hard to

reach family carers and even harder to establish effective policies for them. Pijl [70] asserted that awareness raising is among the first requirements of an effective policy to support carers. Indeed, effective care solutions can be only achieved by recognizing the central role of carers in directing resources around caring.

VI. CONCLUSION

Since the launch of the ELTCI, there have been continuous efforts made pertaining to further developing and better establishing the ELTCI in Korea. In so doing, we need to focus on producing the optimum outcome, and this necessarily involves fulfilling “actual” needs of the service recipients. For this reason, what policymakers and scholars altogether should concern is to look into the ELTCI recipients, not just socio-demographic statistics. From this view, what we need is to better understand family care interaction, with the voice of older adults and their carers included via gender sensitive perspectives.

Family care interaction cannot be observed by looking at one aspect at one point. Family care is a gradual, enduring interaction that involves diverse levels of commitment [9] and different degrees of expectations by gender [38]. Therefore, just investigating older adults’ care needs for service related provisions or financial provisions, just like the ELTCI does, does not necessarily render a full picture of older women’s and men’s needs as well as daughters’ and sons’ needs in providing care. What we need to look is to see if older adults and their carers have a full opportunity to articulate their own needs in their own terms. In the study of Woo [10], the older adults did not exactly prefer formal help but wished to relieve a perceived burden upon their family carer. Most of the older adults felt as well as their carers agreed that family members were the right people to help them. Thus, it appears that rather than public services taking over the care functions of the family, these services substitute to some extent for the loss of family care.

In order to argue with the view of policymakers and service providers, who may see the ELTCI is still in need of settling down and discussing needs of family carers is too early a timing, the present paper attempted to look the ELTCI with gender sensitive perspectives and provided counter-arguments: that is, there is no reason to develop and expand institutional and community care provision first and *then* come back to ways to involve family carers in the system. Family care work for older adults is not something that carers easily discard, or can be simply replaced if an equal or more rewarding opportunity is introduced [72].

Indeed, there seems to be a consensus that the role of the family in caring for older adults is not going to “disappear”, even if the state and the community care is sufficiently provided. Even Denmark, as one of the countries that has a great public care provision, admits that informal care occupies 44% of the total care provided [71]. Although there is an assumption by policymakers and service providers that once the ELTCI is established this public care is preferred by all families; throughout the lens of gender sensitive perspective, it is revealed that, in practice, older adults receiving services from their families may not be automatically eager to apply for institutional care or community care services [10]. It was argued that for those preferring the existing family care, older adults as well as their families, cannot be benefited from the ELTCI system; and they may end up in blind spot of the care policy [54][56]. Are we going to just overlook their needs and insisting that no one is forced to provide care; and that as long as they “choose” to provide care in the family without receiving institutional care or community care services of the ELTCI, there is no need to support them?

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