The Double Responsibilities of Care in Japan: Emerging New Social Risks for Women Providing both Childcare and care for the Elderly

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Introduction

The objective of this chapter is to examine the experiences of Japanese women who now are facing a 'double responsibilities of care' because they are simultaneously providing elderly care and childcare. This problem can be contextualized in a number of ways. Japanese women increasingly tend to delay both marriage and childbirth, and Japan has an aging population due to a severely declining birth rate and rising life expectancy. Policy developments to deal with these new realities have been limited. Through analysis of the experiences of Japanese women, we attempt to identify the current and future risks to women, communities, and society in Japan. Our research also contributes to the existing literature on care, gender, and feminist social policy.

At present, the population in Japan is aging, and women are delaying marriage and childbirth. Low mortality levels and drastically declining fertility rates continue to contribute to Japan's rapidly aging population. In 2012, the average age of first marriage was 29.2 and of first childbirth 30.3. The total fertility rate in 2013 was 1.43, and the percentage of population aging was 25.1%. As a result, an ever smaller working age population is required to support a growing aging population. At the same time, the trend toward later marriage has resulted in an increase in the age at which Japanese women have their first child and a reduction in the number of siblings and, consequently, kinship relations. In other words, it is expected that an increasing number of households will face the double responsibilities providing both elderly care and childcare (albeit fewer children). In order to manage these responsibilities, some Japanese families, to some extent, rely on long-term care and childcare services. In recent years, the work-childcare balance and the work-elderly care balance have been identified as emerging social issues. However little attention has been paid to balancing all three – elderly care, childcare, and work.

The welfare systems in East Asian countries, including Japan, have been characterized as 'familistic' or 'family-centred' regimes in which the responsibility for both elderly care and

childcare within a household has been shouldered primarily by women. With the introduction of long-term care insurance and the expansion of market-based childcare services, there has been a movement towards the 'socialization of care'. According to the Ministry of Health and Welfare (1998, pp.72-73), the socialization of care is based on the assumption of shared responsibility on the part of the state and all citizens in the care of the elderly, so that older people can live independently at home, even without family support. However, the contributions of informal caregivers are taken into account when developing individual care plans, so the family contribution to eldercare has also been reinforced (Fujisaki 2009). It has also been pointed out that that the expansion of private childcare services in Japan, as well as in Taiwan and Korea, has not resulted in the socialization of childcare but in a commercialization of childcare (e.g., Beak, Sung, & Lee 2011; Chan, Soma, & Yamashita 2011). The socialization of elderly care and childcare has not necessarily resulted in an expansion in the public sector's role; it is equally likely to have reinforced familial responsibilities and expanded the role of the market.

Given this socio-political situation, the goal of our research is to determine the new social risks arising from the double responsibilities and to propose measures to deal with these risks. How do these women negotiate and balance different caring responsibilities? What support do they receive or do without? What types of risks emerge as a result of their double responsibility? What kinds of local welfare services and social policies are needed? An investigation of the situation in Japan will provide useful insights into other East Asian countries that are experiencing similar demographic trends and share a familistic care regime (Soma, Yamashita, & Chan 2011).

The double responsibilities of care: What is already known?

Despite the fact that the number of women who currently care for, or will soon care for, elderly relatives and children simultaneously is increasing, there is very little research pertaining to the issue. This paucity of literature is evident in various disciplines – social care, feminist social policy, family policy, and sociology – even in studies devoted to the 'sandwich generation'.

First, there has been little research on care policies dealing directly with the issue of double responsibility. Empirical research tends to focus on either elderly care or childcare (e.g., Chan 2011; Daly 2012; Daly & Lewis 2000; Pfau-Effinger 2004; Zhang & Yeung 2012).

The notion of a 'care diamond', which examines the balances of care related responsibilities shared among different sectors in society is a recent attempt to integrate both types of care (Chan, Soma, & Yamashita 2011; Ochiai 2009; Ochiai & Molony 2008, Razavi 2007). However, elderly care and childcare are analyzed separately and then integrated for comparative discussion.

Second, while feminist social policy theory has focused on the roles of mothers, wives, and workers, the double responsibilities of care is an issue that closely concerns the role of daughters as well. This necessitates a wider perspective on the multi-layered social roles played by women. For instance, while the issue of a balance between work and childcare, and between work and elderly care is discussed in the literature on work-life balance and gender equality policies, the issue of a balance among work, childcare, and elderly care is rarely raised. Stratigaki (2004) and Lewis (2009), for example, examine how the reconciliation of work and family has become a policy issue in various European countries: however, their discussions mainly focus on the balance between work and childcare. Elderly and childcare are considered independent issues.

Third is the absence of debate on the issue of double responsibilities of care in the literature of family policy and sociology. Long-term care and childcare are again treated independently (Bogeenschneider 2006; Hantrais 2004; Kamerman & Kahn 1997; Zimmerman 1995). In the area of family sociology, there is research dealing with the 'sandwich generation' and 'intergenerational support'. The term 'sandwich generation' is used metaphorically to refer to middle-aged women who must respond simultaneously to care requests from their parents and children. Research on the sandwich generation has concentrated on the characteristics of the people who provide both types of care (e.g., Kunemund 2006), their reasons for doing so (Spillman & Pezzin 2000, p. 2), the relationships and tensions involved (Grundy & Henretta 2006; Fingerman et al., 2010) and their well-being (Rubin & White-Means 2009). For example, in a study comparing the UK and the US using panel data, Grundy and Henretta (2006) found that women engaged in child care were more likely to be involved in the care of their parents as well, disproving the authors' hypothesis that women responsible for the care of children are less involved in the care of their parents. Based on telephone interviews, Fingerman et al. (2010) found that middle-aged adults provide greater support for their children than for their elderly parents because they prioritized their children's needs. When elderly parents suffer from disabilities, the greater responsibilities constitute a 'crisis' for the sandwich generation.

Kunemund (2006), relying on statistical data from Germany, offers an alternative perspective. While acknowledging the existence of the sandwich generation, he found that only a few women were concurrently engaged in childcare, elderly care, and work, which led him to question the usefulness of research on the topic.

The literature on the sandwich generation pays attention to this particular group and attempts to understand the surrounding issues. There is little attention paid to the ways in which social policy should address this phenomenon. In addition, the majority of previous research has focused on women in their 40s to 60s. Little is known about balancing eldercare and the care of children who are in preschool and are in most need of care. As is evident from the above, the issue of the double responsibilities of care has not been sufficiently discussed in the existing literature, even that dealing with the sandwich generation. It remains poorly understood in both quantitative and qualitative terms.

The double responsibilities of care in the context of Japanese society

Issues relating to the double responsibilities of care are likely to exist in societies with demographics similar to those in Japan. However the particular characteristics of the welfare regime and gender relations in Japan can make the problems associated with the issue more acute than in societies that have a relatively generous public provision of care and a better social integration of women. This section will look at the particular context of Japan with a specific focus on its industrialization and the development of its welfare regime.

The rise and fall of the male-breadwinner model

In the 1960s, stable employment supported by rapid economic growth encouraged young people to migrate to urban centres, where they formed nuclear families consisting of working fathers, full -ime housewife mothers, and children. Japanese social policy assumed that housewives could single-handedly take on the responsibilities of housework, child rearing, and care of elderly parents at no cost. Economic policies, which would maintain the stable employment of the male breadwinner, would allow the maintenance of this unpaid care provision. In other words, public child care and elderly care service fees and other welfare-related expenses had a low priority in economic policy.

In the second half of the 1960s, the residential areas in the suburbs of Tokyo and Osaka, the

key economic centres in Japan, expanded and absorbed a rapidly increasing number of nuclear families. Activities such as lifelong learning, welfare provision, and community building were carried out by a stratum of middle-class full-time housewives, supported by an expanding economy that offered stable employment (Ueno, 2008). At a time when few public long-term care services were provided, groups were formed to provide home help services to older people and their family in communities with an ethos of mutual help, which were also led by women. Women cared for their parents and parents-in-law with little public assistance.

In demographic terms, the rapid economic growth, together with the unpaid housework and unpaid elderly care by housewives, were enabled by a 'population bonus'. A population bonus occurs when the decline in the mortality rate precedes a decline in the birth rate and when a high proportion of the population is of working age (Mason & Kinugasa 2008). The natural increase in productivity during this period is usually accompanied by an increase in consumption, rapid growth in the economy, and an increase in tax revenue. Japan experienced a population bonus from the mid-1960s to the mid-2000s. The period was exceptional not only in terms of economic growth but also in terms of informal welfare provision and social protection. This is because the network of relatives – the number of siblings that shared the responsibilities of child care and elderly care also expanded during this period. In other words, the reliance on unpaid welfare services typical of the Japanese male-breadwinner model was made possible by the population bonus. The cities surrounding Tokyo and Osaka, which experienced rapid influxes in population, received the lion's share of the benefit from the population bonus.

These economic and demographic conditions, however, began to disappear due to the deregulation of the labor market, the economic recession, an extremely low birth rate, and an increase in the divorce rate (Yamashita 2010). The roles assumed by women grew more diverse. Economic uncertainty colored women's expectations (Ueno 2013): they joined the workforce in insecure, part-time, and menial roles, with hourly salaries that were often too low for social security coverage (Yamashita 2010). Another key change that has persisted is the rise in the number of single-female households due to the increase in the number of individuals choosing not to marry (Nishi 2012).The third important change is the increase in the number of women living in poverty (Abe 2011), a group comprised of single mothers households, single childless women, and families receiving public assistance. As the birth rate continues to decline and the population continues to age, the number of Japanese women assuming the double burden of care continues to increase dramatically.

Gender and the current structure of the double responsibilities of care

Despite the demographic shifts that have led to a growth in the double responsibilities of care in Japan, there are currently no comprehensive policies in place for dealing with the issue. Those managing multiple care responsibilities simply fall through the cracks. It is possible that current economic conditions will increase the daily burden on women, who must balance not only work, unpaid domestic labor, and child care, but also elderly care.

At least four generations are involved in the double responsibilities of care: the parents of the baby boomer generation, the baby boomers generation (those born in the years 1947–1949) the second-generation baby boomers (those born in the years 1971–1974), and the current generation, which has seen the rapid decline in the birth rate. Those currently engaged in the double responsibilities of care belong to the baby boomer generation and second-generation baby boomers. The experiences of these two generations differ due to changing policy frameworks, available public care provisions, family relationships, and social norms regarding care.

The first generation to experience the double responsibilities of care was the women of the baby boomer generation. This generation of women is currently struggling with multiple care responsibilities: that of their parents, parents-in-law, children, and grandchildren. These women frequently assist their daughters in child rearing and child care. The institutional services and programs available to women have changed dramatically during these women's adult lives. They experienced marriage, childbirth, and child rearing when the male breadwinner model was prevalent, and they witnessed their parents providing informal elderly care with little public assistance prior to the socialization of long-term care led by the introduction of the Long Term Care Insurance (LTCI) Act of 2000. Women were envisaged primarily as housewives who provide for the welfare of the family with unpaid work as wives, mothers, and daughters-in-law. This generation of women had completed the main task of child rearing before the introduction of the current institutional childcare assistance. They witnessed the period before and the period after the socialization of child care. Despite being increasingly employed in work outside the home, the women of this generation found themselves responsible for the care of both the younger and older generations, and they continue to be burdened with multiple care responsibilities, even as their own physical condition declines.

The women belonging to the second generation of baby boomers also assumed the double responsibili of care. These women often postponed childbirth, which has led to a convergence of care responsibilities, as parents, parents-in-law, grandparents, and children all require care at the same time. The economic conditions required to sustain the male breadwinner model became weak and due to the declining birth rate and postponement of marriage and childbirth, these women have fewer siblings who will share the burden. However, this generation has benefited from the socialization of elderly care and child care.

The focus of our current research is the women belonging to this second generation of baby boomers who shoulder the double burden of care. As noted, the first baby boomer generation who provided elderly care and care for their grandchildren – the 'sandwich generation' – has received attention. However, little research has been conducted on women caring simultaneously for their own children and the elderly. The double responsibilities of care is likely to create severe tensions, as the high demands of young children coupled with the needs of the elderly are extremely difficult to manage.

Methodology

This research employs a mixed method approach, combining both quantitative and qualitative research, to examine how the double responsibilities of care is experienced. The quantitative research provides insight into overall trends and facilitated sampling for the qualitative research. The objective of the qualitative investigation is to analyze individual contexts and explore shared themes and issues. The sampling for the quantitative investigation is described below. The sample for the qualitative investigation comprised all respondents to the quantitative survey who indicated that they were currently engaged in or had previously been engaged in the double responsibilities of care and who agreed to be interviewed. At the time of writing this paper (December 2014), we have completed over half of the fifty planned interviews with women involved in the double responsibilities of care.

Results from the quantitative survey

Gathering data for the quantitative investigation was conducted in three stages and resulted in 1833 samples. A purposive sampling method was applied in order to choose women with

a child under age six. First, a survey was conducted over a five-day period at three childcare support facilities in Yokohama city (Districts A, S, and T). Researchers distributed questionnaires directly to mothers (mostly of children between 0 and 2 years old), who filled them out and returned them to the researchers on the spot. The total number of respondents was 505. The second stage of data collection was a cellphone questionnaire sent to mothers in urban and rural areas in Japan (including Fukuoka, Kagawa, Kyoto, Shizuoka, and Yokohama) between December 2012 and January 2013, as part of childrearing email magazines issued by NPO groups. The majority of subscribers to the childrearing email magazine were mothers with children in pre-school or early elementary school, and the total number of respondents was 920. During the first and second stages of data collection, discussion with people in the childcare field revealed that women shouldering the double responsibilities of care were most likely to use afterschool services and emergency/temporary day nurseries, and thus the third stage of data collection targeted mothers who use these two types of childcare services in the same areas that were canvassed during the second stage. The total number of respondents in the third stage was 401.

Initial examination of these surveys and interviews reveal something of the reality of the double responsibilities of care for women in Japan (see Table 1). About 40% of respondents in the cellphone survey stated that they were currently engaged, had previously been engaged, or were expecting to be engaged in the near future in the double responsibilities of care. Although there was some variance among prefectures, approximately 10% of the respondents in the cellphone survey reported being currently engaged in double responsibilities of care, while 10% reported such engagement in the past, and 20 % to 30% expected such engagement in the next few years. In contrast, in the survey conducted at childcare support facilities in Yokohama, the proportion of mothers currently engaged in double responsibilities was much lower: those currently engaged represented 2.71%; those engaged in the past, 2.4%; and those expecting to be engaged in the near future, 9.8%. In the third stage, 9.33% of the women reported being currently engaged in the double responsibilities of care.

(Table 1 here)

One explanation for the lower incidence of women's engagement in the double responsibilities of care in the direct survey at local childcare service facilities may be the younger ages of the respondents and their children. The average age of respondents in the

cellphone survey was in the late 30s, compared to the early 30s for the community childcare support facility survey.

As shown in Table 2, the average age of respondents currently engaged and previously engaged in the double responsibilities of care was around 40: 41.13 for those currently engaged and 42.75 for those with previous experience. The eldest child for those who are currently engaged is usually in early primary school.

(Table 2 here)

Looking at the employment status of the respondents (see Table 3), approximately 40% of respondents who are currently experiencing the double responsibilities of care and 60% of those who have experienced it are employed. This means that a large proportion of these women experience a triple burden: elderly care, child care, and work.

(Table 3 here)

The sense of burden associated with the double responsibilities of care is multi-faceted. Figure 1 shows the factors contributing to the sense of burden, as identified by those who are or were engaged in it. It is evident that the proportion of respondents not feeling any sense of burden is extremely low – 7.59% among respondents currently engaged and 0.87% among respondent with past experience – while the vast majority of respondents experience an overwhelming sense of burden. Based on the fact that 25% of respondents reported experiencing burdens related to eight or more items out of 10, it is clear that the sense of burden is multi-faceted. For those currently engaged, burdens related to their own psychological (63.45%) and physical (53.79%) well-being were most commonly cited. This was followed by the burdens associated with feeling unable to provide adequate care for parents, parents-in-law, or children. The next most common sources of the sense of burden were differences of opinion with regard to parental care among siblings and relatives, financial burdens, long-distance care, and shortage of childcare options.

(Figure 1 here)

Who provides support to women trying to negotiate multiple-care responsibilities? Among respondents currently engaged in the double responsibilities of care, the list of supporters includes husband, friends, care managers, and relatives (Table 4). Women today have a

variety of professional support networks, which barely existed 20 years ago. Still, 12.41% of respondents reported that they do not receive any support. In other words, a small but important minority of respondents are engaged in the double responsibilities of care in almost complete isolation.

(Table 4 here)

The double responsibilities of care and patterns emerging from qualitative interviews

For the qualitative investigation, semi-structured interviews were conducted. The topics discussed during the interviews included the sequence of events leading to the interviewees' engagement in the care of their parents, the specific duties associated with elderly care, the utilization of elderly care and childcare services, relationships with relatives and friends, marital relationships, advantages and disadvantages associated with the double responsibilities of care, the relative prioritization of childcare and elderly care, preferences related to types of services, and future plans. The followings is part of the initial analysis.

Realities of the double responsibilities of care

One of the respondents described her morning as follows:

> After sending my older child (age 6) off to elementary school by 8:30, I immediately go to my parents' home with my second son (age 2) and help my father go to his physical therapy appointment. I can't relax at all. My child's squirming around, and my hands are of full of stuff I'm carrying for my father. If my father were to fall over or something, I'd have to hold him up with my head. That's how I often feel. (*YB who has two sons and a father with a physical disability and mild dementia due to cerebral infarction*)

The interview points to an important aspect of defining 'care'. Care involves two different but interrelated dimensions: caring for and caring about another person (Himmelweit 1999; Thomas 1993). 'Caring for' refers to the labor that is required to meet the physical needs of the other person, who is often dependent on care. The second dimension of the concept is psychological: caring is an emotion involving such elements as love, affection, sense of

obligation, and moral pressure. In addition to child care, women provide a range of care to their elderly relatives – mostly their own parents and, in some cases, parents-in-law. This care involves both caring for and caring about. Their activities include visiting, shopping, making check-up calls, and communicating with care professionals. If they live close to their parents, they often visit a few times a week, even every day. If they live apart, then most call around a certain time every day:

> Usually I call my father at a certain time in the morning and have a conversation. Well, it is not a proper conversation just over the phone, but I make sure he is okay and say good morning at the start of the day. (*FA, with one 11-year-old and 15-year-old twins, one of whom has physical disabilities and requires a wheelchair. Her father had a heart attack and requires some assistance and her mother has suffered from depression for a long time.*)

Many women support their own mothers, who take care of their fathers. Though they are not the main care provider, they give intensive support to their mother.

These women's responsibilities are arduous. They feel they are just managing and sometimes they long to escape:

> There are enough things to manage for my own family. On top of that, I receive sudden calls from my mother asking me to help her, or my mother makes me to listen to her daily complaints. These things are a physical burden, but more, I would say, a mental burden. (*YC, with three children aged 15, 12, and 3. Her mother, whom she visits once a week, has high blood pressure but has not been assessed as in need of care.*)

> There have been times that I've thought about just ignoring the phone every time it rings. Haven't you? (*YA, with a daughter aged 2. Her father, confined to a medical institution, has dementia and physical disabilities, and he was assessed as Level 5 in need of care (the most severe level). Her mother suffers from depression and poor health.*)

The respondents are very conscious that if they become ill, everything will fall apart. They find it difficult to find any positive aspect of the double responsibilities of care. The presence of grandchildren is stimulating and makes their parents happy, but they are anxious

about the influence of their involvement of providing elderly care on their own children, as they cannot do what they think best for their children.

What makes the double responsibilities of care difficult to manage?

Having more people who are dependent on assistance from the respondents makes a massive part of the focus of their day to day lives. The respondents told us that their time is almost entirely devoted to responding to care needs from children and parents. This makes them feel stressed: there is always too much to do. When compared to the experiences of European women as described in the literature, the experiences of Japanese women are often more complicated. This is because they struggle to prioritize the needs of their parents and children. Fingerman et al. (2010) argue that child care is clearly prioritized among women who take care of both their children and their parents. However, the women who participated in our study said that though they tend to the needs of their children first, they also try to meet their parents' expectations. The sense of burden was even stronger among those with good relationships with their parents or parents-in-law. They were worried that insufficient attention is spent on their children due to their engagement with the older generation.

The research also revealed that accessibility of childcare facilities, finances, social and professional support, and partner/spousal support all influence on the degree of the burden women bear. Having small children around when taking care of parents, talking with care professionals, and visiting parents in hospitals and institutions increase these women's difficulties. Most of their parents receive some services under the LTCI Act. The women generally concur that the key to decreasing their obligations would be accessible child care. If children do not regularly go to a day nursery or school, short-term child care is considered as an essential service. When women go to visit parents or to consult care professionals, they should not have to be looking after both children and parents at the same time.

Spousal support and understanding is also key in alleviating the pressure on women. A good relationship with one's husband tends to mitigate the double care burden. The interviewees did not go into detail about the contributions their husbands make, but it is clear that a husband's willingness to listen to their concerns and appreciation of their burdens are very important. Our research revealed that a husband's lack of understanding increases the stress of women who take care of their own parents.

The financial situation of the parents also affects how women feel about the double responsibilities of care. When parents are struggling financially, they tend not to use all the care services available under the LTCI Act, which means that some essential care must be provided by family members. Also some women mentioned that they could not visit parents frequently because of the cost of transportation and related costs. For instance, KA says that she refrains from visiting her father regularly to save some money so that she can visit him when he is in more urgent need of care:

> I cannot afford to visit him often. It costs enough, petrol, some shopping, and so on. I haven't seen him for a month now. I want to visit him when he needs more support, so I try not to visit him now and save up some money for later. (*KA, with three children aged 9, 6, and 4. Her father has physical disabilities and aphasia due to a cerebral infarction. It was recommended that he be placed in a nursing home, but he wants to stay at home with the use of long-term homecare services. KA has three part-time jobs to support her own family.)*

Different supports needed to cope with the double responsibilities of care

There are some needs that are shared by women of different backgrounds, but there are also needs for services and support that are particular to a certain situation. The lack of professional support and the lack of visibility granted to burden of care are causes of common concern. Though childcare, social and professional support, and finances all play a role in how women cope with the double responsibilities of care, women are liable to stress certain needs depending on whether they live in the city or the country. In urban areas, short-time child care was regarded as key, but it was not a priority in rural areas. This is because there are more full-time housewives in urban areas, and children in rural areas are usually already enrolled in day nurseries. On the other hand, in rural areas, financial difficulties tend to be more acute than in urban areas and are sometimes a cause for infrequent visits to parents.

Care policy reform and the double responsibilities of care

According to the cellphone survey, 40 to 50% of respondents were or would be engaged in the double responsibilities at present, in the past, or in the near future. Although there was some variance across geographical areas, approximately 10% of the cellphone survey

respondents reported being currently engaged, another 10% reported having had experience of it in the past, and 20 to 30% reported that they expected to be so engaged in the next few years.

Importantly, the respondents currently engaged in the double responsibilities of care have multi-faceted burdens that compromise their psychological (70%) and physical (60%) well-being. Also frequently cited were the burdens associated with feeling unable to provide adequate care for parents, parents-in-law, or children, differences of opinion regarding the care of elderly parents among siblings and relatives, long-distance care, shortage of childcare options, and financial burdens. Some women are alone in dealing with these in these burdens, but twice as many respondents who had experienced the double responsibilities of care in the past had received no support (21%).

One of the findings emerging from these interviews is that daughters provide a wide range of support to their parents – actual care, care management, listening to complaints, mediating the relationship between parents, and household chores such as shopping and laundry. The care-management role has expanded since the inauguration of the LTCI scheme. Managing care includes gathering information, scheduling appointments with public services, communicating with care managers and helpers, and applying for institutional care. Women often blame themselves because they believe that have shortchanged either their parents or their children. Their ability to cope with their sense of burden is influenced by familial relationships (particularly those with husbands), relationships with friends and acquaintances, their experiences when utilizing long-term care services, and their financial situation. As there is little professional support specific to their situation, they are often faced with isolation as well.

In view of the burden on women resulting from the double responsibilities of care, we propose a series of reforms. First, elderly care and childcare should be treated as part of a comprehensive social care policy. There is a need to re-examine policies, statistics, and research related to these two types of care, which have hitherto been pursued independently. There are separate policies for children and the elderly: support for the elderly is provided in the form of pensions, health care, and long-term care services, while support for children is offered through nursery schools, preschools, and various allowances. The care management and coordination of elderly care and childcare services are also handled separately. There is a need to develop a policy framework that integrates both elderly and child care at both policy planning and implementation levels. For instance, eldercare managers would be

required to observe the family situation of their client and facilitate communication with child-care services if necessary. As a result, more social services would be involved in the informal caregiving in households.

Statistical data regarding the elderly and children are handled separately, so it is extremely difficult to assess the total care needs of individual families or kinship units. Furthermore, in social policy research, policy measures related to elderly care and those related to childcare are usually discussed separately. In recent years, however, there has been increasing recognition among international scholars of the necessity to take a more comprehensive view of 'social care' or 'care regimes'.

This investigation of the double responsibilities of care offers new insights into emerging social risks. New social risks arise from changes in managing the work/family balance, a balance influenced by the weakening of the male breadwinner model, changes in the labor market, and the impact of globalization on national policy-making (Taylor-Gooby 2004). These social risks are evident in East Asia, but changes to demographic and family structures in this part of the world occurred later and more dramatically than in developed European societies. The fact that female family members have hitherto been the key welfare providers brings new social risks acutely to the fore in East Asian societies (Yamashita, Soma, & Chan 2013). Though more publicly funded elderly care services are provided in Japan than in other East Asian societies, Japan draws attention to problems arising from the double responsibilities of care that apply to all familistic welfare regimes that also lack sufficient institutional support.

As noted, while social care theory takes a comprehensive view of social care, empirical research tends to focus on either elderly care or childcare. However, the double responsibilities of care phenomenon indicate the need to widen the social care policy framework and empirical research. Moreover, our findings draw attention to the need to examine women's multiple roles, including their roles as daughter and daughter-in-law, which have received insufficient attention in feminist social policy research.

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References

Abe, A 2011, *Jyosei no Hinkon to Syakaiteki Haijyo [Women's poverty and Social Exclusion]*, viewed 26 December, 2014, http://www.gender.go.jp/kaigi/senmon/kihon/kihon_eikyou/jyosei/02/pdf/aabe_data.pdf,

Beak, S., Sung, E & Lee S, 2011, 'Current coordinate of the Korean care regime', *Journal of Comparative & International Social Policy*, vol. 27, no. 2, pp.143-54.

Bogeenschneider, K 2006, *Family policy matters: How policymaking affects families and what professionals can do*, 2nd edn, Lawrence Erlbaum, New Jersey.

Chan, RKH (ed.) 2011, 'Special issue: Changing care regime for children and elderly – East Asian experience', *Journal of Comparative Social Welfare*, vol. 27, no. 2, Taylor & Francis, Abingdon.

Chan, RKH, Soma, N, & Yamashita, J 2011, 'Care regimes and responses: East Asian experiences compared', *Journal of Comparative and International Social Policy*, vol. 27, no. 2, pp. 175-86.

Daly, M 2012, 'Making policy for care: Experience in Europe and its implications in Asia', *International Journal of Sociology and Social Policy*, vol. 32, nos. 11/12, pp. 623-35.

Daly, M & Lewis, J 2000, 'The concept of social care and the analysis of contemporary welfare states', *British Journal of Sociology*, vol. 51, no. 2, pp. 281-98.

Fingerman, KL, Pitzer, LM, Chan W, Birditt, K, Franks, MM, & Zarit, S 2010, 'Who gets what and why? Help middle-aged adults provide to parents and grows children', *Journal of Gerontology: Social Sciences* vol. 66, no. 1, pp. 87-98.

Fujisaki, H 2009, 'Kaigo Hoken Seido to Kaigo no "Syakaika" "Sai Kazokuka" [Long-term care insurance scheme and "socialisation" and "re-familialisation of care"]', *Fukushi Syakaigaku Kenkyu [Journal of Welfare Sociology]*, vol. 6, pp. 41-60.

Grundy, E & Henretta, JC 2006, 'Between elderly parents and adult children: A new look at the intergenerational care provided by the "sandwich generation"', *Ageing and Society*, vol. 26, no. 5, pp. 707-22.

Hantrais, L 2004, *Family policy matters: Responding to family change in Europe*, The Policy Press, Bristol.

Himmelweit, S 1999, 'Caring labour', *Annals of the American Academy of Political and Social Science*, vol. 561, no. 1, 27-38.

Kamerman, SB & Kahn, AJ (eds.) 1997, *Family change and family policies in Great Britain, Canada, New Zealand, and the United States*, Clarendon Press, Oxford.

Kunemund, H 2006, 'Changing welfare states and the "sandwich generation": Increasing burden for the next generation?', *International Journal of Ageing and Later Life*, vol. 1, no. 2, pp. 11-30.

Lewis, J 2009, *Work-family balance, gender and policy*, Edward Elgar, Cheltenham and Northampton, MA.

Mason, A & Kinugasa T 2008, 'East Asia economic development: Two demographic dividends', *Journal of Asian Economics*, vol. 19, pp. 389-99.

Ministry of Health & Welfare 1998, *Kousei Hakusho [White paper on health and welfare]*, Gyosei, Tokyo.

Nishi, F 2012, *Singuru Matha no Saikin no Jyōkyō* [Recent Situation of Single Mothers], viewed 26 December, 2014, http://www.stat.go.jp/training/2kenkyu/pdf/zuhyou/single4.pdf

Ochiai, E 2009, 'Care diamonds and welfare regimes in East and South-East Asian societies: Bridging Family and Welfare Sociology', *International Journal of Japanese Sociology,* vol. 18, pp. 60-78.

Ochiai, E & Molony, B (eds.) 2008, *Asia's new mothers*, Global Oriental, Folkestone.

Pfau-Effinger, B 2005, 'Welfare state policies and the development of care arrangements', *European Societies*, vol. 7, no. 2, pp. 321-47.

Razavi, S 2007, *The political and social economy of care in a development context: Conceptual issues, research questions and policy options*, UNRISD, Geneva.

Rubin, RM & White-Means, SI 2009, 'Informal Caregiving: Dilemmas of Sandwiched Caregivers', *Journal of Family and Economic Issues*, vol. 30, pp. 252-267.

Soma, N, Yamashita, J, & Chan, RKH 2011, 'Comparative framework for care regime in East Asia', *Journal of Comparative Social Welfare*, vol. 27, no. 2, pp. 111-21.

Spillman, B & Pezzin, LE 2000, 'Potential and active family caregivers: Changing networks and the "sandwich generation"', *The Milbank Quarterly,* vol. 78, no. 3, pp. 347-73.

Stratigaki, M 2004, 'The cooptation of gender concepts in EU policies: The case of "reconciliation of work and family"', *Social Politics,* vol. 11, no. 1, pp. 30-56.

Taylor-Gooby, P 2004, 'New risks and social change', in P Taylor-Gooby (ed.), *New risks, new welfare: The transformation of the European welfare state*, Oxford University Press, Oxford.

Thomas, C 1993, 'De-constructing concepts of care', *Sociology*, vol. 27, no. 4, pp. 649–69.

Ueno, C 2008, *Jyoen wo ikita Onna Tachi* [Women who lived with Women´s Networks], Iwanami Shoten, Tokyo.

Ueno, C 2013, *Onnatachi no Sabaibaru Sakusen* [Survival Strategies of Women], Bungei Syunjyū, Tokyo.

Yamashita, J 2010, 'Managing or generating social risks?: Changes in labour market and Japanese welfare regime', in RKH Chan, L Wang & M Takahashi (eds.), *Risk and public policy in changing Asian societies*, Ashgate, Aldershot..

Yamashita, J, Soma, N, & Chan, RKH 2013, 'Re-examining family-centered care arrangements in East Asia', in M Izuhara (ed.), *Handbook on East Asian social policy*, Edward Elgar, Cheltenham and Northampton, MA.

Zhang, Y & Yeung, WJJ (eds.) 2012, 'Special issue: Shifting boundaries on care in Asia', *International Journal of Sociology and Social Policy*, vol. 32, nos. 11/12, Emerald, Bingley.

Zimmerman, SL 1995, *Understanding family policy: Theories and* application, 2nd edn, Sage, London.

Table 1: Experience of the double responsibilities of care (%)

Stage of data collection	District / cities	Currently experiencing	Have experienced in the past	Will experience in the near future	Never experienced	N
First	A	3.61	1.55	11.34	83.51	194
	S	2.16	2.16	9.35	86.33	139
	F	2.33	3.49	8.72	85.47	172
Second (by cellphone)	Yokohama	10.10	4.33	29.33	56.25	208
	Shizuoka	10.19	9.26	16.67	63.89	108
	Kyoto	9.66	2.76	27.59	60.00	145
	Kagawa	8.45	8.45	22.54	60.56	142
	Fukuoka	10.41	9.78	16.40	63.41	317
Third	Kanagawa*	9.97	8.83	16.24	69.23	351
	Kyoto	8.70	6.52	21.74	63.04	46
	Others	0	0	50.00	100.00	4
Total case number						1833

*The samples were mainly from Yokohama in Kanagawa prefecture

Table 2: Age of respondents and respondents' eldest child

	Respondents	Eldest child
Currently engaged	41.13	7.74
Previously engaged	42.75	10.36
Expecting to be engaged	39.61	5.56
Not engaged	37.58	4.34

Table 3: Employment status of respondents

Employment status	Currently experiencing	Experienced in the past	Will experience in the near future	Not experiencing
Regular full-time employee	18.3	27.7	22.0	21.7
Part-time employee	22.5	33.9	22.4	17.5
Temporary, contract, or commissioned worker	4.9	1.8	3.7	2.6
Self-employed or family business	5.6	2.7	4.0	2.3
Housewife	18.3	7.1	20.2	24.2
Unemployed	26.1	24.1	25.5	29.1
Others	4.2	2.7	2.2	2.6
Total	100.0	100.0	100.0	100.0

Table 4: Who offers support to women with the double responsibilities of care?

	Currently experiencing (N=145)	Have experienced in the past (N=115)
Nursery school staff	10.34	7.83
Preschool / kindergarten teachers	6.21	6.09
Staff of child-care support services	2.76	2.61
Staff of community comprehensive support centers	6.90	5.22
Care managers	19.31	16.52
Helpers	13.10	13.04
Husbands	57.24	48.70
Relatives	17.24	18.26
Friends	22.76	26.96
No one available to help	**12.41**	**16.52**
Parents / parents-in-law	5.52	5.22
Other	17.93	11.30

Figure 1: Multi-faceted burdens associated with double responsibilities of care (%)