

Elderly Care Work and Migration: East and Southeast Asian Contexts

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Population ageing is a global phenomenon, but nowhere is it more dramatic than in East Asia.¹ This is because, first, the size of East Asia’s ageing population is massive, currently accounting for nearly a third of the world’s older population. Second, the pace of ageing in the region is also dangerously fast. Of the 962 million people over the age of 60 worldwide in 2017, 549 million (57.1%) were living in Asia, of which 292 million (30.3%) were in East Asia. By 2030, the worldwide population of people 60+ is expected to increase to 1.4 billion: 857 million (60.3%) of this will be in Asia, and 439 million (31.3%) in East Asia. The number of older people in Asia, and in particular East Asia, is increasing at a much faster rate than any other region in the world. This situation is exacerbated by very low fertility, causing a demographic shift of epic proportions. As a consequence, many East Asian countries are experiencing huge increases in the demand for elderly care, shrinking labour forces, and shortages of elderly care workers.

As the local supply of elderly care workers diminishes, many East Asian countries have become increasingly reliant on migrant care workers, many of them from Southeast Asia², or in the case of Chinese cities, from neighbouring rural provinces. Even those countries that have resisted the use of foreign care workers, such as Japan, are now looking to them as an option for future. This analytical report discusses care work and migration in East and Southeast Asia. The report will focus on: 1) the growing significance of intra-regional migration in East and Southeast Asia; 2) the diverse care and migration regimes that exist within the region and how these shape migration patterns, the uses of care and domestic workers, and their labour protection; 3) the implications of different care and migration regimes for the quality of elderly care; and 4) the implications of out-migration of young people for elderly care in Southeast Asia.

1. Significance of Intra-regional Care Migration in East and Southeast Asia

East Asia has been experiencing rapid and dramatic population ageing since the 1990s. Between 1995 and 2015, the percentage population aged 60+ in the region increased from 10.3% to 16.8%. This figure will escalate to 35.7% by 2050. Similarly, the proportion of those 80+ has doubled from 1.0% in 1995 to 2.2% in 2015, and by 2050 it will further

quadruple to 8.8%. Within East Asia, Japan, South Korea, Chinese Special Administrative Region of Hong Kong (hereon referred to as Hong Kong) and Taiwan Province of China (hereon referred to as Taiwan) in particular will be ageing at a breakneck speed over the next few decades: In all these places more than 40% of the total population will be aged 60+ by 2050, while those aged 80+ will make up more than 12%. In the case of Japan, not only will the percentage of people 60+ far outstrip those aged 0-19 by 2050 (42.2% to 16.9%), but also there will be almost as many people 80+ as those aged 0-19 (15.0% vs 16.9%) (see Table 1).

Industrialize East Asian countries/regions now face, and will continue to face, a serious care worker shortage as the demand for elderly care continues to exceed the supply of care workers, paid or unpaid. Even in China, which has slightly younger population than other rapidly ageing East Asian countries/regions, the proportion of 60+ in cities such as Shanghai is now 18%, and growing (China Daily 2016). Today most families and governments rely on migrant care workers from other countries (in the case of China from rural areas) for much needed elderly care. Everywhere, migrant care workers constitute an important and growing segment of elderly care labour force, and ensuring an adequate supply of these workers is an important policy agenda for national and local governments.³

Elderly care occupies a special importance within Asian societies. Unlike in the West, where the notion of “independent living” for the seniors constitutes an important part of a continuum of care – and is considered an affirmation of older people’s self-determination and self-respect – in Asia the prevailing Confucian attitude and cultural norms remain critical of leaving the elders alone; instead, cultural norms dictate that the seniors be cared for by their families. This familialistic welfare orientation in turn translates to policies that put a high priority on elderly care but relegates much of it to the family. However, as a result of social and economic changes in recent decades most East Asian families are no longer able to fully provide elderly care on their own. Outsourcing of elderly care to paid care providers thus has become an increasingly common practice.

Non-familial elderly care comes in many forms. In Japan and South Korea, a range of elderly care services – from home care to visiting nurses to institutional care – is provided publicly through the Long-Term Care Insurance (LTCI). In China while most elderly care is provided by the family or through private markets if the family can afford it, in cities such as Shanghai and Beijing low-income elderly people living on their own can now receive home care services through the local government. In Singapore, Hong Kong and Taiwan families are incentivized to hire foreign live-in domestic workers or live-in caregivers in lieu of publicly provided elderly care services.⁴ Governments of these countries/regions have created special immigration channels for foreign domestic and care workers, and subsidies for families to hire them. In all cases, however, the vast majority of elderly care workers are women, they are paid low wages, and there is growing pressure to use foreign migrant workers.

There is an extensive migration of domestic/care workers from Southeast Asia to East Asia, particularly from Indonesia, the Philippines and Vietnam to Singapore, Hong Kong, and Taiwan (Peng 2017). In 2017, there were over 850,000 registered foreign domestic/care workers working in Singapore, Hong Kong and Taiwan, with a combined

population of 36.5 million (Table 2). In China alone there were an estimated 13 million domestic workers in 2013, most of them internal migrants migrating from rural to urban areas (ILO 2015: 41). Of the estimated 23.7 million domestic workers working in Asia and Pacific regions, 3.34 million were migrant domestic workers, and over 80 per cent were women (ILO 2015).⁵

2. Diverse Care and Migration Regimes and their Impacts on Migration Patterns, the Use of Domestic/Care Workers, and Working Conditions

National and regional policies towards care and migration vary greatly across East Asia. This in turn directly influences the uses of domestic/care workers and the patterns of migration (Peng and Yeandle forthcoming). Both Japan and South Korea have partially socialized elderly care through Long-term Care Insurance (LTCI) – in 2000 in Japan; 2008 in South Korea. Because of this much of non-familial elderly care is now provided through LTCI. Very few elderly people in these countries employ care workers from private market, let alone foreign domestics or caregivers. The LTCI has shaped public preferences for elderly care in these two countries. Today, most Japanese people prefer to receive old age care from their spouses and children first and then from home-helpers (i.e. LTCI) (Japan-Cabinet Office 2012). Similarly a majority of Koreans prefer the elderly to be cared for by their family members *and* the state (i.e. LTCI) (Rhee et al 2015). The formalization of LTCI has also shaped the elderly care employment structure. Elderly care work is regulated in both countries, and care workers working within the LTCI system must be licensed. This creates an entry barrier for foreign care workers who must pass the national license examination in order to continue working (Peng 2017b).⁶

Japan accepts up to 1000 foreign nurses and care workers from the Philippines, Indonesia and Vietnam per year through the Economic Partnership Agreement (EPA). The EPA nurses and care workers work in institutions, within the LTCI system. They must write and pass national license examination within 4 years in order to qualify for longer stay; however, upon passing the license examination they are granted long-term residency and employment, and are accorded the same wages and employment conditions as their Japanese co-workers. Passing rate is, however, very low (currently 14.5% for nurses and 49.8% for care workers), thus very few of these foreign workers attain long-term residency. In 2016 there were a total of about 2,800 EPA nurses and care workers working in Japan. Japan does not recognize domestic workers as an occupational category, except for those who are working for foreign diplomats and expatriates. However, the government has initiated a foreign domestic helper pilot program within the “special economic zones” since March 2017. South Korea also does not have a formal occupational category for domestic workers or care workers, but like Japan, the creation of a foreign domestics/care worker category within temporary foreign worker schemes has been introduced. With the reform of the Working Visit System in 2007 ethnic Koreans from China (Chosunjok) are granted free entry and exit, long-term stay and access to a broader range of low-skilled work, including care work. This has helped ease the demand pressure for care workers. Studies suggest that a large number of older Chosunjok women are privately employed as care workers or attendants for frail elderly in hospitals and private homes outside of the LTCI system.

In Japan and South Korea the existence of LTCI has deterred the use of live-in domestic/care workers in private homes. LTCI regulations also discourage the expansion of private markets for elderly care, and create an entry barrier to foreign care workers. However, employment conditions of foreign care workers within the LTCI system are comparable to native-born care workers, and once licensed, the same employment conditions apply to foreign care workers as to native-born care workers. The cultural and political aversions to immigration in the two countries also directly lead to limited use of foreign care workers. Pervasive ideas about racial and cultural homogeneity in both societies make immigrant intake socially and politically unpopular. The two governments also see social care as a potential economic development and employment generation strategy – particularly for women – for their slow growing economies. In both places therefore the social care expansion is more associated with native-born women’s human resource mobilization than with the employment of foreign care workers.

In contrast to Japan and South Korea, the use of foreign live-in domestic/care workers in elderly care is extensive in Singapore, Hong Kong and Taiwan. In 2017 there were approximately 243,000, 370,000 and 246,000 foreign domestic/caregivers working, respectively, in the three countries/regions. Whereas foreign live-in domestic workers in Singapore and Hong Kong are engaged in a wide range of domestic work, including childcare and elderly care, Taiwan’s foreign live-in-caregivers are recruited specifically to provide care to frail elderly (although in reality they also undertake domestic work in addition to elderly care). All three governments have created special immigration channels for foreign domestic workers and caregivers. Their strong preferences for private market solution to elderly care are often attributed to the combination of: a) strong societal norms and expectations about families caring for the elderly in their homes reinforced by laws mandating children to look after their ageing parents (e.g. *Maintenance of Parent Act* in Singapore) and tax relief and subsidies for family to hire foreign domestic/caregivers; b) colonial histories of using servants and domestics; and c) multi-ethnic populations.

In these three countries/regions, foreign domestic/caregivers are given very little legal protection. None of these governments consider domestic work/caregiving as a formal employment, and hence not covered under the labour standard laws. However, under intense international criticisms over human rights abuses, all three governments have introduced some kind of guidelines to help foreign domestic/caregivers. The Taiwanese government has set a minimum monthly wage guideline of NT\$17,000 (almost 85% of the NT\$20,000 minimum monthly wage applicable to Taiwanese workers) for new incoming foreign live-in caregivers since 2015 (Focus Taiwan 2015). Foreign domestic workers in Singapore are now covered under the Employment of Foreign Manpower Act, which grants them a weekly rest day, or compensation in lieu of it, adequate accommodation and meals in the employer’s house, and employer-sponsored medical insurance. The minimum monthly wage for foreign domestic workers in Singapore is SG\$550, half of the minimum base monthly wage of full-time Singaporean workers (SG\$1,100) (Straight Times 2016, 2017b). In Hong Kong, foreign domestic helpers are now entitled to benefits and protection under the Employment Ordinance (Hong Kong-LD n.d.). The statutory minimum wage for foreign domestic helpers is HK\$4,410 per month while the minimum wage for non-domestic helper is HK\$34.50 per hour. Despite

government guidelines domestic/caregiver abuses are frequent. The lack of government oversight in employment practices in private markets, and the government's inability to inspect working conditions of domestic/caregivers in private homes have led to frequent violations by recruitment agencies and employers. Agencies have been found to overcharge domestic/caregivers for placement fees and/or withholding passports and other documents as a leverage for debt payment, while many employers have been found guilty of such violations as physical and sexual abuses, not providing adequate accommodation and/or food, withholding passports and other personal documents, and not paying wages (Yeoh et al 2004; Carvalho 2017; Straight Times 2017; Henley 2015). Moreover, government guidelines are not always legally binding. In Taiwan, for example, despite government guidelines on wages, conditions for admitting foreign live-in caregivers, work permit period and renewals, employers are not bound to sign a standard contract, nor do they necessarily follow regulations.

The three key sending countries in the region are Indonesia, the Philippines, and Vietnam. Studies show strong links between the development of local and transnational migration broker industries and the increased deployment of domestic/care workers abroad (and in the case of Vietnam also marriage migration) (Lindquist 2010; Bélanger and Lihn 2011; Lindquist, Xiang and Yeoh 2012; Kuo 2014; Silvey 2007). Taking full advantage of the huge demand for care workers (and for foreign brides), many of these businesses have developed a complex system of recruiting, training and deploying young women to work as domestics and care workers in regions such as the Arab States and East Asia. Sending-country governments also play an important role in facilitating and shaping transnational care migration. For example, the Indonesian government has been reinforcing its labour export policy since the 1990s, praising migrant workers as the country's "economic heroes" (*pahlawan devisa*), while at the same time trying to centralize immigration control in an attempt to protect female migrants from human rights abuses abroad. In response to this, labour recruiters in rural and urban Indonesia have come to play an important role in recruiting and processing potential migrant workers for export (Lindquist 2010). These studies underscore the new economics of transnational migration and the roles of transnational migration brokers and government policies and institutions in shaping migration patterns and processes.

In sum, national/regional policies towards care and migration vary considerably amongst different East Asian countries/regions, and these policies in turn have a direct influence on migration of domestic/care workers within the region. Evidence shows that in countries where public elderly care services are available, care services and care work are more likely to be regulated and enforced. This in turn, creates entry barriers for foreign care workers. The number of foreign care workers employed in these countries is therefore low, despite the severe elderly care worker shortage. In contrast, in countries/regions where the governments provide little or almost no public elderly care services and instead relegates elderly care almost entirely to the family, the use of foreign domestics and caregivers within private homes is extensive. While the guidelines for employing foreign domestics and caregivers may exist, the lack of government regulations and oversight over private care markets in these cases have made the system highly susceptible to human rights abuses and illegal business and employment practices.

3. The Implications of Different Care and Migration Regimes for the Quality of Elderly Care

The relational aspect of care makes this work highly labour intensive and skill specific. Quality of care is therefore greatly dependent on who provides it and how it is provided. Using foreign migrant domestic/care workers can affect the quality of elderly care in several ways. First, because of the implicit quantity-quality trade-off that exists in care work, attempts to raise “productivity”, for example, by forcing a care worker to serve more people within a set time, will likely result in lower quality care and/or worker fatigue, stress and burnout. Within the institutional context, cost-cutting measures such as increasing the caseload of care workers or reducing support for them thus may result in lower quality of care and increased worker turnover. Similarly, in the case of foreign live-in domestic or caregivers, isolation and huge workloads associated with domestic work in addition to care work can also result in a lower quality of care. Indeed, Japan’s care worker shortage is not NOT caused by the lack of certified care workers; it is more a result of high labour turnover among care workers and the lack of certified care workers willing to work in the elderly care sector. Since 2000 only about 55% of certified elderly care workers have been working in the field. The turnover rate of Japanese elderly care workers is also noticeably higher than workers in other industries. The main reasons for the high turnover rate are low wages, long working hours, lack of time-off, difficulty balancing work and family, and physical and mental stresses (Japan-MHLW 2016). A recent study also found that 16 to 38% of EPA care workers who passed the license examination have returned to their home countries despite the offer of long-term residency and comparable employment condition as Japanese care workers because of very similar reasons as those for Japanese care workers leaving the elderly care sector (Hirano 2017). The labour shortage therefore has more to do with the existing wage and employment conditions than the lack of certified care workers.

Second, the relational aspect of care means that a care worker not only has to have technical skills in caring but also cultural-linguistic knowledge that would enable her to develop trusting relationships with the people she cares for. Foreign migrant care workers may face cultural-linguistic challenges that reduce the quality of care – although this may be resolved by cultural and language education and training. In Japan and South Korea, lack of cultural-linguistic knowledge is often cited as a reason for public resistance to using foreign care workers; similarly, assumptions about cultural-linguistic affinities also explain the Japanese and South Korean people’s and their governments’ preference for co-ethnic care workers (Michel and Peng 2012).

Finally, government regulations also have an important impact on the quality of care. In countries where elderly care is regulated, government regulations on training and certification of care workers, employment conditions, and the system of elderly care provision help ensure a baseline quality of care. True, the system is not perfect; indeed, because of the low wages and difficult working conditions, turnover rate is high and many native-born certified care workers are not willing to work in the field. But the government regulations nevertheless set a standard for care workers and help maintain

basic working conditions that contribute to a basic level of quality of care. In contrast, in places where little or no government regulations on care and care work exist, or where care is left to the private market, neither the skill levels of workers providing care nor the working conditions of these workers – and hence the quality of care for the elderly – are guaranteed.

4. The Current and Future Implications of Migration and Elderly Care in East and Southeast Asia: Future Policy and Research Agenda

The out-migration of care workers from Southeast Asia to East Asia has serious implications for the current and future elderly care in the region. While many East Asian countries/regions may benefit from the inflow of foreign domestic/care workers from Southeast Asia, this inflow will unlikely to reduce the future demand for elderly care. On the contrary, given the demographic trajectory, the demand for foreign care workers will continue and increase in the future, intensifying East Asian countries/regions' care dependencies on Southeast Asia. This will exacerbate the already serious state of care drain in Southeast Asia. Some researchers have raised concerns about the care drain faced by sending countries as young working-age women out-migrate to work as domestic and care workers in receiving countries. This is an issue that has not been taken seriously enough by both the research and policy communities. Not only are the domestic/care worker-sending countries in Southeast Asia facing care drain today due to the out-migration, but over the next few decades they will face a huge care crisis as a result of rapid population ageing combined with the absence of working-age women to provide care.

The population of older people in Southeast Asia is expected more than double between now and 2050, from 64 million to 168 million. Population ageing will be particularly acute in Indonesia, the Philippines and Vietnam, where between 2017 and 2050 older populations will increase from 23 million to 62 million (271% increase), 8 million to 21 million (267%) and 11 million to 32 million (306%), respectively (UN-DESA n.d.). Given the pace of population ageing in these countries, exacerbated by the growing absence of working-age women to provide care, immense elderly care deficits in these care worker sending-countries in future decades are to be expected. How will these older people be cared for in future, and who will care for them? This is will be a crucial social, economic and policy issue for Southeast Asian countries in the future.

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Table 1: Percentage of Total Population Aged 60+ and 80+, 1995-2050

Location	Age	1995	2015	2050
World	60+	9.5	12.3	21.3
World	80+	1.1	1.7	4.3
Asia	60+	8.1	11.6	24.2
Asia	80+	0.7	1.4	4.7
Eastern Asia	60+	10.3	16.8	35.7
Eastern Asia	80+	1.0	2.2	8.8
China	60+	9.3	15.4	35.1
China	80+	0.8	1.7	8.1
China, Hong Kong SAR	60+	14.2	21.8	40.6
China, Hong Kong SAR	80+	1.8	4.4	14.5
China, Taiwan Province of China	60+	10.9	18.6	41.3
China, Taiwan Province of China	80+	1.0	3.1	12.9
Japan	60+	20.2	32.8	42.4
Japan	80+	3.0	7.6	15.0
Republic of Korea	60+	9.2	18.4	41.6
Republic of Korea	80+	0.9	2.6	14.3
South-Eastern Asia	60+	6.9	9.3	21.0
South-Eastern Asia	80+	0.6	1.0	3.6
Singapore	60+	9.4	17.9	40.1
Singapore	80+	1.2	2.3	13.3

Source: UN-DESA (2017) *World Population Prospectus*, <https://esa.un.org/unpd/wpp/>

Table 2: Number of Foreign Domestic/Care Workers in East Asian Countries

Countries	total population (2017)	total # of domestic / care workers
China	1,411.5 million	20 million (2010)
Hong Kong	7.4 million	351,513 (2016); 370,000 (2017)
Japan	127.5 million	2,798 (2016)
Singapore	5.6 million	243,000 (2017)
South Korea	50.8 million	200,000 (2016)
Taiwan	23.6 million	245,576 (2017)

Source: Chinese data based on ILO - Asia Pacific Migration Network (2017) *Situational Analysis of Domestic Work in China*, <http://apmigration.ilo.org/resources/resource-content/situational-analysis-of-domestic-work-in-china> ; Hong Kong 2016 data based on Hong Kong Statistics Department, 2017 data based on South China Morning Post, 12 November 2017, <http://www.scmp.com/news/hong-kong/community/article/2119534/domestic-helpers-hong-kong-promised-flexible-arrangements> ; Japan data based on calculation of stock EPA Nurses and Care workers, Ministry of Health, Labor and Welfare, 2017; Singapore data based on Singapore Ministry of Manpower; South Korea data based on estimate of co-ethnic nursing assistants (*ganbyeongin*) by E. Ku (2016) http://h21.hani.co.kr/arti/society/society_general/41665.html ; Taiwan data based on Taiwan Ministry of Labor.

¹ East Asia is defined here as the region that contains China, Japan, Mongolia, South Korea, North Korea, Taiwan Province of China, Chinese Special Administration Regions of Hong Kong and Macau. Taiwan Province of China and the Chinese Special Administration Regions of Hong Kong will be referred as Taiwan and Hong Kong, respectively, in this report.

² Southeast Asia is defined here as the region that contains Brunei Darussalam, Cambodia, East Timor, Indonesia, Laos, Malaysia, Myanmar, the Philippines, Singapore, Thailand and Vietnam.

³ Population ageing and migration of care workers in China are extremely important because of their huge sizes, however because the complexity of care policies in that country and the nature of internal rural to urban migration it is beyond the remit of this report to discuss the case of China.

⁴ “Domestic work” is defined here as “work performed in or for a household or households” (ILO 2012: 24), and includes direct or indirect “care” work. “Care work” is used here to describe paid socially reproductive work such as rearing, raising and caring for children, supporting the elderly and the disabled, and providing physical, social, and emotional support to those in need. It includes domestic work as well as direct personal care services. In the report I will use domestic/care workers to indicate care work is being provided by both groups of workers.

⁵ ILO compiles data on domestic workers. Unfortunately, there are no international statistics on care workers.

⁶ There are however differences between the two countries in terms of the extent of regulation, with Japanese LTCI being more regulated and the licensing requirement stricter than South Korea. As well, Korea has a significantly larger Chinese co-ethnic migrant (Josunjok) and marriage migrant (from Southeast Asia) populations compared to Japan, making its immigration policies more politically ambiguous (see Peng 2017b).