

## Care for the Elderly : Family Duty or Paid Service?

著者(英)	Mika Toyota
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## Care for the Elderly: Family Duty or Paid Service?

**Mika Toyota**

Asia Research Institute

### Introduction

Most countries in East Asia rely heavily on family members' support in the care for the elderly. However, the sustainability of this "Asian family" model needs to be questioned critically in the face of rapid demographic changes—aging, the decline in fertility, changing family relations, and the life style of the elderly (an increasing proportion of whom do not expect to live with their children). Concomitant with the increased rate of aging, Japan is experiencing high rates of delayed/non-marriage. The proportion of never-married men at the age of 50 reached 15.7 percent in 2005. The concern is already a reality. Who will look after the elderly who may not have any children or a partner to rely on? As a response, individuals are now exploring the possibility of "outsourcing" care provisions from "family" support networks to other options.

This paper examines this issue in the broader theoretical debate on commodified care work in the global gendered labor market. It will investigate the ways in which the provision of care for the elderly is now not only taken up by care industries but also becomes "transnationalized" by seeking care workers from abroad to be hired either by households or elderly care institutions. In Asia, the large disparity in income levels between countries makes commodification of care an important driving force for migration of care workers. The majority of those who provide service to the elderly in private and public institutions are largely female migrants and thus intensify the phenomenon of feminization of intra-regional flows.

Japan has reached a situation of being a "super-aged society" with 21.2 percent of its population being over 65 years old (March 2007) and it is estimated that the proportion of the elderly will further increase to 30.5 percent in 2025 and to 38.2 percent in 2045. Though in much of East Asia the proportion of the population over 65 is currently under 10 per cent, the rapid speed of aging will bring the region to the level of a "super-aged society" in the next twenty years. According to the UN population medium projection, the proportion of the population over 65 will reach 23.4 percent in South Korea, 23.6 percent in Taiwan, and 22.5 percent in Singapore in 2030. It is evident in numerical terms that, unless the current trend of very low fertility (TFR in 2005 of 1.08 in South Korea, 0.97 in Hong Kong and 1.24 in Singapore) drastically reverses, these East Asian countries will face a highly imbalanced demographic structure in the next twenty years or so. Soon these countries will also be facing a shortage of care workers and difficulty in securing sufficient care labor will be intensified at the regional scale. As Goodman and Harper (2006) note, "families are the main providers, supporters and care givers of

frail older people” in the Asian region and “more than half of the world’s older people depend on their extended families for their material security” (2006: 381). In this paper, I would like to question whether it is feasible for these East Asian countries to continue relying on their family members’ support based on “Asian family” ideology, in particular, relying on female members of the family for the care of elderly.

## Changing Family Structure in Japan

Japanese society used to be known for the conventional arrangement that the family had the central responsibility to care for its elderly members. Although such primacy of family care in Japan is often portrayed as a “natural” or “cultural” element of the “Japanese-style family,” it was only after the Meiji Restoration that the state acquired the explicit legal authority to make the family the basis of welfare under the Civil Code of 1898. Systematically employing the family (*ie*) was a conscious effort of the imperial state in inculcating patriotism, which fused filial piety and loyalty to the family and to the emperor (Ueno 1994).

Even after this “traditional” form of the family system was abolished by the constitutional reform after the Second World War, the *National Assistance Act* stated that public assistance was supplementary to assistance offered by relatives, who should be the primary supporters. Such family obligations are explicitly stipulated in the Japanese social welfare registration (Peng 2000, Izuhara 2002). However, since the idea of the “new family” was introduced in 1955 when the Japan Housing Corporation (日本住宅公団) was established, there has been a steady increase in the nuclear family. Along with the construction of apartment houses built by the Housing Corporation, a system of tax deductions for spouses (配偶者控除制度) was set up in 1961. Since then, a new gender division of labor has developed through “a full-time housewife-ization” during the high-growth period of the Japanese economy. The kind of “family” privileged in Japanese policies is a nuclear family headed by a male breadwinner, with a mother who is primarily a home maker and childcare provider. The household unit of husband, wife, and two children continued to be the “standard” family in Japan for almost thirty years from 1955 until the mid-1980s (see Table 1).

At the same time, a gendered life course has also been socially constructed. According to the White Paper on Health and Welfare Administration, Ministry of Health and Welfare (1985), “56 percent of all the bedridden elderly (those who had been in such condition for more than six months) were cared by their spouse, child or other relative in their own home. The proportion of the bedridden elderly who were institu-

**Table 1** Total Fertility Rate in Japan 1950–2005

Year	1950	1955	1960	1965	1970	1975	1980	1985	1990	1995	2000	2005
TFR	3.65	2.37	2.00	2.14	2.13	1.91	1.75	1.76	1.54	1.42	1.36	1.26

**Table 2a** Living Arrangements among Elderly Aged above 65 Years Old

Year	Living alone	Husband & wife	With married children	With non-married child	Others
1980	10.7	16.2	50.1	10.5	12.5
1985	12.0	19.1	45.9	10.8	12.2
1990	14.9	21.4	39.5	11.8	12.4
1995	17.3	24.2	33.3	12.9	12.2
2000	19.7	27.1	26.5	14.5	12.3
2005	22.0	29.2	21.3	16.2	11.3

(Source: 平成17年国民生活基礎調査 厚生労働省)

**Table 2b** The Number of Elderly Living Alone

	1980	2000	2025
Male	193,000	742,000	2,241,000
Female	688,000	2,290,000	4,560,000

(Source: 「日本の世帯数の将来推計」 国立社会保障人口問題研究所 2003)

tionalised in nursing homes was only 23 percent, and the remaining 21 percent were hospitalized” (cited by Maeda, 1994: 213). According to a nation-wide opinion survey of middle-aged married persons conducted in 1981, more than 80 percent answered that the child or the child’s spouse (which usually means the daughter-in-law) would care for parents who become bedridden (Maeda 1994: 213).

In the 1990s, however, demographic and social trends challenged the very bases of the family-based welfare pattern of marriage, family formation, and care arrangement for the elderly. First of all, the proportion of households in which the elderly live with their married children decreased from 50.1 percent in 1980 to 21.3 percent in 2005, whereas the proportion of elderly living alone increased from 10.7 percent in 1980 to 22.0 percent in 2005 (see Table 2a). The number of elderly living alone increased from 193,000 in 1980 to 742,000 in 2000 for males, and from 688,000 in 1980 to 2,290,000 in 2000 for females. The number of elderly living alone will further increase in the future. It is estimated that by 2025, up to 2,241,000 male elderly will be living alone and up to 4,560,000 female elderly (see Table 2b).

Second, there is a significant trend of marriage postponement and non-marriage (see Table 3). Some people suggest that Japanese women are becoming increasingly dissatisfied with conventional marriage arrangements (Tsuya 2000; Retherford, Ogawa and Matsukura 2001), whereas others argue that it is the combination of an inhospitable labor market for women and insufficient support for childcare (Rosenbluth 2006). While the percentage of women having premarital pregnancy (*deki-chatta kekkon* in Japanese) has increased among ever-married women (38 percent for those aged 25–29, 26 percent for those aged 30–34, 17 percent for those aged 35–39, and 15 percent for those aged 40–44 according to the National Survey on Marriage and the Family in Japan conducted

**Table 3** The Proportion of Never Married Men (Age 35–39) and Women (30–34), 1950–2005

	1950	1960	1970	1980	1985	1990	1995	2000	2005
Male Age 35–39	3.2	3.6	4.7	8.5	14.2	19.0	22.6	25.7	30.9
Female Age 30–34	5.7	9.4	7.2	9.1	10.4	13.9	19.7	26.6	32.6

**Table 4** The Proportion of Never Married Men and Women (Age 45–49), 1960–2005

	1960	1970	1980	1985	1990	1995	2000	2005
Male	1.4	1.9	3.1	4.7	6.7	11.2	14.6	17.3
Female	2.1	4.0	4.4	4.3	4.6	5.6	6.3	7.9

in 2004), the total fertility rate (TFR) has still substantially declined from 1.76 (1985) to 1.42 (1995) and to 1.26 (2005). Accordingly, the proportion of the population aged below 15 has fallen to a record low of 13.6 percent (2007). Japan currently has the highest proportion of elderly above 65 and the lowest proportion of children under 15 in the world. This has, not surprisingly, caused much public concern.

Public attention tends to focus on marriage postponement among women in spite of the fact that the non-marriage trend is stronger among men (see Table 4). For example, a rather extreme comment was made by Hakuo Yanagisawa, a 71-year-old member of the ruling Liberal Democratic Party of Japan’s Shimane Prefecture and the Minister of Health, Labour and Welfare, who referred to women as “birth-giving machines” in a speech on the outlook of pension, welfare, and healthcare delivered on January 27, 2007. His comments were that “the number of women aged between 15 and 50 is fixed...Because the number of birth-giving machines and devices is fixed, all we can ask is for them to do their best per head.” His remarks brought reminders of the imperial policy of “産めよ、殖やせよ” in 1939 and 「人口政策確立要綱」 implemented in 1941–1951, which encouraged people to marry three years earlier and to produce five children on average. Yanagisawa was crudely telling women to give birth for the nation.

Recent government statistics indicate that the proportion of those never-married at age 50 is 7.1 percent for women and 15.7 percent for men (総務省統計局 『国勢調査報告』 2005). Even though the Japanese Civil Code stipulates the legal responsibility of children towards aging parents in item 877, those single individuals have no choice but to explore the possibility of “outsourcing” care provisions from “family” support networks. As Yamada has suggested, the proportion of never-married men at age 50 may increase to 25 percent by 2030 (Yamada 2004: 133). As a result an increasing number of people will be growing old without a spouse or child. Furthermore, there is a positive correlation between income level and the probability of marriage, particularly for males. The proportion of the never-married is higher among lower income groups (Yamada 2004). Those low income individuals who remain single are likely to face a severe care crisis when they become frail in their old age. According to one public attitude survey (2006 内閣府 『世帯類型に応じた高齢者の生活実態等に関する意識調査』), those who

are living alone are facing serious economic difficulty: 32.3 percent of elderly males living alone expressed anxiety about their economic situation compared to only 23.9 percent of elderly males who were living with family members. Likewise, more elderly females living alone expressed anxiety (20.5 percent) than elderly females who were living with family members (18.5 percent).

Kreager's work (2004) suggests that the number of elderly who are *de facto* childless is likely to be considerably higher than simple levels of infertility would indicate. Given the rise of the divorce rate among mature couples in Japan, marriage can no longer provide a guarantee of long term care by the spouse or children in old age. Improved longevity also challenges the assumptions that co-residence will ensure family support. According to a nationwide household survey (第5回世帯動態調査) conducted in 2004, 13.8 percent of the elderly above 65 years old still have either their own parents or parents-in-law alive. Given their own age, their co-residence with their own even older parents does not necessarily imply that they are fully capable of looking after those older parents.

## From Care as Family Duty to Care as Paid Service

These socio-economic changes compel the elderly to consider alternatives to family-based care for their future. The Long-Term Care Insurance Scheme is regarded as the third pillar of the Japanese social security system, complementing universal health care and pension coverage. Its benefits include a health and social component, which covers physical therapy services, day care, intermediate care facilities, some long-term care hospitals, home helpers, day care, nursing homes, loan of wheelchairs, and home improvement. In order to reduce the number of "social hospitalizations," the "home-based" help service system was introduced. It seems that the implementation of the Long-Term Care Insurance Scheme in April 2000 has opened up the possibility of "outsourcing" care to helpers outside of the family and has started to alter conventional familial care. By allowing local governments to purchase services from private, profit-making home-help agencies, a market mechanism was inserted into welfare policy. In other words, the process of extending care work from an unpaid female family member to a paid job by a "home helper" is a commodification of care work, a shift from family-based welfare to care as a service. This process of commodification of care for the elderly is shaped by the broader economic restructuring associated with globalization.

The commodification of care work has been observed not only in Japan but also in other Asian countries. In Singapore, for example, the total fertility rate (declining from 4.66 in 1965, to 1.61 in 1985, and to 1.24 in 2005) has combined with rising life expectancy (77.9 for men and 81.6 for women in 2005) to create national concern about a rapidly aging population. Despite rapid economic and demographic changes, the state has continued to reinforce its basic principle of rendering the family as the "primary

care giving unit” for the elderly, reflecting “Asian family values.” Since the welfare provision of institutionalized home care is not widely available, female family members continue to bear the responsibility for caring for elderly members of the family. Yet women also work outside the home. The current female labor force participation rate is 56.6 percent for all resident women and increases to 66.4 percent if only women aged 30 to 54 are considered (The Straits Times, 21 July 2006). While the conventional family ideology and the expectations of old-age support from children persist, it has become increasingly difficult for women to work, look after children, and care for elderly parents. As a result, the employment of live-in foreign domestic workers has become a common *de facto* mode of providing care for the elderly. It is estimated that one in seven households in Singapore employs foreign domestic maids, mainly from the Philippines and Indonesia. In Singapore, the state turns to migration as a solution in its care of the elderly and has proactively taken on the strategy of recruiting foreign care labor (both nurses and care givers) since the mid 1980s. Similar strategies exist in Taiwan, Hong Kong, and South Korea. Foreign care workers from other parts of Asia (mainly from Vietnam, the Philippines, and Indonesia in Taiwan, and from China in South Korea) are becoming *de facto* care providers not only for children but also for the elderly. In this way, the supply of care for the elderly is sustained, but the dominant family and gender ideologies are also maintained.

Japan, in contrast, has been rather cautious in admitting foreign care workers. While the government has recently signed an Economic Partnership Agreement with the Philippines (2006) and Indonesia (2007) to accept nurses and care givers, the number (400 nurses and 600 certified care givers) is far from sufficient to deal with the actual shortage of care labor. While established migration theories have long emphasized international migration as a venture of the young and healthy, in this case an increasing number of Japanese elderly from a wide range of socioeconomic backgrounds now live in Southeast Asian countries (Toyota 2006). In Japan, the prolonged economic recession and the economic restructuring process have caused widespread anxiety about the state’s capacity to ensure long-term social security for the elderly population. As a result some individuals (particularly elderly males) are now seeking alternative solutions to secure care provision through transnational avenues. At the same time, a number of Southeast Asian countries, particularly Malaysia, the Philippines, and Thailand, are promoting a “retirement industry” as a new economic opportunity for earning foreign exchange. Foreign elderly have become targeted customers for medical tourism and new property developments.

## **Concluding Remarks: Commodified Care Work**

The international distribution of care labor is a key dimension of the global political economy, and care work is increasingly being commodified in a global gendered labor

market. In this regard, the provision of care for the elderly can no longer be considered solely as a national question. Much feminist scholarship has focused on the exploitation of Third World women's productive and reproductive labor within a global gendered labor market. Hochschild (2000), for example, argues that global gendered inequalities are transferred along a "chain of care" with care being provided by Third World women in the households of affluent societies, leading to a care deficit at home that is then filled by internal migrants. Parrenas (2000) examines the increasingly commodified reproductive labor in the context of the global market economy. She demonstrates how gendered inequalities embedded in structures of care work reproduce, in her terms "international reproductive division of labor."

In contributing to this body of work, the discussion in this paper suggests four crucial points:

First, much research has been conducted on transnational domestic workers for children (the so called "maid trade"). Another large body of research focuses on nurses working in general hospitals. The material here, however, is specifically about care for the elderly. Although care for children, for the ill, and for the elderly can all be categorized as "reproductive labor," the social demographic causes of the demands of the reproductive labor are different. More importantly, since East Asia has the most rapidly aging societies in the world, more specific attention needs to be paid to the provision of care for the elderly.

Second, while much of the existing literature focuses on either un-skilled domestic maids or skilled hospital nurses, the case of care for the elderly tends to blur such distinctions due to the varied qualifications required for care work. While many care workers are employed in the domestic sphere, many others are employed by private, for-profit organizations. The meaning of "care work" for the elderly in East Asia has shifted from family duty to paid service. Yet the commodification of care for the elderly does not simply mean replacing female members of the family with non-family workers. State policies play a key role in shaping care work by defining care labor in terms of qualifications and thus controlling it. Care labor has thus been more institutionalized.

Third, and related to the above-mentioned point, the flow of care workers in Asia has very much been shaped by the social-demographic and policy changes in the receiving country. In the case of Japan, the rapidly aging population led to a dramatic reduction in government capabilities to provide social security services. Migration of care workers resulted from policy responses to the perceived "care crisis" in which the interactions among the state, the family, and the individual have been intensified. How does state restructuring of welfare policy regarding public pensions and health care for the elderly increase the demand for alternative care provision? How does demographic pressure to cut health care costs squeeze the health care sector contributing, in particular, to a shortage of nurses? How do government funding cutbacks for social security services lead to the commodification of care service? Overall, care provision as welfare,

once a defining feature of the modern nation-state, is now both transnationalized and commodified. The Japanese case provides a nuanced and socio-culturally situated understanding of the ways in which state policies regarding care for the elderly affect regional migration flows of care workers.

Finally, most literature on transnational care labor focuses on the movement of care providers (female migrants), and consequently analyzes gender relations and the developmental impacts of transnational care chains on the labor-sending countries. I argue that globalization does not only trigger the flow of care providers but also the flow of care receivers. The new development of medical tourism and long-stay tourism in Asia has the elderly as potential consumers. In this regard, care work is “transnationalized” not only because of the movement of care workers but also because of the movement of the elderly. The social impacts of the transnational care for elderly are thus more far reaching than much of the current literature indicates.

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