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Abstract

There have been debates on how responsibility for dependant people such as the elderly and disabled should be allocated between family and the state, between family members and caring professionals. Precedent studies have shown that there are gender and class differences in the preference for how care should be provided. However, cross effects of gender and class have not been fully studied. The aim of this paper is to reveal whether women and men in higher socio-economic strata, and their counterparts in lower strata have the same preference.

The result of the analyses shows that men in higher strata are more likely to prefer the care by the primary family only; women in higher strata, prefer care by the professionals; and men and women in lower strata, prefer care by extended kin. The idea that vulnerable people should be cared for by their family has been a dominant ideology in modern Japan. We find that it is men in higher strata that have a preference for care that is consistent with this dominant ideology. In addition it can be anticipated that in the class division of care labor, rich women will employ less affluent women as home helps, a phenomenon that had all but disappear in post-war Japan, but has begun to emerge once again.

Key words: family care, gender difference, class difference

Contents

1. Introduction
2. The separation of the public and domestic spheres
3. Recent changes in family care in Japan
4. Precedent studies on "who prefers family care, and who prefers professional care?"
5. Our hypothesis on "who prefers family care, and who prefers professional care?"
6. Methodology of the survey
7. Results of the analysis
8. Conclusion

Reference

Tables and Appendices

1. Introduction

This paper concerns the idea of *family care*, that is, the idea that family members should take on responsibility on caring for vulnerable people such as young children, the infirm elderly and the disabled. Family care usually means unpaid care by female family members (Finch and Grove, 1983). Family care has been a dominant idea within the concept concerning caring in modern Japan (Osawa, 1993). However, it is not true that all the Japanese prefer family care to non-family professional care. The aims of this paper are first, by analyzing survey data, to show who prefers unpaid family care and who prefers paid non-family care in contemporary Japan; and second, to discuss implications of the findings.

2. The separation between the public and domestic spheres

The idea of family care is closely related to another dominant idea about modern society, that is, *the separation between the public* (for example, arenas of the state and business) *and the domestic sphere*. This idea of separate spheres is closely connected to ideas of gender, work, family roles for men and women, and images of a successful life for both sexes (McDowell and Pringle, 1992). As shown in Table 1, the public sphere is a male arena where work is paid, and therefore a male role is to economically maintain the family. In contrast, the domestic sphere is a female area, where work is unpaid, and therefore appropriate roles for a woman are to be economically maintained by her husband and to provide care for him and their children.

These ideas are also related to a male and a female version of the image of a successful life (see Table 1). That is, for a man, a successful life means both that he can economically provide his family without depending on his extended kin or traditional community, and that he is safely cared for by his wife and children. For a woman, a successful life means that her husband economically maintains her, and therefore she does not have to be employed outside the family. All she has to do is the unpaid care work for her family.

I would like to add that in post-war Japan the images of a successful life, which are mentioned above and shown in Table 1, fit the lifestyles led by men with stable and highly-paid employment (e.g. large company employees and their wives), rather than those of their counterparts with unstable and low-paid employment. This is because large Japanese companies have tried to pay enough money and fringe benefits to their employees so that their employees and their families do not have to depend on the extended kin for their everyday life (Kimoto, 1995). However, for men with unstable and low-paid employment and their wives, mutual aid between extended-kin members continues to be important for their daily life.

These ideas of gender, work, family roles and images of a successful life have influences on people's identities and their choices for a certain way of life.

3. Recent changes in family care in Japan

However, in these days, family care is becoming increasingly difficult in Japan. The reasons for this are as follows. Firstly, people now live longer and therefore the period of caring for an infirm elderly person tends to continue longer than before. Secondly, the number of children born has been steadily decreasing. As a result, hands needed to care for elderly parents are becoming insufficient, and the burden of caring put on the family is getting heavier. Thirdly, along with accumulated knowledge on health, medicine and hygiene, higher standards of caring are required not only at hospitals but also at home.

For these reasons, the demand for paid care provided by non-family professionals is growing.

and more and more people are questioning the idea of family care. However, some people still want to stick to traditional family care. Considering these changing situations, the main question of this paper then is: "who prefers family care, and who prefers non-family professional care?"

4. Precedent findings on "who prefers family care, and who prefers professional care?"

Precedent studies have shown that, as for gender difference, women more than men are likely to prefer paid professional care. It is because women are more expected than men to take on the responsibility of caring for the family, and therefore they know that the burden of care put on them is lightened with the help from professionals (West, Illsley and Kelman, 1984).

Regarding class difference, people in higher socioeconomic strata are more likely than those in lower strata to choose paid professional care because those in higher strata can afford it (Willmott, 1987).

5. Our hypothesis on "who prefers family care, and who prefers professional care?"

On the basis of these precedent findings, the following hypothesis is made (see Table 2). As for gender difference, an important reference point is who shoulders the responsibility of caring for vulnerable family members. Considering this point, women would prefer non-family care, while men would prefer family care, because men are supposed to be receivers, not providers, of family care. As for class difference, a reference point is whether one can afford paid care. Taking this point into consideration, obviously those in higher socio-economic strata can afford it, while those in lower strata can not. Therefore, those in higher strata would choose paid professional care while those in lower would prefer unpaid family care.

The points made above concern only the single effects of gender and of class. What then are the cross effects of gender and class? As shown in Table 2, for both men in lower socioeconomic strata and women in higher strata, the gender effect and the class effect explained above are in the same direction. Therefore, it can be easily assumed that men in lower strata would choose family care and women in higher strata would choose professional care.

However, for men in higher strata and women in lower strata, the supposed gender effect and class effect are in the opposite direction. Therefore, for them, it is not clear which effect of gender and class is stronger than the other is.

In order to answer this question, I introduce another categorization of family care. Family care can be divided into two types: namely, the care by the primary family *only*, and the care by the primary family *and* extended kin. Introducing this division, care can be provided in the following three ways: firstly, by the primary family *only*; secondly, by the primary family *and* extended kin; and thirdly, by the family (including the primary family and/or extended kin) *and* professionals.

Using this categorization, the final hypothesis is presented in Table 3. For men in higher socioeconomic strata, it is assumed that the gender effect would be stronger than the class effect. That is, in order to maintain their identity as men of success in the post-war Japanese context, men in higher strata would prefer family care to professional care, even if they can afford paid care. In addition, they would prefer care by the primary family only to that by extended kin. For women in lower strata, it is assumed that the class effect would be stronger, but that the gender difference would still have some effects. That is, women in lower strata would rather choose family care than professional care so as to save money on the one hand. However, on the other, in order to lighten the burden of care that would be put on them, women in lower strata would prefer care by extended kin to that by the primary family only.

6. Methodology of the survey

In order to test this hypothesis, survey data has been analyzed. The survey was conducted in a suburban area of Kobe City, one of the largest cities in western Japan. Respondents are women aged 36 to 65, and their spouses. The way in which the survey was conducted is shown in Appendix A. Basic information of the respondents is presented in Appendix B.

7. Results of the analysis

Our respondents were asked to answer a question presented in Appendix C. They were asked to check those whom they think they could rely on caring for them when respondents need it. They were asked to check as many items as they like from the list.

Table 4 shows frequencies and percentages of those categories checked. More men than women check "spouse", while more women than men check "parent", "sibling", "neighbor", "friend", and "home help". This means that women, more than men, are willing to rely on a wider range of people to care for them.

On the basis of the patterns of the answers, respondents were classified into four types through the procedure shown in the top part of Table 5. Those classified as Type A are people who are willing to rely on the primary family only such as a spouse, parents and/or children for care; this type is called *the primary-family type*. Type B includes those who would rely on extended kin in addition to the primary family; this type is called an *extended-kin type*. Type C includes those who would rely on professionals in addition to the primary family; this is called a *professional type*. Finally, those classified as Type D are people who are willing to rely on all of the primary family, extended kin, and professionals; this is called an *all-round type*.

The bottom part of Table 5 shows gender and class differences between the four types of care explained above. The result shows that our hypothesis is largely supported. More men in higher socioeconomic strata than those in lower strata are classified as Type A, the primary-family type, while more men in lower strata than those in higher strata are classified as Type B, the extended-kin type. As for women, more women in higher strata than their lower counterparts are categorized as Type C, the professionals type, while more women in lower strata are categorized as type B, the extended-kin type.

8. Conclusion and Implications

As a conclusion, I would like to answer the question of "who prefers family care, and who prefers professional care?" The answer is that men in higher strata are more likely to prefer primary-family care; women in higher strata are more likely to prefer professionals' care; and finally, men and women in lower strata are more likely to prefer the extended-kin type of care.

What are the implications of these findings? Firstly, although *family care* and *the separation of the public and domestic* have been dominant ideas in modern Japan, fewer Japanese agree this idea now.

For the following discussion, I would like to define "the family" and "the domestic sphere" first. I define them in a narrow sense, that is, both "the family" and "the domestic sphere" mean the relationships between spouses and between parents and children. According to this definition, when grown-up children set up their own independent households, the relationships between siblings are not included in "the family" and "the domestic sphere". This definition largely confirms the contemporary Japanese idea about "the family" and "the domestic sphere", and this

definition has been institutionalized in varied laws and welfare arrangements in post-war Japan. Given this definition, it is men in higher socioeconomic strata whose preference for care fits in most with the dominant ideology of *family care* or *the separation of public and domestic spheres*. Women in higher strata, and men and women in lower strata tend to have different preferences from the dominant ideology. It can be said that if this ideology continues to be institutionalized in Japanese family policies or welfare policies, and if the public sector fails to provide low-cost-high-quality care, it is men in higher strata that take most advantage of, or are least disadvantaged by, such a situation. In contrast, women in higher strata, and men and women in lower strata will have to continue to shoulder the burden of caring for their family without economic remuneration.

The second implication is as follows. Recently, the demand for paid professional care has grown, and along with it, the supply for it is also increasing. The present study shows that those who are most willing to make use of it are women in higher socio-economic strata. Given this, who will supply the workforce for paid care? In other words, who will work as paid care workers such as home helps? The most likely answer to this is women in lower strata. If so, it can be anticipated that not only will the gender division of care work continue to exist, but class division of care work is emerging again; that is, more and more women in higher strata employ paid care workers who are women in lower strata. Such class division of care work had existed in Japan before the Second World War, but it almost has disappeared since the end of the war. If it is appearing again, what are consequences of the revival of it to the family life, class and gender structure in Japan? These are very interesting questions. However, I am now collecting data on this theme. These remain to be answered in the future.

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Table 1.

Sphere	Public	Domestic
Gender	Men	Women
Work	Paid work	Unpaid work
Family role	To economically maintain the family To receive care	To be economically maintained by the husband To provide care
Images of a successful life	To be economically independent from extended kin To be cared by the family	To be economically dependant on the husband To provide care for the family

Table 2. The first-step hypothesis

			Higher strata	Lower strata
			Ability to afford paid care	
			Professional care	Family care
Men	Care burden	Family care	?	Family care
Women		Professional care	Professional care	?

Table 3. The final-step hypothesis

			Higher strata	Lower strata
			Ability to afford paid care	
			Professional care	Family care
Men	Care burden	Family care	Family care (the primary family)	Family care (extended kin)
Women		Professional care	Professional care	Family care (extended kin)

Table 4. Frequencies and percentages of checked items

Items	Total % (Base N)	Men % (Base N)	Women % (Base N)	Chi- square
The primary family				
Spouse	87.7% (659)	95.7% (327) >	79.8% (332)	38.629**
Parent	25.0 (428)	16.4 (213) <	33.5 (215)	16.602**
Son	59.7 (477)	63.1 (236)	56.4 (241)	2.228
Daughter	79.6 (446)	77.4 (221)	81.8 (225)	1.330
Extended kin				
Son-in-law	19.8 (86)	23.3 (43)	16.3 (43)	.660
Daughter-in-law	48.5 (99)	39.6 (48)	56.9 (51) *	2.956
Grandchildren	18.6 (97)	19.1 (47)	18.0 (50)	.021
Sibling	19.1 (524)	15.4 (260) <	22.7 (264)	4.574*
Other kin	3.5 (432)	3.3 (215)	3.7 (217)	.060
Non family				
Co-worker	2.2 (453)	2.3 (303)	2.0 (150)	.045 ^(a)
Neighbor	3.8 (659)	.9 (327) <	6.6 (332)	14.712**
Friend	6.2 (659)	2.8 (327) <	9.6 (332)	13.390**
Professional				
Volunteer	8.2 (659)	6.4 (327)	9.9 (332)	2.710
Home help	15.6 (659)	10.1 (327) <	21.1 (332)	15.096**
Hospital	18.7 (659)	17.1 (327)	20.2 (332)	1.013
Nursing home	5.0 (659)	4.9 (327)	5.1 (332)	.018

** sig<.01, * sig<.05

^(a) In 1 cell (25%), expected frequency is less than 5.

Base N = the case number of those who checked items.

% = Ratio of those who check each item to Base N.

Table 5 **Top:** Classification of respondents into four care types

Bottom: The distribution of the respondents between the four care types (by gender and class)

Items		Care types				Total (N)	Chi-square
		A The primary family	B The extended kin	C Professionals	D All-around		
Spouse / parent / son / daughter		○	○	○	○	○ Checking any of the items × Checking none of the items	
Son-in-law / daughter-in-law / sibling / other kin		×	○	×	○		
Volunteer worker / home help / hospital / nursing home		×	×	○	○		
Gender							
	Men	61.3%	16.5%	15.2%	7.0%	315	23.017**
	Women	43.2	23.9	18.3	14.6	301	
	Total	52.4	20.1	16.7	10.7	616	
Education							
Men	Higher	67.1	10.4	15.9	6.7	164	8.512*
	Secondary + primary	55.9	22.4	14.7	7.0	143	
	Total	61.9	16.0	15.3	6.8	307	
Women	Higher	43.0	18.0	30.0	9.0	100	14.887**
	Secondary + primary	42.6	27.3	13.1	16.9	183	
	Total	42.8	24.0	19.1	14.1	283	
Husband's occupation							
Men	White collar	64.4	13.0	15.4	7.2	208	7.849* (a)
	Blue collar	53.5	26.8	15.5	4.2	71	
	Total	61.6	16.5	15.4	6.5	279	
Women	White collar	45.1	20.9	19.4	14.6	206	7.357†
	Blue collar	37.7	37.7	13.1	11.5	61	
	Total	43.4	24.7	18.0	13.9	267	

** sig<.01, * sig<.05, † sig<.1

(a) In 1 cell (25%), expected frequency is less than 5.

Appendix A: Methodology of the survey

Period: September to October in 1995

Area: Two wards of Kobe City, one town, and one village in Hyogo Prefecture.

Respondents: Women born in 1930 to 1959, and their spouses. The female respondents were aged 36 to 65 at the time of the survey.

Sampling method: Stratified sampling. As the first step, residential districts (as opposed to commercial districts, etc.) were chosen from the two wards in Kobe City, the town and village in Hyogo Prefecture. In the second step, respondents were randomly sampled from resident registers of the districts chosen in the first step.

Method of distributing and collecting questionnaire: Postal Survey. 1534 surveys were distributed, and 638 surveys (41.6%) were collected.

Respondents analyzed in the present study: Of all the respondents, only those from Kobe City were analyzed in order to make the analysis simple by controlling characteristics of areas.

Appendix B: Basic information on the respondents analyzed

Age			Educational level		
	Wife	Husband		Wife	Husband
35~39	12.9%	5.4%	Primary	9.0%	13.8%
40s	44.3	41.0	Secondary	52.7	34.7
50s	28.1	29.3	Higher	17.4	
60~	14.7	23.1	(2 years)		
DK, NA	0.0	1.2	Tertiary	15.3	51.2
			(4 years~)		
(Total Cases)	(334)	(334)	DK, NA	5.7	3.3

Occupation					
Husband		Wife			
Management	27.8%	Management	7.8%	Full-time	8.4%
Professional	22.8	/Professional		Part-time	28.1
/Technical		/Technical		Self-employed	1.8
Clerical	14.7	Clerical	10.2	Family-	3.3
Sales	5.7	Sales	6.0	Employed	
Manual	10.5	Manual	5.1	Home-working	2.1
Service	6.0	Service	9.0	Others	1.8
Others	3.9	Others	3.6	Non	50.3
Non	4.2	Non	50.3	DK, NA	4.2
DK, NA	4.5	DK, NA	8.1		

Annual Income US\$1=¥108			
Husband		Wife	
¥10 million~	25.4%	¥4 million~	4.8%
8~10 million	21.0	2~4 million	7.5
5~8 million	32.3	1~2 million	7.5
~5 million	17.7	~1 million	33.0
DK, NA	3.6	0	37.4
		DK, NA	9.9

Appendix C: The question analyzed

“If you were ill and could not care for yourself, would you have anyone who would care for you?
Check all the people or institutions in the following list that you think would care for you.”

(Multiple answer)

Spouse	Son-in-law	Co-worker	Volunteer worker
Parent	Daughter-in-law	Neighbor	Home help
Son	Grandchild	Friend	Hospital
Daughter	Siblings		Nursing home
	Other kin		Other