

Discounted labour? Disaggregating care work in comparative perspective

Naomi LIGHTMAN*

Abstract. *This article contrasts the earnings of high- and low-status care workers in Canada, the United States, Japan, the Republic of Korea and Taiwan (China) using the micro-data files of the Luxembourg Income Study. By disaggregating existing definitions of care work, the author identifies occupations with lower and higher degrees of “social closure”, revealing the associated care penalties and care bonuses cross-nationally. She also empirically measures the extent of similarities (and differences) between and within care economies in “liberal” and “productivist developmental” welfare regimes, offering support for the argument that globalization has fostered substantial convergence within the international care market.*

Care work, often associated with “women’s work”, is frequently found to be undervalued and underpaid (e.g. England, Budig and Folbre, 2002; Peng, 2012). Three main explanations are provided for this phenomenon. First, the characteristics of care workers themselves, including sex, race and nativity status (along with their intersections), lead to labour market disadvantages (Duffy, 2005; Duffy, Albelda and Hammonds, 2013). Second, individuals are negatively selected into care work based on low levels of education and other human capital, resulting in lower wages (England, 2005; Isaksen, Devi and Hochschild, 2008). And third, the nature of care work itself devalues earnings, as it is often disproportionately precarious and part time, female-dominated, and/or located in the unsubsidized private sector (Budig and Misra, 2010; Folbre, 2008; Lewis and West, 2014).

The majority of existing care-work studies are theoretical, qualitative, or focused on a single national context (e.g. Mason, 2003; Geisen and Parreñas, 2013). Increasingly, however, care work is being conceptualized within a

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globalized (or transnational) labour market (Boyd and Pikkov, 2013; Hochschild, 2000), suggesting a need for international comparative analyses, such as that provided by Budig and Misra (2010). In their seminal article contrasting earnings in care work cross-nationally, these authors document significant variation across 12 countries, including wealthy welfare states, and post-socialist and developing economies. They find that sex, other worker characteristics, and national and policy contexts are each influential in determining care wages; while they identify a “care penalty” in the majority of countries, they demonstrate that there is a “care bonus” for women in Sweden, the Netherlands and Germany.

Notwithstanding the importance of Budig and Misra’s (2010) findings, two pertinent issues are less well captured by their analysis. First, the authors’ definition of care work is very general, conceptualized in terms of face-to-face human interactions between providers and recipients that develop or maintain the capabilities of the recipient (England, Budig and Folbre, 2002). By combining occupations with very low status (and salaries) and those with very high status (and, often, matching professional qualifications), Budig and Misra (2010) run the risk of masking important variation within care work. Second, they focus primarily on North America and Europe, relying on Mexico and Taiwan (China) to represent “developing” economies despite their disparate welfare traditions. This leaves space for further examination of whether and how care provisioning and outcomes are unique within the wealthy “productivist developmental” countries of East Asia, as suggested by welfare regime scholars (e.g. Kilkey, Lutz and Palenga-Möllnbeck, 2010; Powell and Kim, 2014).

Accordingly, this article builds on the intersection of care work and welfare regime theory, providing a quantitative analysis of paid care employment within an international comparative perspective. Specifically, I use the micro-data files of the Luxembourg Income Study to compare the earnings of high- and low-status care workers in Canada, the United States, Japan, the Republic of Korea (hereinafter Korea), and Taiwan (China) in order to answer the following key questions:

- Does distinguishing between care-work occupations with higher and lower degrees of “social closure” allow for a more nuanced analysis of any associated “care bonus” or “care penalty” cross-nationally?
- To what extent are care economies similar (or different) between and within “liberal” North American and “productivist developmental” East Asian welfare regimes or, in other words, have the forces of globalization fostered substantial convergence within the international care economy?

Ultimately, this article demonstrates a significant care penalty within low-status care work and a significant care bonus for professionals in the fields of education and health cross-nationally, even while controlling for a host of factors known to influence earnings. Its findings thus reinforce the need to specify further what is meant by “care” (and consider who is providing which type of care and where) and suggest that resources and policy ought to be directed

towards those workers in lower-status caring occupations, particularly in Canada and the United States. Also, while the data show a major divide between liberal and productivist developmental welfare regimes in the relative care penalty experienced by low-status care workers, they also point to the need to examine differences within care regimes, taking into account the wage effects of national differences in welfare provisioning.

Comparing care economies

Disaggregating care work: High- and low-status occupations

Qualitative analyses of care work provide rich descriptions of the downward trajectories of highly feminized and racialized populations (who are also disproportionately migrants), often serving elderly, sick, or preschool-aged clients (e.g. Anderson and Hughes, 2010; Geisen and Parreñas, 2013). These women work in hospitals, in the post-acute health-care sector, in daycares or in private homes, and the negative repercussions of their employment conditions are often felt across families and communities. Equivalent quantitative studies, for their part, typically provide evidence of statistically lower wages in care work than in non-care occupations, most often examining a single country in North America or Western Europe (e.g. Barron and West, 2013; Dwyer, 2013). As a prominent example, England, Budig and Folbre (2002), using the 1982–1993 waves of the National Longitudinal Survey of Youth, find a wage penalty of 5–10 per cent for working in a caring occupation in the United States (with nursing as a notable exception).

Yet, within the relevant scholarly literature, care work is differentiated in several ways. One divide concerns how to best define care work. Some researchers, including Budig and Misra (2010), rely on a very broad definition of care; their analysis combines individuals working in childcare, all levels of teaching (from preschool to university), all types of health-care providers (from nursing aides to registered nurses to doctors), and workers in the “helping professions” (e.g. therapists, social workers, and clergy). Duffy, Albelda and Hammonds (2013) also include indirect caring occupations in their sample of care workers, such as administrative assistants, managers, janitors and cafeteria cooks in schools and nursing homes. With such broad definitions, care work encompasses a very wide range of occupations and aggregates diverse occupational incomes.

Other scholars, however, focus on examining wage differentials within care work. Weeden (2002) notes the importance of identifying caring occupations that have achieved a higher degree of “social closure” (Weber, 1956) through the use of various bodies to control access to the profession and negotiate employment conditions and benefits. Medicine, in particular, is notable for having strong closure mechanisms in the form of bodies that strictly control access to the profession and negotiate on behalf of doctors or nurses. Other occupations in the caring industry that are also strongly unionized, such as teaching, enjoy similarly high social closure. Yet, Weeden (2002) finds that

occupations that are predominantly female suffer not only because of the associated skill set and their demographic composition, but also because they seem to benefit less from social closure than do other occupations.

Barron and West (2013) extend Weeden's (2002) analysis of the United States to the United Kingdom. They demonstrate a statistically significant wage penalty associated with working in certain caring occupations, specifically those requiring lower levels of educational qualification, such as nursing assistants and auxiliaries. However, for other occupations such as medicine and teaching, they find wages to be higher than in comparable non-care occupations. These authors conclude that, "although previous research in this area has suggested that the majority of the caring occupations face a wage penalty, the results reported here show that a more nuanced understanding of the status of care work is needed. We have shown that doctors, nurses and school teachers all do better than employees in comparable occupations" (Barron and West, 2013, p. 118).

Yet, regardless of how care work is defined, social policies differ cross-nationally in the extent to which they support care provisioning through the family, the market, the public sector or the not-for-profit sector (An and Peng, 2015; Razavi et al., 2012). Thus, wage penalties (or bonuses) for care work are influenced by the welfare regime within which they operate. This leads to a second crucial point of contention within the care-work literature: how best to conceptualize cross-national variations in care? This question is addressed in the following section.

Connecting care and welfare regime theory

Cross-national analyses of care work often utilize welfare regime typologies, suggesting that countries can be grouped into "clusters" based on the quality of social rights, the extent of social stratification, and the relation between state, market and family (e.g. Esping-Andersen, 1990; Mahon et al., 2012; Michel and Peng, 2012). Yet, while such categorizations provide a convenient means to compare care economies, some scholars suggest that welfare regimes are outdated (and Eurocentric), and that differences within care regime categories can be more important than the differences between them (Brennenstuhl, Quesnel-Vallée and McDonough, 2012; Reibling, 2010).

The countries analysed in this article were selected for two reasons. First, they are similar in that each of them faces the dilemma of reconciling a familialistic ideal of care with significant increases in female labour force participation and a rapidly expanding paid care economy (Michel and Peng, 2012). Second, the care economy in East Asia is far less well known than in North America, Europe or the Middle East. Thus, similarities or differences between and within East Asian care regimes are still largely indeterminate. Below, I briefly outline some key elements of the welfare regimes associated with the countries studied here – namely, Canada, the United States, Japan, Korea and Taiwan (China) – and discuss a major critique of this classification scheme.

Under welfare regime theory, Canada and the United States are considered prototypical “liberal” states, and are thought to assign “key roles to labour markets and families, with the state’s role largely limited to providing assistance targeted at those least well-off” (Mahon et al., 2012, p. 421). Liberal regimes are characterized by a preference for market solutions to welfare problems, leading to relatively low levels of social spending, limited regulation of labour markets, and high levels of overall inequality. Individuals in liberal welfare regimes are conceived of as discrete market actors and are encouraged to seek their welfare in the market, often through subsidies for privately provided benefits. Basic security schemes are likely to be means-tested and social insurance benefits modest (Michel and Peng, 2012; Myles, 1998).

By contrast, East Asian welfare regimes are the focus of considerable debate about their classification and distinctiveness (Li, 2013; Powell and Kim, 2014). Most commonly, they are labelled “productivist developmental” regimes and are thought to subordinate social welfare to policies which foster economic development, often neglecting policies that target women (Midgley, 1986). This classification suggests that caring for family members is primarily a familial responsibility, though governments take an active role in managing and coordinating industrial and economic development (Aspalter, 2006; Kwon and Holliday, 2007). Rapid economic growth is encouraged via low taxes and wages and a flexible workforce, rather than through large-scale social welfare spending. Yet, social policies are supported in so far as they serve the commodification of a healthy and efficient labour force, heavily weighting investment towards education or human capital (Holliday, 2000; Hong, 2014).

While some research makes much of these regime differentiations, other scholars suggest that any such schema of categorization is approximate only (e.g. Kasza, 2002; Scruggs and Allan, 2008). In both North America and East Asia, concerns about pressures on public finances have led governments to focus on market-oriented systems of education and health-care provisioning, and there has been a widening socio-economic divide between those who rely on paid care work and those who provide such services. Thus, it is suggested that due to a growing focus on competition and choice internationally, governments worldwide are increasingly emphasizing for-profit provision and privatization in welfare service delivery. This convergence is thought to nullify the extent of differences between welfare regimes and perhaps call into question the utility of the entire typology (Brennan et al., 2012; Scruggs and Allan, 2008).

Care provisioning in North America and East Asia

Despite differences of opinion on the efficacy of welfare regime theory, there is general consensus that the processes and structures driving the global care market differ cross-nationally in terms of their model of provision (e.g. public/private, for-profit/not-for-profit, regulated/unregulated) and the care workforce, e.g. in terms of sex composition, ethnicity, nationality, education and skill levels (Brennan et al., 2012; Budig, Misra and Boeckmann, 2012; Hong, 2014).

This section builds on the above analysis of welfare regime theory, contrasting details of the current state of care provisioning within each of the case study countries. The analysis supports the assertion of Michel and Peng (2012) that in Canada and the United States the framing of a “crisis of care” has centred largely on the absence of national policies and state provisioning, while in East Asia, concerns have focused primarily on the misfit between the supply of, and demand for, government-provided services.

At present, neither Canada nor the United States offers universal, state-supported childcare services, although there is considerable variation at the state or provincial level. In both countries, the cost of childcare usually exceeds any government subsidies, except in the case of very poor families. Like childcare, long-term eldercare is provided through a patchwork of arrangements with financing tied to socio-economic status. National health insurance covers most medical and hospital-related costs for the elderly, as well as some (usually small) portion of the cost of medically related care either in private homes or in institutions. However, in both countries the cost of non-medical care (e.g. assistance with the activities of daily living) is covered by subsidies at the subnational level, private insurance, personal savings, and voluntary services (Boris and Klein, 2006; Michel and Peng, 2012). In addition, the quality of care accessed by those at higher and lower income levels is often widely divergent (Lightman and Lightman, 2017).

Similar to North America, wealthy countries in East Asia struggle with a demand for childcare and eldercare that often exceeds supply. However, recent changes in these countries have led to more supportive policies for families due to an expansion of the role of the state in the provisioning of care. Japan has strengthened its policy to support the family’s use of care services, whereas Korea has focused much of its effort on financial support for families in order to help them provide better care for their own children. Taiwan (China) provides financial support primarily in the form of leave from work. In 2010, total enrolment rates for children up to the age of five in early childcare and education services were 58.1 per cent in Japan, 66.8 per cent in Korea and 35.6 per cent in Taiwan (China), higher than the equivalent rates in either the United States or Canada (An and Peng, 2015).

In Japan, in particular, there have been widespread expansions to care services since the turn of the century, much of this spurred by the rapidly ageing population. Compared to Korea and Taiwan (China), there is greater reliance on public or non-profit provision. In 2000, Japan instituted the world’s largest programme of universal, mandatory long-term care insurance, with expenditures nearly doubling between 2000 and 2007 (Campbell and Ikegami, 2000; Lin and Bélanger, 2012). In 2010, the Government vowed to reduce the number of children on childcare waiting lists, with costs geared to income on a sliding scale (An and Peng, 2015).

In Korea, under the Infant Care Act passed in 1991, more than 90 per cent of childcare services are provided on a for-profit basis. The Government provides

subsidies for low- and middle-income families, so access is not predicated on the ability to pay (*ibid.*). Korea also provides community-based home care services to people aged 65 or older who experience physical disability and/or cognitive disorders. In 2008, the Government implemented a system of long-term care insurance similar to Japan's, with financing provided from a new social insurance contribution (Campbell, Ikegami and Kwon, 2009; Kwon and Holliday, 2007).

Finally, welfare state development in Taiwan (China) has largely been driven by political concerns, leading to a more *laissez-faire* coordination of services (Wong, 2004). New policy reforms aim to subsidize the cost of childcare and incentivize the use of licensed facilities. Under the Universal Infant and Child Care System Plan instituted in 2008, the amount of financial support is tied to family income and employment status. At present, Taiwan (China) does not have a comprehensive system of eldercare, and families favouring home-based services increasingly turn to the foreign live-in caregiver programme (introduced in 1992). Government subsidies for home-based care of the elderly are largely targeted to low-income individuals, and the majority of care is provided privately as demand for the public system exceeds supply by far (F. Wang, 2010; Wang and Lin, 2012).

Thus, all of the East Asian countries examined here have shifted towards a “defamilializing” of the workforce, due, in part, to demographic factors and a demand for paid care that greatly exceeds supply (An, 2013; Shin, 2013). Comparatively, North America has seen minimal advances towards augmenting family or public provisioning of care in the past few decades, despite expanding demand (Lightman and Lightman, 2017). In the context of recent reforms in the productivist developmental states examined here, it is hypothesized that care workers within the lower-paid segments of the workforce may fare worse in the relatively unregulated and privatized markets of Canada and the United States, than in Japan, Korea or Taiwan (China).

Research design

As noted by Hong, a “lack of comparable data ... seems to be a major methodological limit in understanding welfare commitment in East Asia” (2014, p. 649). Most quantitative analyses of care work in this region largely rely on descriptive statistics, and small sample sizes are often a major limitation (Ferragina and Seeleib-Kaiser, 2011). In order to address these concerns, I use micro data from the Luxembourg Income Study (LIS), for 2005–08.¹ The LIS gathers these data from household-based national surveys and harmonizes them to ensure comparability. The samples are limited to employed individuals aged 18–64 who are neither enrolled in education nor serving in the military. Sample sizes vary widely across countries, from 5,780 in Japan to approximately 19,000 in each of Korea and Taiwan (China), about 27,000 in Canada, and 90,526 in the United States.

¹ Luxembourg Income Study (LIS) database, <http://www.lisdatacenter.org> (multiple countries; 1 Oct. 2015–25 Dec. 2015).

In order to apply the ideas developed by Weeden (2002) and Barron and West (2013) within an international comparative context, my classification scheme distinguishes between high- and low-status care work. I focus on individuals working in the health, childcare and education industries only (i.e. direct care), and I differentiate between “professionals” and “service workers”, as proxies for jobs with higher and lower status, and more or less social closure. Following Budig and Misra (2010), I identify care workers based on both occupation and industry: an individual must be identified as being in a caring occupation and in a caring industry to be coded as having a care-work job.

As the LIS contains harmonized data from a variety of country-specific data sets, different variables are available to identify care industries and care occupations. Variables are selected to ensure congruence at the finest possible level. (Appendix A provides further details on the specific variables selected in each data set.) As shown in table 1, examples of high-status care workers include doctors, university professors, primary and secondary school teachers, nurses, and social workers. Examples of low-status care workers include childcare workers and teachers’ aides, health-care assistants, visiting homemakers and housekeepers.

Following Weeden (2002), I hypothesize that caring occupations featuring lower levels of social closure (low-status care workers) are more likely to comprise disproportionate numbers of women and workers in non-standard employment, and that this will on the whole result in lower earnings than in non-care occupations. Conversely, for those individuals in high-status care work, I expect to see a care bonus across the case study countries, partly because of the higher level of social closure within these occupations. As previ-

Table 1. Care-work classification scheme

Country, sample size, data set	Care industry variables	Care occupation variables
Canada (N = 27,326) <i>Survey of Labour and Income Dynamics</i>	Education/Educational services	<i>High-status care</i> Professionals/Professionals in health, nurse supervisors and registered nurses; Teachers and professors/Professionals or technological workers
Japan (N = 5,780) <i>Japan Household Panel Survey Data</i>	and	
Republic of Korea (N = 18,946) <i>Household Income and Expenditure Survey and Farm Household Income and Expenditure Survey</i>	Health and social work/ Health care and social assistance	
Taiwan, China (N = 19,172) <i>Survey of Family Income and Expenditure, Taiwan Area</i>		
United States (N = 90,526) <i>Current Population Survey – Annual Social and Economic Supplement</i>		<i>Low-status care</i> Service workers/Childcare and home support workers

Source: Luxembourg Income Study, 2005–08.

ously noted, I also anticipate that low-status care workers in liberal welfare regimes will fare worse, due to their relatively unregulated labour market contexts.

Variables of interest

In order to capture wage variations in care employment, the dependent variable is the natural log of annual earnings (including wages and self-employment income) with extreme earnings recoded to the 1 per cent and 90 per cent values of within-country earnings distributions. Logged earnings have the benefit of normalizing the earnings distribution as well as allowing the transformed regression coefficients to be interpreted as approximate percentage changes in earnings for a one-unit change in the independent variable (Budig and Misra, 2010).² Thus, the transformed coefficient on, say, “low-status care work” tells us in approximate percentage terms how much less (or more) these care workers earn, compared to workers who are not employed in care work.

The main independent variables compare low-status and high-status care workers to individuals who are not employed in a caring occupation. In order to specify any particular care penalty or care bonus, the final model also includes as many conceptually relevant control variables as are available across the data sets. To account for the highly feminized nature of care work, a control for sex is included. Variables for family structure and demographic characteristics include a control for age, one for being married or cohabiting, and one for living with one’s child aged 0–5 years. The potentially mediating effect of human capital is captured using educational attainment, by means of a categorical variable harmonized across countries into three categories, namely: low (lower secondary education or less), intermediate (upper secondary through vocational post-secondary education), and high (university/college education and above). Low educational attainment is the reference category.

To capture the effects of job characteristics on earnings, three variables are included in the final model: a control for part-time work status (as opposed to full-time), one for employment in the public/non-profit sector (as opposed to the private sector), and one for being self-employed (as opposed to being an employee), each of which is coded as 1. The Korean data set does not have variables for part-time or public-sector employment, but otherwise all variables are available for all data sets. Here again, Budig and Misra’s (2010) analysis, using LIS data, proved highly instructive as a baseline for the research design.

The point of including the above variables is both to ensure that the relationship between low or high earnings and care work is not attributable to these factors, and to explore whether and how each of these variables is influential, and also whether the effect varies across welfare regimes and/or national

² The transformation of coefficients into percentages was done using the equation suggested by Kennedy (1981), i.e. $100 * (\exp(b) - 1)$.

contexts. It should be noted that the LIS data do not include consistent measures of respondents' race/ethnicity or immigration status across each data set, both of which would further enhance this analysis. Thus, for the final model, log earnings are measured as a function of sex, age, marital/cohabitation status, the presence of young children in the household, education attainment, and job characteristics, including part-time status, public/non-profit sector employment, and self-employment.

Results

Descriptive analysis

Descriptive statistics allow for a profile of the high- and low-status care workforce in each of the case study countries. In the East Asian countries, females make up roughly 43 per cent of the total workforce, while the percentages are slightly higher in Canada (46 per cent) and the United States (47 per cent). The proportions of the samples working in high-status care work range from 9 per cent in the United States to 7 per cent in Japan, 6 per cent in Canada, 4 per cent in Taiwan (China), and only 3 per cent in Korea. In all cases, these are much larger percentages than those of low-status care work. Yet, here, the pattern is similar across countries, with the United States featuring the greatest share of low-status care workers at roughly 3 per cent of the workforce, followed by Japan, Canada and Korea at approximately 1 per cent, and Taiwan (China) with only 0.5 per cent. Thus, both high- and low-status care work comprise only very small segments of the paid labour force in all cases, albeit with considerable variation across countries.

Table 2 provides a descriptive profile of the high-status care workforce across the five countries. In all cases, these health and education professionals are disproportionately female, married or cohabiting, and highly educated, and – except in Japan – their mean earnings are substantially higher than those of the overall workforce. In Japan, their mean earnings are roughly the same as those of the overall workforce (likely due in part to high levels of part-time work), but in Korea and Taiwan (China) they fare much better, with earnings that are at least 50 per cent higher than those of the average worker. While still very well-off financially, the corresponding advantage for high-status care workers in the United States and Canada is only roughly half as big as in Korea or Taiwan (China), at approximately 25 per cent more than the average worker's earnings in these countries.

Examining the other statistics in table 2, many similarities can be identified across the case study countries. Canada and the United States have a higher percentage of females working as high-status care workers (at roughly 72 per cent), but in the East Asian countries these occupations are also at least 60 per cent female. This confirms the pattern of care-work feminization identified in prior research (e.g. England, Budig and Folbre, 2002; Weeden, 2002). The mean age of high-status care workers is roughly similar across the two welfare regimes.

Table 2. High-status care work: Professionals in health and education (percentages)

	Productivist developmental states			Liberal welfare states	
	Japan (2008)	Republic of Korea (2006)	Taiwan, China (2005)	Canada (2007)	United States (2007)
Female	66.0	60.4	68.7	71.5	71.9
Family structure and demographic characteristics					
Mean age (in years)	43.3	39.2	36.9	42.5	42.5
Single	17.1	21.2	31.2	22.7	27.6
Married or cohabiting	82.9	78.8	66.2	76.6	72.7
Living with own child, aged 0–5 years	21.0	27.1	22.1	21.7	18.2
Human capital					
Low education	0.6	0.0	0.0	0.9	0.2
Intermediate education	16.1	1.7	6.3	4.4	9
High education	83.3	98.3	93.7	94.7	90.8
Job characteristics					
Public/non-profit sector	69.3	N/A	56.4	81.3	66.2
Part-time employment	26.3	N/A	3.4	17.6	15.2
Self-employed	7.7	10.5	0.7	6.4	4.7
Non-permanent employment	15.9	N/A	N/A	3.2	N/A
Ratio: High-status care mean earnings/Total mean earnings*	0.99	1.50	1.52	1.28	1.25

* For people with earnings > \$0.

Note: The sample is limited to employed individuals aged 18–64, who are neither enrolled in education nor serving in the military.

Source: Luxembourg Income Study, 2005–08.

Taiwan (China) has the highest percentage of single individuals working as high-status care workers (at 31 per cent), while Japan has the lowest percentage (17 per cent). In terms of the proportion of individuals living with their own young children (0–5 years), Korea has the highest percentage, at 27 per cent, and the United States, the lowest, at 18 per cent. Across all five countries, over 80 per cent of these professionals have a high level of education, with Japan featuring the lowest percentage (83 per cent) and Korea, the highest (98 per cent), reflecting a clear difference in attainment levels within their welfare regime.

Finally, in terms of job characteristics, the data show major differences between countries. Taiwan (China) has a substantially lower percentage of high-status care workers in the public or non-profit sector, reflecting the relative fragmentation of its welfare state (Wang and Lin, 2012; L. Wang, 2013). Japan and the United States have roughly similar proportions of high-status public or non-profit sector care workers, while Canada has the highest proportion (81 per cent), likely on account of its high rates of unionization (Lightman and Lightman, 2017). Taiwan (China) also stands out for having the lowest percentage of part-time professionals in health and

education (at 3.4 per cent), with Canada and the United States again at roughly similar levels, and Japan exhibiting by far the highest percentage (26 per cent). Taiwan (China) has the lowest percentage of self-employed workers in these occupations (at 0.7 per cent), while Korea has the highest (at 10.5 per cent). Japan's proportion of non-permanent high-status care workers is five times higher than Canada's (the only two countries where data are available). Japan's high rates of non-standard employment and weak protective legislation for temporary workers help explain its relatively lower mean wages in high-status care work as compared to the other countries examined (Lee, 2013). Overall, table 2 thus shows that high-status care workers are primarily in the public/non-profit sector, with minimal proportions of part-time or self-employed workers, thereby fitting the "standard employment" model (see Vosko, Zukewich and Cranford, 2003).

Table 3 reports the characteristics of the low-status care workforce cross-nationally (i.e. service workers in health and education). As anticipated, the data show that these workers do substantially worse than the overall workforce in terms of average earnings across the case study countries. Here again, Taiwan (China) stands out as a slight outlier when compared to the other countries. In Japan, Korea, Canada and the United States, low-status care workers average mean earnings that are only 45–47 per cent of those of the overall workforce, whereas workers in these occupations appear to be doing better in Taiwan (China), at almost 70 per cent of overall mean earnings. Taiwan (China) also has the lowest proportion of women in low-status care work, at 80 per cent, as against 84–86 per cent in Japan and the United States, and at least 95 per cent in Korea and Canada. This supports Weeden's (2002) earlier finding that, discounting the degree of social closure, the extent of feminization negatively impacts average earnings in an occupation. The data also support findings of relative wage compression in the Taiwanese labour market (Baek and Lee, 2014).

Except in the United States, low-status care workers in these countries are slightly older, on average, than high-status care workers. They are also more likely to be single (except in Korea), and they are less likely to live with their young child (except in the United States). In all five countries, a large proportion of these workers have an intermediate level of education, with Canada again displaying the highest levels of attainment on average.

In terms of job characteristics, low-status care workers are less likely than high-status care workers to be employed in the public/non-profit sector. Except in Taiwan (China), low-status care workers are also substantially more likely to be in part-time employment than high-status care workers. Regarding self-employment, however, there is no consistent pattern across the countries. In the United States and Taiwan (China), low-status care workers are more likely to be self-employed than high-status care workers, while the opposite holds true of the other three countries. Rates of non-permanent employment are also higher among lower paid workers in both countries where these data are available (i.e. Japan and Canada).

Table 3. Low-status care work: Service workers in health and education (percentages)

	Productivist developmental states			Liberal welfare states	
	Japan (2008)	Republic of Korea (2006)	Taiwan, China (2005)	Canada (2007)	United States (2007)
Female	84.3	96.3	79.9	95.0	86.4
Family structure and demographic characteristics					
Mean age (in years)	47.1	44.4	39.6	45.0	40.0
Single	24.3	17.1	33.8	24.5	44.0
Married or cohabiting	75.7	82.9	69.0	75.4	55.8
Living with own child, aged 0–5 years	10.0	9.5	7.7	8.3	18.8
Human capital					
Low education	4.7	29.7	23.2	5.5	14.4
Intermediate education	60.9	54.9	47.3	26.4	66.6
High education	34.4	15.4	29.5	68.1	19.1
Job characteristics					
Public/non-profit sector	54.3	N/A	16.9	75.7	32.1
Part-time employment	45.7	N/A	1.7	31.7	28.0
Self-employed	4.3	1.8	3.6	1.5	12.7
Non-permanent employment	30.8	N/A	N/A	5.1	N/A
Ratio: Low-status care mean earnings/Total mean earnings*	0.45	0.46	0.69	0.47	0.47

* For people with earnings > \$0.
 Note: The sample is limited to employed individuals aged 18–64, who are neither enrolled in education nor serving in the military.
 Source: Luxembourg Income Study, 2005–08.

Overall, the descriptive statistics thus support the hypothesis that there are substantial differences between high- and low-status care workers in terms of both demographics and job characteristics. Without controlling for any other factors, there is a care bonus for high-status care work, except in Japan, and a substantial care penalty for low-status care work in all five countries. In addition, the low-status care workforce is more feminized, older, less educated and more likely to be in some type of precarious employment than the high-status care workforce. Significantly, the data do not reveal any consistent patterns or differences between the East Asian productivist developmental states and the North American liberal welfare states in terms of the characteristics of high- and low-status care workers.

Multivariate analyses

Building on the above descriptive findings, Ordinary Least Squares regressions were run to analyse the impact of high- and low-status care employment

on logged earnings.³ Table 4 presents the estimated effects on earnings (converted into percentage point differences) for each country, using four models. Following Budig and Misra (2010, pp. 446–447), I include successive sets of theoretically relevant control variables in order to examine how they either explain or suppress the effect of care-work employment on earnings. (Appendix B provides the complete results of the four regression models for each of the five countries examined.)

In table 4, Model 1 controls for sex only, to account for the strongly feminized nature of both high- and low-status care work. Here, the data show that health and education professionals enjoy a very significant care bonus in all countries, albeit with wide variation cross-nationally. High-status care workers do best in Korea, with a 95 per cent care bonus as compared to workers outside of the care workforce (meaning that their wages are, on average, almost twice those of workers outside the care economy). In Japan, by contrast, the bonus is less than half as large, at 40 per cent. There is thus no consistent differentiating pattern between the two welfare regimes. Among low-status care workers, Model 1 finds a significant care penalty as compared to non-care workers in all countries except Japan,⁴ with a divide between the United States and Canada – where service workers in health and education make 43 per cent and 33 per cent less, respectively – and Korea and Taiwan (China), where the penalties are “only” 13 per cent and 11 per cent, respectively. In all cases, the model shows a significant wage penalty for being female.

In Model 2, family structure and demographic characteristics (including age, marital status/cohabitation, and the presence of young children in the household) are added and controlled for. For high-status care work, the wage bonus increases minimally in the case of Japan and becomes slightly less positive elsewhere (by a range of 2–8 percentage points), as compared to Model 1. However, the results generally remain consistent, with a divide between the United States and Japan (where there is a care bonus of approximately 40 percentage points as compared to non-care occupations) and the other three countries, where the bonus is 65 points or more. In Model 2, Japan continues to have a non-significant coefficient for low-status care work. In Canada, the care penalty increases slightly in this model, but in the other three countries the wage differential decreases minimally. These results suggest that only a small amount of the variation in earnings differentials between care work and non-care work is due to demographic and family structure factors.

By adding a control for education, Model 3 has a greater influence on care work earnings differentials. In all five countries, the effects of higher levels of education on earnings are significant and positive. For high-status care work, the effect of education is greatest in the United States, reducing the care bonus by a factor of eight, to only 5 percentage points. This suggests that much

³ All results are presented using the appropriate rescaled sample weightings.

⁴ This finding may be due, in part, to the smaller sample size for Japan, but also to the high levels of non-standard employment in the Japanese labour market (Lee, 2013).

Table 4. Percentage point differences in annual earnings for high- and low-status care workers (relative to non-care workers), by country

	High-status care work				Low-status care work			
	Model 1(a)	Model 2(b)	Model 3(c)	Model 4(d)	Model 1(a)	Model 2(b)	Model 3(c)	Model 4(d)
Liberal welfare states								
Canada	67	65	45	26	-33	-35	-37	-41
United States	48	40	5	8	-43	-42	-34	-29
Productivist developmental states								
Japan	40	42	28	07	-14	-14	-14	-21
Republic of Korea	95	90	43	43	-13	-12	-11	-10
Taiwan (China)	77	75	32	21	-11	-12	-14	-16

Notes: The sample is limited to employed individuals aged 18–64, who are neither enrolled in education nor serving in the military, and who have earnings greater than \$0. Model 1 controls for gender only; Model 2 controls for sex, family structure and demographic characteristics (age, marital status/cohabitation, and the presence of young children in the household); Model 3 controls for all variables in Model 2 and adds human capital (educational level); Model 4 controls for all variables in Model 3 and adds job characteristics (part-time employment, public-sector employment, and self-employment). The Korean data set does not include variables for public-sector or part-time employment. Significant effects ($p < .05$) are bolded.

Source: Luxembourg Income Study, 2005–08.

of the care bonus in the United States is attributable to the higher levels of education among health and education professionals, as compared to workers not employed in care work. In the other countries, however, there remains a substantial care bonus, even when controlling for education. Indeed, the bonus still ranges from 28 percentage points in Japan to 45 points in Canada. For low-status care workers, the pattern is similar. In the United States and Canada, there remains a substantial care penalty for low-status care workers, greater than 30 points, meaning that this difference in earnings is not attributable to lower levels of education. In Japan, Korea and Taiwan (China), by contrast, the penalties are much smaller and stay relatively constant at 14, 11 and 14 points, respectively.⁵ Thus, in Model 3, for low-status care work, the divide between welfare regimes remains notable even after controlling for education.

Finally, in Model 4, controls are added (where available) for job characteristics, namely: part-time employment, public or non-profit sector employment, and self-employment. In every country except the United States, public-sector employment has a positive and significant effect on earnings; part-time employment has a negative and significant effect on earnings except in Taiwan (China). Self-employment has a significant and negative effect in all countries where the data are available.

For high-status care work, there remains a significant care bonus in all countries except Japan, even when controlling for job characteristics. This

⁵ It should be noted that the Korean data set does not include foreigner households or the large percentage of workers in the informal labour market. These factors likely account for some of Korea's lesser care penalty for low-status care work (Kalleberg and Hewison, 2013).

suggests that the higher earnings of high-status care workers in Japan are at least partially attributable to the job characteristics of these occupations (e.g. rates of full-time and permanent employment). In the other countries, however, there remains a significant care bonus, ranging from 8 percentage points in the United States, to 43 in Korea, 26 in Canada and 21 in Taiwan (China). Thus, there is still strong evidence of a care bonus in Model 4, with little or no difference between welfare regimes.

For low-status care work, the effect of the additional controls introduced in Model 4 increases the care penalty in some cases and diminishes it in others. Nonetheless, there remains a significant care penalty in all countries. Here, the divide between liberal welfare regimes and productivist developmental states remains consistent, with Canada featuring the largest care penalty: its low-status care workers earn over 40 percentage points less than workers in non-care occupations. The penalty is 29 points in the United States, 21 in Japan, 16 in Taiwan (China) and 10 in Korea. Thus, even after controlling for job characteristics, low-status care workers are less disadvantaged in the East Asian countries than in the North American countries, as previously hypothesized.

Conclusions

This article has moved beyond highly aggregated measures of care work, which often combine high- and low-status occupations. Rather than assuming that all care work is highly feminized, poorly paid, and precarious, it has developed and applied a classification scheme based on the LIS data set that empirically measures differences not only between care workers and others, but also within care employment in cross-national perspective, suggesting that all care work is not equal or equally valued (Barron and West, 2013; Weeden, 2002). In addition, the article has attempted empirically to test the validity of welfare regime theory, measuring the extent of similarities (and differences) across care economies in two “liberal” and three “productivist developmental” welfare regimes.

The descriptive statistics support the hypothesis that there are substantial differences between the high- and low-status care workforce, distinguished here in terms of the degree of “social closure” (Weber, 1956). Without controlling for other factors, all countries except Japan exhibit a substantial care bonus for high-status care work, while all five of the case study countries display a substantial care penalty for low-status care work. Also, the low-status care workforce is more feminized, older, less educated and more likely to be engaged in non-standard employment than the high-status care workforce. However, there is no consistent difference between the East Asian productivist developmental states and the North American liberal welfare states in the descriptive data. This suggests that under conditions of globalization there has been substantial convergence across the international care economy and hints at possible gaps in welfare regime theory. Indeed, the data show that differences within each of the two care regimes are just as significant as the differences between them.

The subsequent multivariate analyses allow for examination of care-work earnings with the addition of conceptually relevant control variables. Here, the data continue to exhibit a significant earnings penalty for low-status care work and a significant earnings bonus for high-status care work (as compared to all non-care occupations), with variation across countries. However, the data also show a consistent divide in low-status care work between the United States and Canada (where the care penalty is greater), on the one hand, and Japan, Korea and Taiwan (China) where there is less of an earnings disadvantage, on the other. This supports the hypothesis that in the former countries the relatively less regulated labour market leads to amplified earnings disadvantages among lower-status occupations.

These findings are meaningful in the current policy context. In a report to the General Assembly on 23 October 2013, the United Nations Special Rapporteur on Extreme Poverty and Human Rights, Magdalena Sepúlveda Carmona, recognized a need for public policies to position care as a social and collective responsibility rather than as an individual problem (2013, p. 4). While this report focuses only on the unpaid care economy, the findings here suggest that low-status paid care workers are also a critical public policy concern in North America and East Asia. Across welfare regimes, the data indicate a need to disaggregate high- and low-status care work, and focus on providing protections and supporting employment for the overwhelmingly female workforce in low-status caring occupations, with a particular focus on liberal welfare regimes.

Overall, this article demonstrates that the way forward for wealthy countries in the Asia-Pacific region is not necessarily to follow the North American model, but, instead, to continue to chart a course of providing more support to low-status care workers than what is available to them in Canada and the United States. Further research is needed to examine whether and how the dynamics of gender intersect with race and nativity status in care work cross-nationally and to find out whether these ascriptive characteristics lead to further earnings differentials between and within welfare regimes.

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Appendix A

Details of care-work classification scheme

Country and data set	Care industry variables (From ISCO 10 category recode)	Care occupation variables	
		High status	Low status
Canada (<i>Survey of Labour and Income Dynamics</i>)	Educational services; and Health care and Social Assistant	Professionals in health, Nurse supervisors and Registered nurses; and teachers and professors	Childcare and home support workers
Japan (<i>Japan Household Panel Survey Data</i>)	Education; and Health and social work	Professional or technological worker	Service worker
Republic of Korea (<i>Household Income and Expenditure Survey and Farm Household Income and Expenditure Survey</i>)	Education; and Health and social work	Professionals	Service and sales workers
Taiwan (China) (<i>Survey of Family Income and Expenditure, Taiwan Area</i>)	Education; and Health and social work	Professionals	Service and sales workers
United States (<i>Current Population Survey – Annual Social and Economic Supplement</i>)	Education; and Health and social work	Professionals	Service and sales workers

Source: Luxembourg Income Study, 2005–08.

Appendix B

Individual models by country

Table B1. Canada, 2007: Logged total earnings, modelled with additive sets of control variables (N = 27,326)

	Model 1	Model 2	Model 3	Model 4
Constant	10.56***	10.23***	10.39***	10.30***
High-status care work	0.51***	0.50***	0.37***	0.23***
Low-status care work	-0.40***	-0.43***	-0.47***	-0.53***
Other employment	(ref.)	(ref.)	(ref.)	(ref.)
Female	-0.46***	-0.46***	-0.47***	-0.40***
Age and family structure dummies				
Age		0.01***	0.01***	0.01***
Married or cohabiting		0.17**	0.15**	0.16***
Living with child 0–5 years		-0.07***	-0.10***	-0.06***
Education level (human capital)				
Low			-0.55***	-0.48***
Intermediate			-0.29***	-0.25***
High			(ref.)	(ref.)
Job characteristic dummies				
Part-time				-0.92***
Public/Non-profit sector				0.30***
Self-employed				-0.58***
Adjusted R Square	0.07	0.08	0.12	0.26

Notes: Extreme earnings values winsorized to the 1 per cent and 90 per cent values of within-country earnings distributions; Model 1 includes sex only; Model 2 also includes family structure and demographic characteristics (age, marital status, cohabitation, and presence of young children in the household); Model 3 adds human capital (education level); Model 4 adds job characteristics (part-time employment, public-sector employment, and self-employment). *, ** and *** indicate statistical significance at the 10, 5 and 1 per cent levels, respectively.

Source: Luxembourg Income Study.

Table B2. United States, 2007: Logged total earnings, modelled with additive sets of control variables (N = 90,526)

	Model 1	Model 2	Model 3	Model 4
Constant	10.50***	9.62***	10.08***	10.24***
High-status care work	0.39***	0.34***	0.05***	0.08***
Low-status care work	-0.56***	-0.54***	-0.41***	-0.34***
Other employment	(ref.)	(ref.)	(ref.)	(ref.)
Female	-0.39***	-0.38***	-0.41***	-0.29***
Age and family structure dummies				
Age		0.02***	0.02***	0.01***
Married or cohabiting		0.25***	0.22***	0.19***
Living with child 0–5 years		0.11***	0.10***	0.10***

Table B2. United States, 2007: Logged total earnings, modelled with additive sets of control variables (N = 90,526) (concl.)

	Model 1	Model 2	Model 3	Model 4
Education level (human capital)				
Low			-0.92***	-0.85***
Intermediate			-0.49***	-0.46***
High			(ref.)	(ref.)
Job characteristic dummies				
Part-time				-0.93***
Public/Non-profit sector				-0.05***
Self-employed				-0.08***
Adjusted R Square	0.07	0.15	0.24	0.35

Notes: Extreme earnings values winsorized to the 1 per cent and 90 per cent values of within-country earnings distributions; Model 1 includes sex only; Model 2 also includes family structure and demographic characteristics (age, marital status, cohabitation, and presence of young children in the household); Model 3 adds human capital (education level); Model 4 adds job characteristics (part-time employment, public-sector employment, and self-employment). *, ** and *** indicate statistical significance at the 10, 5 and 1 per cent levels, respectively.
Source: Luxembourg Income Study.

Table B3. Japan, 2008: Logged total earnings, modelled with additive sets of control variables (N = 5,780)

	Model 1	Model 2	Model 3	Model 4
Constant	15.24***	15.07***	15.09***	15.05***
High-status care work	0.34***	0.35***	0.25***	0.07 ns
Low-status care work	-0.15 ns	-0.15 ns	-0.15 ns	-0.23*
Other employment	(ref.)	(ref.)	(ref.)	(ref.)
Female	-1.15***	-1.15***	-1.13***	-0.85***
Age and family structure dummies				
Age		0.002 ns	0.01**	0.01***
Married or cohabiting		0.10*	0.09*	0.14***
Living with child 0-5 years		0.07 ns	-0.07 ns	-0.06 ns
Education level (human capital)				
Low			-0.44***	-0.36***
Intermediate			-0.22***	-0.18***
High			(ref.)	(ref.)
Job characteristic dummies				
Part-time				-0.84***
Public/Non-profit sector				0.22***
Self-employed				-0.15***
Adjusted R Square	0.32	0.32	0.34	0.46

Notes: Extreme earnings values winsorized to the 1 per cent and 90 per cent values of within-country earnings distributions; Model 1 includes sex only; Model 2 also includes family structure and demographic characteristics (age, marital status, cohabitation, and presence of young children in the household); Model 3 adds human capital (education level); Model 4 adds job characteristics (part-time employment, public-sector employment, and self-employment). ns = not significant. *, ** and *** indicate statistical significance at the 10, 5 and 1 per cent levels, respectively.
Source: Luxembourg Income Study.

Table B4. Republic of Korea, 2006: Logged total earnings, modelled with additive sets of control variables (N = 18,946)

	Model 1	Model 2	Model 3	Model 4
Constant	16.96***	17.37***	17.20***	17.20***
High-status care work	0.67***	0.64***	0.36***	0.36***
Low-status care work	-0.14*	-0.13*	-0.12*	-0.11*
Other employment	(ref.)	(ref.)	(ref.)	(ref.)
Female	-0.84***	-0.84***	-0.75***	-0.75***
Age and family structure dummies				
Age		-0.01***	0.001 ns	0.001 ns
Married or cohabiting		0.03***	-0.001 ns	-0.004 ns
Living with child 0–5 years		-0.03 ns	-0.05**	-0.05**
Education level (human capital)				
Low			-0.65***	-0.65***
Intermediate			-0.35***	-0.35***
High			(ref.)	(ref.)
Job characteristic dummies				
Part-time				
Public/Non-profit sector				
Self-employed				0.05***
Adjusted R Square	0.24	0.25	0.31	0.31

Notes: Extreme earnings values winsorized to the 1 per cent and 90 per cent values of within-country earnings distributions; Model 1 includes sex only; Model 2 also includes family structure and demographic characteristics (age, marital status, cohabitation, and presence of young children in the household); Model 3 adds human capital (education level); Model 4 adds job characteristics (only self-employment available in this data set). ns = not significant. *, ** and *** indicate statistical significance at the 10, 5 and 1 per cent levels, respectively.

Source: Luxembourg Income Study.

Table B5. Taiwan (China), 2005: Logged total earnings, modelled with additive sets of control variables (N = 19,172)

	Model 1	Model 2	Model 3	Model 4
Constant	13.12***	12.94***	12.97***	12.96***
High-status care work	0.57***	0.56***	0.28***	0.19***
Low-status care work	-0.12*	-0.13*	-0.15**	-0.18***
Other employment	(ref.)	(ref.)	(ref.)	(ref.)
Female	-0.37***	-0.34***	-0.34***	-0.35***
Age and family structure dummies				
Age		-0.001 ns	0.01***	0.01***
Married or cohabiting		0.20***	0.19***	0.18***
Living with child 0–5 years		0.10***	0.06**	0.06***
Education level (human capital)				
Low			-0.63***	-0.59***
Intermediate			-0.34***	-0.31***
High			(ref.)	(ref.)

Table B5. Taiwan (China), 2005: Logged total earnings, modelled with additive sets of control variables (N = 19,172) (*concl.*)

	Model 1	Model 2	Model 3	Model 4
Job characteristic dummies				
Part-time				-0.08 ns
Public/Non-profit sector				0.23***
Self-employed				-0.08***
Adjusted R Square	0.12	0.15	0.30	0.32

Notes: Extreme earnings values winsorized to the 1 per cent and 90 per cent values of within-country earnings distributions; Model 1 includes sex only; Model 2 also includes family structure and demographic characteristics (age, marital status, cohabitation, and presence of young children in the household); Model 3 adds human capital (education level); Model 4 adds job characteristics (part-time employment, public-sector employment, and self-employment. ns = not significant. *, ** and *** indicate statistical significance at the 10, 5 and 1 per cent levels, respectively.

Source: Luxembourg Income Study.