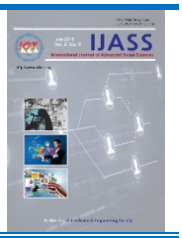
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Comparison of life satisfaction according to characteristics of family caregivers and non-providers

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Abstract

This study used the fifth data from the KReIS of the National Pension Service in 2013. 230 caregivers of middle - aged and over 50 year olds, and 7,780 non - providers. The results of this study are as follows. The results of the analysis showed that the family carer was more satisfied with the life of the woman but higher than the male with the non - provider. Age, education level, physical health status and psychological health status were higher than non - provider 's life satisfaction. The satisfaction of life was higher in both groups in the case of economic independence. The life satisfaction of the non - provider with the spouse was high, and the family caregivers the life satisfaction when the divorce was bereaved. The difference is that the life satisfaction of divorced family carers is higher than that of family caregivers who have spouses.

Keywords*: Middle-aged and older people, Family care, Family caregiver, Life Satisfaction, KRelS*

1. INTRODUCTION

Family care has been a traditional function of the family, but its function has weakened due to the increase of nuclear families and double - income families. However, the need for family care has not diminished because of the increase in the elderly population and the increased participation of women in social activities. In Korea, social care for the elderly, the young, and the infant is being institutionalized. However, due to the immaturity of the system and the personal needs, the need for family care remains. Moreover, the rapid increase in the elderly population is increasing the demand for family care. In a home where family care is needed, children, spouses, and grandparents in middle- and senior-age groups whose social activities are reduced or discontinued often play a role. According to a study in [1], the proportion of family caregivers in the 50-60 age group was 90.5%. In the study of [2], the average age of grandmother providing grandchild care was 62.1 years. Middle and older age groups are likely to experience negative experiences as their physical and psychological resources decrease. Moreover, at this time, family care can lower the satisfaction of life.

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Life satisfaction, which can be a measure of successful retirement, has different results depending on the researcher. Also, since most studies use samples from some regions, there may be a problem of representativeness. Therefore, in this study, we try to derive representative results using national sample. The theoretical framework for improving the life satisfaction of the elderly and middle.

2. THEORETICAL BACKGROUND

Family care is a case of caring for family members who can not take care of themselves on the basis of blood and emotion [3]. It can be defined as caring for children and grandchildren, spouses, parents and grandparents, and other family members who are not living or living with family members [4]. In the study of NSFH data from 1992 to 1994 [5], 60% of the subjects were providing care for grandchildren. According to the data in [6], the number of cohabitation with children is decreasing, but the percentage of grandparents providing care is 96%. [7] found that 92% of elderly people aged 65 or older are receiving family care. In the first half of 2016, 11.9% of elderly people applied for long-term care insurance. However, only 7.2% of elderly people have received medical care status [6]. Thus, it can be seen that family care still plays a large role. Family care is mainly provided by women [8]. In the study of [1], 80% of grandchild care was done by women, and in [9], 73% of the subjects were women. However, 40% of parental care and 20% of grandchild care were provided by males [1]. In the study of [10], 24% of the elderly caring for the elderly were family caregivers. In a study [11] of elderly families using dementia centers, 28% of males provided family care. In the study of [12], more 40% of males were family carers. As can be seen from these results, women are more involved in family care. However, due to social change, the proportion of males is expected to be steady. The age for providing family care was mainly in the 50s and 60s. In a study of 3,260 grandparents, the average age of grandparents providing grandchild care in the late 50s and grandparents not providing grandchild care was in the late 60s [5]. In an analysis of the aged panel data [13], 55% of the elderly carers who were over 60 years old were care providers. In the study of [1], grandparents who care for their grandchildren were in the 50s and 60s with 79%, and those in their 70s and older were 20%. In the study of [1], the age of the provider of the grandchild caregiver was higher than that of the parent carer. In the study of [3], which provides overall family care, it was found that the 50s were 33%, 60s 31%, and 70s 36%, and they also provided family care in the high ages. Grandparents who care for their grandchildren were more likely to have a higher education level than those who graduated from elementary school. However, the percentage of high school graduates was low [2]. In the study of [14], 54% of the students who graduated from junior high school, 33.4% graduated from high school, and 11% graduated from university. Therefore, it can be seen that the family carer provides a lot of low education students. However, in a study of [15], 453 family care providers in Seoul, 32.9% of high school graduates and 7.1% of university graduates or more were found. These results show that the level of education of family carers is lower than that of non - providers, and the level of education is gradually increasing. Spouse status was related to the age of the family carer, and family carer was low. The study by [16] with a lower average age of people surveyed revealed an increase of 85 % and an average age of 53.6 % for [11]. In addition, the proportion of recipients of high-intensity family care providers was 60 %, the proportion of groups without family care was 60 %, and the proportion of non-individuals was 68 %. Independent economic power means that one can live without dependence on others financially [4]. Few studies have identified an independent economic power of a family care provider. Therefore, the previous study focused on economic conditions found that in most studies, the economic condition of the family care provider was worse than that of non-referential [8,18] indicates that the grandchildren care provider is lower than the non-retained care provider's income, and [2] also reports that the higher-intensive family care

provider group has less income than the non-workers. Several studies report better physical health for family care providers, and these results appear to relate to the age distribution of people to be surveyed. [9], where 90 % of the respondents were in their 50s and below, 33 % of the family care providers were healthy and 23 % were unhealthy. [1] 43 % of the parent-care providers were healthy, and the grandmother who took care of her grandchildren was healthier than the mother who didn't [17-18]. The psychological health status of the family carer was not better than the non-provider [14, 18], and the psychological health status of the grandchild carer was reported to be good [19]. These psychological health conditions have different results depending on the type of family care.

Life satisfaction of middle and old age is very important because it is related to the sense of integration which is the development task of this period and it is a measure of successful old age. The satisfaction of the family carer's life satisfaction is lower than that of the non-donor [2, 9, 14], and the result is high [13]. The life satisfaction of family carers is higher in women than in many studies. However, in the study of [20], males were higher. The lower the age, the higher the satisfaction of life. [4, 9, 13] These results suggest that lower age means more physical, psychological and social capital. The higher the level of education, or the higher the satisfaction level of the family caregivers, the higher the level of satisfaction with their spouses. However, in the study of [4], the life satisfaction of the divorced woman was the highest, which showed unexpected results. Life was satisfactory when living in a provincial capital [4, 14], when in good economic shape, when the family was earning a good income, or when they were on their own [9, 11, 14-15]. Health is an important factor in family care, life satisfaction was high when the physical and psychological health conditions were good [4, 9, 20].

3. ANALYSIS RESULTS

The survey participants included 230 family care providers and 7,880 non-manufacturers. Family care providers had 76.1% of women, 23.9% of men, 55.7 percent of non-manufacturers and 44.3% of men. The age of the family carers was 44.8% in the most in the 60s and 1.7% in the 80s and over. In the non - donors, 35.3% were in their 50s and 9.4% were in their 80s or over. The number of family caregivers was lower than that of non - providers, and fewer than high school graduates. As a result, the level of education of non - donors was higher. The proportion of marriage victims of family carers was 76.1%, which was higher than that of non-providers. This result is presumably due to the lower age distribution of the family carer. 29.1% of family carers were economically independent while 45% of non-providers were economically independent. Therefore, the economic condition of non-providers showed better results. 38.7% of the family carers and 40.1% of the non-donors answered that they had good physical health. 57.8% of the family care providers and 52.6% of the non - providers answered that their psychological well - being was better. 30.9% of family carers and 36.2% of non - donors were satisfied with their life satisfaction.

The following is a result of the analysis of satisfaction with life according to the socio-technical characteristics of the person to be surveyed. As [Figure 1] shows, family care providers had higher satisfaction with the lives of women, and non-manufacturers had slightly higher satisfaction with the lives of men. This result may be because women give their meaning through family care. As shown in [Figure 2], non-provider's life satisfaction was higher in all ages, but this difference was also very slight.

Life satisfaction of untrained family carers was very slight. In the groups above elementary school graduates, the non-donors' life satisfaction was slightly higher, but the difference was not significant [Figure 3]. As shown in [Figure 4], the life satisfaction of non-donor group with spouse was high. However, in the

case of divorce and bereavement, life satisfaction of the family carer was high.

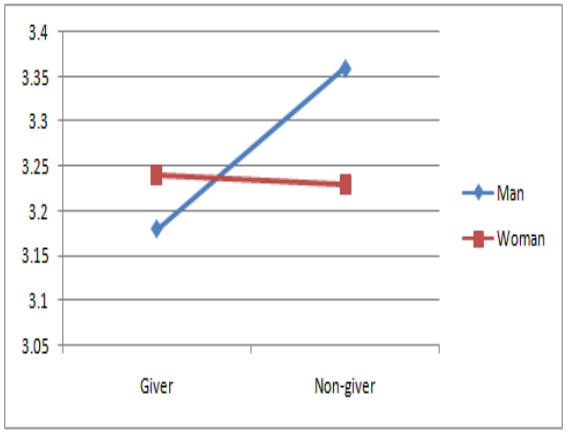


Figure 1. Age and Life Satisfaction

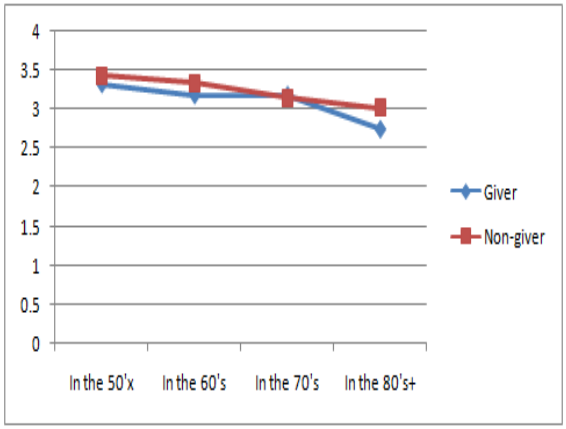


Figure 2. Age and Life Satisfaction

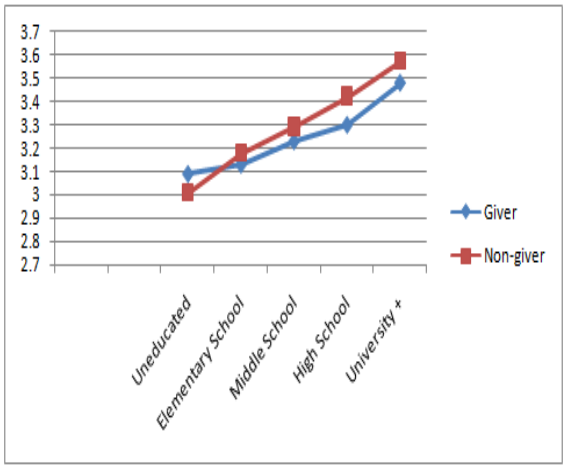


Figure 3. Academy Level and Life Satisfaction

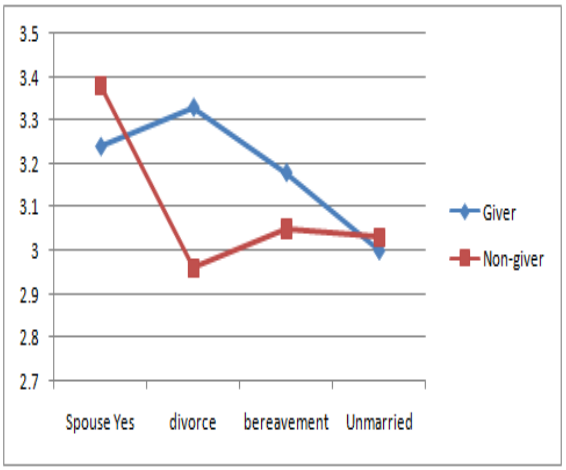


Figure 4. Merital Status and Life Satisfaction

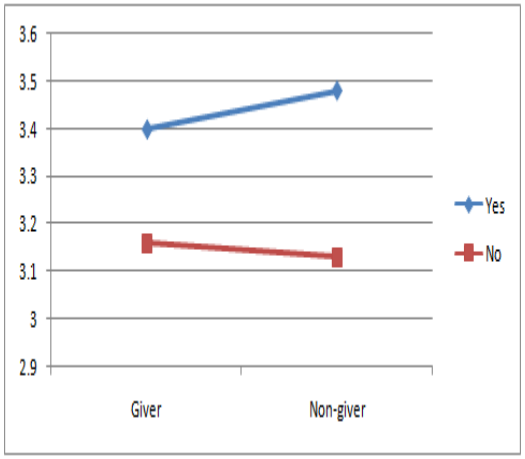


Figure 5. Independence Economy and Life Satisfaction

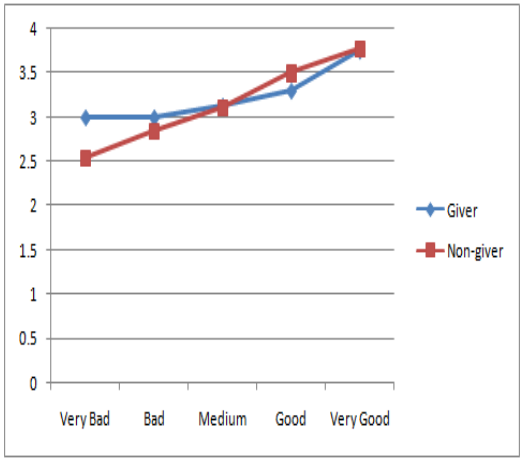


Figure 6. Physical Health and Life Satisfaction

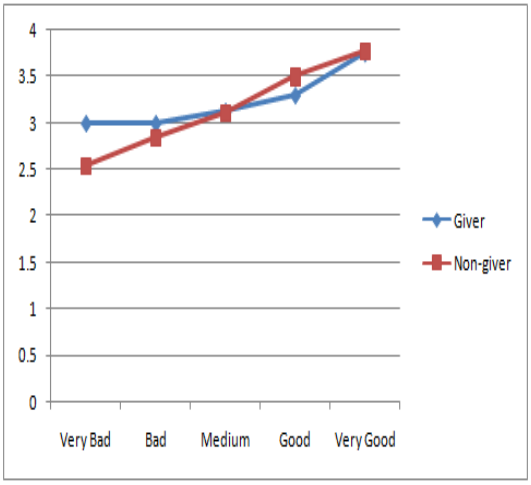


Figure 7. Mental Health and Life Satisfaction

As shown in [Figure 5], when both groups were economically independent, life satisfaction was higher. Life satisfaction was slightly higher when non - provider 's physical condition was good. However, in the case of poor health, the life satisfaction of the family carer was high [Figure 6].

As shown in [Figure 7], the life satisfaction of the family care provider was high when the psychological health was not good. However, in the case of good psychological health, the non - provider was good, but both cases showed very slight difference.

4. CONCLUSIONS

As a result of examining the satisfaction of life with different characteristics of family carers and non - donors, the two groups showed some differences according to their characteristics. Age, education level, physical health status, and psychological health status were very close to each other and the non provider 's life satisfaction was high. In the case of economic independence, life satisfaction was higher in both groups than not. The life satisfaction of the non - provider with the spouse was high, but the life satisfaction of the family care provider was high in the case of divorce and bereavement. The difference is that family caregivers have a higher level of life satisfaction when they divorce than when they have a spouse. Therefore, the necessity of further study related to this is raised.

Based on these results, suggestions for improving the life satisfaction of the family carers are as follows. First, family carers are often exhausted physically and psychologically because they spend a lot of time for family caring. Therefore, it is necessary to provide a service for the health maintenance of these people. Second, it is necessary to establish a direct income support plan for the economic independence of the family carer.

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