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GENDER, CARE AND MIGRATION IN EAST ASIA

EDITED BY REIKO OGAWA, RAYMOND K.H. CHAN, AKIKO S. OISHI & LIH-RONG WANG

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Gender, Care and Migration in East Asia

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Contents

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List of Figures

List of Tables

CHAPTER 1

Introduction: Situating Gender, Care, and Migration in East Asia

Reiko Ogawa, Akiko S. Oishi, Raymond K.H. Chan, and Lih-Rong Wang

Care and Familial Duties, Services, and Work

Care work, paid as well as unpaid, is an aspect of reproductive labor that sustains human lives and conditions. This work, which may or may not include domestic work depending on the context of its provision, entails physical and emotional care of children as well as of the elderly, sick, and disabled. However, the tasks of child rearing, care of the elderly, and housekeeping are not viewed as "productive" work that generates "surplus" for capital accumulation and economic growth and are therefore stigmatized as menial work. An ideological separation of the public and private sphere has also contributed to the marginalization of care work, given that it is primarily carried out by women within the private sphere, thus being

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rendered invisible. Exclusion from the jurisdiction of labor laws and like protection has undermined a perception of this work as "genuine labor" to be assessed in terms of labor relations or unionization. For these reasons, and with the exception of the work of feminist scholars and social policy experts, discussions on care work have remained outside mainstream narratives on labor history, political theory, and economic inquiry (Meerkerk et al. 2015; Mies 1986; Tronto 2013).

In earlier decades, as a result of demographic pressure in economically advanced countries, the issue of care was foregrounded not only within various fields of academic inquiry but also within political debates in multifarious ways. The "crisis of care" (Zimmerman et al. 2006) or, more broadly, the "crisis of social reproduction" (Anderson and Shutes 2014; Fraser 2016) emerged as a major challenge relating to the foundation and sustainability of a society. According to Fraser, the "crisis of reproduction" is a consequence of a deeply embedded contradiction between production and reproduction that has its roots in capitalist society.

> On the one hand, social reproduction is a condition of possibility for sustained capital accumulation; on the other, capitalism's orientation to unlimited accumulation tends to destabilize the very processes of social reproduction on which it relies. (Fraser 2016, 100)

Fraser (2016) further argued that capitalism "free rides" on the provision of care mainly outside of the market and without proper compensation in monetary terms. With the development of an industrial society, a gendered division of the family occurred as a result of the separation of economic production, associated with men, and social reproduction, associated with women. Under Fordism, social protection was provided through the family wage as compensation for the unpaid work of women that resulted in the separation of the male breadwinner and the "housewife." However, with global capitalism mobilizing women into the labor market in developed as well as developing countries in the post-Fordist era, this model was abandoned or, at any rate, subjected to change. By undermining the reproductive process, this process of capital accumulation has thus proven self-destructive.

The tension between production and reproduction has been evident in East Asia—the current growth center of global capitalism—which has experienced a rapid decline in total fertility rate and a rise in its aging population. In particular, this tension has become apparent in relation to women's work and care responsibilities (Baird et al. 2017). Many studies have shown that

East Asian welfare regimes retain characteristics of familialism. Accordingly, the family and women are considered the main care providers by the state and by society, although this phenomenon is not limited to East Asia and has evidenced a shift in recent years (Peng 2012; Kamimura 2015; Uzuhashi 2005). Welfare modeled on familialism that previously supplemented the low coverage of social security systems in East Asia has been changing rapidly, without necessarily resulting in increased coverage (Kamimura 2015).

Other scholars have argued that East Asian welfare regimes represent a "productivist" or "developmental" character that results in the subordination of social policy to economic growth (Holliday 2000; Kwon 2005, 2009). The developmentalist state not only facilitates women's entry into paid work, but it also upholds monetary calculations as a core value, citing mantras such as "efficiency," "effectiveness," "progress," and "productivity." This position goes against the very nature of care work, as an increase in "productivity" could mean a decrease in the quality of care. Attending to personal needs would be considered "inefficient" and caring for the elderly who are frail may not bring about any "breakthrough" or "innovation," phrases often used in the development discourse. During the post-Fordist era, tension between a familialist social provision and a developmentalist welfare regime has become apparent especially in relation to the women's work that has been prompted by capitalism and the shrinking labor market. Consequently, women have been placed in a double bind situation, as they are expected to contribute to the economy as well as care for their families. Responding to the declining capacities of families to provide care, social services have expanded to some extent, but states are cautious about increasing their expenditure and maintaining the role of the families (Chan et al. 2014).

Contextualizing Care in East Asia

We will begin by outlining the changing socioeconomic context within which care has become a central discussion topic in East Asia. The first dimension that is of critical concern for East Asian societies is the rapid and unprecedented degree of demographic change relating to low fertility rates and population aging. The newly industrialized economies (NIEs) in Asia, and Japan, all suffer from extremely low total fertility rates that are well below the social reproduction of these nations: Singapore (1.3), Hong Kong (1.2), Taiwan (1.2), Korea (1.2), and Japan (1.4). This trend has been accompanied by the rapid increase in the percentage of elderly

populations of these societies: Singapore (12%), Hong Kong (15%), Taiwan (13%), Korea (13%), and Japan (26%) (National Statistics Republic of China (Taiwan) 2016a, b; World Bank 2016). This demographic pattern is more imbalanced than the average of the Organisation for Economic Co-operation and Development (OECD) countries, whose average total fertility rate and ageing population ratio are 1.7% and 16%, respectively. This demographic imbalance results in significant pressure on the labor market due to labor shortage and impacts on the sustainability of social security systems. Japan already evidences a population decline and might soon be followed by other countries. This will have a profound impact not just on the economy but more importantly on societal organization overall.

The second dimension entails the mobilization of increasing numbers of women entering the labor market to supplement the declining labor force. The transition from industrial to post-industrial societies has opened up new employment opportunities within the service economy, and the participation of women in the labor force has drastically increased in the past several decades. Rising education levels among women have contributed to promoting double-income families, and international norms such as the Convention on Elimination of Discrimination Against Women (CEDAW) have provided moral and legal frameworks for institutionalizing gender equality within the state apparatus. The shift toward a post-Fordist mode of production and women's entry into the labor market has meant that whereas the Fordist model of the male breadwinner is no longer tenable, this social change is not necessarily accommodated within social policies.

A third dimension of the East Asian context is that care has been predominantly embedded within the family system and associated with women who are either wives, daughters-in-law, and daughters within this system. Women have been struggling to care for their family members, often sacrificing their own needs to perform their expected gendered roles as "good wives and wise mothers" or "wise wives and good mothers."[1] Concepts and ideals of the "family" are facilitated through legislation stipulating care obligations and cultural norms such as "filial piety" that are promoted to maintain the social fabric without necessarily increasing social expenditure.[2] However, such basic assumptions and conditions have been challenged as a result of the structural transformation of families that has occurred in recent decades. There is evidence of a reduction in the average size of households as well as of the former prevalent pattern of three cohabiting generations, implying that the capacity of families to provide care has decreased. Divorce rates, late

marriages, and non-marriage constitute rising trends that have major impacts on family care arrangements and strategies. Nevertheless, a significant proportion of the responsibility for care still remains in the hands of families, especially female members, regardless of whether these members are wives, daughters-in-law, or daughters.

A fourth dimension is that to cope with the "care deficit" while maintaining the family ideology, East Asian societies have introduced different strategies and institutional arrangements aimed at increasing paid care through market expansion and/or through social insurance systems (ILO 2016, 34). Japan and Korea (and more recently, Taiwan) have developed public provisions to support care through the expansion of social solidarity mechanisms that are aimed at transferring the burden of care from the family to "society" (quasi market). These societies have introduced long-term care insurance (LTCI) to support the elderly who are dependent on care through the provision of funding and a workforce for implementing "socialized care." Despite the shortcomings of LTCI in these countries, relating to funding and limited coverage as a result of demographic pressure and huge financial deficits, it is unlikely that these governments will completely withdraw from the defamilialization of care as a matter of social policy. On the other hand, Singapore, Hong Kong, and Taiwan proactively facilitated the entry of women into the labor market and opted to introduce migrants through a lenient migration policy and the mechanism of the privatized market. Consequently, the number of migrants increased quickly, reflecting the high dependence of families on migrants who could provide round-the-clock care.

From the perspective of the care labor market, national care workforces in Japan and Korea are substantial in size, with more than 200,000 workers in Korea and 1.7 million in Japan (Ministry of Health, Labor, and Welfare 2015; National Health Insurance Service 2015, 608–609). However, this is not the case in Singapore, Hong Kong, and Taiwan. Put differently, Japan and Korea established their provisions on social care *before* opening the labor market to migrants, whereas Singapore, Hong Kong, and Taiwan opened their care markets to migrants before establishing long-term care provisions; or rather, care work undertaken by migrants became a convenient solution, leading to the creation of the immigrant niche. It remains to be seen how Taiwan is going to recalibrate its market mechanism to consolidate the newly introduced insurance system.

Hochschild (2000, 131) coined the term "global care chain" (GCC), describing an informal system comprising "a series of personal links between

people across the globe based on the paid or unpaid work of caring." However, East Asian care chains are regional in nature, although they operate within larger global capitalism and international politics. Migrant care workers do not come from other regions such as Africa or Latin America but predominantly engage in what could be termed regional care chains (RCCs) that entail intraregional mobility within Asia.[3] These RCCs, which are characterized by major flows of migrants from Southeast Asia to East Asia, include both source countries such as the Philippines, Indonesia, and Vietnam and receiving societies such as Hong Kong, Taiwan, Singapore, Japan, and Korea. These divergent care commodification strategies within the RCCs have resulted in different constructions of care work in East Asia that have distinct implications for the existing gendered order (see Orloff 1993; Sainsbury 1999). For example, Singapore's achievement in establishing gender equality is significant, reflected in its ranking of 55 in the Global Gender Gap Index. However, Japan ranks 111 and Korea ranks 114 out of a total of 144 countries (World Economic Forum 2016). Still, the RCCs are gendered and racialized, as migrant workers from disadvantaged countries cross borders to serve those who are at the high end of the racial/ethnic/class hierarchy, creating new boundaries and ruptures within Asia.

A final dimension relates to the growing literature and the development of international norms and advocacy by civil society on the issue of human rights and citizenship of migrants, an area which has also gained increasing public attention. Numerous incidents of human rights violations have occurred within the unregulated private sphere, leaving migrants in conditions amounting to "neo-slavery." Various factors contribute to the vulnerability of migrants who migrate under conditions of huge debt, lack of regulations, and stringent immigration policies that do not allow them to change their employers, as well as the nature of work that tends to be not purely contractual. These conditions significantly restrict the bargaining power of migrants as workers, compelling them to choose between enduring hardship or running away and becoming undocumented. Studies have also pointed to the embedding of care within an unequal social structure differentiated by gender, race, and class (Anderson 2000; Parrenas 2003; Razavi 2007). The issue of citizenship has been prominent, impacting on migrants in a number of ways, and civil societies in both the sending and receiving countries have been strongly advocating the provision of protection and secure human rights for migrants.

In 2011, the International Labour Organization (ILO) adapted Convention No. 189, relating to decent work and the provision of protection for domestic workers (Boris and Fish 2015). The advocacy of researchers and non-governmental organizations (NGOs) for "humanizing" care work has impacted on and promoted further reflection within society on how care should be organized in ways that take into consideration the well-being and rights of migrants who provide care.

The RCCs entail fundamental contradictions resulting from trade-offs at different levels. One such contradiction is that women's emancipation in advanced countries is achieved by outsourcing care to migrant women as "cheap labor." A second contradiction is that gender equality in the public and private spheres is achieved by maintaining the status quo and not by renegotiating the gendered division of labor. A third contradiction is that the economic gains of migrants are at the cost of their social citizenship and being able to live with their families. Moreover, financial gains for the sending countries entail the racial branding of their nationals in the receiving countries.[4] All these contradictions are indicative of a state's failure to ensure full citizenship for its people, leaving families, and women in particular, with little choice but to assume full responsibility for their social security (see Takenobu 2013; Teo 2014). These changing socioeconomic conditions surrounding care and the retention of the cultural norms for the family and motherhood have constituted a common context across East Asia.

Paid and Unpaid Care

The familialist-developmentalist welfare model of East Asian states reveals inherent tensions between paid–unpaid, market–family, and money–moral dimensions of care work. Here, we will examine how the commodification of care has occurred and is understood. Studies have shown that the work of care providers is undervalued, poorly remunerated, and entails long working hours with high turnover rates. England et al. (2002, 455) identified the mechanisms that contribute to the low wages of care work. First, the people who require care are often those who are economically dependent and lack resources to pay for care. This condition places constraints on wage increases for care workers, with their payments often being supplemented by third parties such as families, insurance providers, or the state. Although Japan introduced a pension system in 1959, the elderly remain dependent on financial support provided by their children (see Chap. 4). The expansion of social welfare programs in Korea and Taiwan only occurred in the

1990s after these nations became democratized (Wong 2004). Singapore instituted a Central Provident Fund (CPF) from 1955. Commencing from 2000, Hong Kong instituted a Mandatory Provident Fund (MPF) scheme. However, the MPF funds received by older persons are highly dependent on accrued sums that are determined by their incomes, contribution rates, and investment returns, or by the funds left in their accounts (i.e., their retirement accounts in the case of CPF). This lack of financial security in old age might compel the elderly toward dependence on their children, who struggle to provide double care (see Chap. 2). Because few or no public benefits are available to provide the elderly with affordable care, the wages of care workers have to remain low.

A second mechanism contributing to the low wages for care work in East Asia is its historical association with women and its provision by female family members (see Chaps. 2, 3, and 4). This gendered construction of labor has several consequences that result in the devaluation of care work. First, any activities conducted by women are accorded less value than those conducted by men, as evidenced in gendered wage gaps. Second, the skills required for care work are associated with mothering, which is regarded as an innate skill naturally possessed by women. Third, care is associated with love and not with money. This naturalized association between women and care work underlies a powerful discourse that serves to legitimize the low salaries of care workers.

A third mechanism entails certain limitations to increasing the "productivity" of care work, as quality care relates to the fulfilment of individual needs. The care work sector is inherently labor intensive and is provided on the spot. Unlike other sectors, there are certain limitations in increasing productivity through innovations and technology. Moreover, moving the care receivers to other countries where cheap labor is readily available is not always possible. Although retirement migration is becoming an option for some, it is neither possible nor appropriate for many East Asian families to abandon their filial duties and emotional attachments. As many researchers elsewhere have pointed out, care work, even when it is paid work, is undervalued, provides limited economic security, and continues to confine women to the lower societal strata.

Yet care work is heavily weighted by moral and cultural baggage that results in its perception as labor stemming from love that strengthens family ties, builds trust, and fulfils filial piety. Family and the gender relationships in the domestic sphere are often associated with an idea of nationhood, and by extension with an attempt to safeguard this as its moral foundation,

protecting it from outside influence and encroachment (see Yuval-Davis 1997; Chatterjee 1993). Some political discourse explicitly associates the overladen value of family care with an agenda to re-familialize care, in order thereby to demonstrate masculine forms of nationalism while keeping the domestic sphere intact.[5]

Lan (2010, 440) argued that the paradox between the "moralization of unpaid care" and "devaluation of paid care work" go "hand in hand," serving as the driving force that propels migrant women to work in private households. This outsourcing of "filial piety" from the son to the daughter-in-law and subsequently from the daughter-in-law to the migrant worker significantly contributes to the sustenance of the ideology of family and conceals the generational power struggle within families (Lan 2002). Employment of live-in migrant workers has emerged as an effective strategy deployed by the familialist-developmentalist state to promote greater numbers of women in the labor market while maintaining the families intact (Chap. 7).

Beginning in the 1970s, migrants began to enter the care labor market in East Asia in a variety of ways. This process was initiated in Hong Kong and Singapore with the introduction of economic strategies to recruit local women into the labor market. During the colonial period, Chinese women in Hong Kong served as domestic workers. By the 1970s, it was evident that local women preferred to work in factories, where they earned higher salaries. Moreover, young Chinese women did not opt for domestic work because of its low status and centuries-old association with bonded servitude (Constable 2007). The resulting shortage of local domestic workers prompted the entry of migrant workers into Hong Kong's care labor market, to work in private households where many employers relied on their domestic work and the care that they provided.

Migrant care workers were introduced in Singapore based on the economic necessity of promoting the entry of women into the labor market (Yeoh et al. 1999). Beginning in 1978, with limited recruitment from Thailand, Sri Lanka, and the Philippines—notwithstanding the stipulation that the employers would have to pay a monthly levy and be subjected to a means test—the number of migrant care workers rose sharply. This process began much later in Taiwan, in 1992, and followed the Singapore model of privatized care provided by live-in migrant care workers. The number of migrant care workers in Taiwan expanded rapidly, with it now accounting for approximately 40% of the entire migrant population. From the 1990s, Korea also established a legal framework for Korean Chinese to work in the

care sector, and Japan incorporated the movement of nurses and care workers under its free trade agreement after 2008.

There are 237,100 "foreign domestic workers" in Singapore (Ministry of Manpower 2016), 340,380 "foreign domestic helpers" in Hong Kong (Census and Statistic Department 2016), and 232,650 "nursing workers" in Taiwan (Ministry of Labour 2016). By contrast, Japan has just 2627 "foreign nurses and care workers," including those who are not certified (Ministry of Justice 2016). Within Korea's migration policy, overseas Koreans have a special position as they are considered to be a diaspora community who share the same ethnicity. Only overseas Koreans are allowed to work in the service sector, and their visas are not tied to their employment status, so it is not possible to identify the exact number of migrant care workers. The number of Korean Chinese women is 298,620, of whom 147,351 are over 50 years old, which is a common age at which to enter the care work sector (Ministry of Justice 2015, 412–413), but not all of these women are engaged in care work. Aside from the labor migrants who cross borders to undertake care work, a large proportion of marriage migrants are also in fact involved in both paid and unpaid care work in East Asia.

Migrants have become not just an indispensable part of care regimes in East Asia; care work is now at the forefront of the uneven process of globalization. As in other regions, East Asia is experiencing a major transformation in how care is negotiated, arranged, and provided by national and global forces. These processes are becoming increasingly complex, raising critical questions such as "who cares?" "who pays?" and "where is care provided?" (Jenson 1997, cited in Razavi 2007, 20). An examination of these processes to address the above questions is urgently required, as neglecting the role of migrant care workers within these contexts renders their contributions invisible.

Commodification of Women's Care Work in Asia

The emergence of women's paid domestic/care work in Asia has been shaped and entangled with past historical processes (Adams and Dickey 2000). In some societies, internal migration from the rural to the urban areas traditionally provided a source of low-educated and unskilled labor. For example, in Japan, the television drama *Oshin* portrayed the life story of a girl from an impoverished rural village who had to forego her education to become a nanny at the age of seven years. Oshin was born in 1901 and was

sent to work as a live-in domestic/care worker in other households, where she faced extremely harsh and intolerable conditions. This drama was broadcasted in 68 countries and became especially popular across Asia,[6] as enduring servitude under conditions of extreme poverty and working as a "servant" in other households remains the reality in many countries. In Chinese societies, young girls from impoverished backgrounds termed "*muijai*" or "*mui tsai*" (little sister), were sent as bonded laborers to work for rich families as nannies and domestic workers to support their families (Constable 2007; Garcia 2015; Watson 1980a, b). Class hierarchies and systems of servitude existed in Asia even before the expansion of global capitalist economies (Watson 1980a, b).

Others point to the impact of colonialism, where hiring a "servant" who undertook household chores was an indispensable marker for colonial masters and local elites to establish their social status based on class, ethnicity, and gender (Kashyap 2015). In Southeast Asia, the arrival of Europeans led to a societal transformation, and "servants" became a necessary feature of the colonial order. Kashyap (2015) states that in Indonesia, Dutch men engaged poor local women as domestic workers and established a perception of domestic work as an "acceptable occupation" if there was no other means of sustaining the household. In the Philippines, the introduction of public health and professional nursing was part of benevolent assimilation aimed at creating modern subjects through the disciplining of their bodies (Anderson 2007; Choy 2003). Nursing education was introduced at an early stage of the colonial period and was closely linked to opportunities to study and work in the United States. The migration of nurses from the Philippines that began under colonialism continued after the US occupation ended, and was capitalized on by the postcolonial state, leading to contemporary feminized migration flows (Choy 2003). The imprints of colonialism relating to the construction of racialized and gendered subjects who undertake care work, along with its continuities/discontinuities with contemporary forms of migration in shaping intraregional flows of migrant care workers, constitutes a research field that remains to be explored.

In the decades following colonization, modernity and urbanization have changed the lives of many women and their families. It is believed that the age-old image of women as "servants" will disappear given the growing emphasis on egalitarian values and the increasing employment of women within the service sector. Some welfare states have established public institutions and provisions for care, while the development of modern electronic appliances has eased the burden of household chores. Thus, a widely held

assumption among scholars is that domestic work will eventually decline or disappear altogether as a result of modernization and social progress (Satri 2015, 25). However, with the emergence of new forms of globalization, old patterns of servants and servitude are now resurfacing with the outsourcing of domestic/care work to migrant women. From 1995 to 2010, the number of domestic workers in Asia and the Pacific increased from 13.8 million to 21.4 million individuals, of whom 81.4% were female (ILO 2013, 28).

Hochschild (2002, 27) argued that contemporary imperialism has not been minimized but has just assumed another form. The extraction of raw materials and natural resources from the colonies has been replaced by the tacit extraction of the emotional labor of Third World women through economic pressure. This globalization of care work, or "international division of reproductive work" (Parrenas 2003, 61–79), reflects the expansion of the traditional gender order at the global level in which women perform all the care and domestic work and men are not shouldering the equal share which can be comparable to the relationship between rich and poor countries (Ehrenreich and Hochschild 2002, 11). Today, the new forms of migration that build on existing inequalities of gender, class, and race are facilitated by global capitalism, with its increasing of deregulation by market forces; and the site of care has become a space where these power relations are reproduced.

Terminologies

The term domestic worker, as applied in the Domestic Workers Convention of the ILO, is defined not on the basis of specific tasks such as cooking, cleaning, taking care of the elderly, or looking after children, as these tasks are context dependent and may change over time. Article 1 of the Domestic Workers Convention, 2011 (No. 189) provides the following definitions:

(a) The term "domestic work" means work performed in or for a household or households;
(b) The term "domestic worker" means any person engaged in domestic work within an employment relationship; and
(c) A person who performs domestic work only occasionally or sporadically and not on an occupational basis is not a domestic worker.

There is no universally agreed definition of care workers. Migrants are differentiated on the basis of migration regimes that classify them as

"domestic workers," "domestic helpers," "caregivers," "caretakers," or "care workers." However, in many cases, individuals hired under the "domestic worker" category undertake childcare and/or care of the elderly, and those who are hired under the "care worker" category may or may not undertake domestic work (see Constable 2007; Huang et al. 2012; Lan 2006).

In this book, we discuss care work (i.e., childcare, care of the elderly, and care for the disabled) that takes place not only in private households but also within institutions. This includes paid as well as unpaid work undertaken by locals and/or migrants. Even though the performed tasks could be similar, care work is experienced and valued differently depending on the context and site where it is performed. This in turn reproduces patterns of social stratification of and among migrant care workers (Anderson 2000; Huang et al. 2012).

The care work performed by migrants calls for a further examination for the following reasons. First, childcare and care of the elderly constitute a significant component of social policy. Second, the work is not confined to households; and third, it encompasses the state, market, family, and community. According to Kilkey et al. (2010), studies on care and domestic work that were spearheaded in the United States lacked a consideration of spatial variations because of the absence of state provisions on care. In Asia, studies on domestic workers have tended not to pay much attention to the institutional differences in care provisions in the receiving countries and to variations between countries. The framing of migrants who perform care work as "migrant care workers" enables us to examine the phenomenon from a global perspective that considers the roles of social policies and institutions that govern the global reconfiguration of care (see Chaps. 8 and 9). Building on the existing studies on domestic workers, it aims to shed new light on the role of "migrant care workers" who are becoming an integral part of the care workforce in many advanced societies in East Asia. For these reasons, the book adopts "migrant care workers" as a generic term for the diverse names used in different countries.

According to the ILO (2016, 34), there are 23.7 million domestic workers in Asia and the Pacific, who account for 35.4% of domestic workers worldwide. Of these workers, 3.34 million are migrant domestic workers including those from the Philippines, Indonesia, and Vietnam, whose four main destinations are Taiwan, Hong Kong, Singapore, and Malaysia. This book includes studies on different care arrangements and strategies that have been adopted in Taiwan, Hong Kong, Japan, Korea, Singapore, and

Indonesia, thus providing an understanding of the various dimensions of care in East Asia.

The book is based on scholarly work mainly from—but not limited to—two disciplines, social policy studies and migration studies, and it aims to provide a bridge between these two fields. It specifically intends to examine social contexts, institutions, policies, and practices that individuals and states introduce to cope with the care deficit, and to determine how this has been shaped and reshaped by national and global forces.

Social policy studies have contributed to theoretical and empirical research on gender and care in relation to welfare arrangements within the changing dynamics of economic development and population aging. These works have enriched our understanding of interactions among welfare regimes, labor markets, and the work–care balance. Migration studies have revealed the "feminization of migration," which is a salient feature of contemporary migration in Asia, given that more women from developing countries are performing domestic/care work in East Asia (Oishi 2001). While both fields have developed in a distinct manner, minimal efforts have been made to bridge the two perspectives by examining how care work and welfare arrangements have been shaped and reshaped by national and global forces against a backdrop of a globalization, shifting gendered order, socio-economic and demographic change in East Asia. This neglect can be attributed to the fact that there has been a tendency to confine social policy studies within the framework of the nation state, whereas of the various types of migrant laborers, migration studies have mainly focused on domestic workers without attempting to make an analytical distinction between care work and domestic work. This book delves into issues of care that entail varied manifestations in different contexts that have not only been shaped by social policies but also through migration.

Structure of the Book

The book is divided into three parts. Part 1 focuses on gendered aspects of care in East Asian societies where patriarchy is still a dominant social norm. Given the recent tendency toward late marriages and childbirths, the issue of caregiving within a family has become increasingly complex, because families are often obliged to simultaneously care for their own children and for elderly family members. Moreover, with increasing longevity and the birth of fewer children, women are expected to provide not just "double

care" for their children and parents but "multiple care" for their spouses, grandchildren, and parents-in-law.

Chapter 2 focuses on an emerging care pattern termed the double burden of care, wherein care responsibility arises simultaneously for children and the elderly within families. Changing life courses that entail increasing longevity, late marriages and births, and decreasing numbers of family members attest to this new phenomenon. The double burden of care is also gendered, creating subtle boundaries in family relationships. In general, the respondents in a study conducted in Hong Kong were involved in caring for their own parents rather than their in-laws, and the amount and type of care they provided for their mothers and mothers-in-law differed from the amount and type of care provided for their fathers and fathers-in-law. Under familialist gendered regimes, significant numbers of respondents felt the stress of physical and financial burdens associated with the perception of inadequate public care services. These empirical findings call for radical policy changes that promote the involvement of the state and of men in care responsibilities and that respond to the need to provide adequate training for migrant workers.

Chapter 3 discusses the role of elderly women in providing care for their grandchildren and spouses in South Korea. Unlike the care that these women provide for their grandchildren, which decreases as they age, the caregiving for their spouses does not decrease. Despite the high demands that are placed on elderly women to care for their families, such care has been undervalued because of the prevailing gender ideology. The findings of this study indicate that although elderly women reported that their role of caring for the family placed a considerable burden on them, they also perceived this role as normative (i.e., as what they should do). In addition, such women who were heavily burdened with caring for their spouses and grandchildren were likely to report a lower quality of life. Elderly women in South Korea still assume a heavy and unequal share of family responsibility, and there are social and family pressures fueling expectations that they should provide care for their family members.

Examining the perspectives of married women in Japan, Chap. 4 identifies three types of care provided by these women to their parents and in-laws: psychological, practical, and financial. The findings of this study suggest that the likelihood of care provision differs depending on the women's ages, distance from parents and in-laws, rural/urban residence, and husband's income. Despite these different attributes, the findings also reveal that rather than internalizing the patrilineal norms of

traditional families, married women are driven by a rationale of reciprocity. Women who received support from their parents are more likely in turn to care for their parents and in-laws, regardless of their lineage or gender.

These three chapters reveal the gendered nature of East Asian countries and how the state has taken advantage of the caring capacity of women throughout their life course. In the absence of substantial public infrastructure to support care, the responsibility to provide care falls largely on families, particularly women, significantly affecting their quality of life. The analyses presented in Part 1 of the book enable readers to grasp the extent of the care deficit in East Asia and provide background information on how East Asian societies are responding to their care needs, including the extent to which they avail of the option of introducing migrant care workers.

Part 2 extends the scope of the studies from the state to micro-level quantitative analyses of migrants within families and communities. The two respective chapters on Singapore and Taiwan delve into the well-being of migrants who work as live-in care workers in private homes. The application of a quantitative method highlights the subjective views of the migrants as members of families as well as of the host society. The policy implications for ensuring the human rights of migrant care workers are also discussed.

Chapter 5 considers the fictive kin relationship that employers and migrant workers develop in Singapore. Home is a private sphere for families who employ migrants but it is a public sphere for the migrants who are employed to undertake care and domestic work. The relationship between the employer and employee is in a sense contractual but not quite so, due to the nature of the workplace and working conditions. The author examines "familization" as an identity process where one thinks that one is part of the family one is serving through the case of Indonesian migrant workers. Despite the power relation, long working hours, and limited rest time, the majority of respondents felt that they are part of the family and those who feel more a part of the family had more positive and less negative emotions. It also found that the familization process is generated though interactions by both employers and employees and calls for policy initiatives to bring desirable outcomes in this area.

Chapter 6 focuses on the social inclusion of migrants in Taiwan by using subjective and objective social inclusion indicators. This includes the availability of resources, the extent to which an individual participates in various activities, and individuals' subjective perceptions of the value and benefit of these activities. The findings suggest that both the well-being and social

inclusion of the respondents were relatively high but were affected by lack of regular holidays. It also reveals that social activities, access to politics and citizenship, lack of independent living space, and training opportunities were some of the critical indicators that affected the social inclusion of migrants. Policy suggestions were made including training programs to enhance the human capital of migrants, development of live-out employment models, and programs to improve the mental and physical health of the migrants.

These two chapters provide quantitative analysis of the live-in migrant model in Singapore and Taiwan from the viewpoint of the migrants and discuss their status and challenges in the host society. Both chapters call for policy initiatives to create a better environment for employers and employees through improved protections, regulations, and training which enhance the capacity of migrants, families, and the community.

Part 3 focuses on the institutional framework that governs the global configuration of care in East Asia. In this section, comparative and regional perspectives are adopted to explore how and why different institutional frameworks result in different outcomes.

Chapter 7 examines Taiwan's care labor policy and the employer–employee relationship, illuminating how, in practice, macro-level policies and micro-level everyday experiences produce a gendered and racialized care labor market. It reveals that the marketization of care for migrant workers enables the retention of the idea of "family care" while providing Taiwanese women with more freedom to avoid the "triple shift" (wage earning, domestic work, and elderly care). By facilitating the employment of migrant women, the state has been able to avoid the public provision of care. However, the gendered order has remained intact, with the responsibility for care provision having merely shifted from one group of women to another.

Chapter 8 explores the economic aspects of the migration of care workers by focusing on the cost/benefit distribution among different stakeholders in Japan and Taiwan. The two societies receive "care workers" who migrate from the same sending countries, but their policies and institutional frameworks differ significantly. As a consequence of different institutional frameworks, the migration of care workers in Taiwan brings financial benefits to migrants, employers, and the government, while Japan's institutional framework compels the government and employers to shoulder a high financial burden. Based on a discussion of the economic as well as noneconomic challenges that both

countries face, questions are raised as to the sustainability of elderly care systems in the long run.

Chapter 9, which focuses on the migration of care workers in Taiwan, Japan, and South Korea, introduces the concept of migration and care regimes and presents a comparison of how these regimes intersect and interrelate with each other. The author argues that the two regimes do not exist separately; rather, migrant care workers are situated within a nexus of these two regimes that define the entitlements of migrants as well as the quality of care. Whereas the findings of the study reveal a diverse configuration of migrant care workers, a common issue is that of social citizenship that does not allow for the decommodification of migrants while providing care for others. The findings reveal that the quality of care and the entitlement of migrants are correlated; if developed countries wish to create a stable and high-quality workforce, they need to provide care for their migrants.

With the unprecedented level of population aging and globalization in the region, the chapters highlight that care work is disproportionately distributed or transferred among different women without necessarily challenging the existing gender order. It is also revealed that women's labor force participation and gender equality cannot be achieved unless care work is valued and shared. Care can no longer be confined as a private matter or treated as a personal problem and states have to intervene in order to ensure the well-being of their citizens and make our societies fair and sustainable.

Notes

1. These are widely known traditional proverbs expressing concepts of womanhood in East Asia.
2. The Maintenance of Parents Act in Singapore states that the responsibility for childcare lies with parents. Taiwan also has a similar provision on the obligation to demonstrate filial piety.
3. According to ILO (2016, 34), intraregional migration accounted for 62 million people or 60% of the entire number of international migrants in 2015. Numbers of Asian migrants to Europe and the United States were 20 million and 17 million, respectively.
4. For example, foreign entertainers in Japan have been equated with sex workers, and these stereotypes continue, leading to the stigmatization of

certain nationals. The same racial branding applies to domestic workers. See Guevarra (2014), "Supermaids."

5. Japan's Liberal Democratic Party (LDP) proposed a change in Article 24 of the constitution to strengthen and uphold the moral value of family members helping each other.
6. In Vietnam, the word *Oshin* became synonymous with domestic worker.

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PART I

Gendered Care in East Asian Societies

CHAPTER 2

The Double Burden of Care in Hong Kong: Implications for Care Policies and Arrangements

Raymond K.H. Chan and Priscilla Y.K. Wong

Introduction

The double burden of care in this chapter refers to the burden of caring for the older generation (parents) as well as the younger (children) simultaneously. While previous studies have focused on the impact of these two types of care separately, we examine the double burden of those responsible for both types of care. Using data from a survey conducted in Hong Kong from late 2013 to early 2014, we explore the level of stress and the concerns of those providing care. While their stress levels were not found to be particularly alarming, largely due to the good health of the caregivers and their parents, many concerns and expectations regarding public services were identified. Given the increasing longevity of the Hong Kong population, the double burden of care requires greater attention.

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Two Types of Caregiving and the Double Burden of Care

Providing care to family members is considered a basic family function. This function has been sustained by norms (such as filial piety) and by legal sanctions (such as Singapore's Parents Maintenance Act of 2005). Many adults are in the position of taking care of their children and parents at the same time. Though Kunemund (2006) argues that this situation is not prevalent, it could become more so due to recent developments.

Firstly, increased longevity has extended the period that parents require care. In addition to increasing the physical and mental burden of care, this extended period of care also adds to the financial burden, particularly with the introduction of modern and often expensive medical technology and drugs. Secondly, couples now postpone having children until their early 30s (often older for men). This creates a longer period when the demands of children and those of elderly parents overlap. Middle age is the peak period of responsibility, and those bearing a double burden are susceptible to the "compressed life course risk," arising from the wide variety of tasks to be accomplished in this hectic period of life (Chan et al. 2016).

Thirdly, children's period of dependency on their parents has been extended due to the expectation of a university education and, often, post-graduate studies, and the difficulty of establishing a career in an uncertain job market (Hillmert 2005; Macmillan 2005; Simonson et al. 2011). This compounds the burden on parents, who are often in their 50s and are faced with other life course demands and risks (e.g., retirement planning). Finally, caregiving supplied by the larger family network has decreased and become undependable, largely due to changes in gender roles and attitudes towards intergenerational responsibility. Even though filial piety and responsibility to children remain intact, the fact that women are no longer willing or able to be full-time caregivers has led to major challenges (Chan and Duan 2016; Chan and Wang 2015).

The term "double burden of care" (or "double care burden") has been used in different ways. It can refer to the burden of taking care of family and holding down a job: the so-called "second shift" of women (Hochschild and Machung 1990). Difficulties in balancing the claims of these two domains have been widely researched and have resulted in many studies on work–family or work–life conflicts (for example, Aryee et al. 2005; Chan and Wang 2015; Clark 2000; Greenhaus et al. 2003).

As mentioned, for the purposes of this chapter, we have adopted another definition: the burden of caring for children and seniors at the same time.

This condition has been briefly discussed in the literature on the "sandwich generation"—those "caught between the demands of child rearing and elder care while attempting to play a more demanding role in the work force" (Spillman and Pezzin 2000, 347). Grundy and Henretta (2006) point out that some members of the sandwich generation care for children and parents simultaneously, but they argue that the proportion who do so is very low because one's dependent children are usually grown up when one's parents are old enough to require regular assistance.

These days, however, due to the postponement of marriage and procreation, adults can find themselves providing care for both children and parents from their late 30s to early 60s. The double burden of care could be more prevalent than the literature on the sandwich generation suggests.

Grundy and Henretta (2006) surveyed women aged 55–69 in the UK and USA and found that around one-third were providing help to both younger and older generations. In managing their care arrangements, the women gave higher priority to supporting their children, thereby reducing the care offered to parents. A study of middle-aged adults by Fingerman et al. (2011) produced similar findings: the caregivers were more responsive to the children's needs, even adult children, due to closer emotional attachments. Nevertheless, this balance was shown to shift if the caregiver's parents were facing a crisis or increasingly unable to function. The authors argue that studies of the care dynamic across generations are necessary.

In Japan, Yamashita and Soma pioneered the study of the double burden of care in late 2012 (Yamashita and Soma 2016). They found that the percentage of those who had experienced, were in the process of experiencing, or believed they would soon experience the double burden of care ranged from 14.53% to 43.75% across different districts in Japan. The care burden could be alleviated by access to suitable childcare and preschool care facilities, by a good relationship between the caregivers and their spouses (a husband's appreciation and willingness to lighten his wife's burden), and adequate financial resources.

The Care Burden and Gender

Studies on caregiving in Hong Kong, like those undertaken in other countries, have usually dealt with only one type of care—either of children or of seniors. Most focus on care of seniors, especially those suffering from chronic diseases or dementia (Kwok 2000). Of these, the majority deal with women's burden of care and its various negative effects. For example,

a study of caregivers for family members with Alzheimer's disease conducted by Ng and Ho (2005) reveals the heavy emotional, financial, and physical toll that caregiving takes. Chan et al. (2010) reported on the experiences of caregivers for persons with dementia: their subjects reported an emotional burden, a feeling of being torn between various roles, and anxiety about their lack of necessary knowledge and skills. Lau Ma et al. (2012) found that the attitudes of those who care for stroke survivors who experience depressive symptoms are associated with the caregivers' perceptions of their own health and recent life events. Kwok's (2000) study of the sandwich generation in Hong Kong found that 52.3% and 14.5% of the respondents experienced hardship in taking care of children and parents, respectively.

Statistics provided by the government have shown that, even though there has been significant improvement in women's social status and participation in the workforce, they still bear a disproportionally high care burden. In 2002, there were 726,300 female homemakers in Hong Kong (representing 13.0% of the total population aged 15 and older) and an almost negligible number of male homemakers (Census and Statistics Department 2003). By 2013, the situation had improved only slightly: 637,500 homemakers were female and 16,900 were male, representing 10.5% and 0.3% of the population aged 15 and older, respectively (Census and Statistics Department 2015). Of the women homemakers surveyed in the 2002, 56.4% chose to stay home because they wanted more time to take care of household members (Census and Statistics Department 2003). By 2013, only 39.8% reported that they left their job to take care of family members (Census and Statistics Department 2015). The drop in percentage is evidence of the increased reluctance or inability of women to give up their jobs to become homemakers. The small size of recently built apartments deters cohabitation across generations, especially when children get married and have their own offspring. These trends have led to an increasingly uncertain supply of care within the family and household.

The situation in Hong Kong is not unique; it resembles that of most Asian and Western developed societies. In all these societies, the care burden is borne mainly by women (though the numbers of women devoting themselves to caregiving are dropping), and the involvement of men remains negligible. Given that citizens of Hong Kong have among the highest life expectancies in the world (81.2 and 86.9 for men and women, respectively, in 2014, compared to 67.8 and 75.3 in 1971) and that children are remaining dependent for much longer, more adults will have to provide

care to two generations. Without adequate arrangements, this care will be severely burdensome. The present study is the first to explore the double burden and the care arrangements across generations in Hong Kong.

The Study

This study uses quantitative methods to examine how the double burden of care is experienced by women with children aged six or below. These sampling criteria were chosen so that the study would reflect the most physically intense period of caring for children. The adequacy and quality of childcare services for those aged under six has always been a major policy concern.

A structured, self-administered questionnaire was designed to explore the following areas: care demands and the burdens associated, care arrangements, stress related to the double burden of care, and sociodemographic data. From October 2013 to January 2014, 1031 questionnaires were sent to kindergartens, primary schools, parent groups, and social services agencies in various districts of Hong Kong. To assist those who experienced difficulties completing the questionnaire, we offered telephone interviews (52 interviewees chose this alternative). In total, 582 completed questionnaires were received, representing a response rate of 56.5%.

Over half of the sample (i.e., 51.9%) were in their 30s, and 33.7% were aged 40 and above. Almost half were full-time housewives, and one-third were still working full time. Their median household income was between HK$20,001 and HK$30,000 (i.e., approximately US$2560–3850), which is consistent with the overall Hong Kong median household income of $23,500 in 2014 (Table 2.1).

The Double Burden of Care

The Care Burden

Care in this survey included both physical and psychological care, as well as offering financial support. More than three-quarters (78.5%) of the respondents were caring for both the older and younger generation when they participated in the study, and 21.5% reported having done so in the past. More than half (320 or 55.0%) had two children, and another 38.0% (221) had one. According to our sampling criteria, the youngest child must be

Table 2.1 Profile of sample

Sociodemographic features		*Percentage*
Age	30 or below	14.4
	31–39	51.9
	40 and above	33.7
Marital status	Single	1
	Married/cohabitating	95.4
	Divorced/separated	3.4
	Widowed	0.2
Occupational status	Full-time work	36.4
	Part-time work	11.9
	Self-employed	3.3
	Work for family business	1
	Homemaker	47
	Other	0.4
Household income	< HK$10,000	9.6
Mean = 4.12, SD = 2.134	HK$10,001–15,000	18.8
(1 – < HK$10,000	HK$15,001–20,000	16.4
8 – > HK$70,001)	HK$20,001–30,000	13.8
	HK$30,001–40,000	12.5
	HK$40,001–50,000	10.5
	HK$50,001–70,000	10.5
	> HK$70,001	7.7
Health status	Poor	2.1
Mean: 3.45; SD: .819	Not good	7
(1 – Poor, 5 – Very good)	Fair	41
	Good	43
	Very good	6.9
Spousal relationship	Poor	1
Mean: 3.08, SD: .887	Not good	6
(1 – Poor, 4 – Very good)	Good	62.4
	Very good	30.6

aged six or younger; however, the mean age of the children in study was much younger (1.7 years) (Table 2.2).

We asked the respondents to classify the seniors for whom they cared according to two types: those who require regular daily assistance and those who do not. As our respondents were relatively young, it was not surprising to see that the number of parents requiring regular assistance was not alarmingly high, and the level of care required was still manageable (mean: 2.53–2.79 out of 5) (Table 2.3). There were also 253 parents and 125 parents-in-law who did not require regular assistance.

Table 2.2 Number of children requiring care

Number of children	*Number of respondents*	*Percentage*	*Order of children*	*Mean age*
1	221	38	1st	2.73
2	320	55	2nd	1.24
3	34	5.8	3rd	0.13
4	7	1.2	4th	0.02

Table 2.3 Care profile for parents who required regular assistance (frequency)

Items	*Mother (N = 376)*	*Father (N = 274)*	*Mother-in-law (N = 299)*	*Father-in-law (N = 221)*
Required regular daily assistance	147	105	143	102
Housebound	57	41	67	53
Ill and receiving treatment	54	36	37	42
Requiring healthcare and financial assistance	46	42	32	30
Disabled	19	16	10	13
Level of care required (mean) (1 = min, 5 = max)	2.65	2.53	2.62	2.79

The respondents were additionally asked if their parents were also offering care to their own parents in turn (i.e., the respondents' grandparents). Nearly half (273 or 46.9%) confirmed this to be the case. When asked if their parents' caregiving gave them less time to help out with the respondents' children, 15.3% (89) answered in the affirmative. The study revealed that caregiving often spans four generations, which can lead to conflicts of priority.

Care Services and Arrangements

We asked the respondents what kind of childcare services they considered necessary. Most cited "educare" (facilities that offer education and caregiving at the same site, such as nursery school for those aged 2–6 and kindergarten for those aged 3–6) (Table 2.4). Parents prefer that their children begin their formal education as early as possible. To help parents (especially mothers) with long or irregular working hours, some educare facilities

Table 2.4 Childcare support services preferred (can choose more than one)

Services	*Percentage*	*Number*
Kindergarten	58.1	338
Nursery	40.0	233
Childcare center	19.2	112
Nanny services	12.7	74
Baby crèche	7.2	42

Table 2.5 Senior care services used in the past and at present

Senior care services	*Percentage*	*Number*
Home help	15.6	91
Residential care	4.8	28
Loan or purchase of rehabilitation equipment	4.5	26
Senior daycare center	2.9	17
Nursing care	1.9	11
Senior day respite services	0.9	5
Residential respite care	0.3	2

extend their hours from 8:00 a.m. to 6:00 p.m. The government provides limited subsidies to parents, through the Pre-primary Education Voucher (Chan 2011).

The survey showed that senior care services were rarely used (Table 2.5). This fact could be explained by two factors: first, the relatively young age of the respondents' parents (who, therefore, have no need for formal care services), and second, the limited availability of senior care services, leaving some of the respondents with no option but to take up the major caregiver role (71, 42, 44, and 29 respondents taking care of mothers, fathers, mothers-in-law, and fathers-in-law, respectively).

We further sought to determine whether the respondents offered financial assistance and emotional/psychological care to their parents. We found that mothers and mothers-in-law received more emotional care and financial aid from the respondents than fathers and fathers-in-law. This might be a consequence of the different objective needs of the different sexes. However, it might also reflect a gendered bias in care provision—a closer and more affective tie between women and mothers/mothers-in-law, and a more distant and instrumental tie between women and fathers/fathers-in-law. Furthermore, the respondents offered more financial and emotional support to their own parents than to their parents-in-law (Table 2.6). This

Table 2.6 Forms of care to parents (can choose more than one) (% of surviving parents)

Items	*Mother*	*Father*	*Mother-in-law*	*Father-in-law*
Financial assistance	63.0	56.4	49.5	45.4
Emotional/psychological care	70.3	59.1	46.4	41.5

Table 2.7 Caregivers' arrangements for parents and parents-in-law

Caregivers	*Parents*		*Parents-in-law*	
	Number	*Percentage*	*Number*	*Percentage*
Self	253	45.9	125	23.4
Own siblings	245	44.5	25	4.7
Husband	11	2.0	131	24.5
Husband's siblings	6	1.1	200	37.4
Siblings of parents/parents-in-law	5	0.9	20	3.7
Others	31	5.6	34	6.4

suggests a subtle in/out family boundary. With closer affiliation, there is a greater sense of responsibility. There was an implicit division of the labor involved in caring for the two sets of in-laws.

There was a similar division of labor evident in caregiving for parents and parents-in-law who did not require regular assistance (Table 2.7). In both cases, however, the husbands' involvement was limited and less than that of the respondents. The respondents and their siblings would offer more care to their own parents, while the husbands and their siblings assumed greater responsibility for their own parents (i.e., the parents-in-law of the respondents). Again, this suggests a subtle in/out boundary, which determines who bears responsibility for whom. Though the women's involvement in the care of their in-laws was still significant, a relationship by marriage does not always generate a strong sense of responsibility.

Double Care Burdens and Concerns

A significant majority of the respondents (89.9%) experienced a sense of burden associated with their care of both children and parents. When this group was asked to identify the major burden, financial stress and neglecting

Table 2.8 Major concerns associated with caring for children and parents

Concerns	*Number*	*Percentage*
Financial burden	303	52.1
Neglecting one's own children as a result	294	50.5
Lacking the necessary physical strength	269	46.2
General feeling of being unable to offer adequate care	255	43.8
Psychological/emotional difficulty	242	41.6
Care at a distance	165	28.4
Differing opinions among siblings/relatives	126	21.6
Lack of senior residential and community care facilities	119	20.4
Spouse's inadequate understanding	93	16.0
Lack of childcare facilities	37	6.4
Other	12	2.1
No sense of burden	59	10.1

one's children (52.1% and 50.5%, respectively) headed the list, followed by a lack of the physical strength required (46.2%) and a general feeling of incompetency (43.8%). Another 41.6% experienced psychological and emotional difficulties (Table 2.8).

While the lack of services was not a major concern, the overwhelming majority (91.9%) considered public care services to be inadequate or very inadequate (1 = very inadequate, 4 = very adequate; Mean: 1.81, S.D.: .597). Even when the respondents did not rely on social services, they still had expectations about the provision of these services. They may recognize that, in the foreseeable future, aid from such services will become more necessary and the costs will have a great impact on their financial condition.

To generate more data on stress levels, we included two questions that yielded a high level of correlation ($r = .615$; $p < .01$). The first measured the subjective perception of stress resulting from the double burden of care. The mean score was 2.67 (1 = not stressful, 4 = very stressful; S.D.: .830); so, the sample did suffer from certain levels of stress.

The second question was a refined and shortened version of the Zarit Burden Interview (ZBI). The ZBI is an instrument developed to measure the burden experienced by caregivers of those suffering from dementia, but it is also applicable to other conditions. The original version contains 22 items, but it was trimmed down to a 12-item version and a 4-item screening version by Bedard et al. (2001). A study by Higginson et al. (2010) proposed other versions and discussed a variety of ZBI applications. The 10-item version that we used in this study is a selection of those items

Table 2.9 ZBI scores

Items	*Mean*	*S.D.*
1. Do you feel that you should be doing more for the child/children who you take/took care of?	2.59	.97
2. Do you feel that you do not have enough money to provide double care in addition to the rest of your expenses?	2.51	1.21
3. Because of your involvement with double care, do you feel that you do not have enough time for yourself?	2.37	1.05
4. Do you feel that you should be doing more for the relative who you take/took care of?	2.37	.89
5. Do you feel stressed due to providing double care as well as meeting other family responsibilities, jobs, and so on?	2.03	1.07
6. Do you feel strained when around the child/children who you take/took care of?	1.88	1.1
7. Do you feel strained when around the relative who you take/took care of?	1.77	1.01
8. Do you feel that you have lost control of your life since undertaking double care?	1.81	1.12
9. Do you feel that your health has suffered because of your involvement with double care?	1.71	1.08
10. Do you feel that providing double care affects your relationships with other family members and friends in a negative way?	1.51	1.06
Overall (range: 0–40)	20.6	7.2

Notes: 0 = never, 1 = rarely, 2 = sometimes, 3 = quite frequently, 4 = nearly always

we considered most relevant to caregivers in our research context. These ten items cover feelings of stress and strain; effects on one's health, autonomy, and time management; conflicting priorities; and financial worries. In this study, it yielded a satisfactory alpha score of .871.

While the overall level of burden was average (Mean: 20.57, range: 0–40), the respondents revealed their major sources of stress: conflicting priorities (Mean: 2.59), financial worries (Mean = 2.51), and effects on their own health, autonomy, and time management (Mean = 2.37) (Table 2.9).

To handle their stress and burdens, the respondents were more likely to rely on informal support networks than formal services, even though 78.7% knew where they could receive such public services. The responses highlight the importance of the husband's contribution, with 69.9% of them providing support to the caregivers. Nevertheless, 6.2% of respondents stated that they received no support when dealing with the double burden of care (Table 2.10).

Table 2.10 Sources of support

Care offered		*Frequency*	*Percentage*
Formal care arrangements	Staff of kindergarten	53	9.1
	Staff of nursery school	17	2.9
	Staff of community care services	13	2.2
	Staff of childcare center	10	1.7
Informal care arrangements	Spouse	407	69.9
	Peers	202	34.7
	Relatives	191	32.8
	Others	29	5.0
	No support received	36	6.2

Using our two measures of stress as dependent variables, we conducted a regression analysis to identify significant explanatory factors. On the whole, these findings supported those of the literature on caregivers' burdens. The age and number of children receiving care have no statistically significant relationship. There is, however, a clear negative correlation between the following conditions and stress levels (i.e., the weaker the condition, the higher the stress): perceived adequacy of public care services, health status of the respondent, spousal relationship, and household income. In a sense, we can propose that those who have better financial resources and perceived positive emotional relationship with their spouse are better able to moderate the sense of burden. The level of care required for mothers and mothers-in-law did not exhibit a significant relationship with levels of stress but that for fathers and fathers-in-law did show a positive correlation (Table 2.11). This suggests that caring for men is more taxing for caregivers, perhaps due to gender differences, ease of communication, and physical demands.

Discussion and Policy Implications

Due to the limitations of the sampling method (i.e., non-random sampling) and the small sample size, we cannot provide an accurate assessment of the prevalence of a double care burden in Hong Kong. Nevertheless, this study—the first to examine the double care phenomenon—provides us with a better understanding of this group of caregivers and a basis for a discussion of the policy implications.

Table 2.11 Factors accounting for burden and stress

Factors	*Overall sense of burden*	*ZBI (stress)*
Perceived adequacy of public services	−.285[a]	−.238[a]
Number of children	−.045	−.052
Age of respondent	−.017	−.016
Health of respondent	−.240[a]	−.161[a]
Relationship with husband	−.197[a]	−.161[a]
Household income	−.206[a]	−.017
Required care level of mother	.119	.118
Required care level of father	.113[a]	.094[b]
Required care level of mother-in-law	.028	.013
Required care level of father-in-law	.093[b]	.070

[a]Correlation is significant at the 0.01 level (2-tailed)
[b]Correlation is significant at the 0.05 level (2-tailed)

Care, Burden, and Familial Arrangements

The respondents' perception of their burden and stress levels was not particularly worrisome. This could be the result of the relatively good health of the respondents, which enhanced their capacity to give care, and the relatively good health of the respondents' parents, which lessened their own demands for care. Nevertheless, our analysis confirmed that those with low incomes, poor health, or an uninvolved spouse are more vulnerable to stress and likely to feel their burden to be heavier.

Childcare was shown to be a higher priority than senior care. The respondents felt a conflict between the types of care. While they paid greater attention to their children, there was attendant stress associated with neglecting their duty to take care of their parents. Moreover, we found that some of the respondents' parents were forced to reduce their time spent with grandchildren because they had to take care of their own parents. Intergenerational support across four generations can lead to disequilibrium, where the two poles of the continuum compete for limited caregiving and financial resources. This type of conflict was identified in Fingerman et al.'s study (2011). The problems associated with conflicting priorities are exacerbated when older family members (adults' parents or grandparents) experience a prolonged health crisis that requires more regular and intensive care.

Our findings also show an undercurrent of conflict regarding the division of care between parents and parents-in-law. The respondents were generally

more involved in their parents' care (with the care burden shared by their siblings); caring for their parents-in-law was shared by their husband and husband's siblings. While the respondents still played a role in the care of their parents-in-law, the division of labor reflected subtle boundaries in the familial relationship. There could be a perception of different levels of liability associated with parents and parents-in-law, which could affect the caring arrangements within a family. Furthermore, the amount and type of care provided for fathers and fathers-in-law differed from that provided for mothers and mothers-in-law. Taking care of men increased the caregivers' stress, perhaps due to greater physical demands. This too has implications for familial care arrangements.

Care Arrangements

Our findings confirm the prevalence of the conventional care arrangement, in which the family assumes most of the care burden (Esping-Andersen 2006; Ochiai 2009; Yamashita and Soma 2016). In Hong Kong, the majority of familial caring duties are carried out by women, which means that this familialistic regime is actually a familialistic gender regime. Drew suggests that such a regime "presuppose[s] the existence of a home-based dependent wife who is responsible for home-making, childrearing and care of other family members" (1998, 28). There is minimal state intervention and men's participation is primarily limited to supporting the caregivers. Such a regime restricts women's role in the family and their ability to compete with men on an equal basis in the labor market. Our study confirms that a more positive relationship with the carer's spouse can help to reduce the sense of burden. In that sense, men's participation should be actively encouraged, from simply offering emotional support to the higher level of direct involvement in care provision.

Our study found low levels of public senior care services utilization. Though the respondents rarely accessed these services, the fact that these services were available was important to them. The existence of such services provides a sense of security; it operates as a safety net and buffer, thus reducing the stress levels of caregivers. At the top of the respondents' wish list was initiatives that would reduce their financial burden. Medical costs increase with age, and caregivers find it difficult to estimate and address future financial burdens. While the Hong Kong government has maintained a low-cost public health system, initiated medical voucher schemes, and

offers some subsidies to private primary health service providers to cover their costs, senior care remains problematic.

At present, residential care services for senior, particularly for the frail elderly, are mainly provided by private enterprises (70% of resident care places are provided by privately operated homes). The government has introduced an Enhanced Brought Place Scheme to subsidize service users to purchase services from private senior homes, and hence diverting the demands to the private market. In Hong Kong, the care arrangements, especially for the elderly, are a version of familialism wedded to liberalism and capitalism (Ochiai 2009).

In Hong Kong, quality care services come at a high price. For those who have higher incomes, this can be tackled by consuming private market services. However, even for most middle-income residents, affordability is a serious concern (Kwong and Kwan 2001). Given the high operating costs of these labor intensive services, private operators usually provide only the bare necessities required by licensing bodies (and some even do not provide these). Service quality has been seriously compromised and cases of abuse are not uncommon. People's reluctance to avail themselves of private services is evident in the many vacancies that exist at private care homes, despite long waiting lists for subsidized homes (Chui et al. 2009). In August 2014, the waiting times for subsidized care and attention home places and nursing homes were 36 months and 32 months, respectively, whereas the waiting time for private providers under the Enhanced Brought Place Scheme was only seven months (Audit Department 2014).

Given Hong Kong's ageing population (seniors accounted for 15% of the total population in 2014 and will likely account for 30% in 2034), its low birth rate (an average of 1.11 children per family from 2005 to 2014), and the new priorities of Hong Kong women (to engage in paid work and focus on their career), it is clearly necessary to question the effectiveness of Hong Kong's familialistic gender regime wedded with liberalism. While we should not abandon the role of the family, we should create a better mix of the various sources of informal care and improve the interfaces with formal care services.

In Hong Kong, the main aim of improving childcare services is to enable women to continue their participation in the labor market, while the impetus to improve senior care comes from the need to relieve the caregiving burden. The government has introduced various measures to increase childcare services and to improve accessibility to these services by giving subsidies to providers and users, and offering more flexibility in their

operation (e.g., extended hours). The proposals and policies to improve senior care services, apart from those aimed at increasing the scale of current operations, focus on community care, and supporting caregivers by offering training and backup (Chan et al. 2010; Lau Ma et al. 2012; Tang et al. 2011). Attention has also been paid to the quality control and service inspection of private senior residences.

Yet, there are many gaps still deserving of attention. A core concern is the cost of providing adequate care, especially long-term care, for the elderly. Currently, there is no comprehensive long-term care insurance in Hong Kong, and no sign that it is under consideration. Most discussion of long-term care has been limited to public health financing, which applies to hospital care. The only result of these discussions so far has been the announcement of plans, without details or timetable, to implement a voluntary insurance scheme. The public seems to believe that, as a last resort, the government will assume responsibility for long-term care, though the quality and adequacy of this potential care is open to question. This uncertainty probably accounts for the financial worries expressed in our study.

As long as women must sacrifice their careers to become caregivers, this will be accepted as the norm: the familialistic gender regime will be perpetuated and reproduced unless a breakthrough occurs. While the government has taken some steps, we need a more radical change of agenda and policies to address the concerns of this study. Given the dynamics of care across generations within a family, we need to assess care needs and the resultant burdens in a more holistic manner. Care needs must extend to different generations, and care capacity has to take into account the unspoken boundary between women's commitment to their own family and to their in-laws. Moreover, we have to be more sensitive to the additional burden and extra stress experienced when there is a female caregiver and a male care-receiver.

Hong Kong's care policies must recognize how women's aspirations change throughout their life course. It should not be taken for granted that women will provide care and will play only a supplementary role in the labor market. Their needs, aspirations, and interests must be a core concern in policy design. At the same time, the roles of men in the caring network must be strengthened. While our study confirmed that men are still not the primary caregivers, their support was a crucial factor in reducing their wife's stress. Their participation in the provision of direct care should be the next step. More studies are required to assess men's readiness to assume caregiving responsibilities, the hurdles to their participation, and appropriate

strategies to overcome these hurdles. Adequate support and compensation must be offered to both male and female caregivers. The three days' paternity leave, which became a statutory labor benefit in 2015, is the type of policy that should be encouraged. While we are not suggesting a complete abandonment of family from the care network, we are arguing for the replacement of the familialistic gender care regime with an individualistic, gender-neutral one. For example, childcare leave, if this is the next step, has to be shared by mother and father to promote gender equality and males' familial responsibilities.

Another issue requiring policy intervention is the position of private care providers. The private sector has assumed a major role in the provision of care to both children and seniors. Some of these care providers receive direct or indirect subsidies from the government, and users may also receive vouchers to purchase services. While we should not dismiss the contribution made by private providers, we still must be aware of their limits. The fact that these organizations are profit driven inevitably affects the quality of services provided; or if higher fees are charged, this might deter utilization or make such private care a privilege only for those who can afford it, even with a subsidy. Consideration should be given to increasing subsidies to providers and consumers, and tightening up regulation and oversight. Educating users so that they have the knowledge and capacity to evaluate these services would reduce the possibility of abuses on the part of the provider.

Importation of Migrant Care Workers

In Hong Kong, there is an increasing dependence on migrant care workers ("foreign domestic helpers") in care provision. Since the early 1970s, Hong Kong has encouraged the migration of domestic helpers to work as caregivers in families. In December 2014, the number of migrant workers employed surpassed 330,000 (representing 8.5% of the labor force). If we assume that each household hired only one foreign domestic helper, then 13.6% of the households in Hong Kong had such a migrant care worker in 2014. They are mainly from Indonesia and the Philippines, with a much smaller percentage from Thailand and Sri Lanka. There is no overall quota for the total number of workers imported, nor one applied to each household or employer. Employers are not required to have a high income level, or to pass any stringent asset test, before hiring a migrant care worker. In 2014, the monthly salary for a helper was only HK$4210 (approx. US$540)

compared to the average household income of HK$23,500 (approx. US$3102). Given this easily accessible and affordable option, an increasing number of citizens are hiring foreign domestic helpers.

This type of migrant worker is brought in for domestic work, which includes household chores and caregiving. A much smaller number are brought in to work in the industry of residential care for seniors. While there are no statistics showing the proportion of care work compared to other types of household chores, it seems quite evident that most are involved in caring for children and, more recently, seniors. Hiring a foreign domestic helper significantly reduces family members' participation in housework. A survey conducted in 2013 found that in households with domestic helpers, 75% of men and 60% of women did not do any housework (Census and Statistic Department 2015). We included several questions on the use of migrant care workers at home in our survey. We found that they are generally employed to provide care for seniors. While only 5.7% of the respondents hired them for childcare, about 25.1% were employing them, or had employed them, to take care of elderly relatives. These figures suggest that there is an established dependency on this type of migrant worker in Hong Kong. The option is simply too convenient and too affordable for most families to avoid.

Nevertheless, it should be noted that these workers are not specifically recruited to deliver care, especially the more complicated and demanding care of seniors. There is no guarantee that they have received formal training and, consequently, no guarantee of the quality of care provided. Moreover, little attention is paid to these workers' personal well-being (though there have been campaigns to establish labor rights and raise salaries). Suitable training should be provided for care workers, either before they enter service or during their tenure, by private or public organizations. In Hong Kong, the only training courses for migrant care workers are in the field of childcare and are offered by private providers and NGOs.

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CHAPTER 3

Family Caregiving by Elderly Korean Women and Their Quality of Life

Ju Hyun Kim

This study aims to investigate the burden of family caregiving on the elderly female, difficulties caused by caring for family, and the meaning of the elderly female about caring family in South Korea. Elderly women face numerous psychological and physical challenges due to their caregiving extending into old age. To prevent their life satisfaction from deteriorating due to the responsibilities of caregiving, both emotional and instrumental problem-solving are required. In particular, further research must be conducted to improve the level of life satisfaction among elderly women providing care for their spouses under poor conditions. According to this study, responsibility for care is weighted toward the elderly female. Thus, the Korean government should introduce care management policies, institutions, and practices in order to cope with the growing needs of care.

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Research Background: The Care Burden of Elderly Korean Women

Over the human life cycle, there are stages at which we require care from others—most commonly childhood and old age. The overall increase in the proportion of the elderly population, changes in family structures, and the participation of women in economic activities have all contributed to a growing demand for caregiving, especially for spouses, grandchildren, and elderly parents. In response to the shortage of caregiving, South Korea has recently expanded social services in an attempt to socialize and officialize caregiving. Despite these efforts, the responsibility for caregiving within the family is still mainly assigned to women due to the lack of an institutional foundation for the socialization of caregiving. Elderly women, in particular, serve as the primary caregivers in Korea (Choi et al. 2012; Chang et al. 2006).

Under a patriarchal family culture that focuses on continuing the male bloodline, caregiving in Korean society has long been provided by wives and daughters-in-law. For women, caregiving activities are not only a moral obligation but also a behavioral norm required to maintain family relations. In patriarchal Korean society, caregiving activities have always been associated with women, who play the role of maintaining intimacy within the family.

First, caregiving labor for grandchildren will be examined in this chapter through the 2012 Childcare Survey conducted by the Ministry of Health and Welfare. Caregiving for infants mainly involved daycare centers (47.9%) and assistance from grandparents (35.1%), while preschoolers relied most on daycare centers (42.3%) and kindergartens (48.2%). Dual-income households showed a higher percentage of caregiving by grandparents. Grandparents accounted for 54.5% of caregiving provided in dual-income households with infants, and 44.9% in dual-income households with preschoolers (Korea Institute of Child Care and Education 2012). Korean women managers were also more dependent on their children's grandparents for childcare. Paternal and maternal grandparents combined accounted for 52.0% of caregiving for infants and 49.8% for preschoolers (Korean Women's Development Institute 2014).

Second, statistics on elderly Koreans show an increase in elderly women playing the role of caregiver for their husbands. The proportion of elderly women caregivers does not decline with age, and remains high even among those in their 80s (Choi et al. 2012). According to the Survey on Caregiving

Labor within the Family, spouses accounted for 37.1% of caregivers for the elderly within a family, indicating the considerable number of elderly women taking care of their husbands (Chang et al. 2006). According to statistics on the relationship between elderly people requiring care and their caregivers in the 2010 Family Survey by the Ministry of Gender Equality and Family, 65.8% of elderly men aged 65 and older were dependent on their wives. A report from the Korean Women's Development Institute on the profile of family caregiving as provided by female older adults in Korea states that 66% out of 300 elderly Korean women regarded caregiving for their spouses to be their duty. The reasons cited for providing such caregiving were "to prevent children from feeling burdened" (48.7%), "because my spouse expects to be taken care of" (42%), and "for my peace of mind" (38.7%). Most elderly Korean women assuming the role of caregiver can be considered to be performing caregiving labor under gender roles enforced by patriarchy.

Aim of Research

It has long been suggested in feminist research that the facts that the social value of caregiving remains invisible and women's contributions are underestimated as simply a private matter serve as the basis for gender discrimination. The lack of an institutional foundation for caregiving labor places a greater burden on the caregiver, and imposes the duty of caregiving within the family on women. While many elderly women assume the role of caregiver, they tend to be underappreciated due to gender stereotypes and do not receive sufficient social attention for their work (Hooyman and Kiyak 2008).

Against this backdrop, this study asserts that it is necessary to sociologically explore both the gender bias toward caregiving in South Korea and the fact that caregiving is left to women, who have been traditionally weaker in terms of financial capacity, education, and employment experience. The research questions are as follows. Given the erosion of life satisfaction among elderly women, fueled by caregiving labor, is it possible to prevent such deterioration through institutional support for caregiving activities? Can the social perception of caregiving labor and gender-biased distribution of responsibilities be considered the source of negative impacts on life satisfaction? Can quality of life and life satisfaction among elderly women be improved simply through the implementation of welfare policies aimed at alleviating the difficulties and stress of caregiving labor?

In the absence of a proper appreciation of the nature, value, and meaning of caregiving labor, it is being rapidly commercialized, and elderly women are being used as a response to the caregiving crisis. The purpose of this study is to stimulate sociological interest in the gender bias toward caregiving labor in Korea. Along with implementing social welfare policies for caregiving labor, it is also important to overcome the low social regard for such work and to explore the conditions experienced by elderly women performing the role of caregiver.

The study analyzes the caregiving borne by elderly women, the difficulties they face in taking care of their families, and the quality of life of elderly women providing care for spouses or grandchildren. This analysis of caregiving and quality of life is expected to contribute to the establishment of support policies.

In regard to elderly women serving as main caregivers, this research analyzes the differences in their life satisfaction by caregiving type and socioeconomic status. In particular, it investigates how levels of life satisfaction among elderly women vary depending on the type of care provided (grandchild versus spouse) and the conditions of their caregiving. It also examines how the major factors that influence their life satisfaction change depending on the type and conditions of caregiving.

The intent of this research is to more closely examine the issue of the caregiving and sacrifices that elderly women are expected to bear, prior to any attempt to use social and institutional means to address the gap in caregiving in regard to elderly women's livelihood issues caused by the perpetuation of caregiving labor being imposed on women, even in their older years. Most previous studies regarding the deterioration of quality of life among elderly women have focused on policy measures to reduce the caregiving and improve the life satisfaction of elderly women. This research attempts to explore an area that may be overlooked in many studies seeking institutional support: discrimination in elderly women's participation in family care responsibilities. This arises because elderly women continue to bear the burden of caregiving amid changes in the surrounding systems.

Literature Review

Studies on Gender Differences Among Caregivers

As described in the previous section, preceding studies on caregiving reveal that caregiving labor is concentrated among women. Other research has

pointed out that caregiving labor negatively affects the quality of life of elderly women playing the role of caregiver (Penning and Wu 2015; Pinquart and Sörensen 2007).

A number of studies have shown that women engage in highly intimate relationships within the family as caregivers and that the social perception of women as the major caregivers for the family contribute to women's concentration in caregiving positions (Penning and Wu 2015). Studies on gender differences in caregiving and related issues are commonly based on gender-role socialization theory (Barnett and Baruch 1987; Kessler 1979; Miller and Cafasso 1992). Despite women's affiliative orientation toward caregiving stemming from gender-role socialization, some researchers attempt to explain the gender differences using a stressor/coping framework. The stressor/coping framework assumes that the negative effects of caregiving labor are subject to the level of stressors, psychosocial and environmental resources, and individual propensity. In other words, circumstantial demands, support resources, and personal disposition all affect the performance of caregiving roles and the caregiver's perceived degree of difficulty. The stress process, which is impacted by gender, age, and race, continues in a caregiving situation. Unlike in gender-role socialization theory, this explains gender differences in times of emotional distress by focusing on gender differences in caregiving situations and emphasizing current social roles and circumstantial needs. This means that women's performance of particular social roles increases the likelihood of their exposure to particular stressors. According to this explanation, the reason that women complain more about stress is because they have greater experience of stress-inducing situations and of higher role-based strain. Due to the respective gendered expectations of care receivers and female caregivers, the latter tend to respond differently to the same level of care demand, creating gender differences in the burden of caregiving responsibilities (Pinquart and Sörensen 2006). This explanation has been used in recent research as a theoretical background regarding the burden of caregiving concentrated on elderly women and issues incurred thereby, such as psychological problems, depression, and deteriorated quality of life (Barusch and Spaid 1989; Miller and Cafasso 1992).

There are also studies on women's caregiving roles that spotlight the low levels of compensation provided to caregiving labor as a result of gendered caregiving. These studies find the reason for such low payment to lie in the fact that the prevalent social perception of caregiving as a traditional role in family for women, one that does not require financial reward, has been

reflected in the process of the commercialization of caregiving labor in the market (Badgett and Folbre 1999; England et al. 2002). The social perception that childcare and household labor has traditionally been performed by women and has become a natural part of women's role has affected and played a critical part in the determination of the level of financial reward provided to caregiving labor. Paid labor requiring skills and expertise, to the contrary, has been coded as masculine work, and thus, work performed by men receives greater social recompense.

One further factor is related to the nature of caregiving labor. According to an explanation based on discrepancy theory, the financial reward for caregiving labor declines because the labor itself, unlike other forms of paid labor in the market, provides unique rewards in the form of pleasure and a sense of self-worth. Others argue that compensation for caregiving labor is low because it is difficult to measure the effect of such labor in terms of market currency. Caregiving is peculiar in that it is a multifaceted form of labor that encompasses characteristics of physical, emotional, and psychological work (Badgett and Folbre 1999; England et al. 2002). Distinct from other types of labor, which are evaluated based on efficiency and explicit outcomes, the act of caregiving, which includes caring for the emotional state of the recipient, is not officially recognized but in fact disparaged as a form of unpaid labor due to a social perception that emphasizes emotional aspects as the core of this labor (Cohen 2011; Foner 1994; Kilbourne et al. 1994; Kim 2002, 2009).

According to recent studies that have examined the process of payment determination for care workers and review the process through which caregiving has become gendered and reproduced as low-paying labor, changes in caregiving work, such as its conversion into paid labor and the social expansion of care services, are simply attempts to shift women's caregiving labor into the public realm rather than to transform the existing gendered division of labor. The researchers criticize the fact that the gender division in caregiving labor is maintained within the family using the available labor of women, especially that of elderly women, while the gender division of low-paying caregiving labor is reproduced in the public realm (Kim 2009). These gender differences in the contexts, circumstances, and rewards of caregiving labor are likely to be magnified among elderly women who continue to be tasked with family care in their later years, affecting these women's level of life satisfaction regarding caregiving labor.

Elderly Women's Caregiving for Grandchildren and Spouses and their Resultant Quality of Life

Western research has focused on the deterioration of grandparents' psychological welfare resulting from being required to take care of grandchildren when this is not normally part of their obligations during the final stage of their life cycle and because their adult children fail or are unable to take up the responsibility. It has been reported that grandparents face problems due to "worsening health and financial circumstances while providing care for grandchildren at a difficult stage of their lives," as well as a "decrease in social activities" (Jendrek 1993; Solomon and Peterson 1994; Kim et al. 2010, 185). At least since the 1997 Asian Financial Crisis swept South Korea, there has been an increase in the number of studies on multigenerational households. Research has found that caregiving for grandchildren in such families leads to financial and health difficulties, contributing to a decline in the caregiver's psychological welfare (Bae 2007; Choi 2006; Lee et al. 2008; Lee and Han 2008; Ok 2005).

However, the impact of caregiving labor on quality of life remains subject to debate. In South Korea, findings from studies on the relationship between caregiving for grandchildren and the psychological welfare of grandparents have been inconsistent. The more negative results have been associated with social isolation, burden of caregiving, health problems, and conflict with adult children (Oh 2006). While caregiving stress has a negative effect on grandparents' life satisfaction, other parameters include caregiving rewards, family relations, and social support. In other words, the stress of caregiving may be mitigated or amplified depending on such parameters (Kang 2011; Kim and Chung 2011; Kim et al. 2010; Kwon 2000).

The majority of research has identified the age of caregivers to be an important variable. Transitioning into the role of a caregiver for grandchildren was shown to have a positive effect among middle-aged grandparents. That is, middle-aged grandparents felt higher satisfaction when transitioning into caregivers and this influence was sustained across all models, whereas elderly grandparents did not see any positive effect (Jun et al. 2013; Chung et al. 2015).

Research on elderly women as caregivers has found that increasing lifespans and changes in household structures have resulted in more elderly caregivers for spouses, something which in traditional families was formerly considered the role of daughters-in-law.

Examining elderly women as caregivers, Choi et al. (2012) revealed distinctions between grandchild and spousal caregivers using the National Elderly Survey and the Korean Longitudinal Study of Aging. According to their research, compared to caregivers for their grandchildren, spousal caregivers were older, had lower income, had a smaller number of household members, required greater assistance in carrying out their daily activities, had a lower degree of independence, and suffered more from depression. Many studies based in South Korea have found poor quality of life among elderly women providing care for their spouses (Choi et al. 2012; Han and Lee 2009; Kang 2011; Penning and Wu 2015). With their spouses unable to continue making a living, these women were also facing financial difficulties alongside high levels of physical and psychological stress.

In other countries, the caregivers for seniors who required help were often found to be spouses. In the absence of spouses, grown children become their main caregivers. The livelihoods and caregiving burden borne by elderly women had a considerable impact on their health (Burton et al. 2003). Compared to grown children as caregivers, spousal caregivers were more likely to provide care without external assistance.

Existing studies which highlight the dependency of caregiving labor on the spousal relationship rather than generational relationships have examined how caregiving labor is influenced by the quality of married life and by spousal relationships (Lee and Kim 2009). Studies on the motivation behind caregiving for spouses showed that men were driven by love or reciprocity but women perceived a sense of duty. Caregiving for husbands by elderly women can be interpreted as a gendered duty (Brubaker 1985; Han and Lee 2009; Lee 2005; Spitze and Logan 1989).

Caregiving for elderly spouses was heavily dependent on circumstantial factors such as that both the caregiver and the care recipient are seniors and that the caregiver is solely responsible for care in a senior-only environment. It is argued that a lack of policies on informal family care, lack of support from other family members, and social discourses that idealize family care all contribute to eroding the quality of spousal care and limiting the options for care other than spousal care (Lee and Kim 2009).

According to the analysis report of the survey on caregiving by elderly women, old-aged women in general experienced a relatively high degree of financial and caregiving burden. The report highlights the realities of elderly women dealing with concentrated caregiving labor. Many Korean women are required to sacrifice themselves even into old age in order to fulfill the

role of family caregiver, and the burden of caring for a spouse or grandchildren negatively affects their quality of life (Choi et al. 2012).

Data and Methodology

Data

Caregiving for spouses and grandchildren were explored using the Korea Labor Institute's 4th Aging Panel data from 2014. Basic statistics for subjects involved in the analysis are as follows.

The average age of the subjects was 64.3 years. The average age of grandchild caregivers was 61.8 years and that of spousal caregivers was 66.1 years. In terms of the number of generations living under the same roof, 65.3% of caregivers for grandchildren had two or more generations, while 57.4% of spousal caregivers were couple-only households. As for education, less than middle school level was the most common. Regarding work experience, 58% of subjects said that they had experience with paid work: this figure was 64.3% for spousal caregivers and 49.3% for grandchild caregivers. Among those whose household income was above the median, grandchild caregivers took up the highest proportion and spousal caregivers the lowest. In terms of perceived health, spousal caregivers ranked the lowest. Lastly, 7.3% of spousal caregivers complained of depression. This proportion is slightly higher than among other groups (Table 3.1).

Methodology

After classifying elderly women according to their caregiving participation conditions, the differences in life satisfaction were analyzed in relation to caregiving for spouses or grandchildren. The participation conditions included socioeconomic status, financial status, education, and working experience. Individual characteristics, considered a key factor in the impact of caregiving labor on life satisfaction, were set as caregiving labor conditions. Comparisons were then made between good and bad cases, that is, between elderly women who fit the gendered caregiving role or who were forced to assume such duties, and elderly women experiencing better conditions. In existing studies on the life satisfaction of female caregiving laborers, individual characteristics were included as influential factors. This study performed a more in-depth analysis of factors affecting the life satisfaction of female caregivers by intentionally applying male standards to caregiving participation conditions.

Table 3.1 Basic statistics on subjects

		Grandchildren caregiving	*Spouse caregiving*	*No caregiving*	*Total*
Age		61.8	66.1	64.4	64.3
Region	Town	80.5	82.2	75.9	76.3
	Village or small town	19.5	17.8	24.1	23.7
	Total	100.0	100.0	100.0	100.0
Household	Alone and one generation	34.7	57.4	44.3	44.5
	Two or more generations	65.3	42.6	55.7	55.5
	Total	100.0	100.0	100.0	100.0
Marital status	Married	76.0	99.6	68.8	70.3
	Single	24.0	0.4	31.2	29.7
	Total	100.0	100.0	100.0	100.0
Education	Lower than middle school graduation	41.5	57.6	50.4	50.4
	Middle school graduation	25.0	15.4	17.2	17.4
	High school graduation	29.9	22.3	27.0	26.9
	University graduation or higher	3.6	4.8	5.4	5.3
Work experience	Employed and retirees	49.3	64.3	58.1	58.0
	Unemployed	50.7	35.7	42.0	42.0
	Total	100.0	100.0	100.0	100.0
Household income	Average income (10,000 won)	1771.7	1288.5	1711.6	1696.6
	Median income (10,000 won)	1414.2	866.0	1400.0	1385.6
SES[a]	Upper[a]	12.6	13.2	21.9	21.3
	Lower	87.4	86.8	78.1	78.7
	Total	100.0	100.0	100.0	100.0
Subjective health	Very good	0.0	1.0	1.4	1.3
	Good	36.5	14.4	27.5	27.3
	Average	35.7	47.4	41.5	41.5
	Bad	22.4	32.9	24.2	24.5
	Very bad	5.4	4.3	5.3	5.3
	Total	100.0	100.0	100.0	100.0
Activities of daily living (ADL) scale	0	100.0	100.0	96.3	96.6
	1 and above	0.0	0.0	3.7	3.5
	Total	100.0	100.0	100.0	100.0

(*continued*)

Table 3.1 (continued)

		Grandchildren caregiving	*Spouse caregiving*	*No caregiving*	*Total*
Instrumental activities of daily living (IADL) scale	0	98.8	99.5	92.2	92.7
	1 and above	1.2	0.0	7.8	7.3
	Total	100.0	100.0	100.0	100.0
Depression	No	93.5	92.8	93.3	93.3
	Yes	6.5	7.3	6.7	6.7
	Total	100.0	100.0	100.0	100.0
Total (N)		139	170	3912	4222

[a]Upper means people who satisfy all three conditions: (1) employed and retirees, (2) above the median household income, (3) middle school graduation or higher

The variables included in the analysis are as follows. Grandchild caregivers were defined to be those individuals who engaged in the provision of care in the past year to grandchildren aged less than ten years old. Spousal caregivers were those who replied that they were taking care of their spouses, as well as care recipients who said that their caregivers were their spouses. Life satisfaction was measured using questions on general satisfaction with life on a ten-point scale and converting the scores to a 100-point scale. For work experience, subjects were divided into the categories of those with work experience, including both those currently engaged in paid work and retirees, and those with no work experience. The categories of economic status were either over or under the median household income. Other variables include education (middle school education and over, less than middle school education), marital status (with or without spouse), number of household generations (senior-only household, couple-only household, two or more generations), region (neighborhood, town/township), subjective health (five-point scale), ADL (seven-point scale), IADL (ten-point scale), and depression (yes/no).

Results

Difference in Life Satisfaction

Elderly women providing care for grandchildren reported higher life satisfaction than did those providing care for spouses. Interestingly, their satisfaction levels were higher compared to elderly women not involved in caregiving labor. Elderly women with higher levels of education, higher

incomes, and currently employed (or with work experience) expressed higher life satisfaction than did their counterparts.

Those whose demographic conditions were less favorable, however, reported a lower level of life satisfaction. Depending on education level, in particular, life satisfaction among spousal caregivers varied greatly. When caregiving conditions were equal, the level of life satisfaction differed by the type of caregiving: spousal caregivers were much less satisfied with life than were grandchild caregivers. It is noteworthy that life satisfaction among women providing care for grandchildren in less-than-ideal living conditions was greater than among women with no care duties.

With regard to the overall difference of life satisfaction according to the type of caregiving, grandchild caregivers were more satisfied with life than spousal caregivers (61.94 points and 52.68 points, respectively). Interestingly, grandchild caregivers had higher life satisfaction scores than those who were not involved in caregiving (59.18 points).

Examined under the lens of participatory conditions, the life satisfaction scores of elderly women caregivers were greater for those who had obtained a higher level of education than those who did not, those who had higher incomes, and those who were currently hired (those who had work experience). Those elderly women who conducted caregiving work demonstrated a lower degree of life satisfaction when the conditions did not reach these thresholds. These results are in accordance with the findings of previous studies, pointing out that favorable conditions for an individual increase life satisfaction (Hilleras et al. 2001; Kim 2013).

If we cross-tabulate the participatory conditions and type of caregiving, it is seen that the spousal caregivers who were under disadvantageous participatory conditions showed the lowest degree of life satisfaction. In particular, the biggest differences were found when compared by educational level. The elderly women with lower levels of education and who took care of spouses had 47.78 life satisfaction points. In contrast, elderly women with middle school graduation or a higher level of education, and who were spousal caregivers, showed an average score of 59.74. Meanwhile, grandchild caregivers under unfavorable participatory conditions were, interestingly, more satisfied with life than those who did not perform caregiving labor (Table 3.2).

Table 3.2 Difference in life satisfaction (100-point scale)

		Grandchildren caregiving	*Spousal caregiving*	*No caregiving*	*Total*
Education	Lower than middle school graduation	61.69	47.48	55.15	54.97
	Middle school graduation or higher	62.11	59.74	63.29	63.12
Household income	More than average middle-class income (1385.6)	64.91	56.80	63.74	63.59
	Less than average middle-class income (1385.6)	58.60	50.53	54.35	54.28
Working experience	Employed and retirees	62.06	53.12	59.68	59.45
	Unemployed	61.82	51.90	58.50	58.40
Total		61.94	52.68	59.18	59.01

ANOVA analysis: All p-Value < 0.001

Factors Influencing Life Satisfaction

After organizing the participatory conditions for caregiving labor into two groups, regression analysis was performed to examine their effect on life satisfaction. In the case of the group with better conditions, that is, those with higher economic status, better education, and with work experience, the factor having the most significant influence on life satisfaction was revealed to be personal health. In particular, life satisfaction was significantly influenced by subjective health and depression. A one-point increase in subjective health (on a five-point scale) was associated with a 4.3368 increase in life satisfaction score ($p < 0.001$), with those who were depressed (binary variable) showing a 9.2549 lower life satisfaction score ($p = 0.003$).

In terms of the average values for life satisfaction, a significant discrepancy was found between the two caregiving types. As for women with better conditions, however, when other factors were controlled, there were no significant differences in life satisfaction by caregiving type.

In the case of the group with poorer conditions, that is, those with below-average economic status, poor education, and no work experience, there were various factors showing a significant influence on life satisfaction. Both perceived health and depression served as negative influential factors, similarly to their impact among women with better conditions. Elderly women without spouses, in poor health, and suffering from depression

reported low life satisfaction. Being single was associated with a 4.3626 decrease in life satisfaction, compared to those who had a spouse ($p < 0.001$). A one-point decrease in subjective health was related to a 6.4412 decrease in life satisfaction score ($p < 0.001$), and a one-point increase in IADL (ten-point scale) was linked to a 1.1086 decrease in life satisfaction ($p < 0.001$). In addition, those who were depressed had an 8.7766 lower life satisfaction score ($p < 0.001$). Those engaged in spousal caregiving had lower life satisfaction than those providing care for grandchildren (an 8.8230 point difference, $p < 0.001$) or not involved in caregiving at all (a 6.9108 point difference, $p < 0.001$) (Table 3.3).

Conclusion and Discussion

This study confirmed that elderly women engaged in spousal caregiving experienced poor life satisfaction. The differences of satisfaction according to the type of caregiving can be partially explained by the distinct characteristics of caregiving labor, differentiated from more usual forms of labor. The source of satisfaction in normal labor is remuneration, which is a material reward attached to the labor, and this motivates one to continue working. However, in the case of family caregiving, the material reward is different from that of usual labor. It can be inferred that caregiving for grandchildren is similar to the normal labor in that it is likely for caregivers to receive psychological rewards such as feelings of fulfillment from the care work, and material compensation, such as grandchild support expenses. In contrast, we can hardly expect such returns from spousal care, and in this sense, the difference between grandchild and spousal care is similar to the difference between normal and caregiving labor. Care work without reward or reciprocity becomes a material burden, thereby lowering caregivers' life satisfaction (Bubeck 1995, 141).

Depending upon the conditions of caregiving, both the level of life satisfaction and the influential factors varied. With women who had better conditions, their mental state was decisive in life satisfaction, rather than the physical and direct aspects of caregiving labor. This suggests that in order to improve the life quality of elderly women engaging in caregiving labor under better conditions, measures need to be taken to respond to their emotional concerns. Regarding women facing poorer conditions, caregiving labor itself served as an independent factor that lowers their life satisfaction. According to a report entitled "The Profile of Family Caregiving as Provided by Female Older Adults in Korea," by the Korean Women's

Table 3.3 Regression analysis of life satisfaction

		Group A (better conditions)				*Group B (poorer conditions)*			
		Coef.	*Beta*	*t*	*P>t*	*Coef.*	*Beta*	*t*	*P>t*
Age		0.0089	0.00352	0.090	0.929	0.0658	0.03740	1.980	0.048
Region (town)	Village or small town	0.9586	0.02413	0.660	0.507	1.0669	0.02718	1.780	0.075
Household (alone and one generation)	Two or more generations	0.4516	0.01429	0.380	0.702	0.9750	0.02819	1.810	0.071
Marital status (married)	Single	−2.1322	−0.05172	−1.380	0.168	**−4.3626**	**−0.11977**	**−7.000**	**0.000**
Subjective health (5-point scale)	(0: good-5: bad)	**−4.3368**	**−0.22836**	**−5.920**	**0.000**	**−6.4412**	**−0.32715**	**−18.870**	**0.000**
ADL scale	(0: independent–7: totally dependent)	−3.8409	−0.12130	−1.320	0.187	0.0354	0.00203	0.080	0.934
IADL scale	(0: independent–10: totally dependent)	0.4477	0.02182	0.240	0.813	**−1.1086**	**−0.11916**	**−4.660**	**0.000**
Depression (none)		**−9.2549**	**−0.10948**	**−2.970**	**0.003**	**−8.7766**	**−0.13590**	**−8.770**	**0.000**
Type of caregiving (spousal caregiving)	Grandchild caregiving	5.6581	0.05699	1.200	0.231	**8.8230**	**0.09587**	**4.790**	**0.000**
	No caregiving	4.6850	0.07019	1.480	0.140	**6.9108**	**0.10902**	**5.390**	**0.000**
	Constant	71.6058		10.630	0.000	**68.6776**		**26.810**	**0.000**
Number of obs		715				3507			
F(10, 704)/(10, 3496)		8.19				100.92			
Prob > F		0.000				0.00000			
R-squared		0.1042				0.224			
Adj R-squared		0.0914				0.2218			
Root MSE		13.13				15.258			

Development Institute, more than half of elderly Korean women eligible for the survey think that "it is their duty to look after their spouse"; and the main reasons elderly women take care of their spouses are "to avoid troubling their child(ren)," "because their spouses want to be cared for by them," and "it makes them feel better if they themselves take care of their spouses." It can be suggested that most of the elderly women who are in charge of spousal care do so due to psychological pressure, in other words, patriarchal gender division of labor (Choi et al. 2012).

In order to help improve life satisfaction among elderly caregivers in lower socioeconomic groups, therefore, it appears necessary to provide institutional support to resolve material issues related to spousal care. The reality of women taking on low-paying gendered caregiving labor may be part of a "circle of care" in which the material practices caused by economic vulnerability, cultural norms and values, and social pressures all combine (Bubeck 1995, 141). The poor socioeconomic conditions experienced by elderly women, such as low education and lack of work and social experience, are likely to force women to engage in caregiving labor, which is unrewarded and undervalued due to its association with traditional gender roles.

This research has highlighted the fact that when viewed as social activities for elderly women, caregiving for grandchildren and for spouses become very different experiences for the caregiver. It has also showed that the socioeconomic conditions of elderly women as caregivers interact closely with their caregiving activities and affect their quality of life. Attempts to address imminent problems without taking into account the actual conditions of caregiving and the discrepancies that elderly caregivers experience are likely to result in institutional immaturity and aggravate the already severely gendered caregiving situation.

Regarding social welfare reform amidst the recent trend of neoliberalism, policymakers are attempting to address the gap in caregiving caused by the competitive labor market and the increasing burden of paid labor. As the traditional system through which families protected and cared for each other is no longer sustainable, an alternative is needed to support the lives of individuals in a social and public manner. Facing this challenge, South Korea's social reforms include an increasing proportion of family- and care-related policies. Anticipating a shortage of resources for caregiving activities, policy interventions are expanding in regard to care, which has remained within the private sphere. In more detail, there is a growing need for policy interventions regarding how the responsibility for care should be shared

between the state and the family and between men and women within a family, as well as in what proportion commercialized care services and informal care services should be applied (Hwang 2007).

The social expansion of caregiving labor services, such as long-term care insurance and family care, has been criticized for reinforcing the stereotypical female role as caregiver, since it has encouraged women to give up labor in society for paid caregiving while still assuming their traditionally designated role within the family (Kim 2004; Huh 2006; Kwon 2013). Although receiving a care allowance implies that the value of caregiving is in fact recognized by society and allowed due compensation, it can be a double-edged sword in that it binds women to the traditional caregiver role within the family and limits their wider social participation (Keef et al. 2008).

Care policies currently in place are as follows. First, major social regimes related to care services for seniors include Elderly Care Service, Rho-Rho Care, tax credits on housing to support family caregiving for the elderly, and income tax credits for grown children supporting aged parents. Public childcare support programs include a number of vacation and leave systems, such as maternity leave and parental leave, childcare benefits, and indirect support such as tax credits related to childcare. As to family caregiving, there is a family caregiving leave program in place. This is a form of unpaid leave for employees who require time off in order to care for family members: parents, spouse, children, or spouse's parents (see Clause 2-1 of Article 22 of the Equal Employment Opportunity and Work–Family Balance Assistance Act).

Recently, as a part of policy initiatives to solve the serious problem of low fertility in South Korea, a universal childcare scheme has been implemented. Accordingly, the utilization rate of daycare centers for infants (up to two years old) is higher than the average among OECD (Organisation for Economic Co-operation and Development) countries, although the employment rate of mothers who have children aged 15 years and younger was 47.5% in 2012, which is lower than the OECD average of 66.8% (2013). It can be suggested that this is affected by the universal expansion of childcare benefits through financial support for the use of daycare centers for infants, regardless of the working status of mothers (Shin et al. 2014). In particular, since 2012, the Korean government has aimed to relieve the burden of cost for child rearing through the aforementioned monetary support for daycare centers, and to increase female economic activity rates by advocating a work–life balance, so that, ultimately, the fertility rate can be raised.

In the meantime, in terms of elderly care, policies such as the Leave for Family Care Policy, Long-term Care Insurance, and the General Elderly Care Service, which are designed to reduce the burden of care work, are being put into effect. Yet, these arrangements do not target family caregivers; rather, they support care-receiving elderly directly and indirectly. In this regard, there are limitations that mean that a relatively limited support system has been established for caregivers (Choi 2014).

Caregiving emphasizes emotional considerations, but realistic conditions must be explored to ensure the effective implementation of such activities. Caregiving, which transcends the framework of good will and ethics of the individual and family, is a political and ethical issue involving social recognition (of caregiving labor or of the desire for caregiving) and subsequent redistribution of resources (Tronto 1993). This calls for the provision of appropriate social conditions and the upholding of related rights so as to establish and support the autonomy of caregivers.

There needs to be a process of redefining the obligations and responsibilities for care that women have primarily been assigned in the private realm as social responsibilities. Amidst gradual changes such as the socialization of caregiving labor and social sharing of the family's caregiving function, we should direct more widespread attention to women's rights and gender equality for women engaged in caregiving activities.

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CHAPTER 4

Married Daughters' Support to Their Parents and Parents-in-Law in Japan

Yoshimi Chitose

The Japanese Context of Intergenerational Assistance

Today, Japan has become the most aged country in the world. As of 2015, the Japanese population reached 127 million, of which 26.7% are 65 or over (Statistics Bureau 2016). The most recent official medium-variant projection conducted in 2012 shows the population declining from a peak of 128 million in 2008 to 87 million in 2060. At this point, about 40% of the population will be aged 65 or over. Moreover, the percentage of the "oldest-old" or those aged 75 or over, is projected to more than double from 12.6% in 2014 to 26.9% in 2060 (NIPSSR 2012). Without the prospect of an increase in the fertility rate, the projection suggests that Japan may face a severe shortage of labor and of those who take care of the elderly.

Traditionally in Japan, elderly care is provided by family members; specifically, the eldest son's family, who coreside with aging parents. Since Japanese society is strongly influenced by Confucian patriarchal ideals (Martin 1992), paternal lineage is more valued than maternal lineage. The eldest son and his wife coreside with his parents and look after them, while a

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married daughter becomes a member of her husband's family and no longer belongs to her natal family. Consequently, a daughter's responsibility to her own parents usually ends at marriage, at which time her responsibility is transferred to her husband's parents, especially when her husband is the eldest son. The second son and other younger sons are free to leave their parents' home. However, along with the rapid progress in urbanization and industrialization, the percentage of the elderly who coreside with a married adult child is declining, while those living with single adult children, with only a spouse, or living alone are increasing (Ministry of Health, Labour, and Welfare 2013). Decreasing intergenerational coresidence, however, does not necessarily imply a lower demand for intergenerational assistance. Today's non-coresiding adult children may be more likely to face the need to care for their parents and parents-in-law because of longevity and having fewer siblings, which are the results of low mortality and fertility rates. However, unlike the relevant literature in the West, studies on non-coresiding intergenerational assistance have not been thoroughly conducted in Japan.

To what extent do today's married women in Japan face the potential care demands of their parents and parents-in-law? Figure 4.1 illustrates the percentage of parents who need care, analyzed by the age of married women who provide care (Koyama 2015). In this regard, the parents are the wife's mother, wife's father, husband's mother, and husband's father, hereinafter abbreviated as the WM, WF, HM, and HF, respectively. For married women aged 40–49, the percentage of parents who need care is less than 20% for all parents; however, the percentage of parents who need care increases sharply to about half for those married women who are aged 50 or over. For married women in their 50s, about 55% of their mothers and 44–47% of their fathers need care. These figures suggest that when they reach their 50s, married women face a significant demand to provide parental care, especially for mothers.

On average, for how many parents and parents-in-law who need care are married women responsible? Figure 4.2 shows the percentage of married women by the number of parents who need care (Koyama 2015). Overall, about 29% of married women have at least one parent who needs care. Among this 29%, about 20% have one parent and 9% have two or more parents who need care. Among married women in their 50s, more than half (51.7%) have at least one parent who needs care. This percentage consists of 31% of daughters who have one parent who needs care and about 20% who have two or more parents who need care. Parental care demand decreases to

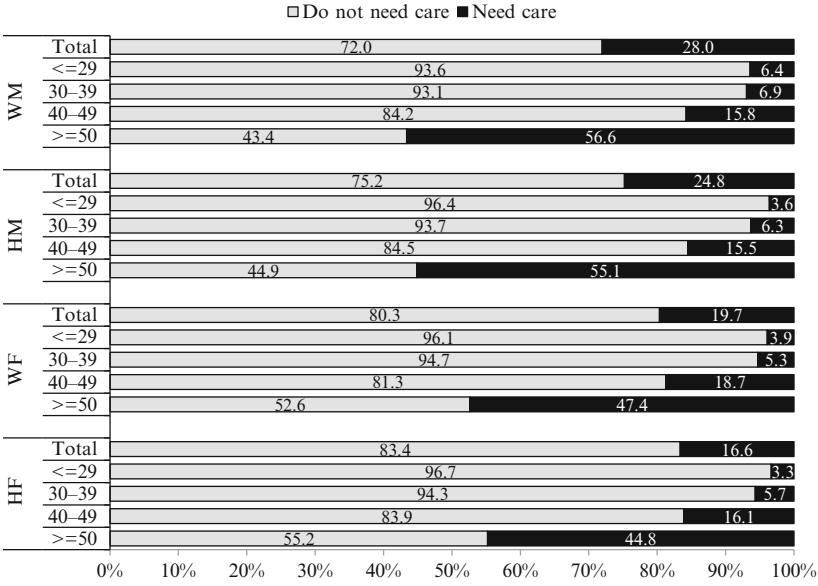

Fig. 4.1 Percentages of parents and parents-in-law who need care classified by married women's age

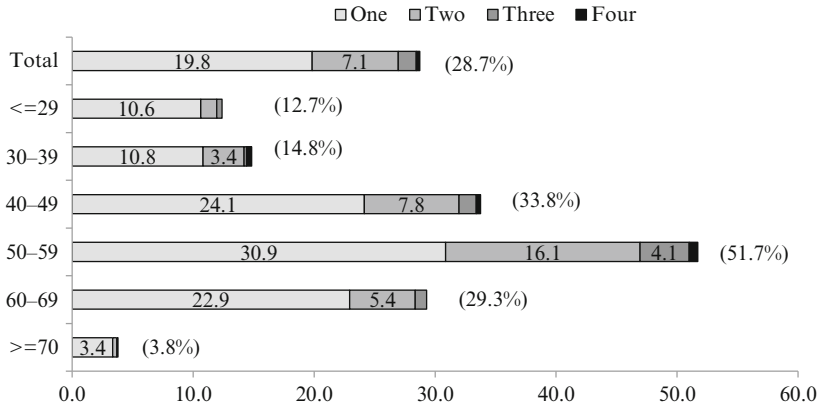

Fig. 4.2 Percentages of married women by the number of parents who need care classified by married women's age

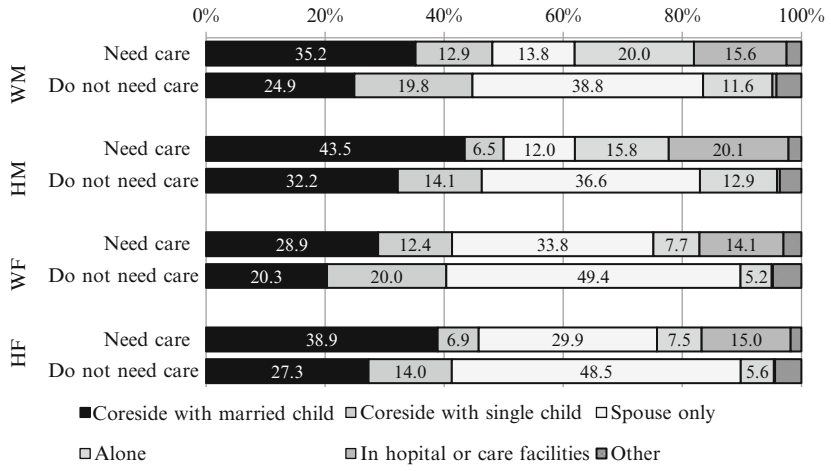

Fig. 4.3 Living arrangements of parents and parents-in-law by need for care

less than 30% for women in their 60s. Among the latter, about 80% have only one parent to look after but 20% still have two or more parents. This clearly illustrates the so-called *ro-ro kaigo* or the concept of the elderly taking care of the elderly.

Figure 4.3 looks at the distribution of parental living arrangements by care needs (Koyama 2015). The figure reveals that the living arrangements of parents who need care are more diversified than among parents who do not need care. A large proportion of parents who do not need care, especially fathers, live with only a spouse. However, the percentage of parents coresiding with a married child is higher among parents who need care than among those who do not need care. Obviously, parents and adult children coreside because of care needs. Further, the proportion of parents in need of care who coreside with a married child is 8–10 percent higher for a husband's parents (HM 43.5% and HF 38.9%) than a wife's parents (WM 35.2% and WF 28.9%), reflecting traditional patrilineal values. At the same time, among those who need care, the percentage of parents living alone is more than twice as high for mothers (WM 20.0% and HM 15.8%) than fathers (WF 7.7% and HF 7.5%), reflecting the gender difference in longevity and the gender bias in caregiving. Figure 4.3 also indicates that only 15–20% of parents who need care are in hospitals or care facilities.

In Japan, long-term care insurance was implemented in 2000 to ease the burden of caregiving among family members, representing the first step in socializing caregiving responsibilities. The introduction of migrant care workers is limited to potential nurses and care workers from Indonesia, the Philippines, and Vietnam, in accordance with the Economic Partnership Agreements (EPAs) that began in 2008. The aim of the migrant care workers is to pass the Japanese national examination for nurses and care workers while working in hospitals or care facilities for a predetermined period (three years for nurses and four years for care workers). The government maintains that the welcoming of migrant care workers is for the purpose of economic cooperation and not a response to a labor shortage in nursing and caregiving. With regard to such developments, Asato (2016) used the term "nationalization of care" to describe the Japanese way of dividing care responsibility between families and society. Moreover, although long-term care insurance has been implemented, it has been argued that a large part of the care arrangements in Japan still falls on families (Ochiai et al. 2010), especially women.

A number of studies have examined intergenerational transfers in Japan (Iwai and Yasuda 2008; Shi 2008; Shirahase 2001). However, scholarly attention has focused predominantly on the determinants of intergenerational coresidence. Recent studies that have examined intergenerational transfers among non-coresiding parents and children have tended to reflect the perspective of aging parents rather than the adult children. Furthermore, studies on intergenerational assistance in the West have concentrated on the relationship between adult children and their parents; the research has only recently started to pay greater attention to in-law relationships (Lee et al. 2003; Shuey and Hardy 2003; Silverstein and Giarrusso 2010). In the East Asian context, where the paternalistic influence remains strong, it is imperative to explore the intergenerational relationship of parents-in-law when conducting analysis from the married women's perspective. Indeed, the major concern among family sociologists in Japan today is whether the paternalistic intergenerational relationship has turned into a more balanced relationship with a stronger attachment to maternal lineage (Iwai and Yasuda 2008; Ochiai 2004; Shi 2008, 2009).

It is well established that women tend to be kin keepers of the family and provide more support to their parents than do men (Rossi and Rossi 1990; Silverstein et al. 2006), a situation that applies to Japan. Women are perceived as major caregivers for the old as well as the young. However, we know much less about the underlying mechanisms by which

non-coresident married daughters provide support to their parents and parents-in-law. Given increased longevity, fewer siblings, changes in intergenerational living arrangements, and the increased economic role of women, married women today are expected to face greater care demands from parents and parents-in-law. Thus, this chapter examines the patterns and determinants of the three types of care assistance: namely, the psychological, practical, and financial support given to parents of both lineages by married daughters. In order to provide insights into how the assistance mechanism differs by parent, it analyzes each parent type—WM, WF, HM, and HF—separately and incorporates the characteristics of married daughters, husbands, and the corresponding parents.

Theoretical Explanations of Intergenerational Assistance

There are a number of theoretical perspectives that explain why adult children provide support to their parents (Bianchi et al. 2008; Lee et al. 1994; Lin et al. 2003). Given the Japanese context, the hypotheses drawn from the following four theoretical perspectives are examined, some of which were tested by Lin et al. (2003) using Taiwanese data. The perspectives are (1) the patrilineal norm, (2) competing commitments, (3) altruism, and (4) reciprocity.

The patrilineal norm in Japan implies that parental care responsibility falls solely on the eldest son and his family. Thus, parents are more likely to coreside with their married sons than with their married daughters. For example, using the National Family Survey conducted in 2002, Shi (2008) found that 29.2% of couples coresided with the husband's parents, while 6.3% coresided with the wife's parents at the time when their eldest son (or grandson from the parents' perspective) was aged one. The timing of coresidence, however, is changing; thus, coresidence with parents is tending to be postponed to the later stages of life. Nonetheless, even if the married eldest son and his family do not coreside with his parents, it is likely that the wife who is married to the eldest son feels obliged to provide various kinds of assistance to her husband's parents if the traditional norm remains strong. In addition, when sons are not available, daughters adopt the eldest sons' roles even when the daughters are not coresiding with their parents. This implies that married daughters are more likely to provide various kinds of support to their parents when they do not have brothers.

Competing commitments suggest that whether an adult child provides assistance to parents or not is a function of the adult child's multiple roles.

Based on this explanation, it is expected that married daughters who are working full time are less likely to provide time consuming assistance such as with household chores or emotional support compared with those who are not working. However, financial help is less constrained by time; thus, the likelihood of providing financial support may be higher for working daughters. In Japan, this explanation is partly supported. Employed women are more likely to provide financial support to their parents (Chitose 2010; Shi 2012). However, contrary to expectation, the likelihood of providing practical help does not differ by women's working status (Chitose 2010). In the USA, employment status is not associated with the provision of help to either patrilineal or matrilineal parents, but the likelihood of providing help to both groups of parents is significantly lower for employed wives compared with wives who are not employed (Shuey and Hardy 2003).

The altruism explanation posits that each generation provides assistance to the other on the basis of need (Silverstein and Giarrusso 2010). With respect to the care provided by adult children to elderly parents, the empirical evidence consistently shows that children provide support and care to parents who are in the worst health. In Taiwan, Lin et al. (2003) found that children are apt to assist in daily activities when parents have greater functional difficulties, and are more likely to provide financial support to parents who are not working. In Japan, Chitose (2010) found that married daughters are more likely to provide practical assistance when parents need care.

The reciprocity explanation argues that the degree of help that adult children provide to their parents is based on the parents' past assistance provided to them (Lin et al. 2003; Silverstein and Giarrusso 2010). In the USA, Silverstein et al. (2002) found that children who received more emotional and financial support from their parents provided more support to them decades later. Studies (Lee et al. 1994; Lin et al. 2003) have also shown that sons are more likely to support their parents when the parents have already divided their property; however, this situation does not have a significant effect on daughters' provision of support in Taiwan. When children's education is used as an indicator of reciprocity, Lin et al. (2003) found out that children with a higher level of education are not more likely to provide support than those with a lower level of education. However, education may not be an accurate measure of support provided by parents because education also connotes the modernized views and norms of the educated.

Data and Method

Data

The data used in the analysis is drawn from the Fifth National Survey on Family in Japan (NSF5). The survey was conducted in 2013 by the National Institute of Population and Social Security Research (NIPSSR). The sample in this survey consists of ever-married women of all households in 300 census tracts that were randomly selected from 5530 census tracts. These 5530 tracts were selected by a systematic sampling method for the Comprehensive Survey of Living Conditions of People on Health and Welfare, conducted in 2008 by the Ministry of Health, Labour, and Welfare. If no married women were present in the household, the household head was selected as a respondent. If more than two married women were present in the household, the youngest woman was selected. The questionnaires were self-administered. Of the 12,289 questionnaires distributed, 11,180 questionnaires, or 91.0%, were returned. Among them, 1548 questionnaires were invalid, resulting in 9632 useable questionnaires, with the valid response rate of 78.4%.

The survey collected detailed information on assistance provided by the respondent to her mother (WM), father (WF), husband's mother (HM), and husband's father (HF). The assistance covered includes household chores, emotional support, and financial support. Specifically, a question asks the respondent to choose the kind of assistance (shopping, cooking, washing, cleaning, emotional support, help at the time of illness, and other help) provided within the past year for each parent. With respect to financial help, a question asks whether the respondent provided financial assistance. This assistance includes living expenses, remittance, goods, and gifts within the past year. The survey also includes information on the assistance provided by each parent to the respondent in the past year. The list of specific types of assistance that respondents received from parents corresponds with the types of assistance provided by the respondent. Childcare is included as an additional choice in terms of practical help provided by parents. Finally, the survey includes information on each parent's demographic and socioeconomic characteristics, their living arrangements, the degree of care that each parent needs for daily living, and the distance between the respondent and each parent in terms of time.

Measures and Variables

In order to see whether the mechanism of assistance differs across types of assistance, assistance is classified into three categories: (1) practical support (shopping, cooking, washing, cleaning, help at the time of illness, and other help), (2) emotional support, and (3) financial support. So as to test each hypothesis drawn from the four theoretical perspectives, logistic regression models are used to estimate the provision of assistance from a married daughter to each parent by types of assistance. The provision of any assistance for each parent is also estimated.

The dependent variable in this analysis is whether a married daughter has provided assistance (practical, emotional, and financial) to each of her parents (WM, WF, HM, and HF). Separate models are estimated for each type of support. With regard to practical assistance, a daughter is considered to provide help if she answered "yes" to at least one of the help items classified as practical assistance to the specific parent.

As independent variables, married daughters' characteristics such as age (younger than 39, 40–49, or 50–69), education (high school or less, junior college, or university or higher), working status (not working, full time, part time, or self-employed), total number of siblings, and yearly income (none or earning some income) are included. Also considered are whether each respondent has a brother, the respondent's view on supporting elderly parents, whether the respondent has received any help from a parent within a given year, the geographic distance between the respondent and a parent in terms of time (less than 30 minutes or 30 minutes or more), and urban/rural classification of the residential area. Information regarding each respondent's view on supporting elderly parents is taken from the following "yes" or "no" question: "Elderly parents who need care should be taken care of by their family." If the answer is "yes," the daughter is perceived as internalizing traditional family values, while answering "no" is perceived as non-traditional.

With regard to the characteristics of the daughters' husbands, information is included about the total number of siblings, whether a husband is the eldest son, the husband's education (high school or less, junior college, or university or higher), and the husband's yearly income (less than 400 million yen, 400–799 million yen, or 800 million yen or higher). With regard to parental characteristics, living arrangements (whether hospitalized or in care facilities, living with other children, living with spouse only, or living alone) and care needs (no need or need) are included.

Since the dataset is cross-sectional, independent variables such as employment status, geographical distance, and reciprocity may be associated with the endogeneity problem. In Japan, caregivers who leave their jobs in order to find the time to meet the needs of older parents have become one of the biggest policy challenges. With cross-sectional data, it is impossible to tell whether daughters are working part time in order to have more time to care for elderly parents or whether part time work has nothing to do with parents. The same applies to the geographical distance between daughters and parents. Studies have shown that an increase in the functional limitations of parents is one of the most consistent predictors of geographic convergence between elderly parents and their adult children (Rogerson et al. 1997; Silverstein 1995). However, it is unclear whether intergenerational geographical proximity is induced by parents' expectations for receiving care or whether parents and children were residing close to each other in the first place.

The causal direction of reciprocity is also unclear in cross-sectional data. In NSF5, questions regarding the assistance provided by a daughter and the support provided by each parent to the daughter within a year are included. Nonetheless, because the time frame for both questions is the same, it is impossible to discern which support comes first. In this analysis, it is assumed that daughters' provision of support to parents reflects the reciprocal behavior in response to the degree of parents' assistance provided to daughters at the earlier stage of the daughters' lives; thus, parental support takes place earlier than the support from daughters.

Since the focus of this study is on assistance provided from non-coresiding married daughters to parents and parents-in-law, the sample is restricted to currently married women aged 69 or younger who do not coreside with any parents or parents-in-law. The percentage of daughters who do not coreside with a parent varies widely by the particular type of parent in question. Of 5485 married women who are 69 or younger, 3235, or 59.0%, do not coreside with their mothers. The remaining women consist of 305, or 5.6%, who coreside with their mothers; 1460, or 26.6%, whose mothers have passed away; and 485, or 8.8%, who have no accurate information about their mother's survival or living arrangements. The numbers and percentages of non-coresiding daughters for each parent are as follows: 2315, or 42.2%, for HM; 2263, or 41.6%, for WF; and 1610, or 29.4%, for HF. After deleting observations that lack the necessary information, the final datasets consist of 2468 daughters for WM data, 1771 daughters for HM data, 1740 daughters for WF data, and 1269 daughters for HF data.

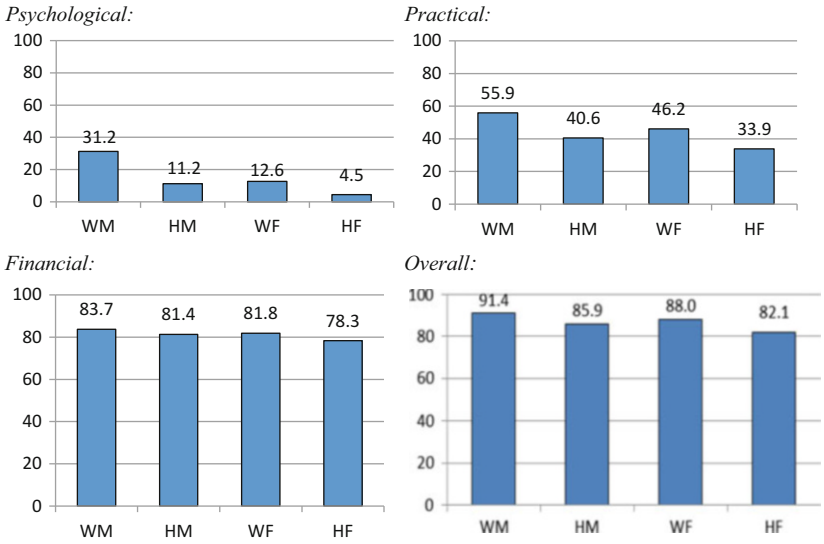

Fig. 4.4 Percentages of daughters providing support by types of support and parent

Results

Figure 4.4 describes the percentages of daughters who provide support (psychological, practical, and financial) to parents. The figure shows that among three types of assistance, financial transfer is the most prevalent form and that 78–83% of daughters provide this assistance. The level of financial assistance is quite high and is evenly distributed across parents. This may be due to the inclusion of goods and gifts as a category of financial assistance.

With respect to psychological and practical assistance, the provision of these differs in terms of parental type. For example, 31.2% of daughters provide psychological assistance to WMs, but only 4–12% provide support to other parents (11.2% for HMs, 12.6% for WFs, and 4.2% for HFs). With regard to practical help, 55.9% of daughters provide assistance to WMs, while 33–46% provide such support to other parents. Since no distinct differences are observed in the percentages of daughters who provide financial help across parent types, no large differences are observed in the overall level of support.

The demographic and socioeconomic characteristics of daughters, husbands, and parents are presented in Table 4.1. With respect to parental characteristics, some interesting differences exist in the distribution of living

Table 4.1 Characteristics of the sample (%)

Items	*Mother*		*Father*	
	Wife's mother	*Husband's mother*	*Wife's father*	*Husband's father*
Wife's characteristics				
Age (years)				
<= 39	32.58	39.70	41.78	48.15
40–49	34.76	35.97	38.79	38.22
50–69	32.66	24.34	19.43	13.63
Education				
High school or lower	40.72	36.19	36.95	32.94
Junior college	41.86	43.87	43.97	46.18
University or above	17.42	19.93	19.08	20.88
Working status				
Not working	34.08	36.25	32.76	36.25
Full time	20.38	18.29	21.95	19.78
Part time	36.47	38.28	37.64	37.51
Self-employed	9.08	7.17	7.64	6.46
Total sibling number	1.61	1.54	1.57	1.49
Have a brother	64.63	60.36	63.56	58.94
Yearly income				
None	28.53	30.89	28.91	31.52
Earns some income	71.47	69.11	71.09	68.48
Value (role of family)				
Do not agree	43.44	43.14	42.76	42.32
Agree	56.56	56.86	57.24	57.68
Assistance from a parent				
Not received	23.82	34.16	24.37	33.18
Received	76.18	65.84	75.63	66.82
Geographic proximity				
< 30 minutes	39.67	42.01	39.89	47.36
>= 30 minutes	60.33	57.99	60.11	52.64
Urban/Rural				
Rural	37.60	30.32	35.98	28.68
Urban	62.40	69.68	64.02	71.32
Husband's characteristics				
Total sibling number	1.64	1.56	1.52	1.44
Eldest son	69.45	66.29	71.38	69.35
Education				
High school or lower	42.22	37.49	40.17	34.67
Junior college	19.65	20.27	20.86	22.06
University or above	38.13	42.24	38.97	43.26

(*continued*)

Table 4.1 (continued)

Items	*Mother*		*Father*	
	Wife's mother	*Husband's mother*	*Wife's father*	*Husband's father*
Husband's income				
<400 million yen	39.47	34.90	37.47	33.81
400–799 million yen	45.34	49.29	48.68	51.77
>=800 million yen	15.19	15.81	13.85	14.42
Parent's characteristics				
Living arrangement				
Hospitalized/care fac/other	8.87	11.12	7.53	8.04
Live with other children	40.24	29.42	35.69	25.30
Live with spouse only	35.66	42.35	50.57	58.79
Living alone	15.24	17.11	6.21	7.88
Care needs				
No need	75.53	78.83	81.32	85.58
Need	24.47	21.17	18.68	14.42
Number of cases	2468	1771	1740	1269

arrangements across parents. For instance, the percentages of those living with only a spouse are much higher among fathers (50.6% for WFs and 58.8% for HFs) than mothers (35.7% for WMs and 42.4% for HMs). In addition, the percentages of mothers living alone are much higher than those of fathers: 15–17% for mothers and 6–8% for fathers. Notable differences are also observed in the percentages of mothers who need care: while 21–24% of mothers need care, only 14–18% of fathers are in the same situation.

Some interesting differences in daughters' characteristics across parental lineages are also observed. For example, daughters in the HF sample are much younger than daughters in the WM sample. The former are also more educated and more urban, and their husbands earn more than the husbands of the latter. In addition, daughters in the WM sample are more likely to receive support from a parent than the daughters in the HF sample.

Determinants of Overall Support

Table 4.2 displays the results of the logistic regression models for the determinants of the daughters' provision of overall help to each parent.

Table 4.2 Estimated odds ratios from logistic models of daughters' overall support

	Mothers		*Fathers*	
Independent variables	*Wife's mother*	*Husband's mother*	*Wife's father*	*Husband's father*
Wife's characteristics				
Age (years)				
<=39	–	–	–	–
40–49	0.898	1.001	1.288	1.059
50–69	1.517*	1.565*	2.432***	1.218
Education				
High school or lower	–	–	–	–
Junior college	1.139	0.971	1.618**	1.110
University or above	2.088**	0.924	2.243***	1.189
Working status				
Not working	–	–	–	–
Full time	0.726	0.904	1.161	1.158
Part time	0.909	0.681	1.023	0.878
Self-employed	0.498**	0.924	0.504**	1.032
Total sibling number	0.944	1.056	0.928	1.029
Have brother	1.132	0.907	1.137	0.759
Yearly income				
None	–	–	–	–
Earn some income	1.734**	1.090	1.191	0.889
Value (role of family)				
Do not agree	–	–	–	–
Agree	1.086	1.093	1.201	1.175
Assistance from a parent				
Not received	–	–	–	–
Received	6.242***	9.935***	5.850***	6.616***
Geographic proximity				
< 30 minutes	–	–	–	–
>= 30 minutes	0.574***	1.502**	0.692**	1.054
Urban/Rural				
Rural	–	–	–	–
Urban	0.841	0.860	0.554***	0.593***
Husband's characteristics				
Total sibling number	1.004	0.929	1.077	1.027
Eldest son	1.080	1.003	1.087	1.095
Education				
High school or lower	–	–	–	–
Junior college	0.964	0.704	0.904	0.733
University or above	1.529*	1.338	1.273	1.522*

(*continued*)

Table 4.2 (continued)

Independent variables	*Mothers*		*Fathers*	
	Wife's mother	*Husband's mother*	*Wife's father*	*Husband's father*
Husband's yearly income				
<400 million yen	–	–	–	–
400–799 million yen	1.360*	1.221	1.339*	1.291
>=800 million yen	2.004**	1.546	1.981**	2.045**
Parent's characteristics				
Living arrangement				
Hospitalized/care fac/ other	–	–	–	–
Live with other children	1.828**	1.319	1.799**	1.616
Live with spouse only	1.904**	1.220	1.864**	1.781*
Living alone	4.095***	1.440	2.876**	1.556
Care needs				
No need	–	–	–	–
Need	3.483***	3.680***	2.061***	3.693***
Number of cases	2468	1771	1740	1269
Log Likelihood	−614.292	−593.004	−545.968	−501.913

*$p < 0.1$; **$p < 0.05$; ***$p < 0.01$

Unexpectedly, the results provide no evidence for the patrilineal norm. It was hypothesized that a daughter who does not have a brother is more likely to provide support to her own parents. However, the results reveal that not having a brother does not increase the likelihood of a daughter supporting her own parents. Moreover, the variable "eldest son" for a daughter's husband is not significant. This finding suggests that a daughter whose husband is the eldest son is not more likely to support a husband's parents than a daughter whose husband is not the eldest son. In addition, the "family value" is insignificant, indicating that whether or not a daughter internalizes the traditional norm regarding the role of a family as caregivers is not related to the provision of support for all parents. From this result, at least for married non-coresiding daughters, it is safe to conclude that the patrilineal norm and traditional family values are not the driving forces for parental support.

The results also do not support the competing commitment explanation. A daughter's provision of support is unaffected by her work status (full time or part time). Only when a daughter is self-employed does she become half as likely to support a WM and a WF compared with a daughter who is not

working. Such a self-employed daughter may be working for her husband's family business and is then less likely to support her own parents.

Mixed evidence is observed for the altruism explanation. The results differ by the indicator. A parent's need of care is a more consistent indicator than the living arrangements. A daughter is 2.0–3.9 times more likely to provide support to all parents when the parents need care. The effect of care need is consistent and strong. However, the impact of the "living alone" variable shows mixed results. Living alone increases a daughter's support only to her parents; further, the impact is stronger for a WM than a WF.

Clearly, the reciprocity explanation holds for every parent. The impact of having received assistance from a parent is positive and significant. A daughter is 5.8–9.9 times more likely to support parents when she has received assistance from them. The receipt of assistance from parents is the strongest and most reliable predictor of a daughter's provision of assistance. An interesting point is that the impact of reciprocity is stronger for a husband's parents than a daughter's own parents. A daughter may feel more obliged to repay the favor that she has received from her husband's parents and may take assistance from her own parents more for granted.

It is interesting to note that the numbers of statistically significant variables are much lower for a husband's parents. Other than the variables included for hypotheses' testing, significant variables in the HF model tend to be associated with a husband's characteristics, such as education and income. Apart from these, region is also linked to a significant impact. With regard to the HM model, only a wife's age and distance away are significant other than the variables included for testing the hypotheses. Contrary to conventional understanding, the distance between a daughter and an HM is positive, implying that the further the distance, the higher the likelihood of a daughter's assistance.

Determinants of Support by Type of Support

In order to explore fully why the determinants of a daughter's support provision differ across parents, a series of logistic regression models of the determinants of a daughter's provision of parental support by type of support were run. The estimates in Table 4.3 provide mixed evidence for each of the four theoretical explanations of support provision.

First, the results show weak evidence to support the patrilineal norm across all types of support. The variable "have a brother" is not significant for all models except for psychological support to a WM. Contrary to the

Table 4.3 Estimated odds ratios from logistic models of daughters' support by type of support

	Psychological support				*Practical support*				*Financial support*			
	Mother		*Father*		*Mother*		*Father*		*Mother*		*Father*	
Independent variables	*WM*	*HM*	*WF*	*HF*	*WM*	*HM*	*WF*	*HF*	*WM*	*HM*	*WF*	*HF*
Wife's characteristics												
Age (years)												
<=39	–	–	–	–	–	–	–	–	–	–	–	–
40–49	1.023	1.132	1.349	1.314	1.341***	1.501***	1.692***	1.396**	0.639***	0.797	0.932	0.954
50–69	1.043	1.397	1.790**	4.892***	2.269***	2.474***	3.237***	2.878***	0.824	0.997	1.463*	0.919
Education												
High school or lower	–	–	–		–	–	–	–	–	–	–	–
Junior college	0.755**	1.055	0.845	1.331	0.977	0.781*	1.055	0.923	1.102	1.183	1.530***	1.193
University or above	0.972	1.203	1.444	0.782	1.037	0.905	1.150	0.952	1.420	1.174	2.029***	1.174
Working status												
Not working	–	–	–	–	–	–	–	–	–	–	–	–
Full time	0.903	0.580*	1.132	0.446	0.690**	0.657**	0.950	0.619*	1.153	0.985	1.099	0.982
Part time	1.042	0.566**	1.539	0.501	0.907	0.781	0.950	0.713	0.979	0.711	0.785	0.806
Self-employed	0.782	0.872	0.739	0.445	0.508***	0.916	0.731	0.806	0.802	1.085	0.463**	0.760
Total sibling number	0.941	0.973	0.841*	0.941	1.007	1.037	1.043	1.117	0.962	1.080	0.952	0.974
Have a brother	1.204*	1.041	1.136	0.701	0.923	1.143	0.901	0.955	0.969	0.839	0.958	0.761
Yearly income												
None	–	–	–		–	–	–	–	–	–	–	–
Earn some income	1.093	1.403	0.821	1.329	1.483***	1.179	1.335	1.455*	1.284	1.321	1.640**	0.974

(*continued*)

Table 4.3 (continued)

	Psychological support				*Practical support*				*Financial support*			
	Mother		*Father*		*Mother*		*Father*		*Mother*		*Father*	
Independent variables	*WM*	*HM*	*WF*	*HF*	*WM*	*HM*	*WF*	*HF*	*WM*	*HM*	*WF*	*HF*
Value (role of family)												
Don't agree	–	–	–	–	–	–	–	–	–	–	–	–
Agree	0.966	1.211	0.866	1.161	1.098	1.022	1.170	1.083	1.116	1.093	1.170	1.052
Assistance from a parent												
Not received	–	–	–	–	–	–	–	–	–	–	–	–
Received	2.556***	2.632***	1.785***	3.474***	2.260***	2.898***	2.077***	2.778***	3.954***	6.501***	4.667***	5.643***
Geographic proximity												
< 30 minutes	–	–	–	–	–	–	–	–	–	–	–	–
>= 30 minutes	0.936	0.801	0.892	0.962	0.547***	0.631***	0.540***	0.643***	1.058	1.623***	1.083	1.076
Urban/Rural												
Rural	–	–	–	–	–	–	–	–	–	–	–	–
Urban	1.015	0.810	1.168	0.572*	0.833*	0.666***	0.664***	0.556***	0.967	1.016	0.646***	0.756
Husband's characteristics												
Total sibling number	1.020	0.979	1.006	0.985	1.031	0.979	1.013	1.059	0.956	1.021	1.048	0.994
Eldest son	0.938	0.924	0.735*	0.689	1.101	0.883	0.895	1.055	0.848	0.867	0.964	1.081
Education												
High school or lower	–	–	–	–	–	–	–	–	–	–	–	–
Junior college	1.181	0.931	1.112	1.386	1.017	1.039	1.032	1.044	0.968	0.860	0.897	0.795
University or above	1.283**	1.347	1.285	2.450**	1.021	1.294*	1.064	1.201	1.319*	1.251	1.165	1.360
Husband's income												
<400 million yen	–	–	–	–	–	–	–	–	–	–	–	–
400–799 million yen	1.005	1.011	0.866	1.023	0.917	0.831	1.084	0.983	1.410***	1.356**	1.322*	1.284
>800 million yen	1.377**	1.158	0.879	1.561	1.082	1.114	1.240	1.506*	1.775***	2.442***	1.722**	2.171***

Parent's characteristics												
Living arrangement												
Hospitalized/ care fac/ other	–	–	–	–	–	–	–	–	–	–	–	–
Live with other children	1.074	1.820**	1.352	0.850	0.906	1.039	0.695*	0.743	1.449*	1.215	2.055***	1.707*
Live with spouse only	0.923	1.307	1.332	1.039	0.858	1.030	0.628**	0.809	1.485*	1.182	1.932***	1.845**
Living alone	1.414*	1.934**	2.117*	2.274	1.769***	1.886***	1.382	1.724*	1.627**	1.222	1.478	1.410
Care needs												
No need	–	–	–	–	–	–	–	–	–	–	–	–
Need	1.792***	2.899***	1.812***	1.061	3.525***	4.574***	3.345***	3.492***	1.726***	2.173***	1.359	2.358***
Number of cases	2468	1771	1740	1269	2468	1771	1740	1269	2468	1771	1740	1269
Log Likelihood	−1472.299	−579.563	−630.624	−205.183	−1545.419	−1038.790	−1069.126	−723.221	−993.690	−730.882	−726.668	−569.078

*$p < 0.1$; **$p < 0.05$; ***$p < 0.01$

patrilineal norm, the effect is significant and positive, meaning that a daughter who has a brother tends to provide psychological support to her mother. Given the small number of siblings among today's adults, a daughter who has a brother may be the only daughter in her natal family. This positive relationship may imply the strength of the mother–daughter tie. The variable "eldest son" is significant and negative for psychological support to a WF. A daughter whose husband is the eldest son is 26% less likely to support her father psychologically compared with a counterpart whose husband is not the eldest son. Further, the variable "family value" is not significant for all models. These results suggest to some extent that the effect of the patrilineal norm exists but only for psychological support to a WF.

The competing commitment explanation applies more to a husband's parents than a daughter's parents. In terms of psychological assistance, a working daughter who is employed full time or part time is 42–44% less likely to support an HM. In addition, a full-time worker is 70% less likely to support an HF. However, work status is unrelated to the provision of psychological support to a daughter's parents. With respect to practical assistance, the results support the competing commitments for a WM, an HM, and an HF but only for a full-time daughter. A self-employed daughter is half as likely to provide practical support compared with one who is not working, but this effect is observed for WMs only. The likelihood of providing financial assistance remains the same across daughters' work status for all parents except for the lower likelihood of a self-employed daughter to support a WF. Table 4.2 shows that a self-employed daughter is less likely to provide overall support to a WM and a WF. Such a result in Table 4.2 reveals that this situation arises because of the lower provision of practical support to a WM and of financial support to a WF. As hypothesized, psychological and practical support is the major constraint among working daughters. Their first priority is to provide time consuming support for their own parents.

Table 4.3 provides strong evidence for the altruism explanation, particularly for mothers. When care need is used as an indicator, the likelihood of support increases for nearly all parents for all types of assistance. Psychological assistance to an HF is the only instance where care need does not induce a daughter's action. At the maximum, the likelihood increases by 2.9 times for psychological support to an HM, by 4.6 times for practical support to an HM, and by 2.6 times for financial support to an HF. When we look at the impact of the variable "living alone," a different picture again emerges. A daughter increases all types of assistance for a WM when the latter lives

alone. With regard to an HM, the support increases for the psychological and practical aspects but not the financial. The psychological support to a WF more than doubles, but other types of support show no increase. A daughter increases only the practical support to an HF when the latter lives alone. Further, the strong tendency of a daughter to meet the needs of a WM in various ways shows itself in Table 4.2.

Strong support for the reciprocity explanation can be observed. The results indicate that for every type of support, a daughter who receives help from parents is highly likely to repay the support regardless of the individual parent's gender or lineage. The effect is particularly strong for a husband's parents and for financial support. Specifically, a daughter is 3.9–4.7 times more likely to provide financial support to her parents when she has received assistance from them. However, a daughter's likelihood of providing financial support increases by 6.5 times for an HM and 5.8 times for an HF. The effect of reciprocity is irrefutable.

Some interesting differences in the effects of a daughter's age, distance, rural/urban status, and husband's income by types of support are observed. First, the older a daughter is, the higher the likelihood of her providing practical help to all parents. Compared with a daughter aged 39 and younger, a daughter aged 50–69 is 2.2–3.2 times more likely to provide practical support. In addition, a daughter aged 50–69 is 1.8 times and 4.9 times more likely to support psychologically a WF and an HF, respectively. Clearly, the care burden of a daughter increases gradually as she ages.

Generally, geographical distance between a child and parent is a consistent and strong measure for predicting the provision of practical support. In this analysis, when the distance between a daughter and her parents is "30 minutes or more," the daughter's likelihood of providing practical support decreases by 30–40% for all parents. This result is reasonable given that practical support includes household chores and requires a daughter to be present at the parental home. Contrary to expectation, however, the results reveal that a daughter who lives further away is 1.6 times more likely to provide financial assistance to an HM than one who is living nearby. This result is also reflected in the positive and significant impact of "30 minutes or more" for an HM in Table 4.2. A possible explanation is that a daughter is compensating for her lack of practical support to an HM through supplying money.

The rural–urban distinction of a daughter's residential area reveals that an urban daughter is significantly less likely to provide practical support to all parents, even when the distance is controlled. An urban daughter is also

significantly less likely to provide financial support to fathers regardless of lineage and less likely to provide psychological assistance to an HF. An urban daughter's lower likelihood of providing nearly all types of assistance to fathers is reflected in the negative likelihood of providing overall help in Table 4.2, a result that is found exclusively in the models of the fathers.

A husband's income is a consistent and strong predictor for a daughter's provision of financial support to all parents, especially to an HM and an HF. The analysis shows that the higher the income, the higher the likelihood of providing financial assistance to all parents. A daughter whose husband is earning 800 million yen or more is 2.2–2.4 times more likely to assist her husband's parents financially, while the likelihood of financial help increases by 1.7 times for a daughter's parents. A husband's income is also positively related to psychological assistance to a WM and practical help to an HF.

Discussion

This study clearly underscores the importance of including in-law relationships in an analysis of caregiving and of distinguishing among different types of support. Determinants of a non-coresiding married daughter's provision of assistance to her parents and parents-in-law are examined based on four theoretical explanations by types of assistance. The results show that reciprocity is the strongest and most consistent explanation regardless of lineage, gender of parents, and types of assistance. The effect is particularly strong for a husband's parents and financial assistance. Partial support for the altruism explanation is also found. While a parent's need for care induces a daughter's assistance for all parents, a daughter is more likely to provide assistance when a parent lives alone, especially a WM. In addition, the results partially support the competing commitment explanation, with a clear effect observed only in the analyses by types of assistance. A daughter who works full time reduces her psychological and practical assistance, particularly to her husband's parents; however, the level of financial assistance remains the same as hypothesized. Lastly, evidence for the patrilineal norm explanation exists but is weak. It is found that a daughter whose husband is the eldest son is less likely to provide psychological support to her own father. However, whether or not a daughter has a brother does not influence the likelihood of the daughter providing assistance to her parents.

One of the limitations of this study is that the analysis fails to incorporate the determinants of a daughter's assistance with the essential activities of daily living for parents. The main reason for this omission is that the sample

of non-coresiding married daughters engaged in assistance with daily living for parents is very small, particularly after removing the observations that lack necessary information. This point alone tells us that even today, most parental care in terms of assisting essential daily activities is determined by intergenerational living arrangements. Such a situation implies that a daughter who coresides with a parent is the major caregiver, although the time at which coresidence occurs appears to have been delayed in recent years. In a sense, this analysis may provide a picture of adult daughters whose care burden is relatively light.

Furthermore, this study fails to explore the intergenerational transfer between a husband and his parents and parents-in-law because of the data limitation. If the information on a husband's provision of support to his parents and parents-in-law was available, it could be possible to compare how the pattern of intergenerational assistance differs between genders depending upon parental lineage and types of support. It could also be possible to understand the role of a son in providing care to his parents and parents-in-law, consider the likelihood of support, and examine the balance of parental care between a wife and husband.

This study engenders three important policy implications regarding care provision. First, the care burden of married daughters peaks in the age range of 50–59. At this point, more than half of married daughters have at least one parent who needs care, and about 20% have more than two parents who need care. Given the trend for delayed marriage and childbearing among today's women, a high risk exists that these women will be faced with continuous care from children to parents. Moreover, if the care needs of parents start relatively early, some daughters may be faced with a "double burden of care" as explained in other chapters in this book. This is a situation whereby women are faced with the care burden of children and parents simultaneously.

In order to cope with the double burden of care, the formulation of care policy and provision of care services that incorporate both childcare and elderly care may be useful. Currently, many women faced with a double burden of care report that they are put in a difficult position in which they have to make a decision whose care should be given the priority: their children or their parents (Soma and Yamashita 2016). If both types of care services are provided at one site, then the caregiver's practical and psychological burden will be greatly reduced.

Second, labor market participation, especially in full-time jobs, is a major factor that constrains married women from providing time consuming

support such as psychological and practical assistance to parents. In order to balance the multiple roles of work and care, married women are reducing psychological and practical assistance, especially for husbands' parents. Currently, because of heavy financial pressure, the Japanese government is trying to reduce care services for those whose care needs are relatively low. These reductions include services such as cleaning, cooking, and shopping. At the same time, the government is promoting a policy of increasing women's participation in the labor force. Given the competing commitments of working women, the policy to reduce care services may undermine women's participation in the labor force.

Another major policy response to reconciling work and family targeted to women is the introduction of foreign domestic workers in National Strategic Special Zones of Tokyo metropolitan area, which started in 2017. At present in Japan, foreign domestic workers are not given residential status except for those allowed "Designated Activities" status in order to work at homes of diplomats and highly skilled foreign professionals. Under this measure, foreign domestic workers who have a contract with a specified company are to be engaged in household chores such as cleaning, cooking, washing, shopping, and childcare. Providing care to the elderly is not included under this scheme. The possibility of balancing work and family, however, is questionable even if the government introduces foreign domestic workers at a full scale, including caregiving to the elderly. It is expected that only high-income households, including those with women who are not working and without an intention to work, would be able to hire migrant domestic workers. For working women, only highly educated and highly skilled professionals are assumed to be in a position to hire foreign domestic workers. As Oishi and Murayama (2017) argue, without transforming the long working hours of men, the work–life balance of professional Japanese women is expected to shift further to "work" rather than "life" in order to compete with men.

Without incorporating men into private spheres of family caregiving and household chores, the challenge of balancing care and work that women are facing today will be difficult to overcome. Further research on men's intergenerational support by types of support and lineage is urgently needed, followed by a policy to incorporate men into the family care network. In addition, a policy to strike a balance between care and work, which involves initiatives such as flexible working hours and care leave for men and women, must be introduced.

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PART II

The Well-Being of Migrant Care Workers: Micro-Perspectives

CHAPTER 5

Familization of Indonesian Domestic Workers in Singapore

Marcus Yu Lung Chiu

Introduction

According to the International Labour Organisation, there are more than 53 million domestic workers worldwide, of whom more than 21 million are in Asia and the Pacific, the majority being women (International Labour Organisation [ILO] n.d.). In rapidly growing Asian economies, the involvement of some women in high-value economic activities means that there is a need for substitute—if not replacement—manpower for their caregiving and household roles (Yeoh and Huang 2005). This is particularly so when public services such as daytime nurseries and residential and support services to the elderly are scanty or expensive.

Migrant care workers, or in the case of Singapore foreign domestic workers (FDWs), are not something new; but the scale of things in the past is in no way comparable to what it is now. Pre-independence documents in Singapore evidenced the involvement of foreign female labor in building infrastructure, and of a small volume of *amah* (female domestic worker who took a vow of celibacy) and *mui tsai* (which literally

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means "little sister" in Cantonese; it describes young Chinese women who worked as domestic servants) in domestic work. In fact, the ebbs of economic downturn have only resulted in tighter control of migrant workers through legislation (Mui Tsai Ordinance 1932; Aliens Ordinance (amendment) 1938; Immigration Ordinance 1959). It was not until the post-independence economic boom that Singapore began to set up a formal Foreign Maid Scheme (1978), and later to insure FDWs against accidents (Employment of Foreign Manpower Act (amendment) 1997) and to protect them against employer abuse (Penal Code (amendment) 1998).

At the time of the first formal Scheme (1978), there were only around 5000 FDWs and a female workforce participation rate (LFPR) of 29.3% (Lee Kuan Yew School of Public Policy n.d.) in Singapore. By 2015, LFPR increased to 60.4% and 63.2%, respectively for women and married women (Ministry of Manpower [MoM] 2015). The growing trend has witnessed a constant rise in demand for FDWs brought about by increasing female participation in the labor market. Similar situations of fast economic growth that tap on FDWs were also reported in many other Asian countries (Brickell and Yeoh 2014). As local women participate more in the economy, there will be greater demand for FDWs to help with household chores and caregiving tasks for children and the elderly in the family (Ang 2010). According to government statistics, there were 231,500 FDWs in 2015 (MoM 2015). Such a high-speed increase has also drawn the attention of researchers to policy implications (Yeoh and Lin 2012), from capacity issues to the protection of such workers against exploitation.

In the case of Singapore, FDWs must be between the ages of 23 and 50 at the time of application, have completed at least eight years of education, and be from an approved country. First-timers have to attend a one-day settling-in program. On the other hand, Indonesia has consistently half a million nationals (including FDWs) working abroad (BNP2TKI 2013; IOM 2010), bringing home annual remittances of US$10.5 billion (World Bank 2015). Currently, Indonesia is the major source of FDWs, providing about 125,000 FDWs to work in Singapore. Other sending countries include Myanmar, the Philippines, and Thailand. Although there has been a call for Indonesia to stop exporting maids to the rest of the world (Quartz 2013), there is as yet no concrete plan of implementation. Such a call may be viewed more as a reaction to increased reports of Indonesian maids being abused overseas. A total ban would appear quite impossible, given the scenario of there being 630,000 Indonesians working in Middle East alone—with a rough estimate of three times this figure

(around 1.8 million) being more realistic when illegal migrant workers are included (CNN 2015). At the moment, there may be occasional complaints in the media (Chang 2014). However, no official figures surface except when more serious cases have been brought before courts (Seow 2015). From this study and also according to NGOs that offer help to foreign workers, it emerges that these Indonesian FDWs are mostly single, not well educated, and are from different areas, both rural and urban, of various provinces.

Pseudo-Kinship: Negotiating Boundaries and Space

One of the various dynamics within an employer–domestic worker exchange is the inclusiveness of the family relationship, because caregiving involves emotions and bonds. Karner (1998) states that the domestic care worker is most likely to be adopted as "fictive kin" when family support is not present, thus filling the gap between the needs of the care recipient and the rest of the family. Lan (2003, 536) postulates that family inclusion is a strategy used by employers to improve the quality of care, and that such fictive kin relations can improve "workers' commitment to the welfare of her employers," and even the "authenticity and sincerity of their emotional labor." She goes on to describe such a strategy as one more widely used amongst those with elderly relatives or young children under the care of domestic workers. However, Lan (2003, 541) views the intimate relationship between employer and worker as a double-edged sword for the worker, stating that workers can, on one hand, "use their bonds with the care recipients to advance their status in the family and to exchange for material or emotional rewards from employers," but on the other hand, doing this complicates the employment relations. It is unclear whether when the worker is taken in as part of the family, if they will be treated better or simply if more will be demanded from them. In fact, the worker is already seen to be constantly available for the needs of her employer, and hence, within the home, fixed working hours are already difficult to define and keep.

Basically, previous researchers have looked at the employer–employee relationship from an exchange perspective, which relates ultimately to possible gains on one side, and comes from a sociological appreciation of the power differential in such relationships. Analyses of this kind might have overlooked the complexity and interactive nature of these relationships. It is sometimes very difficult to discern who needs who more in the household employment situation, with the fluid dynamics of one party's attitude toward the other being influenced by how they feel that they are being treated. Above all, the double-edged sword appears to apply to the

employer as well; a close relationship may make it difficult for the employer to give orders or to reprimand inept work. The fictive kin relationship applies to both parties and may have both benefits and downsides. Such duality has not been discussed thoroughly, though Karner (1998) has rightly pointed out that it is a dynamic rather than static social process.

Lan highlights the unique "micropolitics" that take place in this unusual work setting—the home. With the employment of domestic workers, the home takes on a dual function of being a space of personal privacy, as well as being an area for working. Both the employer and domestic worker would need to "negotiate social boundaries and distance from one another on a daily basis" (2003, 525). She describes the boundaries in terms of socio-categories (e.g., food, space, and privacy), and socio-spatial boundaries (private and public). A unique diaspora of migrant domestic workers' identities plays out in homes. Lan describes them as seemingly part of the family and yet as discounted from what really constitutes family life. They are the "desired servants" but "rejected citizens" of their host country. This is observed through daily rituals such as the different distribution of food and delineating of personal space.

Domestic workers are often privy to private family matters, such as quarrels. In spite of this, employers still have control over the extent to which they wish to "include or exclude domestic workers in the family, and whether to highlight or downplay hierarchical differences between themselves and the workers" (Lan 2003, 530). On the other hand, domestic workers have little control over their private and personal space in the home. Rather, they have their own "weekend enclaves" outside in certain locations. Sometimes, their gathering may be viewed as a threat to public space (Cha-Ly 2009); but rarely do they become a problem for wider society. According to such a perspective, emotional involvement can be tiring and costly. Some employers may prefer to limit the employment relationship and keep it business-like and impersonal. This is especially common in those who hire domestic workers for housework instead of care work. For families that require care work for older people, it is seen as "subcontracting filial piety" (Lan 2002, 812). Hiring domestic workers lessens the burden of caregiving, as well as increasing personal time and autonomy from parents and in-laws. Home becomes a place where care is given, but care itself is separated between those who physically provide it and those who pays for it.

Such pertinent concepts undoubtedly enrich our understanding of the fluid situation of FDWs in the family setting. However, fictive kinship does not quite explain the authentic perception and genuine feeling that

someone is part of the family, on both sides. It is also difficult to imagine how a purely calculative employer–employee relationship can play out for a long time without any emotional attachment. It can be argued that sharing caregiving tasks with FDWs does not mean shedding the caregiving responsibility oneself. The caregiving role is still there for the employer. In such cases, it may not really represent an outsourcing of caregiving duties. While FDWs are paid to do the chores, core activities contributive to filial duty are not shared until the FDW is taken as part of the family and entrusted to carry out key caregiving duties on behalf of the parents. Work in home is a unique job. A primary challenge of domestic work is that "employers of domestics do not recognize themselves as employers . . . nor their homes function as work sites" (Boehm 2003, 100).

What we know so far about such a new mode of familial care by live-in paid caregivers is that:

- it involves dynamic relationships between the FDW and family members beyond a simple business-like contract;
- it is an interactive process where FDWs take themselves and are taken as part of the family;
- there is a power issue where the employer can initiate or stop the process;
- such process is fraught with dilemmas, and not very well understood; it has a contractual element, yet it is not purely a contract.

It is then necessary to explore, from the FDWs' perspective, how they perceive and feel themselves as part of the family and what they think are important determinants for such a dynamic relationship. Our initial hypotheses are that: (1) Those who feel more as part of the family will report more positive and fewer negative emotions. (2) How one feels as part of the family is determined by both employer-related and employee-related factors.

Here we refer to familization as an identity process, where one thinks one is part of the family that one is serving. In spite of an overall appraisal of one's identity in relation to the family that an FDW has, there can also be occasional and situational views. This means that there may be situations where one thinks one is part of the family, while at other specific moments one is less certain of this or rather is sure about not being part of the family. This sort of familial identification has no legal entitlement; yet, it may make the FDW more willing to serve and persist in times when things do not turn out to be as expected. Such identification may even bring the FDW into a

better position to negotiate the scope of their job, such as their level of responsibility and better rewards upon completion of tasks. Clearly, this all derives from a subjective appraisal by the FDW, but this appraisal can hardly be based on purely personal biases and done without anticipating the thoughts and views about oneself from the employer. The word "process" also denotes the interactive nature of such a journey and the possible mixture of dilemma, hesitation, and doubts. Finally, it is noted that identity drives behavior. The extent to which one identifies as part of the family will also shape behavior according to such a realization. Operationally, we measure "familization" according to the response to the simple question of how far the FDW considers herself as part of the family she has been serving.

Not much detail is known about Indonesian FDWs in Singapore, as there are neither separate statistics nor any focused studies on this particular group. What has been discovered is that FDWs are regarded as one of the options to provide affordable childcare so that more local female labor can then be involved in rapidly growing industries such as textiles and electronics (Wong 1996). This was first intended as a short-term or intermediate rather than long-term measure to tackle the ups and downs of the economic cycle (Yeoh and Huang 2010). Nevertheless, there has now been a common presence of FDWs for almost four decades, and on a much greater scale than before. Studies on FDWs remain scarce, and Indonesian FDWs, although they constitute the largest group, remain under-researched.

Method and Samples

Reports from local NGOs and occasional news about individual FDWs have provided some general understanding of the situations of Indonesian FDWs—people with a different language, culture, and religious faith to their host country, and who work long hours away from home. Guided by this, there is at least curiosity to know, apropos those who work successfully within a family, how they feel and perceive themselves to be part of the family. A questionnaire was drafted, translated, and proof-read by two native Indonesians, and tested on 21 respondents. The questionnaire included six questions pertaining to basic information such as age, years of work, agent fees, and salary level. The other ten compound questions were statements on attitude and perceptions; for example, "To what extent do you agree that you have been regarded by your employer as part of the family you are serving?" There were four choices of response: Strongly

Agree, Agree, Disagree, and Strongly Disagree. Those who chose Strongly Agree were defined as feeling very much part of the family (VMF), while others were grouped as not feeling very much part of the family (~VMF).

Given the low social status of FDWs in the hosting country and the possible power issues between the interviewers (university students) and participants (women from rural areas who have not completed secondary school), it is suggested that it would be difficult not to intimidate the FDW subjects or to trigger their natural defenses, causing them to give the answer that is socially desirable in order not to meet with disapproval, if the survey is not anonymous. Thus, the survey is made anonymous with no contact details requested. Even the token for completing the survey is given without having to sign a receipt. The purpose of this approach is to assure participants that their identity would be protected, and so that they feel comfortable answering openly in the Indonesian language irrespective of their answers.

The pilot test has provided valuable feedback in that it is discovered that many respondents had received only the minimum required level of education and were not from major cities. They had problems differentiating between the many answer choices available. The questionnaire is therefore redrafted, using more everyday language, rather than supplying questions in literal form. The response range is also reduced to three choices instead of four, depending on question items. The two native Indonesians help again with these amendments. Prior ethics approval was obtained from the Institutional Review Board of the National University of Singapore. The survey is carried out between April and July 2016, by a group of student helpers who had attained at least level 4 Bahasa Indonesian language competence. Since there is no existing sampling frame to reach out to the target population, convenience sampling is used. Interviewers were sent to five major gathering places of Indonesian FDWs on Saturday and Sunday, including the two places mentioned by local media (*Straits Times*, Monday, December 16, 2013 cited in AsiaOne). As a result, a total of 352 valid questionnaires have been collected and subsequently analyzed. SPSS Statistics 24.0 was used for frequency listing, t-test, and logistic regression.

Naturally, all respondents were females, in the range of 20–53 years, with an average age of 34. Their work experience also varied from being new in the job to having worked for more than three decades, with an average of nine years in employment. On average, they had worked for six years in Singapore and three years elsewhere. They paid an agent fee of about six months. Experienced workers could find ways to be employed without

Table 5.1 Basic information on respondents ($N = 352$)

	Mean (SD)	*Range*
Age ($n = 350$)	34.1 (6.3)	20–53
Years of work experience ($n = 340$)	9.3 (5.7)	1–32
Years of stay in Singapore ($n = 351$)	6.3 (4.3)	0.1–20.0
Agent fees (in months of salary)	6.1 (3.0)	0–16
Salary when compared to Indonesian friends in Singapore ($n = 348$)		
A bit more	121 (34.8%)	
About the same	197 (56.6%)	
A bit less	30 (8.6%)	
Passport kept by employer: ($n = 351$)		
Yes	269 (76.4%)	
No	82 (23.3%)	
Regarded as part of the family ($n = 349$)		
Strongly agree	138 (39.5%)	
Agree	190 (54.4%)	
Disagree	16 (4.6%)	
Strongly disagree	5 (1.4%)	

paying agency fees again and it was alleged that some, probably new FDWs, had paid up to 16 months of their salary in such fees. Regarding salary level, although there is a recommended market rate of SG$550 a month, one-third (34.8%) earned a bit more than that while less than one-tenth (8.6%) reported a receiving a lesser amount. Three quarters (76.4%) confirmed that their passports were kept by the employers (see Table 5.1). There is no information regarding whether such acts by employers had been agreed to by the participants, though keeping passports without consent is illegal. However, it appears to be a common practice among many employers. The reasons for this can be many, from preventing their loss, making it impossible for FDWs to borrow money—either legally (through a credit card) or illegally (via illegal loans)—and preventing the FDWs from running away/leaving the country abruptly.

Findings

When asked "To what extent do you agree that you have been regarded by your employer as part of the family you are serving?" nearly 40% of respondents strongly agree and more than half (54.4%) also agree. Only 6% did not think so (disagree or strongly disagree). A hypothetical question was asked

Table 5.2 Emotions on being told that you have become part of the family

	A lot	*A bit*	*Not at all*
Grateful	297 (85.1%)	48 (13.8%)	4 (1.1%)
Happy	267 (75.9%)	77 (21.9%)	8 (2.3%)
Satisfied	195 (57.2%)	124 (36.4%)	22 (6.5%)
Feeling proud of myself	145 (41.7%)	142 (40.8%)	61 (17.5%)
Surprised	135 (38.5%)	141 (40.2%)	75 (21.4%)
Ambivalent	88 (25.8%)	176 (51.6%)	77 (22.6%)
Unhappy	21 (6.2%)	94 (27.6%)	226 (66.2%)

	VMF *Mean (SD)*	*~VMF* *Mean (SD)*	
Positive emotions ($df = 338$)	6.92 (1.215)	5.97 (1.705)	5.93**
Negative emotions ($df = 336$)	0.30 (0.591)	0.46 (0.605)	2.48*
Ambivalent or surprised ($df = 332$)	2.37 (1.165)	2.13 (10.65)	1.95

Note: *VMF* Very much felt part of the family, *~VMF* Did not very much feel part of the family
*$p < 0.05$; **$p < 0.01$

about their emotions on being told by their employer that they had become part of the family. The most reported emotions were "grateful," "happy," and "satisfied." It is apparent that positive emotions were more frequently reported than ambivalent, surprised, or negative emotions. When the respondents were grouped by whether they feel very much part of the family, tests of difference revealed that the "very much felt" group (VMF) had significantly higher scores of positive emotions ($M = 6.92$, $SD = 1.215$; $t(338) = 5.93$, $p < 0.01$). On the other hand, the non-VMF group had significantly more negative emotions ($M = 0.46$, $SD = 0.605$; $t(336) = 2.48$, $p < 0.05$). Both groups did not differ significantly in ambivalent or surprised emotions (Table 5.2).

With respect to the top ten considerations that may enhance to what extent one feels part of the family, 60–97% of respondents considered these factors either "important" or "very important." "Respect of my religious faith and practice" is the first item on the list. Others include employment-related treatment such as bonuses, rest days, working hours, and better food. The second group of items pertain to attitudes toward the FDWs, such as "be patient with me", "don't threaten to send me home", "be tolerant of mistakes", "don't be calculative with me", and so on. The final group of aspects of personal treatment—"buying me a gift" and "not forgetting my birthday"—had the lowest rank, yet were still considered as

Table 5.3 Considerations that may enhance your feeling part of the family

	Very important	*Important*	*Unimportant*
Respecting my religious faith and practice	221 (62.8%)	122 (34.7%)	9 (2.6%)
A bonus or salary rise	185 (52.7%)	144 (41.0%)	22 (6.3%)
Giving me a day off every week	179 (51.0%)	158 (45.0%)	14 (4.0%)
Being more lenient on working hours	172 (49.1%)	160 (45.7%)	18 (5.1%)
Giving me better food	163 (46.4%)	169 (48.1%)	19 (5.4%)
Being patient with me	158 (45.0%)	179 (51.0%)	14 (4.0%)
Don't threaten to send me home when they are not happy with me	135 (38.6%)	160 (45.7%)	55 (15.7%)
Being tolerant of unintentional mistakes	127 (36.2%)	206 (58.7%)	18 (5.1%)
Don't be calculative with me	120 (34.1%)	191 (54.3%)	41 (11.6%)
Be serious about what I tell her/him	115 (32.7%)	211 (59.9%)	26 (7.4%)
Listening to me	108 (30.7%)	203 (57.7%)	41 (11.6%)
Buying me a gift	73 (20.9%)	136 (38.9%)	141 (40.3%)
Not forgetting my birthday	74 (21.1%)	128 (36.5%)	149 (42.5%)

	VMF *Mean (SD)*	*~VMF* *Mean (SD)*	*t*
Top 10 considerations[a]	14.9 (3.923) $N = 133$	13.2 (3.799) $N = 207$	4.053**

Note:
VMF Very much felt part of the family, *~VMF* Did not very much feel part of the family
$^{*}p < 0.05$; $^{**}p < 0.01$
[a]The composite score is calculated by recoding "unimportant" as 0 and 1 for either "important" or "very important." The higher the composite score, the more considerations respondents have about enhancing familization

"important/very important" by 50–60% of respondents. When the top ten considerations are formed into a composite index, the VMF group has a significantly higher score (M = 14.9, SD = 3.923; $t(339) = 4.053$, $p < 0.01$) (Table 5.3).

When asked about the determinants of how much they feel part of the family, more than 95% of respondents either strongly agree or agree with the conditions listed on the employer and employee sides that may determine to what extent this is the case. Between 25% and 29% of respondents strongly agree that such items (three items about employers and three items on employee) will determine how they feel. The VMF group reported a significantly higher score on both the employer-related scores (M = 10.57,

Table 5.4 Determinants of familization ($n = 352$)

	Strongly agree	*Agree*	*Disagree*	*Strongly disagree*
Employer's willingness to treat you as part of the family (missing = 6)	101 (29.2%)	229 (66.2%)	15 (4.3%)	1 (0.3%)
Employer's attitude and behavior toward you	89 (25.3%)	249 (70.7%)	11 (3.1%)	3 (0.9%)
Employer's family members' attitude and behavior toward you (missing = 1)	93 (26.5%)	242 (68.9%)	13 (3.7%)	3 (0.9%)
Your own willingness to become part of the family (missing = 1)	86 (24.5%)	249 (70.9%)	15 (4.3%)	1 (0.3%)
Your attitude and behavior toward employer	100 (28.4%)	240 (68.2%)	9 (2.6%)	3 (0.9%)
You attitude and behavior toward employer's family members	100 (28.4%)	242 (68.8%)	8 (2.3%)	2 (0.6%)

	VMF *Mean (SD)*	*~VMF* *Mean (SD)*	*T*
Employer-related composite score[a]	10.57 (1.368) $N = 134$	9.08 (1.130) $N = 209$	10.487**
Employee-related composite score[a]	10.56 (1.383) $N = 138$	9.13 (1.141) $N = 210$	10.058**

Note:
VMF Very much felt part of the family, *~VMF* Did not very much feel part of the family;
*$p < 0.05$; **$p < 0.01$
[a]Composite scores recoded for easy interpretation; a higher score means more agreement with the statement

SD = 1.368; $t(342) = 10.487$, $p < 0.01$) and employee-related scores (M = 10.56, SD = 1.383; $t(347) = 10.058$, $p < 0.01$) than that of the non-VMF group. Another interesting observation is that within each group (VMF or non-VMF), the employer-related and employee-related scores have no significant differences (Table 5.4).

With the use of logistic regression on the employer-related and employee-related composite scores, the statistics provide an overall accuracy of 77.2% in predicting their group status (the VMF vs. ~VMF). A closer look reveals that it predicts better for the non-VMF group (90.9%) than the VMF group (56%). Interaction terms between the two predictors do not stand, and a simple two-factor model gives the best results as to whether someone would very much feel part of the family (Table 5.5).

Table 5.5 Logistic regression of familization groups by employer and employee composite scores

Classification table[a]						
		Predicted				
Part of the family Observed		Strongly agree		~ Strongly agree		Correct %
Part of the family	Strongly agree	75		59		56.0
	~ Strongly agree	19		189		90.9
Overall percentage						77.2
[a]. The cut value is 0.500						

	B	*S.E.*	*Wald*	*df*	*Sig.*	*Exp(B)*
Employer-related score	−0.692	0.179	14.865	1	0.000	0.501
Employee-related score	−0.335	0.176	3.604	1	0.058	0.716
Constant	10.444	1.181	78.240	1	0.000	34,353.195

[a]Variable(s) entered on step 1: Employer factors, Employee factors

Discussion

The respondents were apparently in their most productive age range (20–53), all with some years of experience in Singapore (the longest being 20 years). Herein lies a dilemma for every foreign worker, wherever overseas s/he goes. Prolonged separation poses additional stress for marital and parent–child bonds, and loneliness may drive one into relationships that are difficult to handle in a strange land. Services to such individuals, if there are any, will have to consider their unique psychosocial needs. The concern of agent fees surfaces again as some FDWs have to pay as much as 16 months of their salary as agent fees. This represents a very high figure and will only be reduced if governments of both sending and receiving countries work together. Governments that have considered the issue of agent fees as too complicated to tackle when local agents and officials in exporting countries are involved, may learn from Taiwan and Japan, where such fees are regulated to protect the workers, though in reality this monitoring is always difficult. In this study, there were a few individuals who did not need to pay agent fees; they were probably those who worked overseas before and thus knew how find employment without going through agents. More than three-quarters (76.4%) of respondents' passports were kept by employers. Although it is technically illegal to keep someone's passport without their

consent, it is almost impossible to refuse such a request when one first arrives in a foreign land, and when the reason may appear to be a sound one, such as preventing loss or the use of a passport to apply for an illegal loan. The power issue between FDWs and their employers is always a subtle one that goes beyond explicit agreement. This also probably explains why it is so difficult to solicit deeper views from serving FDWs when it comes to one-to-one face-to-face interviews.

In spite of the clear hierarchical relation, long working hours, and less rest time when compared with the local workforce, the respondents' views on whether they were part of the family were still generally very positive. More than half (54.4%) of them agreed that they were part of the family, while another 40% (39.5%) strongly agreed that this was the case. Only less than 6% of the respondents did not think so. It is plausible that this was partly due to the various policies that aim at protecting FDWs against obvious abuses and exploitation, and partly due to the fact that they are contented with the improved income. It is fair to say that an overwhelming majority of the respondents did feel that they were part of the family they served. It is not difficult then to accept the first hypothesis that those who felt more a part of the family also reported more positive and fewer negative emotions.

Being grateful, happy, and satisfied are top of the list. Those who felt very much part of the family also had significantly higher ratings of positive mood. This indicates that such familization processes are closely connected with FDWs' positive emotions. The overwhelmingly high proportion of subjects who feel very grateful told of their humble and positive frame of mind if they were accepted as part of the family. However, at the same time, three-quarters to 80% of them also felt surprised or ambivalent. There is certainly room to improve on the side of the employers, who are rather pragmatic in Singapore. The familization process appears to be a fluid one, with moments of surprise, hesitation, and incongruences. It is understandable that there would be a blend of physical and emotional labor in a hierarchical context and a give-and-take economic environment.

FDWs' own perceptions of their roles matter a great deal in such contractual relationships. An environment where one's religious faith and practice is respected is high on the priority list, followed by tangible arrangement of bonuses, rest days, working hours, and better food. At the moment, such most wishes are left to negotiation between employer and employee, rather than being safeguarded by policy and law (MoM 2016). At the same time, the attitudes of the employer and other family members are also important. FDWs want employers to be patient with them, be

tolerant of the errors they may make, be serious about what they tell the employer, and to not be calculative with them. Are these not common wants of every employee in the workplace? Very personal qualities such as listening to them, buying them a gift, and not forgetting their birthdays were least expected. It is interesting to note that some employers are advised to do something, such as remembering birthdays and buying gifts (Strong Eagle 2005), to make the employee feel included in the family. However, our findings seem to suggest that such actions are only helpful when the more fundamental issues are settled too.

A simple economic relationship cannot explain the interactive nature and emotional aspects of the job. It is a "voluntary kin" fostered not by blood relation, and can be interpreted differently in different contexts of family living (Braithwaite et al. 2010). The best working environment happens when it is a win-win situation, mutually satisfying for both the employer and FDW. It is difficult to imagine a situation to be sustainable where only FDWs are satisfied, without employers being satisfied. However, this study is mainly occupied with FDWs and not designed to be verified with the concerns of employers. It is interesting to note that irrespective of whether feeling very much part of the family, respondents (both VMF and ~VMF groups) considered employer-related determinants equally important as employee-related determinants (close means scores), though the VMF group appeared to be more appreciative of the contribution of such factors to the feeling of inclusion.

There are two important messages here: (1) Respondents were fully aware that familization is a process engaged in by both the employer and employee; and it was difficult to comment which side (employer or employee) was more important. It would be very wrong to assume that to feel authentically part of the family is an aspect of the contracted service readily available from the supply side (FDWs)—the assumption being that it is readily there when someone enters into the contract. Rather, it is something to be generated in the process by both sides; it is a journey of give-and-take. This explains the duality and dynamic process, not discussed much by Karner (1998). (2) Respondents who felt very much part of the family tended to be able better to identify the contributions of both the employer and employee to the process. If familization is regarded as something desirable, efforts from both sides should be encouraged and facilitated. Despite the benefits for the FDWs of feeling included, one may challenge what happens if one party, say the employer, determines the transaction to be purely business (i.e., the contractual labor). The employer

can certainly choose to restrict the relationship to solely the business level, in order to avoid the FDW "intruding" into the family's private zone, even though they are living and working with the family. However, the interactional process naturally generates many emotions and feelings. One would need to pay extra psychological and social costs due to such incongruences. The employer will then have to handle the incongruence of still asking the FDW to be as caring as a family member to the young and old family members. It might be easier for restriction requests to be raised for the job just to be kept to house-keeping tasks (in families without children and elderly), than for FDWs with caregiving duties.

On the FDW's part, when the employer shows a friendly gesture of trust, respect, a small pay rise, and delegation of responsibility, these will be interpreted positively as showing that the employer really means to accept the FDW as part of the family. Such actions are unlikely to receive a cold response from the FDW. Instead of getting a calculative and strategic response from the FDW, it is believed that basic human interactions around acceptance, trust, and care reinforce the overall process.

The familization concept is generally robust. Conventionally, family boundaries are drawn through bloodlines or by marrying and legitimate adoption (by law or cultural ritual) into the family. On one hand, this preserves resources and exclusive access by distinguishing the membership of those within the family from those outside, but on the other, it limits the availability of helping hands because of the restricted membership. Domestic workers such as *Amah* and *Mui tsai* hired by rich families were exceptions at that time, where a stranger was taken into the family and regarded as part of it for contributing to the caregiving for young children and elderly. Hiring such help was often a symbol of wealth and the need for domestic workers was rarely a result of there being working mothers. In terms of scale, the phenomenon was far smaller and far less structured than the migrant workers system now.

Modern households, like those in the past, have to shoulder the cost of hire and provide reasonable treatment to the FDW for her service. The power positions of the employer and FDW are in no way similar or equal, yet the breaching of the contract remains costly to the proposer in terms of time and actual cost of discharge and replacement. In spite of the power difference, as indicated in the findings of the study, participants regarded factors from their side too in determining how far someone might feel part of the family. The second hypothesis—how it is that one feels part of the family—is determined by both employer-related and employee-related

factors and also stands the regression test. Instead of a desire for or reality of equal negotiating power, it may be construed as the aspiration for a more equal relationship, even though resources are in the hands of the boss. Above all, relationships within the "family" cannot operate purely according to contractual principles. This concept is congruent with universal values of respect and equality and tells of the interdependency that develops, rather than a strict supply-and-demand market situation. The subsequent simple logistic model has a generally good explanatory power, as indicated by its 77% overall prediction rate, though it appears to be better at predicting those who are not successfully familized (90.9%) than those who are (56%). At present, it is still uncertain whether there are different sets of explanatory factors for those who are successfully familized, or whether the concept needs some enrichment and refinement.

If familization is a desirable process between the employer and FDW, a number of policy initiatives may be considered as being helpful or conducive, either on big or small scales. They include but are not limited to:

- legislative effort to protect FDWs against exploitative agent fees; there should be a reasonable cap on agent fees;
- punitive measures to curb illegal loans to FDWs, thus making the keeping of passports less important;
- pre-job and on-the-job training for FDWs to cover personal and job safety, legal rights and protection, local transport, English language and dialect terms, and communication skills;
- pre-job seminar/training for potential employers to cover general expectations, understanding of Islamic culture (food, prayer, and other rituals), importance of trust and respect, and communication skills.

Currently, pre-job training is assumed to be completed before the FDW arrives, while on-the-job training is rarely offered. While discussion continues regarding how to better prepare the FDW before she comes to Singapore, pre-job training is also needed to prepare the employers. It is important for them to understand what the FDW cares most about and to realize the need to respect an FDW's religious faith. Instead of taking it as an extra burden to understand the FDW's religion and culture, classes organized by local religious groups that aim at greater religious tolerance and inclusion would be helpful to improve the understanding of FDWs. It is because of the love one has for his/her family member that one is willing to

spend time to understand the FDW. The training should also cover other aspects such as the importance of human relationships in contract work, familization processes, and the dos and don'ts to promote such processes. In order to initiate the interactive process in a constructive way, the employer must be helped to understand their hiring of an FDW as going beyond a simple contract of employment. For FDWs, how to create a working environment where one feels respected, as well as developing skills in communication, negotiation, and understanding the work itself comprise more than a job. In city-wide campaign, already there have been winners of caregiver awards who are actually FDWs rather than family caregivers. It will be further encouraged if the salary level for award winners can be pitched and formalized at a higher range, so that good practices could be shared, promoted, and reinforced. As employers have to pay a special levy for their FDWs, it will be a clear indicator of government policy aimed at facilitating best practice if the resources collected can be channeled to support such training initiatives. The current skills-based training offered by various NGOs has mostly been geared toward communication with the one being cared for, and practical skills required for the person's care. Focus on relationship-building needs to be emphasized. It may save many later troubles if a training course for potential employers is made compulsory before or at the beginning of the hire.

Arguing that there is a need to build up the capacity for relational growth and understanding is not enough. Policies are needed to achieve such goals. Various policy efforts would need to be tested, evaluated, and refined to achieve the best effects. Regulations and law can only punish the violations; they cannot force one to love a stranger. This is true both for the FDW as well as the employer.

Limitations

There are a number of limitations to take note of for this study. The participants were in fact those who enjoyed a rest day either on Saturday or Sunday. That is why we could get hold of them in their own meeting places. Allegedly, about 40–60% of FDWs do not have a rest day (HOME 2015; Tan 2014). As foreigners, they are not covered under the labor laws. The current sample may better represent those who work under a more understanding environment than those who do not. The biased sample may not give a full picture of all Indonesian FDWs. However, how to

reach out to these others remains a challenge for sampling, coupled with the sensitive nature of giving any information that might be mistaken as bad-mouthing the employer. Qualitative study with those who work under less favorable environments may be necessary, but this is also difficult to carry out, given their long working hours, lack of rest days, and fear of exposure of identity. The concept of familization has been put forth to explain the changing family context, especially in major cities where FDWs are hired to share or shoulder household and caregiving tasks. It definitely requires more studies in the future to verify, augment, revise, or refute the concept. Another major drawback is that this study solicits only the views of the FDWs, rather than those of the employers. As it has been mentioned that employers hold more power than employees, the familization process may not occur if employers do not want to welcome FDWs as part of their respective families. Therefore, the concept of familization could not be validated without understanding the employers' views. Like FDWs, however, it is difficult to approach employers and solicit their honest opinions without the influence of social desirability. There is much left to be researched before more conclusive remarks could be made about the familization concept.

Conclusion

Staying and working in a family is a new category of job for such FDWs. For many families that have successfully included FDWs, this represents a new sort of family that for the first time includes a stranger who is hired but accepted as part of the family. To a certain extent, this is an "extended" family, based not on legal (e.g., adoption) or cultural procedures (e.g., sworn brotherhood) but bound by an employment contract. It elicits much thought as to how a job can be mutually satisfying for both the employer and employee. And it points to the very basic nature of two-way interactions between the two parties, and the unique involvement of emotional labor in which the worker is considered and perceives themselves to be part of the family. An economic contract alone does not satisfactorily explain the process of how someone becomes part of the family. There are many questions around what could have been done to promote this sort of family identity on both sides. This chapter adds the interactive concept of familization to the discussion of the phenomenon, in addition to existing concepts of pseudo-family and outsourced filial piety. The chance of success

of such a process depends on the readiness and preparation of both parties and whether the larger environment and context comprising government policy, NGOs, and labor unions is conducive or makes it difficult for such a process to work.

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CHAPTER 6

Investigating the Well-Being of Migrant Care Workers in Taiwan from the Perspective of Social Inclusion

Lih-Rong Wang and Michael P.H. Liu

Introduction

Taiwan is experiencing a considerable demographic shift, one that is common among developed nations and involves a decrease in youth population and an increasing elderly population. These changes are mainly caused by a low replacement rate and have led Taiwan to become an aging society. Indeed, the total fertility rate of Taiwan has dropped from 4.0 in 1970 to 1.18 in 2015 (Department of Household Registration 2016). Taiwan has had one of the world's lowest fertility rates for several years. According to demographic data compiled by the Ministry of the Interior (2016), the number of older adults (i.e., aged 65 and above) as a proportion of the total population has increased to 12.51%, and the country is rapidly approaching the cutoff for an aging society (14%) defined by the World Health Organization.

As the education level and social status of Taiwanese females (who are traditionally the primary caregivers in Taiwanese society) continues to rise,

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more women are entering the labor market. According to data compiled by the Directorate General of Budget, Accounting, and Statistics (2016), the ratio of female workers in Taiwan was 44.39%, 45.76%, 46.10%, 48.68%, 49.97%, and 50.80% in 1991, 1996, 2001, 2006, 2011, and 2016, respectively, revealing an upward trend. In addition, the call to challenge and overcome gender-based stereotyping in caregiving has become increasingly popular in Taiwan, with feminists and women's organizations repeatedly urging the public to change their social expectations and cease equating elderly care with caregiving by women. Furthermore, average household size in Taiwan has lowered as increasing numbers of young couples decide to live on their own, leaving elderly care demands to become increasingly societal and market oriented.

Because care work is time consuming and physically demanding, and because low remuneration has failed to attract local care workers, many families have resorted to employing migrant workers from Southeast Asian countries to meet their elderly care needs.

Employment initiatives aimed at attracting migrant care workers to Taiwan originated in 1992, when the Taiwanese government began setting up policies to legalize the hiring of foreign blue-collar workers. Subsequently, the number of migrant care workers in Taiwan has grown exponentially, from 669 in 1992 to more than 100,000 in 2001 and 227,000 in 2016 (Ministry of Labor 2016a). Migrant care workers have become the main providers of elderly care in Taiwan (Fig. 6.1) and because of Taiwan's rapid demographic changes, past supplementary and temporary foreign labor policies are now near-permanent policies.

Taiwan's migrant care workers primarily consist of Indonesian, Filipino, and Vietnamese workers, who currently account for approximately 79%, 12%, and 9% of Taiwan's migrant caregiver population, respectively. The vast majority (99%) of them work as caregivers in private homes, and the remaining 1% work as caregivers in private or public institutions (Ministry of Labor 2016a).

Helping foreign worker populations adapt to life in a new country, assimilate to local culture, and maintain their quality of life should be universal values practised in an era of globalization and expanding human rights. Therefore, this study explored the quality of life of migrant care workers in Taiwan.

The Minimum Wage Act protects the minimum legal pay of both migrant care workers and local Taiwanese workers. Notably, this wage is generally higher than the wages that migrant workers can earn in their home

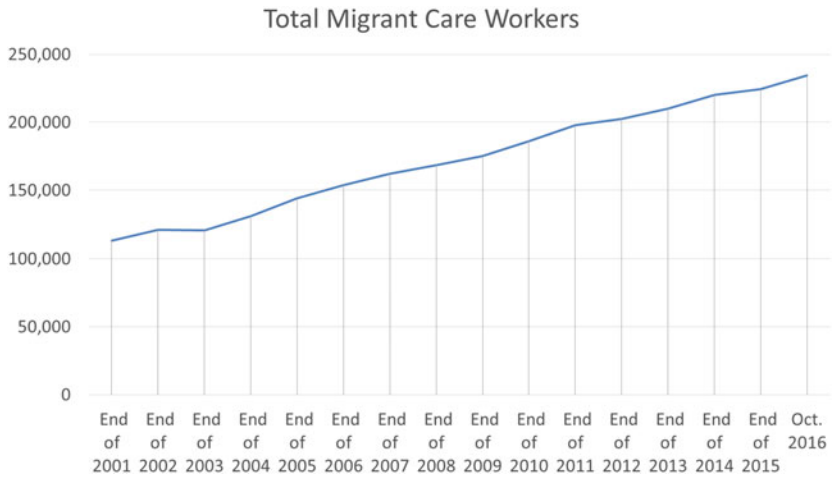

Fig. 6.1 Number of migrant care workers in Taiwan (2001–2016) (Source: Ministry of Labor 2016a)

countries. The average monthly salary of migrant care workers in 2015 was NT$18,770 (approximately US$590, increased to NT$20,008 [approximately US$630] in 2016). However, their working hours are typically long and working conditions are often poor. Ninety two percent of migrant care workers work continuously for more than eight hours every day; and many of them even work approximately 12 hours per day. Migrant care workers are also often required to be on-call throughout the day, and are generally denied the vacation days to which they are entitled (Ministry of Labor 2016b).

Migrant care workers are primarily responsible for helping with daily living activities such as administering food and medicine, fulfilling personal hygiene and sanitary needs, providing massages, performing sputum suction and urinary catheterization, accompanying patients to hospitals, and providing shopping services. However, many families also leave housework (e.g., taking care of children, cooking, laundry, and cleaning) to these care workers. The consequent heavy and demanding workload evidences that in the workplaces of migrant care workers is a lack of "labor rights."

The long working hours and labor intensity experienced by migrant care workers can also be attributed to their live-in style of employment. Because migrant care workers both work and live with their employers, it is easy to coerce them into working continuously. Some care workers are illegally

deprived of rest time or face sexual assault and violence at the hands of their employers. In addition to the pressures that exist in caring for elderly adults, care workers' biopsychosocial well-being can be negatively affected when their requirements for health and social life-related adjustments are not met. By providing humane and reasonable treatment to migrant care workers, Taiwan can improve the quality of its elderly care sector.

Domestic housework can readily be understood as a private sector activity. Combined with the fact that some migrant workers do not have legal status in Taiwan, a lack of supervision in the caregiving industry is common. Notably, the International Labour Organization (ILO) did not include housework in its previous labor protection acts until 2011, when the ILO Domestic Workers Convention (No. 189) was drafted. This report addressed various standards for domestic workers regarding rest hours, minimum wage, right to organize social movements, right to know work content prior to departure from their home country, and right to live outside of their work location (ILO 2011).

Because the labor rights of migrant care workers have been addressed relatively late (compared with the emergence of globalization, which has driven the flow of migrant workers), countries that employ such workers have generally failed to enact related labor protection policies (ILO 2011). Consequently, unfriendly and exploitative working environments in the domestic sphere are widespread phenomena, compelling contemporary activists and researchers to address migrant care workers' quality of life, well-being, and rights. This study focused on investigating migrant care workers' well-being from the perspective of social inclusion to determine their social participation, quality of life, and access to resources and opportunities.

Conceptualizing Social Inclusion

In the extant literature, the concepts of social participation, social support, social cohesion, and social networks are most commonly used to construct social inclusion. For example, Parker (1983) measured social inclusion by examining social participation in the form of informal voluntary organization activities. Most theories of inclusion regard participation to be a crucial element, suggesting that social inclusion may be most closely related to social participation. However, some scholars have emphasized the relationship between social support and social inclusion. For example, Veiel and Baumann (1992) created a useful conceptual framework that divides social

support into different types of support: daily support versus risk support, tool support versus psychological support, and subjective support versus objective evaluation support. Numerous support measurement methods frequently apply in the fields of psychology and social psychology (e.g., Sarason et al. 1983). However, despite social support being a critical element of social inclusion, it does not entirely explain social inclusion.

Other studies have used social cohesion to illustrate the relevance of social inclusion. Forrest and Kearns (2001) indicated that social cohesion includes sharing common values and civic culture, controlling social order, maintaining social ties, reducing wealth inequality, developing social networks and social capital, and facilitating geographical ties and identity. Stanley (2003) asserted that social cohesion can help accumulate social capital, and Friedkin (2004) maintained that because social cohesion is a causal system that determines the attitude and behavior of its members, it could be viewed as a community asset.

Numerous scholars have stated that social networks are necessary for social inclusion. A social network is defined as the social relationship network that a person possesses, as well as the characteristics of that network (Mitchell 1969; Laumann 1973; Fischer 1977; Fischer 1982). Burt (1982) described such a network model as a system made of one or more network relationships. These networks share several characteristics, including network scope, density, boundaries, and homogeneity. More recently, Berkman and Glass (2000) declared that social networks primarily engage in four operations: (1) providing social support, (2) creating social influence, (3) fostering social participation and attachment, and (4) acting as a channel through which to obtain materials and resources. Therefore, similar to social support, social capital, and social cohesion, a social network facilitates a person's social inclusion. In the present study, "social network" was measured to determine respondents' social inclusion.

Huxley et al. (2012) argued that social inclusion is composed of 14 types of social participation and networking, namely: family activities (family here refers to the employer's family, and activity refers to an outdoor activity rather than daily living activities); social activities (social refers to social interaction; therefore, social activities refer to activities such as hanging out with friends or going to church); work; income; politics and citizenship (refers to political and civic activities, such as participating in elections, protests, or labor unions, or working as a volunteer); community facilities (refers to parks, open squares, fitness centers, nurseries, and cafeterias); financial services (refers to access to banks, ATMs, currency exchange

centers, and investment service banks); neighborhood safety; housing quality (refers to having access to individual living space); transport (refers to access to transport); leisure; mental health (refers to having received mental healthcare related to relieving of pressure); physical health (refers to having received physical healthcare); and educational achievement (refers to having achieved a qualification certificate or degree as well as completing formal or informal on-the-job training).

Reeve (2009) defined well-being as encompassing the following concepts: autonomy, environmental mastery, personal growth, positive relations with others, purpose in life, and self-acceptance. In other words, individuals' positive assessment of themselves, ability to establish warm and intimate relationships with others, ability to make decisions about their life, ability to effectively control environmental challenges, understanding of the meaning and direction of their life, and ability to undergo self-growth all influence their well-being (Diener 1984; Diener et al. 1999). Additionally, Keyes (1998) proposed that social integration, social cohesion, social participation, social realization, and social acceptance are all parts of social well-being. Therefore, in any environment, social inclusion can be expected to elevate a person's subjective (mental) and objective (social) well-being.

Research Approach

Two research approaches are widely adopted to examine social inclusion. The first is the "social indicator of inclusion approach," which is an objective indicator well suited for policy-related purposes. The second is the "perceived inclusion approach," a subjective indicator commonly used for clinical research and case scenario studies. Following our review of the literature, we determined that social inclusion research should focus on individuals' subjective perception of accessibility to opportunities and resources. However, because our research also has policy implications, we elected to use both approaches.

Measuring Social Inclusion

After combining both the subjective and objective measures of social inclusion, the indicators of social inclusion that addressed (1) access to material and other resources, (2) the extent to which individuals participate in various activities, and (3) individuals' subjective perceptions about the value and benefit of these activities were selected for study. As noted earlier,

our indicators were adopted from the social inclusion matrix designed by Huxley et al. (2012), which identifies 14 components of social inclusion (family activities, social activities, work, income, politics and citizenship, community facilities, financial services, neighborhood safety, housing quality, transport, leisure, mental health, physical health, and educational achievement).

Questionnaire Design

The research tools utilized in the present study were all designed by the research team.[1] Due to the limited Chinese reading ability of most of our respondents, we translated our questionnaires into their native languages (Vietnamese, Indonesian, and English) to ensure that they understood the questions. The translations were conducted by Vietnamese and Indonesian exchange students at National Taiwan University, who were also competent in Chinese reading and writing. To ensure translation accuracy, an independent reviewer was recruited to perform back-translation.

The questionnaire comprised two main parts, which focused on well-being and social inclusion. Three previously developed scales commonly used to measure social inclusion, and a new measurement tool developed for well-being in this study, were employed. The well-being measure was derived from the Well-Being Index developed by the Psychiatric Research Unit of the World Health Organization in 1998. In this index, a respondent selects one of five statements, which they consider most accurately reflect their well-being over the preceding two weeks. Higher scores indicate greater well-being.

The social inclusive matrix of Huxley et al. (2012) includes subjective and objective social inclusion indicators that address (1) the availability of material and other resources; (2) the subjectivity of this availability; (3) the extent to which an individual participates in various activities; (4) individuals' subjective perceptions of the value and benefit of these activities; and (5) the quantification of feedback degree, thereby enabling the feedback to be inspected and tested in turn. In the present study, we addressed only points (1), (3), and (4).

Sampling Design

Purposive sampling was used to recruit migrant care workers for this study from areas with a high migrant worker density. Because we performed

non-probabilistic sampling, the sample structure was based on the nationality and regional distribution (northern, central, southern, and eastern Taiwan) of the respondents to ensure representativeness.

Two hundred questionnaires were collected, and after eliminating the incomplete ones, 187 valid questionnaires were retained. In total, 101 (54.0%) respondents were based in northern Taiwan, 41 (21.9%) respondents were based in central Taiwan, and 45 (24.1%) respondents were living in southern Taiwan. There were 164 (87.7%) respondents originally from Indonesia and 23 (12.3%) respondents from the Philippines. Additionally, the vast majority of respondents (186, 99.5%) were female; only one (0.5%) respondent was male. The average age of the respondents was 32.2 years and 70% of them were between 22 and 35 years old, which suggests that most migrant care workers are relatively young.

Findings

Well-Being

According to the questionnaire results, the respondents perceived their well-being to generally be maintained at a high level. Specifically, the respondents' scores regarding their mental and physical status (which could range from 1 ["rarely"] to 5 ["always"]), all fell between 3.50 ("neutral") and 4.00 ("often"). The highest score (4.00) was received on the "feeling active and motivated," whereas the lowest score (3.72) was received on "feeling calm and relaxed" (Table 6.1).

Social Inclusion

The respondents perceived their level of social inclusion to be generally high:

1. Nearly 60% of respondents had the opportunity to participate in the family activities of their employers.[2]
2. Nearly 70% of respondents had the opportunity to participate in social activities.[3]
3. Most (81.3%) respondents indicated that they had experienced no desire to change jobs over the past six months.
4. Only 2.1% of respondents did not have a stable income.
5. Most (72.6%) respondents had access to community facilities.

Table 6.1 Distribution of respondents' well-being (%)

	Rarely	*Sometimes*	*Neutral*	*Often*	*Always*	*Mean*
Do you often feel happy and cheerful?	1.6	3.7	30.5	34.2	30.0	3.87
Do you often feel calm and relaxed?	3.7	8.0	26.7	35.8	25.7	3.72
Do you often feel active and motivated?	2.7	4.8	16.1	42.5	33.9	4.00
Do you feel energetic when you wake up in the morning?	4.8	4.8	21.9	32.1	36.4	3.90
Do you feel fulfilled and content with your daily life?	6.4	4.8	21.9	30.0	36.9	3.86

6. Nearly 75% of respondents had had access to financial services during the past six months.
7. Only 8.3% of respondents felt very insecure or relatively unsafe in their community.
8. During the past six months, 84.5% of respondents had had access to transport.
9. During the past six months, 68.5% of respondents had had the opportunity to participate in leisure activities.
10. During the past six months, 81.3% of respondents had had the opportunity to see a doctor (based on their personal needs).

However, it was clear that some key areas of social inclusion were lacking in many respondents' lives:

1. Only 24.7% of respondents indicated that they had opportunities to participate in civic or social group activities.
2. Only 57.5% of respondents indicated that they had an independent living space.
3. Only 56.2% of respondents indicated that they had an opportunity to talk about their psychological stress.

Detailed information about the effects that all 14 social inclusion indicators have had on the lives of respondents are as follows:

1. Family activities: In the preceding six months, nearly 60% of respondents had had the opportunity to participate in their employers' family activities. Of these respondents, 47.7% participated frequently

or very frequently, with the average score (3.35) falling between the "neutral" and "often" categories. Additionally, more than 60% of respondents felt positively about participating in their employers' activities, and 64.8% believed that the family activities were beneficial or very beneficial to them. Overall, the mean score of this indicator was 3.76.

2. Social activities: In the preceding six months, nearly 70% of respondents had had the opportunity to participate in social activities. The results indicate that 31.1% of these respondents participated in social activities frequently or very frequently, and only 2.96% seldom participated in social activities; the average score fell between the "neutral" and "seldom" categories. Additionally, almost 75% of respondents felt positively about taking part in social activities, and 73.6% believed that such activities were beneficial or very beneficial to their social inclusion. Due to the particular nature of migrant care work, the average number of times respondents participated in social activities was significantly lower than the number of times that they participated in their employers' family activities. Nevertheless, they felt that participation in social activities was more helpful to them, as evidenced by the high mean score of this indicator (4.14).
3. Work: Overall, the respondents believed that their work was very stable. Most (81.3%) of them indicated that in the preceding six months they had experienced no desire to change jobs. Of the respondents who wanted to change job, 40% described wanting to change job frequently or very frequently. These respondents also expressed low satisfaction with their work; only 31.5% indicated that they were satisfied or very satisfied, as shown by the mean score of this indicator (3.06).
4. Income: The respondents also considered their income relatively stable; only 2.1% stated that they did not have a stable income. Most respondents also believed that their income fell within a relatively reasonable range, compared with their peers in care work from the same country. Only 19.5% felt that their income was very unreasonable or relatively unreasonable. Additionally, most (69.2%) respondents indicated that their current income was adequate to provide them with a secure life, with a mean score of satisfaction (3.87).
5. Politics and citizenship: Only a few (24.7%) respondents participated in civic group activities. Of these respondents, 35.6% participated

frequently or very frequently and 77.8% believed that the activities were beneficial or very beneficial to them, as evidenced by the high mean score of this indicator (4.07).

6. Community facilities: Most (72.6%) respondents revealed that they had frequent opportunities to use community facilities, with 49.6% using such facilities frequently or very frequently. Overall, the respondents felt that using community facilities improved their quality of life, and 77.1% considered community facilities beneficial or very beneficial to them, as evidenced by the high mean score of this indicator (4.10).
7. Financial services: Nearly 75% of respondents indicated that they had had access to financial services in the preceding six months, with 42.4% using these financial services frequently or very frequently. These respondents also expressed satisfaction with the financial services that they used, with 72.2% indicating that they were satisfied or very satisfied, as shown by the mean score of this indicator (3.88).
8. Neighborhood safety: Over 80% of respondents indicated that they had not felt unsafe in their community in the preceding six months; by contrast, only 11.2% of respondents considered the amount of violence to be high or very high, and only 8.3% considered their community to be unsafe or very unsafe, as evidenced by the high mean score of this indicator (4.33).
9. Housing quality: In total, 57.5% of respondents indicated that they had a private room or adequate independent living space, with 47.5% considering their current housing environment to be of good or very good quality. In addition, 58.8% of these believed that having a private room had greatly improved their standard of living, as evidenced by the lower mean score of this indicator (3.53).
10. Transport: In the preceding six months, 84.5% of respondents had had access to transport, and 42.2% of them used that transport frequently or very frequently. Overall, these respondents felt very positively about their access to transport, and 73.6% of them considered that convenient transport was beneficial or very beneficial to their quality of life, as shown by the mean score of this indicator (3.91).
11. Leisure: In the preceding six months, 68.5% of respondents had had the chance to participate in leisure activities. However, almost half of them (49.5%) engaged in leisure activities only infrequently or very infrequently; 55.7% of them considered such activities beneficial or

very beneficial to their quality of life. Overall, the mean score of satisfaction in this indicator was 3.39.

12. Mental health: In the preceding 6 months, 56.2% of respondents had had the opportunity to discuss their psychological state at least once. However, most of them admitted that they rarely talked about their psychological state; only 32.3% talked about their psychological state frequently or very frequently. Nevertheless, 81.7% of respondents considered such discussions to be very helpful. Overall, the mean score of this indicator was 4.09.
13. Physical health: In the preceding six months, 81.3% of respondents had had the chance to see a doctor, but only 23.6% visited doctors frequently or very frequently. In total, 77% of respondents considered that their medical environment and medical treatment were very or relatively helpful. Overall, the mean score of this indicator was 4.05.
14. Educational achievement: Overall, there were few opportunities for the respondents to take part in formal or informal on-the-job training; only 14.4% indicated having such opportunities. Of these respondents, 59.2% believed that educational training was beneficial or very beneficial to them. Overall, the mean score of this indicator was 3.22.

Factor Analysis and Regression Model

A factor analysis was conducted and the results revealed the eigenvalue, difference, proportion, and cumulative factor of each indicator. Notably, the proportions of indicators 1–4 were 65.5%, 40.1%, 14.5%, and 11.4%, respectively. Additionally, the eigenvalue of indicators 1 and 2 were 1.98 and 1.21, respectively.

According to Kaiser's eigenvalue selection criterion, factors with an eigenvalue <1 were removed; therefore, factor 1 and factor 2 were extracted. The factors were then subjected to orthogonal rotation. The subsequent factor load and the special factor analysis results are presented in Table 6.2, where the load values that surpass 0.2 are highlighted in grey. Notably, the results are superior after orthogonal rotation; specifically, factor 1 and factor 2 suitably represent most of the indicators, and explain the variances of most of the indicators.

The load values that surpass 0.2 for factors 1 and 2 correspond to indicators 2, 5, 10, 11, and 12, and to indicators 4, 6, 7, 8, and 9, respectively.

Table 6.2 Factor load scale of the social inclusion of migrant care workers

Original variables	*Factor 1*	*Factor 2*	*Factor 3*	*Factor 4*	*Factor 5*	*Factor 6*	*Factor 7*	*Special factor*
1	0.216	0.010	−0.017	0.247	*0.355*	0.017	0.001	0.766
2	*0.479*	0.207	−0.091	0.100	−0.069	−0.077	−0.011	0.698
3	0.066	−0.017	0.004	*0.399*	0.095	−0.045	−0.019	0.825
4	0.087	*0.473*	0.159	0.021	0.112	−0.095	0.013	0.722
5	*0.299*	−0.080	0.131	*0.482*	0.023	−0.015	0.006	0.654
6	0.147	*0.350*	0.218	0.046	0.162	0.187	0.002	0.745
7	0.166	*0.540*	0.029	0.003	−0.052	0.036	0.009	0.676
8	−0.018	*0.537*	−0.167	−0.195	−0.052	−0.003	−0.020	0.642
9	0.153	*0.341*	*0.278*	0.098	0.027	−0.167	0.009	0.745
10	*0.630*	0.104	0.097	0.117	0.008	−0.043	−0.003	0.568
11	*0.586*	0.001	0.191	0.038	0.143	0.097	0.010	0.589
12	*0.279*	−0.261	*0.337*	0.015	0.198	−0.012	−0.004	0.700
13	0.248	0.088	*0.485*	0.131	−0.042	0.006	0.001	0.677
14	0.039	−0.139	*0.304*	*0.340*	0.078	0.147	0.014	0.743

The factor loading results indicate that factor 1 corresponds to indicators 2, 5, 10, 11, and 12; factor 2 corresponds to indicators 4, 6, 7, 8, and 9; factor 3 corresponds to indicators 9, 12, 13, and 14; factor 4 corresponds to indicators 3, 5, and 14; and factor 5 corresponds to indicator 1

Thus, factor 1 is associated with social interaction and participation, corresponding to the indicators of social activity, politics and citizenship, transportation, leisure, and mental health; by contrast, factor 2 is associated with economic and living environment, corresponding to the indicators of income, community facilities, financial services, neighborhood safety, and housing quality. In other words, factor 1 is associated with "soft" environmental aspects, whereas factor 2 is associated with "hard" environmental aspects. Therefore, factor 1 and factor 2 were renamed "social interaction and participation factors" and "economic and residential factors" to analyze the indicators of social inclusion for migrant care workers (Table 6.2).

In this study, the respondents' well-being was the dependent variable, "social interaction and participation factors" and "economic and residential environment factors" were the independent variables, and personal socioeconomic characteristics were the control variables. Following the factor analysis, we used these variables to construct two multiple regression analysis models (Tables 6.3 and 6.4).

In Model 1, the respondents' well-being score (range: 0–100 points) is the dependent variable, and the social interaction and participation factors scores and the economic and residential environment factors score are the

Table 6.3 Multiple linear regression model for the well-being of migrant care workers (I)

	Coefficient	*Standard error*	Z *value*	p *value*
Social interaction and participation	1.28	1.52	0.84	0.400
Economic and residential environment	6.88***	1.51	4.55	0.000
Intercept	77.4***	1.16	66.98	0.000

Number of obs = 186; $F(2, 183) = 11.30$; Prob > $F = 0.0000$
Adj $R^2 = 0.1002$; Root MSE = 15.757
Significance level: ***0.01

independent variables. Overall, the model demonstrated that the *F* test was significant and that the coefficient of determination reached 10%. Furthermore, our analysis revealed that when the economic and residential environment factors score increased by 1 point, the respondents' well-being average score significantly increased by 6.88 points ($p = .000$). However, changes in the social interaction and participatory factors score had no significant effect on the respondents' well-being (Table 6.4).

In Model 2, the respondents' well-being score is the dependent variable, the social interaction and participation factors score and the economic and residential environment factors score are the independent variables, and the respondents' personal socioeconomic characteristics are the control variables. Overall, the model demonstrated that the *F* test was significant, and that the coefficient of determination reached 12.9%. Additionally, with all of the control variables held constant, our analysis revealed that when the economic and residential environmental factors score increased by 1 point, the respondents' well-being average score significantly increased by 7.01 points. However, changes in the social interaction and participation factors score had no significant effect on respondents' well-being.

We also found that nationality and educational achievement had a significant impact on the respondents' well-being. The Filipino respondents had well-being scores that were an average of 11.29 points higher than the scores of the Indonesian respondents. Moreover, compared with the respondents who had attained a primary school education or less, the respondents who had attained a senior high school or college education had well-being scores that were 9.34 or 22.35 points higher, respectively.

Table 6.4 Multiple linear regression model for the well-being of migrant care workers (II)

	Coefficient	*Standard error*	Z *value*	p *value*
Social interaction and participation	2.97***	1.70	1.74	0.083
Economic and residential environment	7.01***	1.74	4.03	0.000
Nationality (Indonesia = Reference group)	11.29***	5.15	2.19	0.030
Age	0.16***	0.29	0.56	0.578
Educational achievement				
(Less than elementary school = Reference group)				
Junior high school	−6.34***	4.40	−1.44	0.151
High school	−9.34***	4.66	−2.01	0.047
College	−22.35***	7.00	−3.19	0.002
Graduate institute or above	−15.56***	13.74	−1.13	0.259
Marital status				
(Unmarried = Reference group)				
Married	−4.75***	4.45	−1.07	0.287
Divorced	−6.01***	5.58	−1.08	0.283
Number of children				
(No children = Reference group)				
1 child	1.45***	4.35	0.33	0.740
2 children	5.44***	4.86	1.12	0.265
3 or more children	3.02***	6.95	0.43	0.664
Spouse	2.27***	4.42	0.51	0.609
(No spouse in Taiwan = Reference group)				
Income (less than NT$12,000 = Reference group)				
NT$12,000–15,000	−3.92***	4.69	−0.84	0.405
NT$15,000–20,000	−3.30***	3.56	−0.93	0.355
NT$20,000–25,000	6.05***	5.59	1.08	0.281
NT$25,000–30,000	15.76***	17.10	0.92	0.358
Intercept	82.48***	10.23	8.06	0.000

Source: The data is derived from this research
Number of respondents = 182; $F(18, 163) = 2.49$; Prob > $F = 0.0000$
Adj $R^2 = 0.1288$; Root MSE = 15.491
Significance levels: ***0.01

Discussion and Conclusion

In Taiwan and throughout the world, the labor rights of migrant care workers remain insufficiently valued by the public and poorly addressed in public policy. However, in conjunction with the increasing population problems associated with a low birthrate (i.e., an aging population and labor shortages), awareness of gender equality in the division of household

labor has increased and the female family members who have traditionally taken on the role of caregiver for older or ailing relatives have gradually joined the labor force. Thus, the need for more non-familial care workers has emerged. At present, there are approximately 220,000 migrant care workers in Taiwan, and it is crucial that their quality of life, well-being, and human rights are acknowledged and met.

The present study mainly focused on understanding the well-being of migrant care workers in Taiwan from the perspective of social inclusion. We created and distributed a questionnaire to measure the well-being and social inclusion of migrant care workers by referring to the Well-Being Index developed by the World Health Organization and the social inclusion matrix of Huxley et al. (2012). Nearly 90% of respondents were paid between NT$12,000 (approximately US$390) and NT$20,000 (approximately US$630) in terms of gross income.

We determined that both the well-being and social inclusion of the respondents was generally at a relatively high level. Overall, the respondents indicated that they "feel active and motivated" most of the time (average score of 4 out of 5) but "feel calm and relaxed" less of the time (average score of 3.72 out of 5). The lack of relaxation was explained by the fact that most live-in migrant care workers are "on the job" almost round-the-clock every day and often do not receive regular breaks or days off. This is a key concern in the migrant care work industry, which should be regulated by law or addressed by transforming the traditional live-in model to a live-out style of work.

Our findings also revealed that the most critical indicators affecting the respondents' social inclusion status were social activities, politics and citizenship, housing quality, mental health, and educational achievement. Compared with their employers' family activities, the respondents' participation in their own social activities was lower (2.96 versus 3.35), despite considering their own activities to be more beneficial (4.14 versus 3.76). Notably, we recruited respondents from public spaces such as churches and train stations (i.e., places where we could easily meet migrant workers); thus, because our sampling method provided us with a high chance of meeting care workers who were attending social activities, our results may be somewhat biased.

The respondents also indicated that they generally lacked opportunities to participate in civic or political group activities (only 24.7% of them indicated that they have had such opportunities) despite noting that this

type of activity can be very beneficial (average score of 4.07 out of 5). Although securing voting rights for migrant care workers' is understandably difficult, their rights to participate in labor unions or attend non-governmental organization activities should be more fully protected than they are at present.

Only 57.5% of respondents had their own independent living space or separate room, which may be another inevitable result of the live-in style of care work. Moreover, the respondents revealed that they were hesitating to reveal psychological stress (43.9%) and to visit doctors (57.2%). Although they are covered by Taiwan's national health insurance, the migrant workers need to get better access to the health system. Finally, only 14.4% of respondents indicated that they have had the opportunity to receive educational training. The respondents added that additional training would not only enhance the care worker industry overall but would also benefit both individual caregivers and care recipients. Therefore, we suggest that increasing the opportunities for education should be a key aspect of future migrant care work policies.

The results of our factor analysis and regression model showed that when various control variables are held constant, economic and residential environment factors (including income, community facilities, financial services, neighborhood safety, and housing quality) had the greatest impact on the respondents' well-being. The government might need to review its migrant worker policies to improve their socioeconomic and living environment (including domestic and community).

Our study revealed that Filipino caregivers in Taiwan have a higher quality of life than do caregivers from other nations. Additionally, caregivers who have higher education levels are better able to adapt to life in another country than are those who have lower education levels; this suggests that efforts to improve the education of these workers would enhance their overall well-being.

Based on the results of the present study, we have identified five policy concerns related to migrant care work in Taiwan that should be addressed:

1. Reshape the migrant care workers' employment environment: Since most migrant caregivers live in their employers' home to provide care, the government might need to develop a family-friendly awareness program for the employers. In this working model, the employers need to accept migrant workers as like family members, not merely as employees.

2. Enhance human capital: Although policies have been enacted to raise the human capital of migrant caregivers through education and on-the-job training, the scope of these empowerment programs must be expanded to further enrich caregivers' quality of life and help them provide the most suitable care possible. We suggest referring to compulsory training programs like those of Japan (which include language training, field placement programs, and competency tests for caregiving professionals), or referring to Taiwan's on-the-job training program for domestic technicians (which are also compulsory and must be performed annually) to develop new programs for the migrant caregiving industry. These educational programs should include several dimensions, including a cultural adaptation program, a knowledge-based program, a job-skill training program, and other non-work-related social life and networking programs.
3. Develop both home-based living and out-of-home living employment models: Migrant care workers should have a choice between living in their employers' homes or living in their own space. The quality of life indicators in this study indicated that "calmness" and "relaxation" are the factors that migrant care workers are most often lacking, which may be related to the fact that almost all of them work in their employers' homes. We therefore suggest that Taiwan's government and non-governmental organizations begin developing an out-of-home employment model for migrant care workers, although we also acknowledge that additional research is required to properly compare the two employment styles.
4. Continue covering migrant workers under Taiwan's national health insurance policy: Establishing leisure and social activities that help improve workers' mental and physical health should be implemented in conjunction with other similar policies to further enhance their quality of life.
5. Build up community capital: Creating a community-wide policy that addresses anti-discrimination issues and community acceptance for migrant caregivers can improve their community capital, and thereby enhance their ability to assist elderly adults, their families, and the community as a whole.

Notes

1. The research team comprised of the two research assistants, Zhi-Feng He (Doctoral Student, Department of Social Work, National Taiwan University) and Yi-Wei Li (Masters Student, Department of Political Science, National Taiwan University.
2. Family activities mean those held in or out of the family for the leisure of this group.
3. Social activities mean individual social activities rather than those of the employers' family.

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PART III

Migration and Care Regimes in East Asia: Macro-Perspectives

CHAPTER 7

Creating a Gendered-Racialized Care Labor Market: Migrant Labor Policy and the Transformation of Care Work in Taiwan

Li-Fang Liang

Introduction

In 1993, Taiwan's population of adults over 65 reached 7% of the total population, meeting the World Health Organization's definition of an aging society. In the ensuing 22 years, the elderly population grew to 12.51%, and the government estimates that this figure will increase to 16.8% by 2021 (National Development Council 2016). This growth will cause an increase in demands for medical resources, including long-term care.

The Taiwanese government has been permitting the immigration of care workers as part of a short-term contract labor force to provide care for adults with chronic conditions or disabilities since 1992. Migrant care workers have become a major source for long-term care labor in Taiwan, largely serving an elderly population. By the end of 2015, the number of migrant live-in care workers had reached 208,600 (Ministry of Labor 2016).[1]

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Currently, care workers comprise almost half of all migrant workers in Taiwan. This chapter demonstrates that a gender ideology that associates care with women within and beyond the family context shapes Taiwan's migrant care labor policy and creates the gendered-racialized labor market of care work in a transnational context.

The chapter draws on data from textual analysis on the relevant policy, regulations, and media reports, as well as interviews with care recipients, family members of care recipients, and advocacy organizations. It provides evidence from a larger project investigating the social organization of care and migrant care labor in Taiwan. The author conducted interviews, participant observations, and textual analysis between 2007 and 2008, and from 2012 to 2013. Participant observations were conducted in a public park and in care recipients' homes to observe the daily practices of care work and care relationships. This research fueled a larger study as well.

The remainder of this chapter proceeds as follows. First, migrant care labor policy in Taiwan and the relevant regulations of employing migrant live-in care workers are introduced. The author contends that through these policies the state works with a system of gendered customs to privatize care and to facilitate the gendered and racialized labor market of care work. The government regards migrant care workers as the remedy for its inadequate long-term care services. At the same time, individual families consider that employing migrant care workers can maintain the idea of "family care." Second, the daily techniques that Taiwanese employers use to stratify relations between them and migrant live-in care workers are illustrated. Through these daily practices, the Taiwanese build up the explicit boundaries between themselves and migrants but facilitate care work as a highly racialized/ethnicized job. Third, the lived experiences of Taiwanese women are described to explain their "triple shifts"—from wage-earning work to household chores (including childcare) to elderly care (Doress-Worters 1994). The employment of migrant live-in care workers does not challenge the gender division of care labor. Instead, it simply shifts daily care practices from one group of women to another. The women from Southeast Asian countries are justified by local Taiwanese to perform this particular kind of care. The chapter concludes with a discussion of the inequalities between women of different social classes and ethnicities to highlight the withdrawal of the nation state from organizing and providing public care and the consequences of this.

Long-Term Care and Migrant Care Labor Policy in Taiwan

The Taiwanese government started to develop home care services in the 1980s, but only elderly in low-income families were eligible. Most families had to meet their care needs either by depending on unpaid family labor or through the market. This changed in the 1990s, in that the government began to invest additional resources to build up institutionalized care (Wu 2005). While home care services had been free only to low-income families, they became available to all Taiwanese with partial self-payment in 2002. Statistics from 2016 show that, at the 1082 nursing institutions in the country, 77.3% of beds were filled.[2] Institutional care resources thus exceed demand (Ministry of Health and Welfare Policy 2017).

The opening of the country to short-term contract labor in 1992 through the Temporary Measure for the Shortage of Family Care Labor for People with Disabilities had the primary purpose of addressing the needs of people with severe disabilities or in a vegetative state. In 1992, 306 migrant care workers served this need. But the measure was widened to cover elderly care needs in that same year.

In 2007, the government launched the Ten-Year Project of Long-Term Care to improve on the existing system. It included measures such as requiring families to consider care workers who are citizens prior to hiring a migrant care worker, but these had little success in slowing the country's reliance on migrant care workers for formal long-term care labor (Wang 2010). The availability of care services through migrant workers continued to grow, and 222,328 workers had come to Taiwan by the end of 2015 (Ministry of Labor 2016).

The Taiwanese government has been gradually easing the regulations that permit a family to hire a migrant live-in care worker since 2007. It has enacted bilateral agreements with countries such as Indonesia, Vietnam, and the Philippines to facilitate the international flow of labor. Thus, migrant care workers have remediated state policy goals on public care. Taiwan's migrant labor policy positions migrant care workers as the supplement to local care labor, but in reality, they have become the major labor force in long-term care services (Chen 2011).

As the number of empty beds in skilled nursing facilities suggests, most Taiwanese people prefer live-in care models to institutionalized care. Research shows that the majority of older adults consider cohabiting with adult sons to be the ideal living arrangement (Ministry of Health and Welfare 2014). The influence of Confucian culture and filial piety within

Chinese families might explain this preference (Zhan and Montgomery 2003). Under the patriarchal system, parents invest more financial and educational resources in their sons than their daughters; they regard their sons as the successor to the family bloodline and ancient roots. They also expect their sons to give them a home in their later years—and their wives to take responsibility for care. According to the governmental survey, around 67% of people over 65 years old live with their children (Ministry of Health and Welfare 2014).

Traditionally, women are associated with care work in both paid and unpaid care (Glenn 1992) and women generally provide the bulk of this hands-on care (Wu 2005). Within the family context, they provide unpaid care to their spouses, children, parents, and parents-in-law. However, their participation in the formal workplace increasingly requires sources of care prior that generations did not need. Hiring migrant live-in care workers has become the way for individual families to maintain the idea of "family care" (Lan 2016; Liang 2018). In this context, migrant care workers make it possible for the state to continue to treat care work as a private matter (Liang 2013).

Conceptualizing Care Work in the Global Context

In the early development of feminist scholarship, the discussion on care work was anchored in addressing male privilege in the gender regime. Feminist scholars point to the gendered nature of care work and how it becomes women's burden when the nation state leaves the responsibility of care work on the private household. The biological explanation claims that women's natural role in reproductive labor endows them with natural instincts and traits that make them fit for both unpaid and paid care work. This perspective devalues care work as unskilled work, as if it did not involve knowledge, skills, training, and practice (Cancian and Oliker 2000). This bias also contributes to maintaining a segregated labor market of paid care labor that is low paid, offering few opportunities for promotion or benefits (Cancian and Oliker 2000; England et al. 2002; England and Folbre 1999).

The gender-centered approach to understanding the social construction of care work tends to homogenize the concept of womanhood and women's experiences in general and their experiences of care work in particular. Thus, it ignores the social construction of gender and its relation to racial and class hierarchies within the category "woman" (Collins 2000; Hennessy 1993). Therefore, analyses of class and racial inequalities

(Abel 2002; Glenn 1992) should be brought to bear to complement the discussion of gender's relationship to care and care work, as feminist scholars increasingly note (Duffy 2005; Glenn 1992; Hankivsky 2014). As this chapter will describe, gender, class, and racial lines grounded in the history of colonialism and reinforced through the development of global capitalism contribute to the unequal division of care labor in the transnational context, and the flows of migrant care workers reflect this.

Sassen (1991) described the theoretical concept of the "global city," which explores the relationships between global capital mobility and the flows of labor migration, elucidating the increasing significance of the service sector, including domestic and care labor, which satisfies the physical and emotional needs of white-collar and professional workers. The theoretical framework of the global city has been used to understand the increasing flows of migrant domestic workers in First World cities such as Hong Kong, New York, Los Angeles, and Rome (see also Hondahneu-Sotelo 2007; Parreñas 2001). Arlie Russell Hochschild (2000) proposes the concept of the "global care chain" to describe international migration trends of domestic workers. She articulates a theoretical understanding of the relationship between care and migration within the context of globalization, identifying the "series of personal links between people across the globe based on the paid or unpaid work of caring" (2000, 131). She explains the flows of migrant domestic workers through the unequal relations of economic development between wealthier and poorer countries, especially in regard to domestic labor supply and demand. The concept of a global care chain evokes multiple oppressive systems by describing Third World women's experiences of providing/consuming care work in various local settings. However, Hochschild grounds these insights in empirical studies of childcare, which have limited the application of her theoretical insight to other types of care work (Yeates 2004a, b).

The research (e.g. Silvey 2004; Piper 2006) on female migrant workers in transnational contexts has elucidated the specific gendered and racialized politics of labor that legitimize the exploitation of Third World women in order to maximize the accumulation of transnational capital and satisfy the needs of nation states and privileged groups (Mohanty 1997; Ong 1987, 1999). In the past three decades, Third World women have become a new commodity, sold by their home countries as an economic development strategy. First World societies purchase them to resolve labor shortages in low-paid service industries, such as domestic work, caregiving, entertainment, and the sex trade in emerging global cities (Sassen 1991). In allowing

the importation of migrant care workers, Taiwan has entered the exchange that research has described. The Taiwanese state thus responds to the deficit of care labor resulting from its demographic and societal changes, including the aging population, declining fertility rate, changes in family living arrangements, and increased rate of women's labor participation. By confining migrant care workers to a gendered and racially segregated labor market, the government ensures the availability of cheap labor to private households. The discussion about care work cannot be separated from the global hierarchy of gender, class, nationality, and race-ethnicity (Zimmerman et al. 2006).

This chapter focuses on the direct provision of long-term care to the elderly, the sick, and people with disabilities. It not only extends the application of the "global care chain" to these healthcare–related needs but also investigates the transformation of care provision. The discussion of inequalities of care is not limited to gender, class, and racial relations within the nation state. It is also reformulated in the context of global economic restructuring, which (re)shapes the national boundaries of care and care provision.

The State's Regulation of Live-In Migrant Care Workers

Taiwan's Ministry of Labor has charge of migrant labor issues at the central government level, while local labor bureaus are responsible for implementing policy and regulations. The 1992 Employment Service Act (ESA) and 2004 Regulations on the Permission and Administration of the Employment of Foreign Workers (RPAEFW) constitute the majority of regulations governing labor immigration to the country. The ESA has been revised a couple of times. The Act's fifth chapter, on the "The Recruitment and Supervision of Foreign Persons," defines the relevant principles of foreigner employment including white-collar as well as migrant workers. The RPAEFW replaces the Regulation on Employment and Management of Foreign Workers promulgated in 1992. Its third chapter regulates the recruitment, import, and management of migrant workers. These laws and rules strictly limit the number of migrant workers; the state's goal of protecting economic development and the employment of Taiwanese nationals characterizes the regulations in many respects. For example, the Employment Service Act articulates the state's objective in enacting the law in this way:

> To protect the nationals' right to work, the employment of foreign persons shall not jeopardize national's job opportunities, working conditions, and national economic development [or Taiwanese] social stability. (Article 42, Employment Service Act)

The statement exposes a hierarchal priority among the national benefits, the locals' rights, and the rights of migrant workers, who are the outsiders.

The Taiwanese government applies the rule of "Limited Amount, Limited Industries" to regulate the importation of migrant workers. They are only allowed to work in occupations that local workers have abandoned because they are difficult, dirty, and dangerous: construction, manufacturing, fishing, direct healthcare, and domestic care. Taiwan imposes these limitations to prevent migrant workers from taking that jobs Taiwanese citizens might want. This places migrant workers in segregate labor markets. This segregation heightens the sense that migrant workers have fewer skills than their Taiwanese counterparts and degrades the work that they do.

Migrant labor has become the Taiwanese government's primary response to the increasing numbers of aging people in its society. In the period when the government was considering permitting the immigration of care workers, the former director of the Council of Labor Affairs argued that importing migrant care workers would constitute part of the social welfare system (United Newspaper, 08/27/1991). In the ensuing years, migrant workers have retained their temporary and supplementary status even as their numbers have soared.

The increase in the number of migrant care workers reflects the relaxation of physical standards that determine whether the person to receive care legitimately requires it. The government requires applicants seeking to hire live-in migrant care workers to submit proof of the patient's score on the Barthel Index—a physical function-oriented instrument developed to assess a patient's level of functional independence in ten activities of daily on a scale of 0–100. In 2000, the year the state adopted the measure, all care-receiving individuals, regardless of their age, had to score 20 or less to enable their families to hire a migrant care worker. The qualification has loosened over time, and since 2012 patients who score as high as 60 qualify if they are over 80 and younger patients qualify so long as they score 35 or below. This relaxation of standards implies that the public care services provided do not meet the needs of care recipients and their families.

Live-in migrant workers come to Taiwan on temporary working visas that permit them to stay for two years, or on three-year temporary working

visas that require them to leave Taiwan for at least one day when their visas expire before returning to work.[3] Extensions were granted for up to 12 years until 2015, when pressure from Taiwanese employers of migrant care workers induced the government to extend the term to 14 years.

The state strictly controls workers to ensure that they continue in the jobs that secured them their visas. An estimated 50,000 runaway workers have been arrested and detained (Ministry of Labor 2016). Yet the state exerts no control over the conditions employers impose on migrant live-in care workers, excluding them from the Standard Labor Law that protects Taiwanese workers. Employers impose working hours and other working conditions without oversight by the state, apart from civil law, which only prohibits contracts from violating personal will and laws. An advocacy group for migrant workers informed the author that the courts have generally upheld contracts even if they have illegal provisions, and that workers whose employers violate their contracts have little recourse to the law to seek enforcement. For example, NGO's staff stated that even though Article 57 of the Employment Service Act stipulates that employers shall not "detain or appropriate foreign workers' passports, residence documents, or personal belongings without legal permission," employers and recruiting agencies routinely withhold workers' legal documents and partial salary as forced savings. Similarly, if less threateningly, official categories distinguish care workers whose job is "taking care of the daily lives of disabled persons and patients in private households" from domestic workers whose job is "performing house cleaning, cooking, taking care of the daily lives of members of households, or other related household service tasks." Employers routinely require care workers to perform domestic duties in violation of these distinctions, with no action by the government.

The state's treatment of migrant workers exposes and reinforces the separation between private and public and the devaluation of care work. Traditionally, care work is bound to the private domain and is associated with women's responsibilities, and this depoliticizes care work. Care work is not counted as real work, and therefore labor laws do not apply to it. Women who perform such kinds of work are not regarded as formal workers. Employment contracts and state regulation—and lack thereof—make migrant care workers live-in servants who have to obey employers. Because they work in a home environment, they are excluded from the protections of the nation state.

Compared to their counterparts who work in factories, female migrant care workers are vulnerable to abuse, violence, and harassment because of

the private nature of the space in which they work. Advocacy groups allege that live-in care workers suffer frequent violence, and media reports expose incidents of mistreatment that occur in private homes; the nation state has not filed criminal charges in any of these cases. Christine Chin (1997) proposes the concept of "walls of silence" to describe the mechanisms that obscure the abuse of female migrant care workers in private homes from state intervention. The gap in government oversight leaves workers, whose sending countries rarely act to protect them, intensely vulnerable (Lindo-McGovern 2003; Silvey 2004). Migrant workers thus reside in an exile zone where they are abandoned by both sending and receiving states.

Stratified Employment Relations: Disciplining and Managing Workers

The recruiting agents and employers interviewed always referred to live-in migrant care workers as *maids*, even though the workers were employed to take care of the elderly, the sick, or people with disabilities. This terminology, instead of "care worker," invokes the live-in maids that were once prevalent in Chinese culture. The word *maid* connoted unreconstructed relations, such as subordinate/superior, and dominated/dominator, between female domestics and their masters. The maids were not treated as full human beings with their own will and freedom but were regarded as the property of their masters. The word *maid* implies that employers possess workers' bodies. As Bridget Anderson (2000, 2) argues, because domestic workers perform a "caring function," "the employer is attempting to buy … the worker's personhood, rather than her labour power"; likewise, "the worker is … cast as unequal in the exchange."

The employers observed and interviewed in the present research regarded live-in migrant care workers as property that could be placed and manipulated according to their command. They claimed ownership of migrant live-in care workers through daily practices. Huang's treatment of the Indonesian woman who cared for her, Yangti, was an example. Yangti provided care and did household chores for Huang, who was in her early 80s, and her husband, who was 95. Huang had suffered from an injury of the vertebra about four years ago. I never heard Huang address Yangti by her name when I was in Huang's apartment. When I asked Huang why she called Yangti "Annie," she said that she had assigned the name "randomly."

She claimed she had trouble remembering and pronouncing Yangti's name but pronounced it correctly in making the statement.

In response to another question about her treatment of Yangti, Huang said:

> I used to have meals with my previous care workers together at the dining table. But once, my son told me that I had to make a distinction between employer and maid. Now, when we have our meals, Annie eats hers on the back balcony with a nice view.

However, "nice" the view was, there was no chair or bench on the back balcony and I saw Yangti eating her food there standing up. Huang made rigorous boundaries between herself as an employer and Yangti as a live-in maid. This not only created stratified employment relations between the two women; it also reminded both of them of their status in relation to one another.

Live-in care workers are usually alone with care recipients at home during the day. Other family members who live with them typically go to work or school during the day. In many cases, adult children actually employ workers, and they can have difficulty monitoring workers' time and behavior. Recruiting agencies have developed technologies to enable them to monitor workers, the time–task distribution sheet apparently being the most popular one. Recruiting agents provide templates, which have space for workers to indicate the time distribution of physical tasks that employers have defined. One adult child who was managing a care worker for her father-in-law, Wong, explained:

> When the foreign maid was new to our family, she did not know anything. I had to teach her a lot about her job duty. I did not have much time. It was a good strategy to use such a chart. What she had to do was just follow the items and schedule on the chart.

The standard working hours stipulated on the sample working sheet provided by recruiting agencies usually start at six in the morning and end at ten o'clock at night. While this represents a very long day, it also suggests that workers are off at night, an assumption that observations on the front line of care (Diamond 1992) as well as my the author's own interviews do not support. Care work continues across all hours of the day and night and is difficult to define by a limited and theoretical schedule of working hours.

Some recruiting agencies encourage employers to use digital technologies, such as pinhole cameras, to monitor workers, especially for those employers who live at a distance from care recipients and workers. Lai was going through the process of hiring a migrant live-in care worker when interviewed. Lai's mother-in-law was in her 80s. A brain tumor confined her to bed and she was paralyzed. Lai's mother-in-law lived about half an hour's drive from Lai's family with her husband, who was in his early 90s. Lai worried that the worker might be lazy or irresponsible and that she might abuse her in-laws. The recruiting agent had suggested pinhole cameras:

> I did not think that it was a ridiculous idea. It might sound funny at the beginning. But later I really took the suggestion into consideration. There were so many mistreatments done by live-in migrant maids in the news reports. Did you remember the incident? The TV news showed the clip recorded by the pinhole camera in an employer's home. The Vietnamese worker was biting the grandma she cared for in the video. It was scary.

Pinhole cameras and schedule sheets are thus technologies adopted to regulate live-in care workers in order to monitor their time use, movement, and activity.

Employers also restrict workers' use of mobile phones, their ability to go out alone, and their days off. These measures may be justified by the discourse of controlling and disciplining workers but they also isolate them. Some care workers can take their charges to the park but have no opportunity to go out alone. The author spoke with only a few workers who had a day off every week, yet others had only one day off per month; and still others had no days off at all. No applicable law compels employers to provide days off; those who do may do so because they suspect that it will improve the quality of care.

Workers who have some freedom of movement or communication describe themselves as lucky. They are typically aware of workers who experience greater restrictions. For example, an Indonesian worker informed that a worker observed in the park many evenings with her care recipient had been forbidden by her employer to talk with other people in the park. She was not allowed to possess a mobile phone and had no days off. Other workers only knew her story because they spoke to her when she brought trash out to the curb. This case of the isolated Indonesian care worker represents a group of migrant live-in care workers who live and work invisibly in private households.

Huang described her limitations of Yangti thus:

> I did not let her to have any day off. Many migrant maids were well-behaved in the beginning. But when they started knowing other people, they were easily seduced by others. [Not having a day off] was good for her. She was here for earning money. She could earn more money if she did not have days off. [Like most employers Huang pays by the hour worked.] She was not allowed to have a mobile phone either. I bought her phone cards. If she had to talk with her family back home, she could use the phone card via the land line.

Huang claimed that isolating Yangti protected her from the temptation to avoid her duty. Such maternalism treats workers as immature and helpless children (Romero 1992, 110) who need regulation and discipline. Similarly, Chen said of the Indonesian woman who provided care for her mother:

> When I applied for a migrant live-in maid, I told my recruiting agent that I preferred a maid who was willing to have no days off. I did not permit Ah-Di to have days off. It was easy for her to have temptations if she had contact with others. She was not allowed to go out alone. Usually, I was the person doing the grocery shopping. We accompanied my mother doing rehabilitation in the city hospital every Monday, Wednesday, and Friday. She could meet other Indonesian maids there. It was rest time for [Ah-Di].

Chen clearly had a concept of an "ideal maid" who is docile and submissive. The implication is that the gendered-racialized labor market of migrant care workers facilitates this view.

Employing Migrant Workers as the Solution to Triple Shifts

Research on migrant domestic workers argues that employers exhibit their social status and class identity through the employment of migrant live-in domestic workers (Chin 1998; Lan 2006). In interviews it was found that actual need more than symbolic meaning prompted the hiring of migrant live-in care workers. Lee, for example, worked as a sales representative in a pharmaceutical company. She and her husband, an engineer at a nuclear plant, had two elementary school-age children. Due to his workload and the commuting distance, Lee's husband usually arrived home after nine o'clock in the evening. Her father-in-law had lived in Taichung, a two-hour drive away, when his wife died. Lee described his condition when he lived alone:

> In the beginning, he was just weak because of aging. He did not like going out. Most of the time, he stayed alone at home all day. He did not have meals regularly. Usually, I would find that the food I prepared for him was left over in the refrigerator and was rotten. He did not clean the house or keep the living environment neat. The apartment was smelly.

Lee would clean the apartment every weekend when she visited. She explained, "One day, we found that he could not even find his way home." At that point, six years earlier, they brought him to live with them.

Lee's husband was Chang's only son but not his only child. Lee's sisters-in-law, who were married themselves, belonged to their husbands' families according to patrilocal tradition. Influenced by Confucianism, despite social changes, the pattern of caring for the elderly parents in Taiwan still reflects the cultural belief in filial piety (Xiao). Xiao (Zhan and Montgomery 2003) states that sons and their wives care for parents, and that they should do so up to a certain standard of quantity and quality.

Lee recalled their decision to hire a migrant live-in care worker to look after Chang:

> A nursing home was not an option. Even though I did not ask my husband, I knew that [it would be unthinkable]. I considered applying for home care service sponsored by the government, but it provided limited hours of service. It did not work for my situation. At that time, my kids were still very young and I had my own career. After work, besides caring for my father-in-law, I had to take care of my two kids and do all the household chores. What I needed was an all-day helper. It seemed that it might be a better idea to hire a live-in migrant maid. Besides taking care of my father-in-law, she could also help me with the two kids and the household chores. I was very busy with my work.

Lee handled all the processes of employment with the recruiting agent. Then, she trained the worker and managed her work. As in most families, the daughter-in-law had primary responsibility for elder care; her husband was in charge of his father's financial security only (Hu 1995; Liu 1998).

When I asked Lee whether she considered quitting her job, she laughed and replied with another question: "If you were me, would you resign from your job?" implying that elder care is distasteful. She continued:

> I did not want to give up my job. Even after giving birth to my kids, I continued my job. In addition, I could not quit the job. It was expensive to

> live in Taipei City, to have two kids, and to have a good quality of life. We carry a huge loan for our house. If we only relied on my husband's salary, it would not have been enough to sustain the household expenses.

Lee's statements indicate the broader context in which her daily struggle is located. The patriarchal capitalist state that requires women like Lee to work to serve the state's interest in economic development was part of what determined her decision. Hiring a migrant live-in care worker provides a way for family caregivers like Lee to seek individual autonomy and self-achievement, as Lan (2006) argues in her study of the relationships between daughters-in-law and their mothers-in-law in Taiwan. However, this interpretation obscures the fact that families employ migrant live-in care workers because of the structural constraints they face, including financial considerations, cultural ideas of elderly care, and lack of public provision on care (Liang 2018).

Another woman interviewed, Snow, had served as her mother-in-law's primary caregiver for a period. While her husband sometimes provided aid after work, she found that teaching at kindergarten and caring for her mother-in-law as well as her two children was impossible. She described her daily life before she hired a migrant care worker:

> My mother-in-law was easily made nervous, especially when she was alone. She needed our company all the time … We had to be within sight [or] she would be nervous. Her mood would be unstable … I was the only one in charge of looking after my mother-in-law. My husband was busy with his work and usually came home quite late. Every evening, I had to cook dinner and pick up my sons from school while caring for my mother-in-law … I used to pick up my sons when my in-law took a nap. But I always worried that she would wake up when I was not at home. Even though it only took me ten minutes on the road, it was very stressful to handle all the tasks at the same time.

Hiring a migrant care worker was transformative:

> After Siti came to our family, she could accompany my mother-in-law and watch her all day. Since my in-law had Siti's company, she became happier and more peaceful. She seldom made a racket compared to the time when I cared for her. Siti could be very close to her, and accompanied her 24 hours [a day]. Siti provided very good care to my mother-in-law. Even though I was at

> home, I had to do many household chores and care for my two kids. But Siti could concentrate on taking care of my mother-in-law.

Snow was willing to care for her mother-in-law, but she found it too demanding on top of her other responsibilities.

The marketization of care permitted Snow and Lee to transfer the pressures of caregiving to other women. In both cases, the women were migrant workers—a Filipino and an Indonesian, respectively. Both Lee and Snow employed migrant live-in care workers to avoid shifts in another type of work—in Lee's case a third shift on top of her paid employment and her maternal and household duties, and in Snow's case a second on top of her maternal and household duties. Their experiences embody the concept of the global care chain and shed light on the inequalities between different groups of women.

Conclusion

This chapter has aimed to situate the labor migration of live-in migrant care workers in Taiwan within the context of the state's migrant labor policy and its interwoven attitude toward the provision of public care. The state's policy creates the gendered-racialized labor market where migrant live-in care workers are placed to ensure the availability of round-the-clock labor. The policy constructs migrant workers as others differing from the local in order to justify the lower salaries and inferior working conditions that they receive. In addition, the daily practices of Taiwanese employers reinforce the process of othering and the inequalities engendered by state policy. The government's adoption of the importation of migrant care workers to solve care deficits satisfies the immediate care needs of the elderly and their families. However, it accelerates the marketization of care and has slowed down the development of a long-term care system.

In the context of the gender relations of care, women bear the brunt of arranging care work or performing it if they do not or cannot make other arrangements. By employing migrant workers, they shift the responsibility of care from themselves to other women. Thus, the gender division of care labor remains intact. The system depends upon the inequality between nations in the context of globalization. This draws our attention to the vital issue of a political ethics of care in the transnational division of care work.

This chapter has described the gender status of care labor in Taiwan, in part to illuminate issues related to care labor worldwide. In the context of

global economic restructuring and globalized aging, deficits of care labor are common, as is the need to build better infrastructure supporting women's lives. This discussion of the Taiwanese case reveals the unexpected consequences of policy, which may undermine equality between different groups of women. It draws our attention to the vital role of government in people's welfare in the global era.

Notes

1. This number does not include 13,696 institutional care workers and 2028 domestic workers.
2. Including long-term care institutes, nursing facilities, and veterans homes.
3. The government changed its migrant labor policy in 2017. Now, migrant workers are not mandated to leave Taiwan in the end of their third year of employment. They can continue the employment up to 12 years for those working in industry and up to 14 years for those working as live-in care workers.

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CHAPTER 8

Who Pays the Cost and Who Receives the Benefit? Comparing Migration Policies for Care Workers in Japan and Taiwan

Kunio Tsubota

Introduction

Over the past 30 years, a shortage of care workers for the elderly has become a common phenomenon in industrialized countries. The aging population, weakening family ties, and growing female labor market participation have been boosting demands for the care of frail and disabled seniors (Colombo et al. 2011). Raising the salaries of care workers is hardly a sensible solution because only a limited number of wealthy families could afford it, and the financial burden would surge if such a measure had to be socially supported. Moreover, it is likely that the nation's economic growth would be hindered if a portion of the national labor force were diverted from industrial activities to elderly family care.

One alluring policy option is accepting migrant care workers (MCWs) from other countries where the labor supply is still abundant and wage rates are low. Wage gaps should "push" workers in sending countries and "pull" in receiving countries, bringing benefit to both of them.[1] This option, however, has many negative side effects. It could disturb local labor

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markets, lure human trafficking, cause the exploitation/abuse of MCWs, heighten ethnic tensions, and/or undermine the sociocultural cohesion of receiving countries. To minimize these side effects, receiving countries could apply various policy measures to regulate the entry of care workers and control stakeholders, including employers and brokers.

Diverse migration policies generate diverse patterns of costs and benefits among stakeholders and have significant impacts on both the welfare of MCWs and the financial burdens of governments in the receiving countries. Requests for high qualifications may discourage the entry of unskilled care workers and prevent the elderly in the receiving countries from benefitting from low-cost primary care services. Loose controls may benefit employers/caretakers but would most likely suppress the wages of MCWs. Stricter control policies would entail a higher unit cost/benefit for the stakeholders but the total magnitude at the national level would be smaller because the number of MCWs is limited.

This chapter attempts to examine how different policies related to MCWs lead to different distribution patterns of the costs and benefits among stakeholders by taking up two markedly different cases, Taiwan and Japan, and discussing the sustainability of their policies from both a financial and an economic perspective.

Many studies have addressed the issues of migrant care workers in both countries, mostly from sociopolitical or institutional viewpoints. For instance, Asato (2004) and Miyamato (2015) examined Taiwan's foreign care workers and pointed to the major issues arising from its migration policies. Tseng and Wang analyzed the process through which Taiwan adopted its current "guest worker" policies and argued that the state and various brokers had worked together to control migrants, while enabling the state to maintain its liberal pretense (Tseng and Wang 2013). Ogawa (2012) and Ford and Kawashima (2013) examined Japan's case and posed questions on its poorly planned scheme, the effect of solving the labor shortage, and the sustainability of the current regime. Son (2015) compared the policies of Japan, Korea, and Taiwan, focusing on the political background and the resulting institutional settings. There is a rich record of other studies that have examined the issues of gender and human rights in Taiwan's migration policy, highlighting the hardship of live-in care work and the exploitation by employers and brokers.[2] However, few studies have addressed the economic aspect of migrant care worker policies in Taiwan and Japan.[3]

Migrant Care Worker Regimes in Taiwan and Japan

Taiwan and Japan have been receiving MCWs from such Asian countries as Indonesia, the Philippines, and Vietnam under very different terms and conditions and in very different numbers. Taiwan has a relatively long history of receiving migrant live-in care workers as a part of its industrial policies since the early 1990s.[4] Japan opened its gates for a few hundred caregiver "candidates" per year in qualified care facilities from 2008, as an integral part of bilateral Economic Partnership Agreements (EPA).

The key features of the migrant caregiver regimes in Taiwan and Japan are summarized in Table 8.1.[5] Those features look very different in a

Table 8.1 Comparison of migrant care worker regimes in Taiwan and Japan (2015)

Items	*Taiwan*	*Japan*
Legal base for acceptance	Bilateral Memorandum of Understanding (MOU) on labor migration with sending countries	Bilateral EPA with sending countries
Starting year	1992	2008 (Indonesia), 2009 (Philippines), 2014 (Vietnam)
Sending countries	Indonesia, Philippines, and Vietnam	Indonesia, Philippines, and Vietnam
Recruiting agency	About 1400 registered private agencies	Semi-governmental body (JICWELS) only
Qualification	Health check only	Certificate of caregiver + 4 year college degree, or 3 year nursing school certificate
Language training before arrival	Minimum 90 hours	6 (12 for Vietnam) months at a designated boarding school
Employer	Mostly individual families	Qualified care institutions only
Labor contract	Nominal	Formal, subject to labor standards
Training after arrival	None	6 months for language and others and 3–4 years for the national exam
Wages	Reference to minimum wages but much lower than local caregivers	Equivalent to Japanese caregivers subject to the Labor Standards Act
Maximum length of stay	3 years, extendable up to 14 years	4 years (But no limit if passed exam)
No. of migrant caregivers	224,356 (at work in 2015)	2106 (Total accepted in 2009–2015)
Long-term care insurance	Bill passed in 2015 but will become effective after 2017	National Scheme started in 2000

number of respects. Most notable are the qualifications required for MCWs, employers, and brokers. Virtually no specific educational background is required for MCWs in Taiwan,[6] while in Japan only nurse school graduates or those who have a three-year or four-year educational record in college can apply. Local language proficiency is not a precondition for application in Taiwan, except for a minimum 90 hours of Chinese language training in the sending countries.[7] In contrast, applicants for Japan's EPA candidates need a certain level of Japanese language skill for the interview conducted in sending countries and, after entry to Japan, they have to study the Japanese language intensively as well as the Japanese system for elderly care in order to pass a national exam and become a certified care worker (*kaigo fukushishi*) in Japan. The residential permit for MCWs in Taiwan is valid for three years but is extendable to 14 years. In Japan, the candidate can stay for four years only but can remain an indefinite number of years once he or she has passed the national exam.

The qualifications for employers and recruiting agencies also greatly differ between the two countries. In Taiwan, individual families can apply to hire live-in MCWs if they have disabled family members. Employers can directly recruit MCWs, but normally they ask private recruiting agents (brokers) to find appropriate workers as the brokers have an international network and take charge of documentation and after-care.[8] About 1400 "registered" brokers now engage in the recruitment and after-care of MCWs in Taiwan.

In Japan, individual families cannot apply to hire EPA caregiver candidates. Applicants are confined to those care service facilities that meet the rigorous conditions set by the government, such as minimum bed numbers, sufficient training capacity, provision regarding accommodation, compliance with labor standard laws, acceptance of monitoring, and so forth. In addition, no private brokers are allowed to recruit MCWs in Japan. The entire recruiting process is undertaken by a semi-governmental body, the Japan International Corporation of Welfare Services (JICWELS).

The consequence of these measures is a huge difference in the number of accepted MCWs and their working conditions. More than 220,000 MCWs were working in Taiwan at the end of 2015, of which 94% were live-in home care workers and 6% were care workers in public care facilities (MOHW 2016). They were predominantly women (99%) and largely Indonesian nationals (79%), followed by those from the Philippines (12%) and Vietnam (9%).[9]

Japan accepted only 2016 candidates under the EPAs for the seven-year period of FY 2008–2014 (MHLW 2016a).[10] This number is substantially below even the quota number of 600 per year. Indonesia (46%) and the Philippines (42%) are the main suppliers, followed by Vietnam (12%).[11] A survey (BIMA CONC 2014) indicates that 87% are women, as is the case in Taiwan, but they are relatively young, with 68% being 30 years old or younger because they have to be trained and need to study hard to pass the national exam after the arrival. Not all the candidates remain in Japan. If they fail to pass the exam within four years, they have to return home. Even after passing the exam, some choose to return home for personal reasons. The actual number of MCWs staying in Japan was 1533 as of early 2015.[12]

Working and living conditions for MCWs in the two countries are dissimilar too. In return for the rigid migration controls, care worker candidates in Japan are well protected by the EPA agreements and domestic labor laws. They are guaranteed the same wages and working conditions as Japanese care workers, including coverage under social welfare schemes. Wages, allowances, working hours, and holidays are spelled out in the labor contracts. Although, in principle, the candidates cannot change their employers, they may choose their accommodation if they pay for it, are to be paid in full for overtime exceeding eight hours a day, night shifts, and work on holidays. The care facilities are subject to supervision and guidance by the JICWELS in terms of working conditions and training for the national examination.

In Taiwan, except for about 5000 MCWs working in care institutions, most MCWs are not covered by the Labor Standards Law because of the difficulty in applying it to live-in care workers. Their wages are much lower than those for Taiwanese care workers.[13] The Ministry of Labor (MOL) reported that only 8% of them were given a day off four times per month, while 47% were partly given holiday on average 1.6 times per month and 47% had no holidays (MOL 2012). Their average working time was 13.6 hours per day including 3.3 hours for rest/meals in 2012. Average total overtime payment was NT$2042 per month, which is one-third of the amount that would have been paid for overtime if the Labor Standards Law applied.

This sharp contrast is attributable to two major factors. The first is the difference in the basic objective of accepting MCWs. Taiwan's objective is relatively straightforward. From the outset, it was motivated by socioeconomic need—namely, to release Taiwanese women from their household duties and enable them to work outside the home. It was doubly sensible in

view of industrial and social policies in the country. The shortage in the labor force was to be eased nationwide and help industrial sectors stay competitive in the international market. This offered increasingly educated Taiwanese women the opportunities to use their talent in the job market without suffering from a moral dilemma in a society where parental home care is still perceived as the duty of children (Asato 2004). However, this policy builds on a hidden premise that the wages of MCWs would remain low, in particular much lower than the "opportunity incomes" of Taiwanese women.

Being supported by strong demand and the increase in the aging population, the number of MCWs went up from a few thousand in the early 1990s to over 200,000 in the 2010s. The government of Taiwan did not choose to adopt direct control of MCWs. It chose instead a form of indirect control through registered private brokers, which was a practical decision designed to maintain high levels of migration while placating anti-immigrant movements (Tseng and Wang 2013). The role of the government was confined to general services such as inspection, monitoring, and counseling for MCWs.

Japan's case is more complex and convoluted. The Ministry of Health, Labor, and Welfare (MHLW) has been insisting that the shortages of local care workers were not the reason for accepting MCWs, with 40% of certified Japanese care workers staying as stocks outside the labor market (MHLW 2015a). Rather, it was a resultant compromise in the EPAs with the Philippines and Indonesia. The agreed quota for MCWs was only 600 per year. To be consistent with its rigorous migration policy that no working visas were issued to unskilled migrant workers, care workers coming to Japan under the EPAs had to be classified as "highly skilled professionals."[14] For this reason, a strong educational background is required for the applicants, and the accepted care workers are referred to as "candidates" until they pass a national exam in Japan. If they fail the exam, they are required to leave Japan four years later.

The second factor is the difference in the nation's elderly care regime. Japan introduced a long-term care insurance (LTCI) system in 2000, which moved the country decisively from family-supported elderly care toward a system of social care for its growing elderly population (Yong and Saito 2011). LTCI is a universal insurance scheme, under which all citizens in Japan are covered and eligible for elderly care services once they reach 65 years age. Fund sources are contributions from the central and local

governments (50%) and a premium paid by people aged 40 or older (50%).[15]

The LTCI covers both "home-based services" and residential facility services. In 2014, more than 40,000 care facilities including 12,855 residential facilities offered these services (MHLW 2014). Payments from the LTCI fund for the services are set at levels high enough to cover the standard costs of care facilities. As the premium and government contribution are raised as costs for care facilities rise, regular care facilities in Japan can, in principle, employ Japanese care workers as long as the current LTCI funding system continues. In this sense, Japanese care facilities have no particular economic incentives to hire MCWs if they are asked to meet strict conditions such as paying salaries equal to those of Japanese care workers and providing specific training for the national exam. Indeed, only 224 facilities (0.6% of total) employed 562 MCWs in 2012 (JICWELS 2013).[16]

In Taiwan, care of the nation's elderly has been, and still is, shouldered largely by individual family members rather than by the services of care facilities, partly due to lingering Confucian ethics and the limited financing capacity of the people. As of June 2013, the population of those 65 or older was 2.64 million (11.4% of the total), of which more than 500,000, or 20%, claimed difficulties in daily activities such as eating, toilet, and bathing (MOHW 2014). However, only 46,000 elderly were taken care of by care facilities and only a little more than 2000 of that group were in long-term care facilities in 2015 (MOHW 2016). As the number of MCWs was more than 220,000, there is no doubt that Taiwan's elderly care system cannot be maintained without MCWs.

But this does not mean that the government of Taiwan has done nothing in relation to LTCI. In 2001–2003, it implemented a pilot LTC plan and started a ten-year LTC plan from 2008. The government submitted a draft law in 2010 to establish a LTCI, but it did not succeed. After a long debate, Taiwan's congress finally passed the Long-Term Care Service Law (LTCSL) in June 2015, expecting full operation to commence in June 2017. Although the LTCSL has incorporated many policy devices to improve the quality of LTC services and promote the services in care institutions, their concrete road map and design has not yet been built.

Estimation of Costs for Stakeholders in Taiwan and Japan

The previous section and existing literature suggest that these nations' care worker regimes have been shaped not only by population aging and changes in family structure but also by migration policies taken by the respective governments. The policies generate costs and benefits among stakeholders, alter their portfolio, and affect the sustainability of their activities. This next section attempts to estimate the costs and benefits of migrant caregiver policies from the viewpoint of Indonesian MCWs, their employers, and governments in Taiwan and Japan for the year 2012.

Data Source

For Taiwan, cost data and related information have been derived from official statistics and interviews. Official sources include the Survey on Foreign Worker Utilization and Management, the Senior Citizen Condition Survey, and other information available on the websites of the Ministry of Labor (MOL), the Ministry of Health and Welfare (MOHW), and the Taipei city government. Apart from the official statistics, cost data for MCWs were collected/verified in 2012–2013 from interviews conducted in Taiwan with 15 Indonesian care workers (13 in four private care facilities and two home care workers), four private care facilities, five recruiting agencies (including their federation), and four local government offices. Question items include the "placement" fee that MCWs paid to brokers in Indonesia, costs for visas and health checks, tax and premium paid for health insurance and employment security, broker fees in Taiwan, the monthly remuneration paid by employers, average working hours per day, and so on.

For Japan, the main data source is a questionnaire survey conducted through mail in early 2012 and targeting 265 residential care facilities that had accepted EPA care worker candidates from Indonesia and the Philippines during 2009–2011. The replies received from 42 care facilities that hired Indonesian candidates were used for cost estimation. The questionnaire asked about actual expenses and staff labor hours based on major items that are additionally required when employing candidates (Tsubota et al. 2015). Complementary information on the local wages of nurses and on broker fees was derived from the interviews of 20 would-be migrants who were studying in a training school in the West Java of Indonesia in August 2011.

Costs for governments have been estimated from the various pieces of budgetary information available on the websites of the Ministry of Health, Labor and Welfare (MHLW), the Ministry of Foreign Affairs (MOFA), and the Ministry of General Administration (MOGA).

Basic Assumptions Used

The financial costs and benefits of policies for MCWs may vary by stakeholder and depend on whether they include indirect ones or not, or are measured at macro- or micro-levels. One party's costs may be another's benefits, as in the case of salaries and subsidies. Costs may be paid in kind, such as free food, or take a form like additional staff labor hours required for migrant training. Average costs are affected by the length of the period of stay because some costs such as air travel (departure and return) accrue only once for the entire contract period. Indirect or derived social costs/benefits associated with MCWs are hardly gauged at macro-levels, even though policy objectives often refer to the contributions made to the national economy or overall trade.

In this estimation, an attempt is made to capture only major "direct" costs/benefits that accrued for three groups of stakeholders, that is, MCWs, employers, and governments. Opportunity costs/benefits are calculated as the difference from those that otherwise would have to be paid at ordinary market rates. Indirect or induced costs/benefits, such as the increased participation of Taiwanese women in the job market, prevention of a wage hike, or possible savings for the government without LTCI are excluded.

Costs in kind such as additional staff labor hours are converted into cash amounts comparable to the wages of similar workers. Expenditures for government programs targeting MCWs are included but general administration costs are excluded. Living expenses for MCWs are excluded unless the employers pay in kind or explicitly subsidize them. To make the estimates comparable, the average costs and benefits are measured per migrant care worker per year for the period of first contract (three years in Taiwan and four years in Japan) and expressed in US dollars by applying the average exchange rates of 2012 (1US$ = 79.8 yen and 29.6 NT$). As for Taiwan, the measurement was made only for live-in MCWs.

Major Cost Items Measured

Before departing the country, MCWs from Indonesia to Taiwan have to pay various costs for visas, health checks, language training, airfares, and broker services. Migration to Taiwan is normally commissioned to brokers and MCWs pay these costs in a lump-sum through bank loans.[17] For the EPA migrants, the Japanese government and employers bear all these costs, including subsistence allowances for six months of training in Indonesia and the service charges to both the Indonesian authorities and the JICWELS. These costs occur only once during the recruitment and contract period; thus, they can be regarded as fixed costs.

After arrival, MCWs in Taiwan have to pay the broker fee every month, costs for visa renewal and for health checks every year, and their airfare upon return. Taiwanese employers have to pay into the Employment Stability Fund and for health insurance in addition to the salaries. As MCWs are usually live-in employees, they do not need to pay costs for accommodation. A gray area is the food cost for MCWs, which is determined individually in the contract. This study assumes that they are paid in kind by the employers.[18]

The government of Taiwan has to mobilize its staff and spend money for monitoring, inspection, troubleshooting, preventing crimes, and so on, but these aspects are not counted in this measurement because they are mostly of a general administrative nature. The only exception is the expenditures from the Employment Stability Fund (ESF), which earmarks the services to migrant workers including inspection, counseling, and the call center 1955 hotline.

In Japan, employers and the government bear almost all major costs related to MCWs after arrival, while EPA caregiver candidates pay nothing but their own living expenses, income/local tax, premiums for health and unemployment insurances, and pension schemes. Costs paid by employers include those for resident permit renewal, employer's contribution to health and unemployment insurances, service charges to JICWELS, six-month training after arrival in Japan, travel from training places to the employers' places, and costs and additional staff working hours required for training and exam preparation. Of course, employers also have to pay salaries, bonuses, airfares, and sometimes allowances for food and accommodation, and airfares upon return. Central and local governments provide specific subsidies for training, exam preparation, and advisory services.

Benefit Factors Estimated

Even though one person's costs, like salaries, can be another's income in the accounting books, we cannot conclude that the net cost/benefit is zero. MCWs may receive salaries higher than those they would get in their own countries. Employers also get benefits by paying salaries less than those that they would have to for local care workers. These implicit benefits arising from migration policies were estimated through the wage gaps between similar jobs in Indonesia and MCWs in Taiwan or Japan, or wage gaps between MCWs and local care workers.[19]

The benefits of MCWs are expressed through three different indicators: net income, net additional income, and net saving. The net income is the annual income after deducting annualized fixed costs and annual variable costs. Net additional income is computed by deducting "opportunity income" in Indonesia (for MCWs in Taiwan it is the average salary of hotel workers in Indonesia and for caregiver candidates in Japan it is the average salary of hospital nurses in Indonesia) from the net income in Taiwan or Japan. The net saving is the net income minus living expenses estimated for MCWs in the receiving country.

Estimated Financial Costs and Benefits

For MCWs

Table 8.2 shows the estimated average annual cost and income per migrant caregiver for the two countries. As mentioned already, the estimation was made for the basic contract period, that is, three years for Taiwan and four years in Japan. If the contract period is extended, for instance for another 3–9 years in Taiwan or without limit after passing the national exam in Japan, then the fixed cost elements will drop sharply while variable cost elements may remain unchanged.

In Taiwan, the average net income per migrant caregiver is about US$5400 and the possible saving is estimated at US$4193 after deducting the likely living expenditures of NT$3000 (US$100) per month.[20] The highest cost item is the agent fee paid to the Indonesian broker (US$900), followed by the agent administration fee (US$675) paid to the Taiwanese broker. They also pay costs for residence permit renewal, medical checks, health insurance, and return ticket, but these costs are relatively small.

For the caregiver candidates in Japan, the fixed cost is zero but the variable cost is as high as US$8523 because they have to pay for social

Table 8.2 Estimated annual cost and benefit for migrant care workers (US$)

Items		*Taiwan*	*Japan*
Fixed cost	Visa, health check, and others	28	0
	Agent fee (Indonesia)	900	0
	Agent fee (Taiwan/Japan)	178	0
	Return ticket	113	0
	Sub-total	1219	0
Variable cost	Resident permit renewal	34	0
	Health check	90	0
	Agent administration fee	675	0
	Employment insurance	0	164
	Health insurance	103	1558
	Pension scheme	0	2866
	Tax and others	0	3935
	Sub-total	902	8523
Income Benefit	Salary (Gross)	7530	32,805
	Net income	5409	24,281
	Net additional income	3734	20,446
	Possible savings	4193	13,595

insurance, pension schemes, and taxes once they start working in care institutions. The average gross salary for the candidates is US$32,805 and the net income is US$24,281, because these premiums and taxes are deducted from their salary.[21] The possible saving is further reduced to US$13,595 in real terms, reflecting the high living costs in Japan.[22]

Table 8.2 reveals that Indonesian care workers have to bear almost all costs for migrating to Taiwan but pay virtually nothing to migrate to Japan. This is attributable to the difference in migration policies in the two countries. Taiwan's massive acceptance policies and the existence of income gaps between Indonesia and Taiwan resulted in a "buyer's market" under strong "push" pressures in Indonesia. In Japan, acceptance of MCWs is not based on its labor policy but a compromise in the comprehensive bilateral trade agreements. The consequence is migration at no cost for caregiver candidates and equal labor conditions to Japanese care workers.

It also shows large gaps in all three benefit indicators for MCWs between Taiwan and Japan. Net income, net additional income, and possible savings are all several times higher in Japan, despite high variable costs, including payments for social security programs.[23] The high net additional income and possible savings in Japan implies that strong "pull" forces could be in

Table 8.3 Estimated annual cost/benefit per migrant care worker for employers (US$)

Items		*Taiwan*	*Japan*
Fixed cost	Agent fee (Indonesia)	0	125
	Agent fee (Taiwan/Japan)	0	846
	Six-month training after arrival	0	1128
	Travel cost and return ticket	0	465
	Sub-total	0	2564
Variable cost	Resident permit renewal	0	50
	Agent administration fee	0	251
	Health check	0	63
	Employment fund/insurance	810	244
	Health insurance	387	1363
	Pension scheme	0	2508
	Language training by employer	0	1247
	Additional staff cost	0	4092
	Government subsidy for training	0	**−646**
	Food/accommodation allowance	998	1966
	Sub-total	2196	11,137
	Gross salary	7530	28,704
Total cost	Total cost	9726	42,405
	Excluding salary	2196	13,701
	(Salary of local caregivers)	13,119	28,704
	Net additional cost	**−4779**	7557

place, although entry is fully controlled by quotas and rigorous qualifications. However, actual gaps in benefits in both countries may be a bit smaller because the yen exchange rate in 2012 was exceptionally high and the caregiver's benefits per year in Taiwan can rise if the contract period is extended from 3 to 12 years.[24]

For Employers

The estimated average cost and benefit for the employer is shown in Table 8.3. As in the previous table, we can see a sharp contrast between the two countries. The employers in Taiwan bear no fixed costs and pay only a few items of variable costs totaling about US$2200 per migrant caregiver per year. The highest cost item is for food (US$998), followed by contributions to the Employment Security Fund (US$810). Adding the salary of US$7530, the total financial cost is estimated at US$9726. If the employer

had employed Taiwanese care workers instead, the total cost would have been US$14,504, because wages for Taiwanese care workers are much higher.[25] The net additional cost after adjusting for this "opportunity benefit" turns to a minus US$4779. In other words, Taiwanese employers (and the disabled elderly) are receiving considerable net benefits.

Employers in Japan pay about US$42,400 annually per caregiver candidate, which is 4.3 times larger than what Taiwanese employers pay. They include US$2564 for fixed costs, US$11,137 for variable costs, and US$28,704 for salaries. The salaries are high because Japanese employers are required to pay MCWs salaries equal to those of Japanese workers.[26] The largest cost item other than salary is the additional staff costs (US$4092), followed by the contribution to the pension scheme (US$2508), food/accommodation allowance (US$1966), and the language training by the employer (US$1247).

The net additional cost is estimated at US$7557, assuming that the employer has to pay salary, and for health checks, contributions to the social security scheme, and the food/accommodation allowance, irrespective of the care worker's nationality. This additional cost will decline further if the care worker candidate passes the national exam and stays in the same facilities for many more years, because fixed costs and some variable costs such as those for language training and the national exam should fall sharply.

For Governments

The difference between the two countries is more acute in terms of government expenditures (Table 8.4). In Taiwan, the estimated net cost for the government is minus US$745 per migrant care worker. The reason for this is partly technical. As the recruitment and after-care of MCWs are handled mostly by private agents, the role of Taiwan's government is confined to general services such as regulation, monitoring, and counseling. These services are mostly excluded in our calculation because of their general service nature. The only item incorporated is the budget of the Employment Security Fund (ESF), which spelled out the expenditures for migrant workers, including factory workers (ESF 2013). The total expenditure for this purpose in 2012 was NT$939 million, or NT$1919 (US$65) per migrant worker. This also tells us that the largest source of their income was the contribution from the employers of the MCWs. The employers pay NT$24,000 (US$810) per year to the Fund, entailing the negative cost for

Table 8.4 Estimated annual cost per migrant care worker for governments (US$)

Item		*Taiwan*	*Japan*
Fixed cost	Language training before arrival	0	4156
	Six-month training after arrival	0	8127
Variable cost	Training subsidy	0	2260
	Exam support	0	1760
	Monitor/advice	65	2419
Revenue	Employment Security Fund	**−810**	0
Net cost		**−745**	18,723

the government, that is, the surplus for the Fund. The Fund utilizes the revenue mostly for the employment promotion of Taiwanese workers.[27]

In contrast, the Japanese government spends a lot of money on the EPA care worker candidates from the national budget, amounting to US$18,723 per candidate per year. The six-month language training before arrival conducted in the sending country and the additional six-month training after arrival require US$8127 per candidate.[28] The latter includes the costs for food and accommodation in addition to intensive language and skills training. The Japanese government also provides the receiving institutions with financial support for the language training and national exam, while subsidizing JICWELS for its monitoring and advisory services. This high level of financial support from the government stems from three factors. First, it is the price of the EPA agreement and tight immigration policies. The Japanese government has to assure the acceptance of EPA care workers as "professionals" acceptable under its tight migration policies. Second, as there were no antecedents, all programs had to be built from scratch and the initial investment costs were high. Third, the number of candidates trained was too small (i.e., 145) for the economy of scale to work.

Summary and Discussions

The estimated financial costs and benefits in the previous section revealed the specific characteristics of migrant caregiver regimes in Taiwan and Japan. Key findings may be summarized as follows.

First, as shown in Table 8.5, Taiwan's indirect control policies for MCWs offer financial benefits not only to MCWs but also to employers and the government. In other words, a win-win-win situation is created among all stakeholders in Taiwan. Benefits for Indonesian care workers rest on the

Table 8.5 Estimated net financial benefits for stakeholders per year

Items	*Stakeholders*	*Taiwan*	*Japan*
Per care worker (US$)	Migrant care workers	4193	11,895
	Employers	4779	**−7557**
	Government	745	**−18,723**
Total (mill.US$)	Migrant care workers	881	13
	Employers	1004	−8
	Government	156	−20
Number of migrant care workers		*210,000*	*1091*

Note: Computed for the first contract period, three years (Taiwan) and four years (Japan)

wage gaps between Indonesia and Taiwan.[29] A large number of employers receive benefits, mostly in the form of opportunity benefits arising from the wage gaps between the migrant and Taiwanese care workers. The benefits for the government come from the tax on the employers paid for through the ESF. Taiwan's migrant caregiver policies look financially sensible and sustainable because they offer net benefits in one form or another to all stakeholders.

Second, Japan's care worker regime under the EPAs forces employers (care institutions) and the government to shoulder large financial costs per candidate, while care worker candidates bear no costs for migration and receive a decent benefit per person through the policy of equal salaries to Japanese care workers. Most of the net additional costs for the employers and the government arise from the necessity of having the candidates fit into the Japanese working environment as professional care workers. The candidates are guided to acquire sufficient language capacity, skills, and knowledge to pass the national exam in Japanese language. This process requires considerable time and costs. The net annualized cost per candidate is estimated at about US$7600 for employers and US$18,700 for the government, both of which look extremely high compared with Taiwan's case. With these high costs, the current Japanese policies would not be sustainable if the number of MCWs increased.

Third, the question may arise as to why the employers in Japan accept EPA care workers despite the large negative financial consequences. Answers may vary but more than 80% of the employers agree that among the reasons are it being a trial for the future introduction of MCWs, the promotion of international exchange, and the likely shortage of care workers in future.[30] In other words, they regard the costs for the EPA

candidates as investments because the care worker shortage is imminent and they expect more flexible migration policies to come in the near future. For the government too, the high unit cost may make sense as an investment for the future. Indeed, the Japanese government is trying to apply these experiences regarding EPA care workers to other migration policies in order to deal with care worker shortages.[31]

The above observations indicate that, despite the huge differences, migrant care worker policies seem to have been financially sensible for both countries. Double wage gaps between the sending countries and Taiwan and between the migrant and Taiwanese care workers have enabled all stakeholders in Taiwan to share the benefits arising from migration policies. As the number of MCWs and targeted elderly are large, so have been the total size of their benefits. In Japan, the high cost per candidate for employers and the government can be justified as investments in the future as well, as being the costs of the trade agreements and rigorous migration policies. They are also justified by the fact that the total costs were not so large because the number of MCWs was only a few thousand.

However, current caregiver regimes and policies in Taiwan and Japan face many challenges arising from the rapidly aging population, changes in the international labor market, and financial problems.

Taiwan's first challenge would come from noneconomic spheres—in other words, social problems associated with MCWs. The current regime, which relies on MCWs, cannot be sustained unless the incidences of exploitation or abuse by brokers/employers, the double standard in wages, and social discriminations are properly addressed. The rights of MCWs need to be fully respected just as are the rights of the elderly.

The second challenge lies in their elderly care regime that relies heavily on the live-in MCWs who accept long working hours, few holidays, and minimal wages. Criticism against bonded labor, double standards in wages, and exploitation by brokers still lingers despite government efforts, but the regime may last so long as wage gaps between Taiwan and the sending countries are large enough to attract potential MCWs. However, the tide has been changing in recent years. The sending countries have been less tolerant and have sometimes suggested discontinuing bilateral agreements. Wages in sending countries have been rising fast in the wake of high economic growth. The ratio of the statutory minimum monthly wage measured in US dollars to that of Taiwan has almost doubled for Indonesia and increased by 50% for the Philippines between 2003 and 2013 (Table 8.6). As actual wages of MCWs in Taiwan are lower than the minimum wage, and actual wages in Indonesia are higher than the

Table 8.6 Minimum wages of sending countries as percentages of Taiwan's minimum wage

Country	*2003 (%)*	*2008 (%)*	*2013 (%)*	*2013/2003 change*
Indonesia	11	14	20	1.9
Philippines	29	41	45	1.5
Vietnam	4	6	9	2.1

Sources: ILOSTAT, World Bank, and Central Bank of ROC

minimum wage, the real wage gaps must be already much smaller than this table shows.

The other concern comes from the changes in the Taiwanese themselves—that is, the aging of Taiwanese, in particular, working women. The current regime presumes that Taiwanese working-age women (or men) can earn enough income to pay for live-in MCWs. But rapid aging and a stagnant economy are undermining this premise. Women (or men) who once supported their parents by working outside will retire sooner or later and start seeking support from their children. But with the total fertility rates hovering at around 1.0–1.2 since 2003 (DGBAS 2016), only half of retiring women (and men) could be supported as they were in the past. It is likely that the Taiwanese elderly care model built on dual-income families and low-cost MCWs will be unsustainable for economic and demographic reasons, even if the Confucian spirit does not fade away.

If the current elderly care regime is not be sustainable, what options does Taiwan have? One possibility is gradually shifting to LTCI along with the Long-Term Care Service Law (LTCSL) enacted in 2015. However, the real challenges are yet to come. Taiwan has to find the necessary funding sources, increase the number and quality of care institutions, change the people's mindset regarding parental care, persuade families to give up multifaceted services rendered by live-in MCWs, and so on. It is not clear at this stage whether LTCSL will succeed in rectifying Taiwan's heavy reliance on MCWs and their poor working conditions. Its success means that most benefits currently enjoyed by Taiwanese elderly and the government will turn negative. A likely scenario would be a gradual reduction of MCWs by excluding their live-in home services from the LTCI cash payment, or incorporating MCWs partly into the LTCI system through intensified training or a shift to institutional care.

Japan's challenges come from the snowballing financial burdens of LTCI and the shortage of home-grown care workers. It is predicted that the total costs of LTCI will increase from 9.1 trillion yen in 2012 to 18–21 trillion yen in 2025 (MHLW 2015b). The monthly premium per person will have to be raised from 5514 yen in 2016 to 8165 yen in 2025. The MHLW forecasts that the number of Japanese care workers will have to be increased from 1.77 million in 2014 to 2.53 million in 2025. Even if the "natural increase" is deducted, Japan needs an additional 380,000 care workers. Can the Japanese government continue to support such a financial burden under the pressure of accumulated public debt, totaling 838 trillion yen in 2016? Is it possible that Japan's shrinking labor market will divert such numbers of workers into becoming care workers?

The MHLW is making major efforts to tackle these problems. For instance, it is trying to reverse the direction of long-term care from a facility-based to home-based system, increasing the premium paid by insurers, excluding some services from the LTCI payments, raising the unit reimbursement for staff labor costs, supporting care education and schoolings, and so forth. But these measures necessitate that someone make these sacrifices and bear the increased financial burdens. Despite past efforts, more than 520,000 disabled elderly were on the waiting lists for long-term care facilities in 2014 and this number should rise quickly as the ageing advances. It will not be too long before the Japanese government is compelled to change its policies regarding MCWs.

Concerning the question of who actually pays the costs and receives the benefits of the migrant policies, the answers from our estimates look clear. The indirect and tactical control of the MCWs in Taiwan allowed all three stakeholders to tap a large number of financial benefits. The total benefits are substantial, reflecting the massive influx of migrant care workers. Japan's tight migration policies have resulted in a few select candidates enjoying a monopoly of handsome benefits, while forcing employers and the government to bear high unit costs for recruitment, training, education, and monitoring. Although the high financial costs may be partly justified as an investment in the future, the actual magnitude of the total benefits against costs for the stakeholders is quite small.

However, our discussions on these challenges seem to be raising a more fundamental question: Who pays the socioeconomic cost of elderly care and population aging over the longer term? Resorting to migrant care workers may provide temporary relief. And so would the LTCI. But in the coming era of a super-aging society, everybody will have to pay the costs.

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Notes

1. Many theoretical models exist to explain what causes international migration but none of them deny that gaps in wages (or standard of living) are a major cause. For example, see Massey et al. (1993).
2. For instance, see Ohno (2011), and Miyamato (2015).
3. Yuriarto (2015) also discussed the cost issue of the "migration industry" in Taiwan.
4. Since the year 2000, care facilities have been allowed to hire MCWs as well.
5. These data are derived from interviews with government officials (mostly those associated with the Ministry of Labor) and recruiting agents in Taiwan in 2012, 2014, and 2016, and various publications and websites from the Japanese government.
6. However, 46% of live-in MCWs in Taiwan have an educational background of high school or above (MOL 2012).
7. A government report says that Indonesian care workers received 381 hours of language training on average before arriving in Taiwan (MOL 2014a), but our interviews often found much shorter training hours.
8. Eighty-nine percent of employers recruited MCWs through brokers or directly but with the assistant of brokers (MOL 2014b).
9. These figures include a small number (1% of the total) of migrant home helpers.
10. Apart from the EPA candidates, a few thousand foreign nationals may be working in care facilities throughout Japan (JICWELS 2015).
11. The share from Vietnam was small because acceptance only began in 2014.
12. Computed from the accumulated number of entry and departure of EPA candidates and *kaigo fukushishi* (MHLW 2016c).
13. The average monthly salary paid to MCWs was NT$16,245 in June 2012 (MOL 2012). This is lower than the minimum wage of NT$18,780 and much lower than NT$28,497 for care/nursing workers derived from MOL online queries. In reality, owners of care facilities in Taipei had to pay NT$32,000–35,000 per month for hiring Taiwanese care workers (interviews 2012).
14. See Ogawa (2012) for the background of this odd compromise.
15. In addition, beneficiaries have to pay 10% of the actual costs when they receive services.
16. This number increased in 2016 to 1533, including 250 who stayed as certified caregivers in Japan after passing the national exam.

17. Would-be migrant workers to Taiwan are eligible for the loans from the China Trust Bank in Indonesia.
18. Estimated with the value equal to the incremental food expenditure when a family's size increases from five to six persons (DGBAS 2013).
19. The comparable salary of a local care worker was estimated based on the minimum wages for regular working hours and overtime and actual working time reported in the Survey on Foreign Workers (MOL 2012). The formula used was {(NT$103/hr × 8 hr + NT$137/hr × 2.4 hr) × 25 days} + NT$137 × 10.4 hr × 2.5 days.
20. The average expenditures of single member households in Taiwan in 2012 for clothes, public transport, communications, and miscellaneous amounted to NT$3208 per month (DGBAS 2016). Expenditures for food, housing, electricity, furniture, health, and leisure are excluded, reflecting the nature of the live-in care workers.
21. If a candidate quits and returns home, this figure may rise by the amount of reimbursement from the pension schemes, which is close to the amount that they paid for the pension schemes.
22. The average monthly expenditure for the necessity goods and services (food, housing, clothing, electricity and gas, transport, telecommunication, and medical services) in a single person household was 83,000 yen (MOGA 2012). Based on the results of our questionnaire survey, it is assumed that living expenses for a caregiver candidate is 70,000 yen per month, provided that employers subsidized accommodation and food by 13,000 yen.
23. But these costs are the ones designed to protect candidates from the damages of accidents, illness, and unemployment, and so they provide benefits as well.
24. The yen exchange rates recorded a historic high of 79.8 yen/US$ in 2012 but moved around 100–120 yen/US$ in other years since the late 1990s.
25. The sum of salary (13,119), health insurance (387), and food allowance (998).
26. Based on the results of our questionnaire survey, the average annual gross salary of Japanese female care workers whose age was 25–29 was 2.75 million yen (MHLW 2012), which is close to the 2.61 million yen for EPA caregiver candidates.
27. In 2012, the expenditure for the promotion of Taiwanese employment accounted for 91% of the total expenditure in the Fund (ESF 2013).
28. The 2012 budgetary expenditure for the six-month training after arrival was 524 million yen for 202 candidates (MOFA 2014; METI 2013). As the exact budgetary expenditures for training before arrival were not available from the open data, the author estimated the amount to be 268 million yen by applying the rule of cost-sharing between MOF and METI, and other indirect information. These budget data include costs for nurse candidates

but the unit cost is not affected because the 202 candidates include these too.

29. Interviews in Indonesia in 2012 indicate that the monthly salary was 1,310,000 rupiah (US$140) for hotel workers and 1,800,000 (US$192) for "nurses by honorarium," which are one-quarter to one-third of the salaries paid to MCWs in Taiwan.
30. Report of the visit survey on care institutions (JICWELS 2014).
31. The MLHW is proposing the introduction of a similar control system to the technical intern program for foreigners (MHLW 2016b).

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CHAPTER 9

Care and Migration Regimes in Japan, Taiwan, and Korea

Reiko Ogawa

Introduction

Over the past few decades, increased globalization in East Asia has led to rapid social change. In particular, elderly care, which used to be locally embedded and undertaken as unpaid work in the private sphere, is increasingly becoming a new domain of inquiry where global connections manifest. The proliferation of international gender equality norms has contributed to improving the status of women in East Asia and thus more women are entering the labor market. However, the difficult balance between systems of production and social reproduction influences personal work–life balance and has resulted in low fertility rates in all East Asian societies. Against this backdrop, migrants are sought as an option to undertake care work to mitigate the "care deficit."

In Asia, there are numerous writings on migrant domestic workers, as this is the salient feature of migration in Asia today (Constable 2007; Huang et al. 2012; Lan 2006; Oishi 2005). In newly developed Asian societies such as Hong Kong, Taiwan, and Singapore, an increase in migrant domestic workers is driven by local women's entry into the labor market as part of state industrialization policy (Oishi 2005). Migrant domestic workers

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provide round-the-clock services to families, including domestic work, childcare, or elderly care. However, for the purpose of this chapter, the author would like to analytically distinguish migrant domestic workers and migrant care workers because the former are part of the privatized market often discussed in relation to women's entry into the labor market, whereas the latter can be situated as part of social policy. In fact, when public support for social care is limited, the care provided by migrants becomes an integral part of the social system. Even though care and domestic work may converge in their actual practices, by distinguishing migrant care workers and locating them within the care workforce, we will be able to determine and compare their position in the East Asia care labor market.

This chapter aims to provide a comparative analysis on how migrants are introduced in East Asia by examining the construction of care regimes and migration regimes. Japan, Taiwan, and Korea share a similar type of welfare state.[1] They are facing similar demographic changes of an aging population and low fertility rate and began introducing migrants to undertake care work in the past decades. However, the ways in which migrant care workers have been introduced cannot be understood solely from the perspective of the comparative welfare state, as it largely differs depending on how the care regime and migration regime intersect and interrelate. All three countries accept migrant laborers in various sectors, both skilled and unskilled, and stipulate the sectors in which migrants can be employed. Both Japan and Taiwan accept migrant care workers from the same sending countries but the nexus of migration and care regimes differs significantly (Ogawa 2014). Korea accepts production workers through similar bilateral agreements as Japan and Taiwan, but migrants who can undertake care work are limited to overseas Koreans through re-ethnicization policies (Ogawa 2015). This chapter examines the different ways in which Japan, Taiwan, and Korea configure migrants as part of the care workforce and discusses how the nexus of the migration regime and the care regime defines migrant entitlements and quality of care.

This research is based on intermittent ethnographic research in Japan, Taiwan, Korea, Indonesia, and the Philippines since 2009, interviewing migrants, individual employers, care facilities, civil societies, recruitment agencies, government officials, and conducting participant observations in meetings and gatherings of migrant workers, language classes, and training courses.

Contextualizing the Migration Regime and the Care Regime

In the scholarship of international migration, various theories exist depending on the discipline (Brettell and Hollifield 2008; Massey 2005; Sassen 2007). The economic approach, such as neoclassical theory, explains the cross-border mobility of people through economic inequalities such as wage gaps either at the individual or household level. Segmented labor market theory emphasizes the structural demand in the receiving countries and argues that migrants fill in the "3D" (dirty, dangerous, and difficult) jobs that native workers would not undertake. While the former focuses on the "push" factor in the sending country, the latter highlights the "pull" factor in the receiving country.

Contrary to these economic explanations, political scientists have elaborated that international migration lies at the heart of the apparent paradox between the two principles of the global system: national sovereignty and universal human rights (Benhabib 2004; Hollifield 2008). The principle of sovereignty reinforces national boundaries while the principle of human rights adheres to the universal status of individuals that transcends national boundaries. The discretion of the state to control the mobility of people crossing its borders is a principle of the international legal system, although not without contestation. Regarding the tension between the two, globalization theorists have argued that the intensive flow of capital, goods, information, and people has significantly transformed the sovereignty and regulatory power of the state (Sassen 1996, 2007). However, this invites the question: why do some states accept more migrants than others, especially for specific types of work? Taiwan accepts more than 200,000 migrant care workers in a country of 23.4 million people, whereas Japan accepts approximately 2800 migrant care workers for a population of 127.3 million. Among various factors that shape migration, Hollifield (2008, 195) stresses the role of the state in governing migration and points out that "the economic and sociological factors were the *necessary* conditions for continued migration, but the *sufficient* conditions were political and legal (emphasis original)." Building on these theories, the concept of a migration regime as a set of policies and institutions governing the mobility of people is useful to capture the nature of migration.

Based on the study of Europe, Williams (2012) proposes using the concepts of care, migration, and employment regimes to compare migrant care workers in different countries. Her indicators for a migration regime

comprise: immigration policies, residential status and citizenship, social norms and relationships between majority and minority, and status of organized movements including support from civil society. Reflecting on the realities in East Asia and for the purpose of this chapter, three indicators are extracted, namely (1) citizenship, (2) working conditions, and (3) migrant source country.

The first indicator examines migrant citizenship and possibilities of their incorporation into the host society. The second indicator represents the condition of migrant care workers *vis-à-vis* native workers in the labor market. The third indicator shows the extent of ethnicization in immigration policy. In Japan and South Korea, "re-ethnicization" is a shared feature of their migration policies; both countries accept migrants from their ethnic descendants, namely the *Nikkei* (Japanese descendants from Latin America and Southeast Asia) and *Choson-jok* (Koreans in China) (Seol and Skrentny 2004; Tsuda and Cornelius 2004). Contrary to production work, care is often provided within the intimate sphere where language and cultural proximity between the care provider and care receiver plays a significant role. Re-ethnicization policies reflect political, economic, and social concerns over who is allowed to provide care in the intimate sphere. The three indicators of the migration regime define the social status and prospects of integration for migrants into the host society.

The care regime builds on Esping-Andersen's concept of a welfare regime (1990, 1999), which identifies three typologies of welfare states: liberal, conservative, and social democratic. Two major criticisms to this concept arose in response. First, feminists criticized the lack of gender perspective in this analysis and questioned whether the typology would hold up if gender was incorporated. They criticized the main analytical concept of "decommodification" (Esping-Anderson 1990, 22)—the ability to maintain a livelihood without reliance on the market—to be problematic because it undermines the unpaid work undertaken by women at home (Orloff 1993, 1996; Sainsbury 1999). Second, since Esping-Andersen's typology was derived from several Western countries, it stirred up debate from those excluded from the typology. In East Asia, where the underlying political and economic foundations are different from those in Western countries, the fourth model of the welfare state—the productivist or developmental welfare state—was proposed, where social policy has become subordinate to achieving economic development (Holliday 2000; Kwon 2005a, b). Just as the mainstream comparative analysis of the welfare state has neglected gender and the role of women in providing care, this chapter

sheds new light on the role of migrant care workers and examines the institutional framework of the ways in which migrants are configured in the care labor market in East Asia.

The care regime can be defined as sets of policies and institutions for long-term care that include both funding and care provisions provided by the state, market, family, and community. For the indicators of the care regime, (1) professionalization in long-term care work, (2) the care site, and (3) "re-familialist" versus "de-familialist" axis will be introduced. The first indicator defines the skills used in long-term care. Nursing dates back to the time of Florence Nightingale in the mid-nineteenth century and spread into non-Western countries through modernity, war, imperialism, and colonialism (Choy 2003; D'Antonio et al. 2016; Rafferty et al. 1997). To develop and transmit nursing knowledge and skills was an important part of the modernization project and became embedded in different practices in various parts of the world. If nursing was a profession that grew out of science and modernization, caregiving is an occupation in the era of post-modernism and "biopower" (Foucault 1990, 135–159) that enhances states' concern over the managing of the body or fostering life. Compared with nursing, where power emanates from science and medicine and is supported by well-established professional associations such as the International Council of Nurses, care work is differently constructed, depending on the socioeconomic context that creates the structural conditions that shape migrants who are turned into "care workers."

Elderly care in East Asia and elsewhere is a newly established occupation with unclear job descriptions and ambiguously defined skills. Up to today, elderly care has been undertaken by a broad spectrum of people with different credentials, from medical care provided by registered nurses and auxiliary nurses, care workers with some training or certificate, domestic workers with some experience, and families and the local community. In East Asia, country-specific credentials have been established for elderly care (Table 9.1). While a number of different qualifications coexist in the domestic care regime, migrants are meant to fit within this spectrum of diverse and ambiguous qualifications and entitlements. These credentials are driven from the national employment models (Simonazzi 2009), rather than qualifications that individual migrants possess.

The second indicator examines the site where the care is provided. The actual care work and working conditions differ greatly between institutional and home care. In institutional care, the care workers usually work in a team with other experts such as nurses, physical therapists, and social workers

Table 9.1 Different qualifications for elderly care workers in East Asia

Country	*Type of care worker*	*Target*	*Qualification*
Japan	*Kaigo fukushishi* (Certified long-term care worker)	Open to migrants under the EPAs and resident migrants	National certificate awarded after: 1. Graduating from an accredited high school and passing the national exam; 2. Graduating from a 2-year technical college; 3. More than three years of working experience, 450 hours of training, and passing the national exam
	Kaigo shokuin shoninsha kenshu (Long-term care worker)	Open to resident migrants	Certificate awarded by municipal governments after completion of 130 hours of training and passing the exam
	Domestic worker	Acceptance of foreign domestic helpers in National Strategic Special Zones (NSSZ) started in 2017	No certificate required
Taiwan	*Jhao gu fu wu yuan* (Long-term care worker)	Migrants not eligible	Certificate awarded after 90 hours of training at an accredited institution
	Kan hu gong (Nursing worker)	Migrants only	No certificate required, though workers are supposed to have received 90 hours of training in the sending country provided by private agencies
	Domestic worker	Open to resident migrants and a small number of migrant workers	No certificate required
Korea	*Yoyang pohosa* (Certified long-term care worker)	Open to resident migrants and overseas Koreans	National certificate awarded after 240 hours of training and passing the national exam
	Kanbyeongin (Hospital attendant)	Open to resident migrants and overseas Koreans	No certificate required
	Domestic worker	Open to resident migrants and overseas Koreans	No certificate required

Source: Shakai Fukushi oyobi Kaigo Fukushishi ho [Social Worker and Care Worker Law], Japan; Ministry of Health and Welfare, Taiwan (2016), Ministry of Health and Welfare, Korea (2012)

and, in general, the working conditions are regulated. On the contrary, in home care especially for those who live-in, the work of care workers converges with that of the domestic worker, and thus become less regulated and more isolated. The third indicator demonstrates the degree to which care depends on the family. Esping-Anderson (1999, 51) defines "familialism" as a system where the households have the main responsibility for providing welfare and caring responsibilities, and "defamilialization" is to remove the care burden from the household. He further distinguishes two paths for defamilialization: one through public services and the other through the market. In East Asia, Japan and Korea have implemented Long-Term Care Insurance (LTCI) for elderly care through public provisions, but other societies relegate the care responsibilities to the families, who seek a market solution.[2] However, market solutions are only available for those who can afford them and, without public provisions, the main responsibility for care still lies with the families. To examine the state–market relationship, it is more appropriate to distinguish between "defamilialization" through public services and "refamilialization" in which families outsource care through market provisions.

The concept of regimes and how they intersect with each other allows us to analyze different configurations of migrant care workers in relation to citizenship, integration within the host society, nature of the welfare state, and professionalization of care work, which reveal the entitlement of the migrants as well as the quality of care. While the previous scholarship on care regimes and migration regimes tend to treat them as two separate spheres, this chapter argues that the two regimes are mutually enforcing, and it is the intersection of the two regimes that will construct the "migrant care workers," including their agencies, in a variety of ways. It also aims to shed new light on the discussion of East Asian welfare regimes from the perspective of migrant care workers and citizenship.

Japan's Migration and Care Regimes: Unexpected Migrants as Subsidiary to Free Trade

Japan has a long history of immigration and emigration, but a major shift occurred under the Immigration Law reform in 1989, which prioritized highly skilled migrants. Initially, 16 visa categories were created, including "business manager," "legal/accounting," "medical services," and "intercompany transferee," With growing competition in the global

economy and the shrinking of its productive population, a number of policy initiatives were undertaken to boost the migration of highly skilled workers, exemplified by the introduction of the points system in 2012. However, the migration of care workers in Japan came about not as part of the immigration policy or labor market policy but as a subsidiary to free trade agreement. When the Philippine government proposed the establishment of the EPA, they proposed that Japan open up four occupations: (1) nurses, (2) care workers, (3) nannies, and (4) domestic workers (Asato 2007). In line with the Japanese immigration policy encouraging highly skilled workers, only the nurses and care workers were admitted. Both have national certificates in Japan, although the meaning of "skills" differs between the two occupations (Ogawa 2012). Passing the national exam became mandatory owing to pressures from the Japan Nursing Association out of concern that the influx of migrant workers might further downgrade their profession (Ohno 2012).

Until the establishment of the EPA, very few foreigners worked as physicians and nurses under the "medical service" visa, and no foreigners could get a visa to work as care workers.[3] The same agreements have been established between Japan and Indonesia and Japan and Vietnam's with their respective EPAs, which opened up the migration of nurses and care workers from these countries. The first group of Indonesian care workers arrived in 2008, followed by Filipinos and Vietnamese; by the end of 2016, approximately 2800 migrant care workers had arrived in Japan.

The migrant caregivers from Southeast Asia are all university or nursing school graduates and have received six months to one year of free Japanese language training before they start working. They can only work in institutional care and not in at-home care.[4] While they are working, they must continue studying for three years to be able to pass the national exam and become certified care workers or *kaigo fukushishi*. The exam comprises 120 questions of multiple choice from 13 subjects, including social welfare, psychology, medicine, social work, and skills in long term care. In 2016, the passing rate for Japanese and migrants was 57.9% and 50.9%, respectively.

Once the migrant caregivers obtain their certificate, they can work and reside in Japan for an indefinite period and family reunion is also allowed.[5] Migrant caregivers' working conditions are then the same as for the Japanese, and are regulated and protected under labor law.[6] Matching and deployment are done by state agencies on both sides, so no financial cost must be shouldered by the migrant themselves. Owing to pressure from the professional organizations, migrant care workers are integrated as

"professionals" but whether care work is considered as skilled labor is contested (Ogawa 2012; see also Lan 2016). Japan's migration–care regime can be summarized as follows:

Citizenship: Can stay up to four years. Once they are certified, the visa can be extended for indefinite period, which makes them eligible to apply for permanent residency, and family reunion is allowed.
Working conditions: Employed in the same conditions as Japanese. Once they are certified, they can change the employer.
Source countries: Indonesia, the Philippines, and Vietnam.
Training: One year of prior language and caregiving training. After starting work, care workers continue to study for the national exam of certified care workers.
Care site: Institutions only.
Nature of the care regime: Defamilialist, as they are incorporated into LTCI once they are certified.

Taiwan's Migration and Care Regimes: Live-In Migrants as a Neoliberal Solution

Taiwan's migration regime is shaped by its geopolitical position in the international community, influenced by longstanding tension in the cross-strait relationship with the People's Republic of China. Lack of presence in and isolation from the international arena, such as through the United Nations, has seriously affected Taiwan politically and economically. Former President Lee Teng-hui's "Going South" policy was meant to reduce dependency on mainland China and enhance economic diplomacy with Southeast Asia. In 1992, the labor market was opened to four countries in Southeast Asia: the Philippines, Thailand, Malaysia, and Indonesia; Vietnam joined in 1999. The then-chairperson of the Council of Labor Affairs (CLA) acknowledged that diplomatic relations were a consideration in choosing these countries (Lu 2011, 97).

Similar to Singapore and Hong Kong, Taiwan's migration regime is closely linked to the employment regime mobilizing women to enter the labor market. Responding to the shortage in the labor market, the government decided to open the care labor market and accept migrant workers in 1992. The CLA states that immigration: (1) satisfies more basic manpower needs and encourages small and medium enterprises (SMEs) to keep their

investments in Taiwan and offer more jobs; (2) allows Taiwan to utilize global human resources to increase national competitiveness and accelerate public construction projects and; (3) provides sufficient caregivers to households in need so that productive manpower can fully participate in the job market (CLA 2012). By the end of 1992, there were just 669 migrant care workers and domestic workers. This jumped to 106,331 in 2000, 186,108 in 2010, and 237,291 in 2016 (Ministry of Labor, Taiwan 2016a). This is in line with the women's labor force participation ratio, which also increased from 44.83% in 1992, 46.02% in 2000, 49.89% in 2010, and 50.74% in 2015 (Ministry of Labor, Taiwan 2016b).[7]

In 2016, migrant care workers comprised 38% of the total migrant labor force; the remaining workers were in manufacturing, construction, and fishing (Ministry of Labor, Taiwan 2016a). The period of stay was extended from the initial two years to 14 years in 2015, but no citizenship will be given and family reunion is not allowed, so it is in principle a guest worker system. A direct hiring system, although still limited, was introduced so that the employers and migrants can establish the contract directly from the second hiring so as to avoid paying fixed service charges to private intermediary agencies.

Migrant caregivers are excluded from obtaining the certificate for long-term care and although they are supposed to receive training in their home countries, in interviews with agencies in Indonesia and Taiwan, it was discovered that this is not always guaranteed.[8] Recruitment, matching, training, and deployment are undertaken by private agencies, which tend to maximize their profit by withholding training. Lack of training creates risks for the safety and security of both migrants and the elderly. Moreover, language proficiency and cultural knowledge are in fact considered a disadvantage to the employers and agencies, as a barrier in these respects allows for better control of laborers (Lan 2016); so, migrants are not expected to be "professionals," even though some of them have a degree in nursing.

In addition, live-in migrant care workers are excluded from the labor law regulating working hours, resulting in round-the-clock care often without holidays. This leads to a large number of human rights violations and runaways are not uncommon. Furthermore, migrant care workers are paid less than Taiwanese caregivers. The Taiwanese government acknowledges that the majority of the care responsibility rests with the family, and the role of the state is limited to setting average wage standards for migrants and agency fees, establishing multilingual hotlines, and employing bilingual "inspectors" in local government to deal with the labor issues deriving

from the levy they collect from the employers. Families are left without much choice but to hire a migrant care worker and live-in migrants have become the most flexible and useful source of labor for families.

Responding to growing care needs, Taiwan passed the Long-Term Care Services (LTCS) Act in 2015 in an attempt to integrate various care services. However, owing to changes in government, it is difficult to foresee how it will be organized and implemented. What is clear is that the LTCS cannot be implemented without depending on the 200,000-strong migrant care workforce, and the introduction of public provisions will bring changes in their conditions in the future. The characteristics of Taiwan's migration–care regime can be summarized as follows:

Citizenship: Can stay up to 14 years, but permanent residency and family reunion are not allowed.
Working conditions: Institutional care workers are protected under labor law but not live-in care workers. Both are paid less than locals.
Source countries: Indonesia, the Philippines, and Vietnam.
Training: Migrants are supposed to have 90 hours training before they come to Taiwan.
Care site: Predominantly private households.
Nature of the care regime: Refamilialist, as all migrants are employed by families.

Korea's Migration and Care Regime: Co-Ethnics as Convenient Care Providers

The rapid economic development of Korea since the 1990s brought about a labor shortage that pressured the government to open the labor market and accept migrants mainly from Southeast and Central Asia. However, in the Korean labor market, Korean Chinese have a distinct position. After the Seoul Olympics in 1988, Korean Chinese started to visit their families and relatives in Korea; this trend was further accelerated after a diplomatic relationship between Korea and China was established in 1992. After the financial crisis of 1997, then-president Kim Dae-jung proposed the Overseas Korean Act, which would provide incentives to overseas Koreans through relaxation of laws that would allow them to purchase property and grant them social securities in Korea. This was criticized for privileging rich Koreans in the United States and excluding the 3 million overseas

Koreans in China, the former Soviet Union, and Japan. In 2001, the Constitutional Court ruled that this Act is "unconstitutional" and that overseas Koreans who left the country before the establishment of the Republic of Korea should be included.

A law introduced in 2007 allowed Korean Chinese and Koreans in Central Asia to work in the service sector if they can prove their Korean language proficiency. In 2000, the number of Korean Chinese was 32,441, but it jumped to 626,655 in 2015 (Kim 2010; Ministry of Justice, Korea 2015, 376). Korean Chinese are the largest group in the labor market followed by Vietnamese, Chinese (excluding the Korean Chinese), and Americans and Canadians (Ministry of Justice 2015, 376). Among Korean Chinese, women accounted for 47%, and among them 33% are over 40 years old (Ministry of Justice 2015, 412–413). According to Lee (2006), Korean Chinese men can only find work in construction, which is harsh and especially demanding of those in their middle age, but women can find work more easily, especially in the service sector. The fact that Korean Chinese share the same language and culture as their host country has resulted in the domination of Korean Chinese women in household work, with the amount being as high as 90% in 2009 (Kim 2010, 69).

Korean Chinese women are engaged in care work in Korea in a number of ways. First, the Korean care regime established a national certificate for long-term care (*yoyang pohosa*) in 2008 alongside the introduction of LTCI, and made this certificate mandatory for all the care workers who work under LTCI. In 2015, there were approximately 300,000 *yoyang pohosa* working in home and institutional care (National Health Insurance 2016, 592–593). The *yoyang pohosa* certificate is open to foreigners, such as marriage migrants and overseas Koreans. There are no statistics that show the number of migrants who obtained the certificate, but according to one study, in 2011, only 314 migrants were working as *yoyang pohosa* from all visa categories. (Lee 2013, 20) Some multicultural family support centers as well as settlement centers for North Korean migrants/refugees provide training as well (Lee 2015).[9] If migrants obtain the *yoyang pohosa* certificate, they will be covered under the four insurance schemes (i.e., health, employment, occupational, and pension) and be protected from wage discrimination compared with local Koreans.[10]

However, many Korean Chinese women work as *kanbyeongin*, a position that requires 24-hour attendance in a hospital, preferring to get quick cash rather than invest their time and money to undertake 240 hours of training.[11] *Kanbyeongin* are neither covered by any social insurance nor LTCI

but are paid by families in need. In interviews with Korean Chinese women, it was revealed that the association of *kanbyeongin* established standardized wages and so, in principle, the salaries among nationals are supposed to be the same.[12] Furthermore, it is estimated that 60,000 migrants are working as domestic workers and babysitters in private homes (Korean Immigration Service Foundation 2013). The Korean migration–care regime can be summarized as follows:

Citizenship: Can stay up to five years but this can be extended.
Working conditions: Employment status differs among the *yoyang pohosa*, *kanbyeongin*, and domestic workers. *Yoyang pohosa* are under LTCI and *kanbyeongin* have an association, so in principle both are assured the same working conditions, which are not applicable to domestic workers.
Source countries: Care sector is only open to Korean Chinese.
Training: *Yoyang pohosa* require 240 hours of training and to pass a national exam.
Care site: *Yoyang pohosa* work in institutions and private households, *kanbyeongin* mostly work in hospitals, and domestic workers work in private homes as live-in and live-out carers.
Nature of the care regime: *Yoyang pohosa* are covered by the LTCI but *kanbyeongin* and domestic workers are employed by families.

Nexus Between Migration and Care Regimes

The three societies exhibit different institutional configurations of migration and care regimes, and it is only by identifying the nexus that we will be able to comprehend the broader entitlements of migrants and the quality of care. For the first nexus, we chose citizenship and qualifications (Fig. 9.1). Citizenship defines and protects the entitlement of migrants and ensures their status in the host country. The qualifications required for a care worker attest to their professional training, which makes a major difference in the health and well-being of the elderly. The number of EPA migrants in Japan who have obtained the certificate is too small to mitigate the labor shortage of an ageing population. Taiwan's guest worker system without a necessary certificate might be the most "economical solution," but the risk of jeopardizing the health and safety of the elderly should be taken into consideration. Korea's solution to introduce co-ethnics seems to be a sensible option if more migrants are motivated to undertake the certificate so they will be

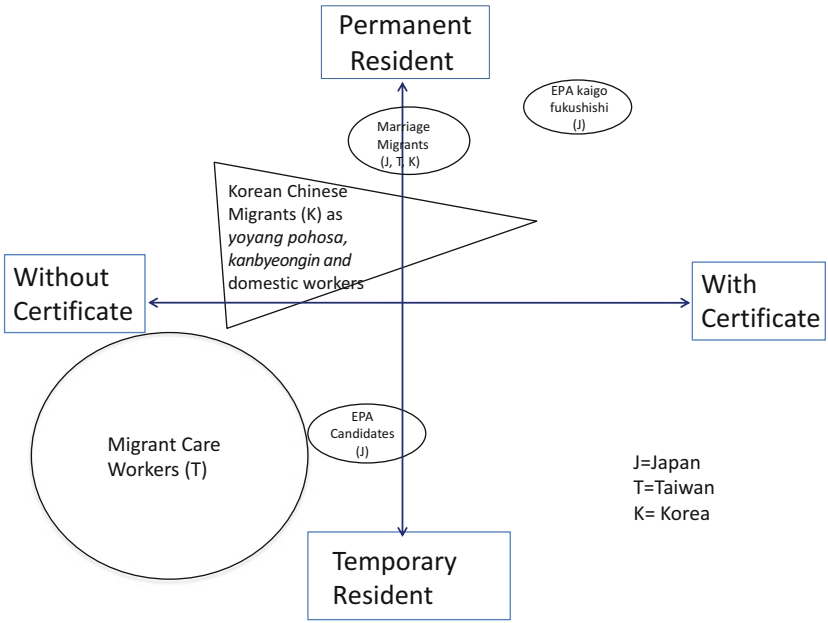

Fig. 9.1 Migration–care nexus 1—citizenship and qualification (Notes: The triangle for Korean Chinese represents the mobility among them as they change their occupations within the care sector)

well trained and entitled to insurance. In Korea, most of the migrant women in the care sector are above middle age, so being insured will protect them from certain risks in their own old age.

This raises several questions: to what extent should care work be professionalized? What will be the long-term prospects for career development of care workers, whether local or migrant? Should care work be undertaken by migrants who are guest workers with partial citizenship? What happens when migrants cannot work any longer? These questions are also related to how the local care workforce has been developed and how migrants are situated *vis-à-vis* this workforce. It also raises the issue of social citizenship if the migrants are denied the right to live with their families or the right to be decommodified when they become sick or old. The issue of citizenship certainly defines how many resources the government and employers will invest to enhance the quality of the care workforce. To secure a quality and

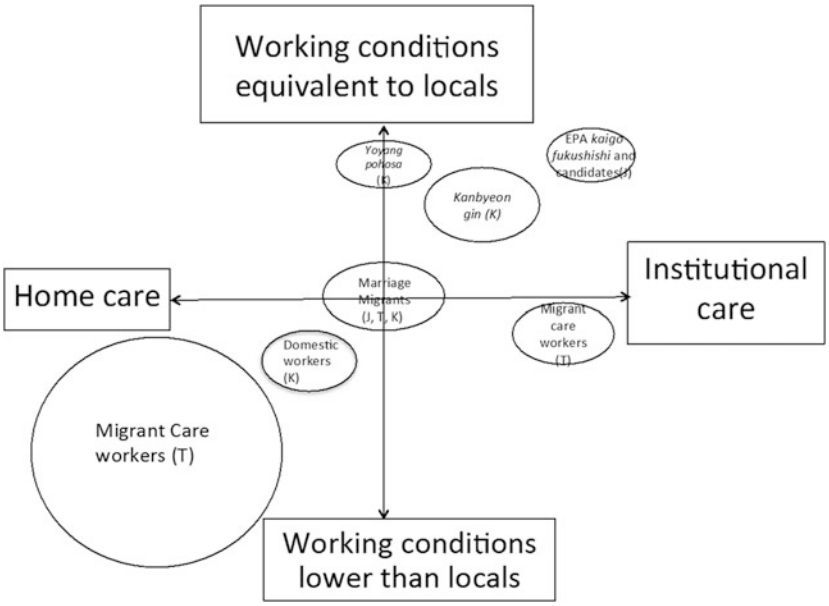

Fig. 9.2 Migration–care nexus 2—working conditions and care site

stable care workforce and to successfully integrate migrants into society, it would be preferable to have more migrants in the Permanent Residency-With Certificate category.

Figure 9.2 looks at how migrants are situated in the labor market. One distinct difference between Japan and Taiwan is the attitude toward institutional care. In Japan, approximately one in four persons who need care are in institutional care (Cabinet Office, Japan 2014).[13] However, in Taiwan, "institutional care is associated with the stigma of filial failure" (Lan 2006, 35) and home care is considered to be an "ideal" option. In Bartlett and Wu's survey (2000, 215), only approximately 3% of elderly were in institutional care. When the author visited a number of care facilities in Taiwan, most of them had some empty beds.[14] This is in stark contrast to Japan, where 520,000 elderly, among which 41% are heavily dependent, are waiting to be in institutional care (Ministry of Health, Labour, and Welfare, Japan 2014). These circumstances are not only guided by the cultural ideology of family care but are also affected by care regimes that shape the working conditions of the migrant care workers.

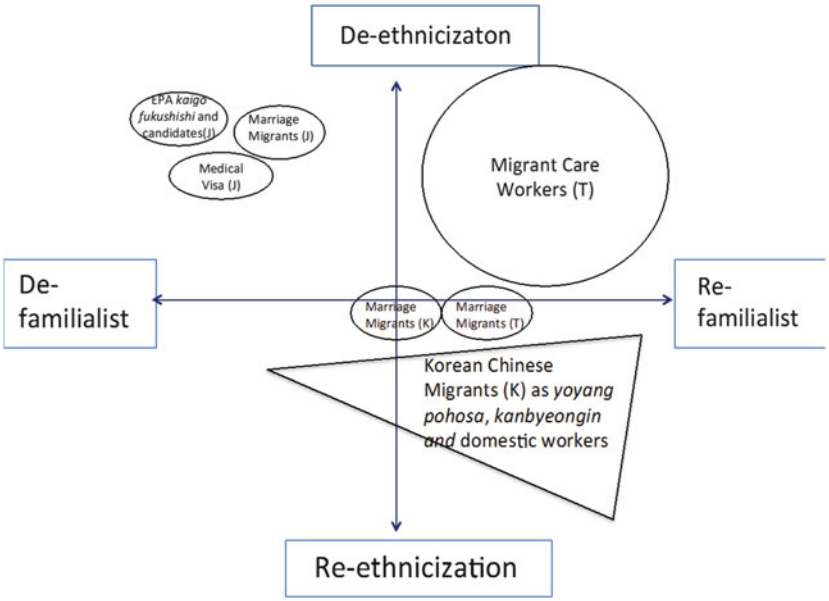

Fig. 9.3 Migration–care nexus 3—configuration of global welfare regimes

A small number of EPA migrants in Japan who work in institutional care are regulated and in a position to receive the same benefits as locals. In Taiwan, the migrant care workers in institutional care are subjected to labor standard laws and working conditions are regulated, but the same conditions do not apply to live-in care workers, who comprise the majority of the care workforce. In Korea, *yoyang pohosa* and *kanbyeongin* are in principle entitled to the same working conditions as locals but domestic workers, whether they are a migrant or local, are not protected under labor law. The varied standards in working conditions may contribute to the creation of a dual labor market in the long run.

Figure 9.3 illustrates the new configuration of global welfare regimes by examining the extent of ethnicization policies and the nature of care regimes. Regarding social expenditure, the Korean solution of refamilialistic re-ethnicization would be the most economical because of the low social and financial costs involved. However, this is only possible due to the existence of a diaspora community with lower economic status. The fact that Korean Chinese share the same language and culture significantly

lowers the cost of migration, both in economic and symbolic terms for the state, families, and migrants. However, Japan and Taiwan cannot take the same option due to different historical and geopolitical conditions. Starting in the 1990s, Japan's immigration law allows Japanese descendants to legally migrate and work, but they are largely concentrated in the production sector and not in the care sector, owing to their limitations in speaking Japanese (Ishikawa 2009). Taiwan, with its longstanding political tensions stemming from its cross-strait relationship will continue to restrict the entry of mainland Chinese labor migrants, and here geopolitical considerations prevail over economic interests.

Japan's LTCI attempted to decrease the burdens of families and aimed to socialize care, at least in principle. Korea also introduced LTCI in 2008 and Taiwan is in the process of its implementation too. However, only a small number of migrants have been embraced by LTCI. To secure a quality workforce and ensure regulated working conditions for a migrant population that may expand in the future, the LTCI plays a critical role in creating path dependency.

Conclusion

Migrants are introduced in a variety of ways to the host society within the intersections of migration and care regimes that they themselves have no part in making. Different configurations of migrants in the care labor market inform us of migrants' entitlements as workers, and of the quality of care provided. Among the three societies, Japan's migration–care regime allows EPA migrant care workers to become "professionals," providing citizenship and family reunion but for a very limited number of highly educated migrants. A large proportion of EPA migrant care workers are women, reflecting the gendered nature of the state, as is the case with most migrant care workers elsewhere. The fact that EPA migrants are integrated within the regulated care labor market informs us that being a migrant woman or migrant care worker *per se* does not necessarily have to lead to their vulnerability and it is rather the institutional framework that shapes their living and working conditions and agency within the host society. This migration–care nexus was not an outcome of the state's commitment to human rights, as other more abusive migratory flows are tacitly approved,[15] but the bilateral agreements have forced the Japanese government, in an unexpected way, to ensure that migrants will be entitled to the same working standards, and become certified and protected under the

same legal frameworks as everyone else. However, it still does not meet the demands of the labor market (see Chap. 8) and a shift toward more marketized options is taking place.

Responding to the unprecedented level of population aging and labor market shortages, in 2017, several policy initiatives were planned for introducing less-skilled migrant care workers.[16] Although the EPA serves as a reference point, the framework for future migratory flows of care workers/domestic workers will be significantly downgraded and deregulated, showing conversions to a more neoliberal-style migration–care nexus. This indicates how arbitrarily 'migrant care workers' as a category can be constructed through different political and economic dynamics without a long-term plan for making social policy sustainable and well-designed immigration policy to socially integrate these migrants.

Taiwan's migration–care regime is less discriminatory, as there are no conditions to be met. This privatization of care goes well with the state's goal to prioritize economic development and spend less on social expenditure as well as Taiwanese women's (and men's) desire to obtain affordable and flexible care at home. However, weak enforcement of regulations will continue to result in an increase of undocumented migrants and their lack of training may affect the quality of daily-life support for the elderly. The introduction of a long-term care system combined with advocacy by civil society might lead to a turning point in introducing training, regulating labor conditions, and strengthening of protection of human rights of the migrant care workers in the future.

With co-ethnic migrant care workers, Korea's migration–care regime significantly lowers the cost of migration and integration. However, compared with Japan and Taiwan, where the migrants are mostly younger generations, Korean Chinese women in Korea undertaking care work are mostly middle-aged or older. This raises the question: who cares for the migrants? Despite many variations, one major commonality among the regimes in these three societies is the issue of migrant social citizenship: their right to be decommodified is denied or at least postponed. The reproductive needs of migrants are neglected or considered as less important while they are providing care to more advantaged families (Parrenas 2003, 2005).

In the postwar period, we have seen the development and expansion of the concept of human rights to refugees, women, children, indigenous people, disabled people, and migrants. However, the International Convention on Migrants has been ratified by only a small number of countries,

which poses a challenge to the migrants and their families left in their home country. Against the grain of globalization discourse, which celebrates hypermobility, cosmopolitanism, and deterritorialization, care cannot be easily offshored or outsourced to other countries simply because the labor cost is cheap. Care work should not be reduced to a private matter, nor viewed solely as a women's matter, as it has been governed by a larger social structure. The intersection of migration and care regimes creates the conditions of migrant care workers, the kind of care work they perform, the gendered nature of the work, and their long-term prospects for working and staying in the host country. If migrants have to be brought in to care for the elderly in rich societies, then the host societies need to create a structure to "care" for the migrants as well. This study shows that the quality of care and the entitlements of migrants are correlated and if developed societies want a stable and quality workforce, they need to provide care for their migrants.

Notes

1. For discussions on East Asian welfare states, see, for example, Aspalter (2006), Holliday (2000), Kwon (2005a, b), Lee and Ku (2007).
2. Taiwan passed such a law in 2015 but it will take some time for public elderly care services to be fully implemented.
3. Amendment of the bill to revise immigration law to include care workers in the visa status was promulgated in 2016.
4. Expansion of the workplace to home care has been discussed at the policy level.
5. Family reunion is a visa type that allows one to bring the family members. In most cases, the unskilled workers cannot bring their families while the skilled workers are allowed to do so.
6. According to JICWELS, which monitors the employers, there has been no major violation of the contract regarding their salaries (email exchange, 2015).
7. For 2015, the data are calculated from January to November.
8. Interviewed in Jakarta in September 2011 and in Taipei in September 2013.
9. There are more than 200 multicultural family support centers aiming to integrate marriage migrants, but not all of them provide this training.
10. The wages and the working conditions of *yoyang pohosa* are lower than other sectors and turnover rate is high owing to bad working conditions, health issues, and low social status (National Health Insurance Service 2014).
11. Interviewed in Seoul in September 2016.

12. Interviewed in Seoul in September 2016.
13. Long-Term Care Insurance was introduced in 2000 and contributed to removing the stigma of institutional care in Japan.
14. Interviewed in Taipei and Taichung in September 2013.
15. For example, the violation of human rights under Technical Intern Training Program (TITP) has been heavily criticized by civil society and the Japan Federation of Bar Associations has repeatedly issued statements to abolish TITP (JFBA 2015).
16. There are at least three routes as of 2017. Firstly, care workers will be accepted under TITP, which is a de facto guest worker program for "unskilled" laborers. Secondly, potential care workers will arrive as students who will be enrolled in technical schools and become certified care workers. Thirdly, domestic workers are introduced in National Strategic Special Zones (NSSZ) of Tokyo, Osaka, and Kanagawa.

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CHAPTER 10

Conclusion: Agenda and Action Beyond Gendered Care and Migration

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Issues Concerning Care Arrangements: From Family to Social and from National to Cross-National

Throughout this book we have unfolded the generic term "care," revealing the diverse spectrum of care practices that characterize our everyday lives. Children and aging parents (including in-laws) are the target groups that receive most care, but reverse care of grandchildren by grandparents and care for spouses are emerging issues. Care by family members or by migrant care workers may take place in the home or in an institution. Some family members and migrant care workers may have professional qualifications and/or experiences, but others may not. Types of care include routine

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daily assistance, physical and healthcare, and emotional exchanges between caregivers and care recipients. Carers may share the same language and culture as care recipients or be migrant care workers from distant countries. Both childcare and care of older people is usually performed out of love and affection or filial obligation; however, care is increasingly outsourced to non-familial members and institutions, transforming it into a commodified and monetarized transaction. For example, the use of social services or the hiring of paid workers from local and international sources has changed the nature and form of care, which is now subject to regulatory frameworks composed of national labor legislation and cross-national relations. In summary, care arrangements in a globalized world are no longer a purely domestic issue confined to the private family domain but a matter of public concern that is often linked with both national and international political and economic considerations.

Care practices are thus contextualized and localized. The reasons for care and the locations in which it is performed are multiple, and what is considered ideal care for one person may not work for others. These various care practices are embedded in social and political institutions that ensure that only some individuals shoulder the burden (and benefits) of care. The care responsibility in East Asia, and in many other parts of the world, has been disproportionately shouldered by women, who provide care for others throughout their lives. Considering the dramatic social changes affecting families and labor markets in East Asia today, this cannot be only attributed to, or justified by, "Confucian" values or cultural norms. Rather, the relationship between the gendered nature of the state and society, which "free-rides" on women's unpaid care in East Asia, should be explored. Tension between work and family, long working hours (especially for men), rising divorce rates, later marriages, and falls in fertility rates among the younger generations are all signs of the challenges of family formation. Statistics show that Japanese men spend less than half their time in unpaid work, but work 1.4 times longer than the Organisation for Economic Co-operation and Development (OECD) average. Similarly, South Korean men spend only one-third of the OECD average on unpaid work, but they work 1.2 times longer (OECD 2017). Without appropriate care provision (including the issue of migrants) and adequate labor policies for both women and men, society is not sustainable.

Arguments in the literature, and the analyses in previous chapters in this book, suggest that household care practices and policies on migrant care workers across East Asian societies differ in type and magnitude. This has an

impact on gender relations, labor markets, and the socioeconomic landscape of society. Problems in daily care, both in families and care institutions, are complicated by the presence of care workers from different cultural contexts. To minimize these potential problems and costs, South Korea has a practice of importing ethnic Korean workers from China. However, despite their social and institutional differences, women in these societies overwhelmingly undertake greater responsibility of care for their parents or in-laws than men, resulting in higher levels of psychological, physical, and financial stress. In addition, migrant care workers are also overwhelmingly female, which sustains the feminization of care at an international level.

Interesting observations reported in Part 1 concern attitude differences toward care provision based on relationship with the care recipient. For example, Japanese women are unwilling to provide support to their non-coresiding parents or in-laws unless they have previously received assistance from them. Women tend to report higher levels of stress when caring for their parents or spouses than when caring for children or grandchildren. Additionally, the psychological burden of providing care is heavier if the recipient is an adult male (see Chaps. 2, 3, and 4).

These findings indicate how family dynamics impact care provision within families. Relationships between the carer and the recipient are not always based on spontaneous and emotional engagements, but are often subject to normative definitions and power (im)balances in which symbolic and legal boundaries are constantly recreated and reconfigured through divergent politics, policies, and institutions (see Chaps. 7 and 9).

The analyses in Chaps. 2 and 3 revealed that the magnitude of stress arising from a care burden is significantly associated with the household economic situation; that is, lower levels of stress are reported in households with higher economic status. One plausible explanation is that households with greater economic resources choose to tackle problems (such as care burdens on family members and stress experienced by caregivers) by private consumption of goods and services from the market (from buying pre-prepared food to the employment of care workers) to reduce the time and burden associated with caregiving. It is also likely that the care burden exacerbates well-being disparity among women: those who can afford such goods and services have the capacity to pursue their own life choices (such as continuing to work). Other women are unable to realize their life goals (owing to lack of economic resources and/or cultural reasons) and have little support.

Several studies indicate this pattern of disparity in Hong Kong, Spain, and the USA (Blau and Kahn 2014; Cortes and Pan 2013). In these countries, increased availability of care and household services provided by immigrants has improved the labor force participation of native women, and the effects on labor supply are stronger among highly educated women. An important consideration is the gap between wages for migrant care workers and those for local care workers: this "dividend" impacts native women's choices. Migrant care workers might accept this wage gap, because their wages are higher than the wages they would receive in their own countries. Economic disparity across nations explains human movement, employers' decisions to hire migrant care workers, and employees' acceptance of the terms of employment.

The wage dividend for employers may generate inequality within the family and in society. Relatively lower wages are often a source of complaint, especially when one considers that migrant care workers often work in the home. The special working environment of migrant care workers in live-in homes often engenders complex relationships between those who provide care and those who receive it. The complex nature of the employer–migrant worker relationship arises from the fact that care workers are often treated "like family, but not quite" (for example, see Chaps. 5 and 6; Huang and Li 2012). Migrant care workers who are part of a family with which they have no kin relationship experience an ambivalent situation in which their emotional attachment to the family and their individual well-being is constantly challenged.

Interestingly, most of the surveyed workers mentioned in Chaps. 5 and 6 reported a high degree of inclusion either in the family or the community, although they did experience stress and had some complaints. However, there are few surveys of migrant care workers that use random sampling designs, and the results drawn from the analyses reported here need further examination. Nevertheless, just like any other labor relations based on contractual relationships, fair treatment and respect will enhance the positive feelings (that is being accepted as a member of the family and society) and well-being of migrant care workers.

Migrant care worker management also involves macro-level institutional and political analysis. Micro-analysis of the utilization of migrant care workers must be linked with macro-level politics and institutions at a cross-national level. The issue of disparity among women examined in Part 1 extends beyond national boundaries. Since the 1980s, the governments of East Asian countries have started to introduce care workers from

abroad to cope with demographic challenges, although they have implemented different schemes. The politics and economics of creating a category of "migrant care workers" differs greatly within East Asia, and these differences shape the construction of "care work" as a policy and practice and the citizenship of "migrants" (see Chap. 9).

The care work carried out by women in developing countries has been commodified like tradable goods and included in a global network, which Hochschield (2000) has called the "global care chains." To some extent, this shift has a sound rationale, as the introduction of migrant care workers can be mutually beneficial for governments, the native population, and migrants by providing a comparative advantage in a global economy (Chap. 8). Some East Asian societies benefit from the increase in women's labor force participation by introducing migrant care workers, while Southeast Asian countries benefit through the remittances from migrant women (Eversole 2014).

However, when economic concerns dominate the discussion, the social cost of migration, often borne by the migrants themselves, is often neglected. Short-term benefits to the labor-importing countries at one time might incur hidden tangible and intangible costs which could surface at a later stage. Furthermore, one should not ignore the violations of migrant workers' human rights that allegedly take place in the intimate sphere in which care is performed. This intimacy is a double-edged sword, as the intertwining of attachment and affection with hierarchy and domination can trigger abuse and harassment. For migrant care workers, such hierarchy has multiple dimensions and comprises not only gender but also race, ethnicity, and probably language and religion, which are reconfigured in the transnational space. Benefits have to be mutually shared, based on fair labor relationships within the working environment, as well as between countries.

Attending to Issues Beyond Gendered Care and Migration

The differing mobility of care recipients and caregivers in the current socioeconomic and political context explains the frequent movement of care workers from developing countries to developed countries (King et al. 1998; Yamashita 2008). However, care recipients may choose to move to the sources of care provision; that is, they may migrate to countries that can provide readily available and affordable care (Ogawa 2009; Ono 2012; Toyota 2006). Of course, this requires the support of official policies

that facilitate the movement of care recipients, who may be older individuals who wish to remain overseas for an extended period of time to obtain greater care choice. This support includes medical services, pension arrangements, and various types of embassy assistance. One example is the "Malaysia My Second Home Program" scheme, which allows the visa holder to stay for up to ten years in Malaysia and then to renew their visa. Nevertheless, relocation is still not a popular choice at present. Relocation is only feasible for care recipients who have the necessary resources, are willing to make this choice, and are ready to face the difficulties of living in a socially and culturally different society. Another alternative is to substitute certain care labor demands for assistive technology. Some are even advocating wider adoption of artificial intelligence in assistive technology in the future, such as in a vision of care by robots. Of course, the use of technology is a promising approach; however, at present it can only make the care burden more manageable rather than substantially meeting labor needs (McMullan 2016).

It is likely that demographic pressures, retrenchment of social expenditure, family downsizing, and changes in life aspirations and priorities among the younger generations will increase demands for additional care labor in the foreseeable future. East Asian societies may continue to outsource care work, very likely by employing more migrants than locals as caregivers, as long as the policy infrastructure sustains the supply of migrant care workers and economic disparity serves as an incentive for migration. Some insight into potential policy reforms that might address issues facing both migrant care workers and female local caregivers is provided by Max Frisch's famous aphorism on migration to Switzerland: "We wished arms, and we received persons."

First, there is an urgent need to ensure safe working conditions and labor rights protection for migrant care workers. As their working environment is the intimate private space of the family, and the nature of care in this context can be very different from care in formal institutions, it is difficult to identify abuse among other types of labor contract violation. There is a need to address these problems by intensifying labor inspection and empowering migrant care workers to report cases to the authorities. Ensuring good working conditions for care workers will certainly enhance the quality of care. At the same time, we should consider support for local caregivers, as their personal sacrifices are often taken for granted and their burden and stress are normalized. Various care support or substitute services must be

available to offer appropriate assistance. Fairer participation among all family members, beyond gender, must be promoted.

There is a debate about the working conditions or citizenship granted to this type of (mainly temporary) migrant workforce. Although narrowing the wage gap might have a direct impact on the wage dividend enjoyed by the local population (especially women who would otherwise remain at home as caregivers), it is still necessary to conduct regular reviews of the living conditions of migrant care workers, as well as offering better provisions to them when they return home. Research on returning nurses provides insights into the personal and career development of migrant care workers (Haour-Knipe and Davies 2008; Kurniati et al. 2017). Suitable training, supported by public funding, to improve care quality would benefit both migrant care workers and their employers. Revenue collected by levies on the importation of migrant workers in Singapore and Taiwan (and previously in Hong Kong) could be used to support these kinds of human capital development projects, whether they stay or return.

Second, we should be aware that care workers cannot fully participate in public life and exercise their social and political rights because of their responsibility of care (Kittay 1999). Local caregivers and migrant care workers, especially those who coreside with care recipients, cannot choose not to care, as this would jeopardize the care recipients. This would result in the condemnation of the carer for deserting their "natural" (or moral) responsibilities to care or for violating labor contractual obligations (normally not containing a clause specifying the hours of work for migrant care workers who live in their employers' homes). There are reports that migrant workers have to work overtime or round the clock without a statutory rest day, because they are solely responsible for the recipient's care needs. This limits caregivers' capacity to become full-fledged citizens, because citizenship has been shaped by the ideals of independence and autonomy. Private care provision personalizes and privatizes care issues and may neglect larger structural questions about policies and institutions, further creating disparities between those who can afford it and those who cannot.

Finally, given that care provision is shaped by the structural inequalities of gender, class, and race, we need to ask ourselves whether the current care provisions and practices are designed to make society fairer and more equal intergenerationally (between different generations), intragenerationally (within current generations), and globally (between the Global North and the Global South). Tronto (2013) argues that "the more people share responsibilities for care publicly, the less they have to fear and the more

easily they can trust others. From such positions of trust, the world becomes freer, more open, more equal, more just" (146). By locating care and human vulnerability at the center of societal organization, we can envision an alternative toward a more inclusive, fairer, and kinder society.

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Index

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