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Research

Work-life Balance and Japanese Husbands' Participation in Housework and Child Care before and during Pregnancy

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Abstract

The aging of Japanese society combined with a persistently low total fertility rate may threaten Japan's future economic growth. In response, the government has introduced a revised Child and Family Care Leave Law that seeks to improve work-life balance, assist mothers return to full-time work after maternity leave, provides generous leave benefits to new mothers and fathers, and promotes fathers increased involvement in housework and child care. Like the government, midwives, nurse-midwives, obstetricians, and pediatricians have an interest in increasing husbands' participation in family work as evidence suggests it reduces birth anxiety and stress for mothers, and may also affect the desire to have more children. This study investigates changes in Japanese men's participation in family work before and during their wife's pregnancy and compares husbands' participation by age. The participants were 157 husbands (mean age 30.7) whose wives were outpatients at maternity clinics or were in hospital due to high-risk pregnancy. The questionnaire assessed husbands' participation in family work (18 items). Results show that husbands increase housework and child care by 1.0 and 0.5 items, respectively, after pregnancy began, and increase housework by 0.5 items if wives were hospitalized for high-risk pregnancy. There was no significant difference in husband's housework participation by wives' employment status. Younger husbands participated in housework less than older husbands'. Results show that traditional gender roles persist in the home, even among younger men and even during high-risk pregnancies. Further studies of the new policies that encourage men's participation in family work will be needed to assess their long-term effectiveness.

Key words: child care, housework, husband, pregnancy, work-life balance

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1. Introduction

For the last two decades there has been an expectation that the division of child care and housework would become increasingly equal as various factors developed in Japan; an increasing number of women employed full-time, more women participating in higher education, more women adopting increasingly egalitarian beliefs, a growing number of men interested in proactively raising children, and a general positive change in views towards gender equality. However, there has been little change in the gen-

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dered division of household labor. This poses a dilemma for both medical professionals involved in prenatal and neonatal care, and the Japanese government as it continually revises existing family-friendly policies and formulates new ones to address the problems of an ageing society and a persistently low total fertility rate (TFR).

For the government, this combination of a low TFR and an ageing society not only affects Japan's future population trends but may also negatively influence Japan's economy as predicted labor shortages affect long term economic growth. The continuing gendered division of unpaid household labor may be having a significant negative impact on TFR as some data suggest a positive correlation between men's participation in child care and house work and fertility rates. For example, when comparing high and low fertility rates in OECD countries it was found that men in higher TFR countries do markedly more household labor than their counterparts in low TFR countries.¹⁾ This is consistent with Japan's low TFR and the lack of participation by Japanese men in house work and child care. In general, women in OECD countries spend at least twice as much time on caring for children and adults

when compared to men. However, the largest differences in shared housework and child care are found in Japan and Turkey, where women spend on average four and six times more time than men, respectively, in caring for family members.²⁾ Moreover, research in Japan has consistently shown that Japanese women, including women employed full-time as permanent employees, continue to do the overwhelming majority of housework (Figure 1).

Moreover, some research has shown that a husbands' greater participation in housework and child care can positively affect two important issues related to the TRF; the total number of children born in a family, and mothers continuing employment after giving birth. The number of children a couple eventually decides to have is positively influenced by a husbands' greater participation in child care and housework; increasing the percentage of second and third births is seen as one important countermeasure to the falling birthrate (Figure 2). Government policies are also aimed at encouraging more women to return to full-time work after maternity leave. Currently, 67% of working women quit their jobs and become full-time housewives when they become pregnant or after giving birth. Of these women, 75% return

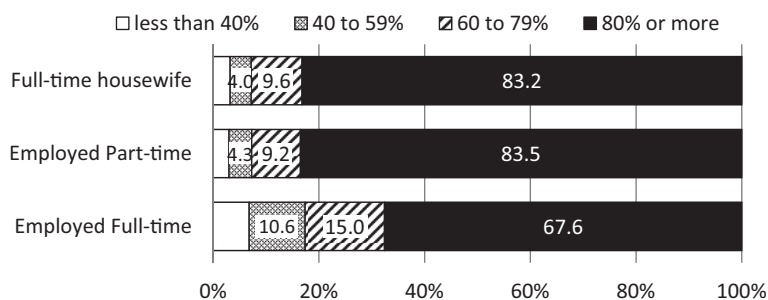


Figure 1 Wives housework allocation by employment status (Source: National Institute of Population and Social Security Research, 2008)

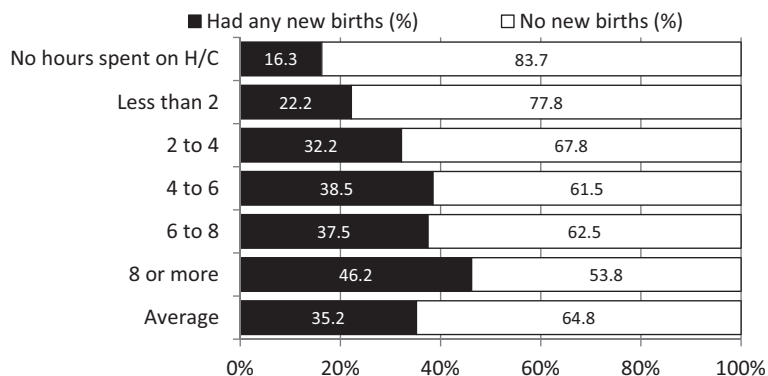


Figure 2 Husbands' participation in housework and relationship to new births (Source: Ministry of Health, Labor and Welfare, 2008)

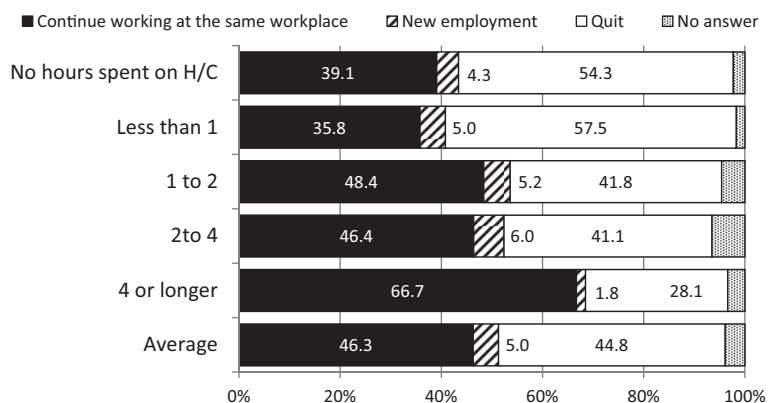


Figure 3 Wives who continue working as a percentage of time spent by husbands doing housework and child care on weekdays (Source: Ministry of Health, Labor and Welfare, 2007)

to full or part-time work only after their youngest child has turned three years old. A further 19% choose to work part-time, mostly on a permanent basis, and only 13% of women giving birth resume full-time work after completing maternity leave.³⁾ However, husbands increased participation in child care and housework increases the percentage of women who return to their previous company as full-time employees after maternity leave (Figure 3).

2. Family-friendly Policies

A cornerstone of Japan's family friendly

policies has been the Act on the Welfare of Workers Who Take Care of Children or Other Family Members Including Child Care and Family Care Leave (hereafter, Act), first promulgated in 1991. The Act has been revised several times since its inception and the latest 2010 revision attempts to adjust and adapt policies to evolving family needs.⁴⁾ In particular, in addition to increased benefits for child care leave for new births, family care leave, and sick and injured child care leave, the new revision includes incentives for fathers to take paternity leave for up to one year and two months after a

new birth, and to participate more in child care, child rearing, and housework. However, in 2011 of those men who qualify for this generous paternity leave, only 2.6% of privately employed and 1.8% of national civil servants took advantage of this new benefit.⁵⁾ Thus, many of the new provisions in the 2010 Act are an attempt to influence work-life balance and increase the time husbands are at home, and to encourage their greater participation in child care and housework in an attempt to raise the TFR.

3. Health Care Professionals and the gendered division of labor

Similar to the Japanese government, health care professionals, especially midwives, nurse-midwives, obstetricians, and pediatricians, are also keenly interested in increasing the amount of time husbands spend on child care and housework. Expectant mothers experience many emotional, psychological and physical changes during pregnancy, especially during the second half of gestation. For many expectant mothers a husband's support and greater participation in child care and housework can reduce the anxiety and physical discomforts that often accompany pregnancy and allow them to more fully concentrate on their pregnancy.

Health care professionals also believe that the period just before and during pregnancy is a time of change in the spousal relationship. This is especially true for the 25% of couples who marry when the bride is already expecting.⁶⁾ Moreover, the mean time between marriage and the birth of a first child is only 1.5 years for men and one year for women.⁷⁾ Thus, many new parents experience dramatic lifestyle changes, from living alone or with their own par-

ents, to a short time living together as a married couple, and finally as a family unit. The period during pregnancy is often a time when spouses discuss future aspirations for themselves and the coming child, decide how work outside the home will be allocated, and how child care and housework will be shared. Health care professionals consider this an important transitional period. Many prenatal courses are designed to teach expectant mothers, and especially fathers, about the physical and emotional changes and difficulties expectant mothers experience throughout pregnancy, and in particular encourage husbands to become more involved in household labor and family responsibilities. However, there is little objective data available showing whether or not prenatal education is effective, or indeed, if there are any changes in husbands' attitudes and behavior concerning child care and housework during pregnancy. Therefore, this research is an attempt to assess changes in husbands' participation in housework and child care from pre-pregnancy to pregnancy.

4. Method

The participants were husbands of 228 expectant mothers who were present at two hospital maternity and gynecology departments in Hiroshima prefecture for medical examinations, or had been admitted to hospital because of a high-risk pregnancy. Questionnaires were distributed directly to husbands or through wives, completed, and collected by return mail. There were 156 (68%) valid responses. Fifty-three wives of participants (23%) were hospitalized for high risk pregnancies (threatened premature delivery, etc.). The questionnaire collected infor-

Table 1 Questionnaire Items

Housework Items	Child Care Items
Shop	Play with children
Take out trash	Bathe children
Look after himself	Education/discipline children
Socialize with relatives	Feed children
Wash dishes	Take care of child's basic needs (dressing, cut nails, etc.)
Make beds	Care for children at home
Clean house	Drop off/Pick up children
Make meals	
Do laundry	
Socialize with neighbors	
Care for wife	

mation about individual and family attributes such as age, family structure, employment status, occupation, working conditions, and husbands feelings towards their spouse and current pregnancy. Participants were then asked to assess changes in their participation in 11 housework and 7 child care items from pre-pregnancy to pregnancy (Table 1). There was no assessment of frequency or quantity of participa-

tion in housework and child care; a single act of participation, or items husbands and wives did together, were assessed as participation in that item. The mean age of participants was 30.9 (SD5.4), and 95 (41%) were first-time fathers.

5. Results

Housework

Figure 4 shows the results of husbands'

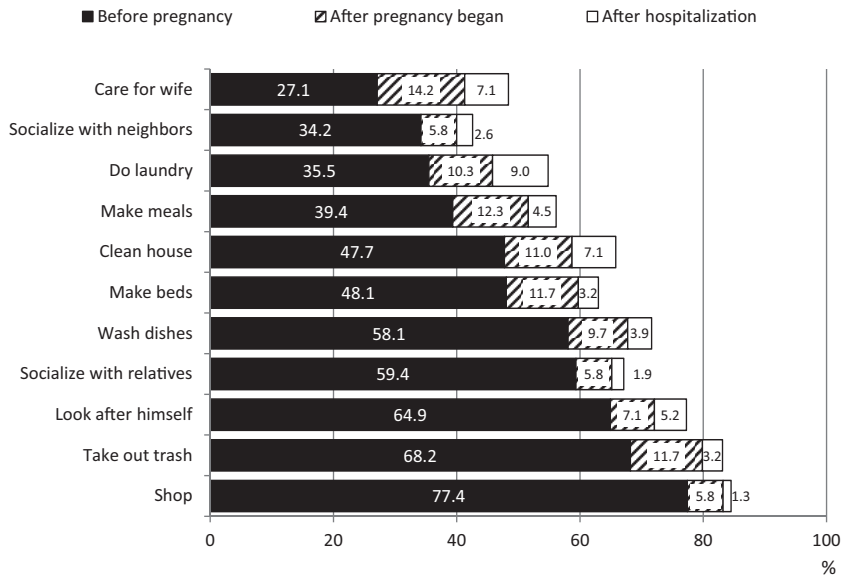


Figure 4 Changes in housework participation rates before and after pregnancy, and after hospitalization

Table 2 Changes in husbands' participation in household labor: number of items
N=156

	Average (SD)	Minimum	Maximum
Before pregnancy	5.6 (3.3)	0	11
During pregnancy (at time of survey)	6.6 (3.3)	0	11
After pregnancy began	1.0 (1.8)	0	11
After hospitalization (n = 53)	0.5 (1.6)	0	10

Paired *t*-test, ***p* < 0.01

self assessment of participation in housework pre-pregnancy and during pregnancy. Eight (5.1%) husbands did no housework before pregnancy, five (3.2%) husbands did no housework during their wives' pregnancy, and 25 (16%) husbands participated in all items. Of the 11 housework items queried, husbands participated in an average of 5.6 (SD3.3) items pre-pregnancy, and 6.6 (SD3.3) items after pregnancy began. Although this is a statistically significant increase, on average, husbands only increased their participation in housework by 1.0 item. Husbands whose wives were hospitalized for a high-risk pregnancy only increased their house-

work participation by 0.5 items (Table 2). Husbands who did not participate in any housework before pregnancy did no housework during pregnancy.

Child Care

Figure 5 shows the results of self-assessment of participation in child care pre-pregnancy, during pregnancy, and during their wives hospitalization, if applicable, of 61 (38.6%) husbands with children. As with housework, items husbands and wives do together, such as "play with children", and any single act of participation by husbands are assessed as participation

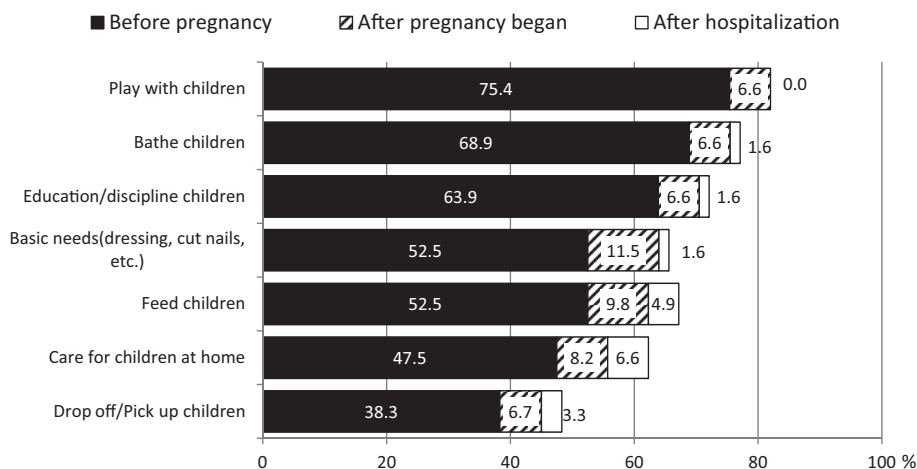


Figure 5 Husbands' participation in child care pre-pregnancy, during pregnancy, and after hospitalization

Table 3 Changes in husbands' participation in child care: number of items *n* = 61

	Average (SD)	Minimum	Maximum
Before pregnancy	4.0 (2.6)	0	7
During pregnancy (at time of survey)	4.5 (2.5)	0	7
After pregnancy began	0.6 (1.5)	0	6
After hospitalization (<i>n</i> = 53)	0.2 (0.7)	0	4

Paired *t*-test, **p* < 0.05

in that item. Twelve (19.6%) husbands did no child care before pregnancy, nine (14.7%) husbands did no child care during pregnancy, and 19 (31.1%) husbands participated in all items. Of the seven child care items queried, husbands participated in an average of 4.0 (SD2.6) items pre-pregnancy and 4.5 (SD2.5) items after pregnancy began (Table 3). Again, as with housework, this is a statistically significant increase, however, husbands only increased their participation in child care by an average of 0.5 items. Husbands whose wives were hospitalized for a high-risk pregnancy only increased their child care participation by 0.2 (SD0.7) items (Table 3).

First-time fathers, fathers with children, and younger husbands

There was no relationship between housework participation and first-time fathers or participants with children. Surprisingly, husbands with children participated in fewer housework items before and during pregnancy than first-time fathers. There was no relationship between participation in housework and the birth of second or subsequent children. Notably, younger husbands, those under age 30, participated in fewer housework and child care items than hus-

Table 4 Participation in housework and child care by age of participant

	Under 30 (<i>n</i> = 64)	Over 30 (<i>n</i> = 92)
Housework (11 items)	5.3	5.7
Child care (7 items)	2.2	2.7

bands over 30 (Table 4).

6. Discussion

The results of this investigation indicate that there is little change in husbands' participation in housework and child care from pre-pregnancy to pregnancy. Even husbands whose wives had been hospitalized for high risk pregnancies, a time that can be highly stressful and medically dangerous for mother and fetus, did not increase their participation in child care or housework significantly. Moreover, and conflicting with the commonly held belief in Japan that younger men are more inclined to hold and act out egalitarian gender beliefs, younger husbands did less housework and child care than older husbands.

The findings of this research are similar to those of Furuta et al.'s investigation into time allocation of housework of 120 expectant moth-

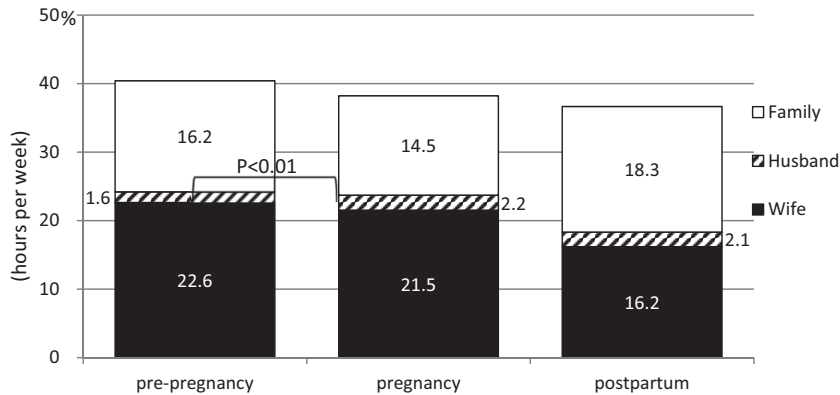


Figure 6 Changes in time allocation of housework before, during and after pregnancy (Source: Furuta et al., 2000)

ers, their husbands, and other family members.⁸⁾ Although this investigation compares the number of housework and child care items husbands participate in, Furuta et al.'s study compares the time expectant mothers, their husbands, and other family members and visiting relatives spent on 13 housework items pre-pregnancy, during pregnancy, and post-partum (Figure 6). In Furuta's results, husbands did an average of 1 hour and 33 minutes (1.6 hours) of housework per week pre-pregnancy and increased their housework to 2 hours and 12 minutes per week (2.2 hours) after pregnancy began; a statistically significant increase. However, this is only an increase of 40 minutes per week, or less than 6 minutes per day. As in this study, Furuta's study showed similarly small changes in husbands' participation pre-pregnancy to pregnancy. Thus, there is little change in husband's participation in child-care and housework even when increased participation is known to be beneficial to expectant mothers.

7. Conclusion

The Japanese government and health care

professionals, in particular those working as midwives and nurse-midwives responsible for pre-natal care and education, have a mutual interest in increasing husbands' participation in housework and child care. For the government, research has indicated that husbands' increased participation may increase the chance of having a second or third child, which addresses the low TRF and declining population. Also, husbands' increased participation in housework and child rearing leads to more mothers returning to full-time work after maternity leave. This addresses the projected labor shortage due to the low TRF and ageing society. Indeed, these issues are considered to be so important that some of the government's 2010 revisions to the Act specifically addressed increased work-life balance for both male and female employees, and generously provide for increased paternity leave and economic support for husbands to take up to one year and two months of leave. However, the results of this research indicate that the revisions to the Act may be ineffective in increasing husbands' participation in child care and housework. Whereas, if husbands' do not increase participation at times of particular

need, when their wives are expecting, then it is unlikely they will increase participation overall.

For medical professionals, husbands' increased support and participation in housework and child care reduces the anxiety and physical discomforts of pregnancy which has a positive effect on pregnancy outcomes. The minimal changes in husbands' participation before and during pregnancy shown in these results indicate the need for greater emphasis on the physical and emotional benefits of husbands' increased participation on expectant mothers in prenatal classes. Instructors of prenatal classes should consider examining current course content and instructional methods and more strongly emphasize the positive role husbands can play during pregnancy.

Notes

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