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Suffering and Love between Genders: A Narrative Analysis of Autistic Children's Parents

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1. Introduction

The issue of autism has caused wide public concern across the world. The incidence of autism has increased rapidly in Taiwan in recent years; however, little is known about families' experiences of autism. Autism has a huge impact on family life and the caring responsibilities of parents. Moreover, the impact of autism on parents is gendered both in terms of experience and the meaning of parenthood.

This article studies the gendered suffering and meaning associated with illness and parenthood among parents of autistic children in Taiwan. Using narrative analysis, this article discusses how parents interpret the meaning of autism and their parenthood with regard to their caring responsibilities. Moreover, the uniqueness of autism in Taiwan is emphasized.

2. Autism and Autistic Patients in Taiwan

Autism is a neurodevelopmental disorder characterized by impaired social functioning and communication skills, and by abnormality in unusual behaviors and interests. The disorder often lasts into adulthood and its symptoms can affect every aspect of a patient's life. Autism is also known as autism spectrum disorder (ASD); as it is a spectrum disorder, this means it includes different types of symptoms and degrees of severity, so every autistic child may behave totally differently. The patients have no visible abnormality and some are talented in certain areas; however, some may also have some degree of intellectual disability. Autism still remains a mysterious disorder in the field of medical research. Its cause, diagnostic criteria, and treatment are under heated discussion (Mash & Wolfe, 2009; Chiu et al., 2011).

The most curious thing about autism is that it is becoming increasingly prevalent all over the world. A growing body of data suggests that the reported cases of autism have increased rapidly in the US[1] and in Taiwan. The data from the Department of Statistics, Ministry of the Interior show that the number of autism cases in Taiwan was 13,580 in 2013, a significant increase from 2001 when there were 2,550 cases.[2] Moreover, autistic children comprised approximately one-tenth of disadvantaged students in general schools.[3] While it is difficult to understand why the number of cases has increased, the data remind us that it is important to understand the experience of autistic patients and their families.

3. Literature Review

There is a vast number of social science studies on autism. However, the literature often overlooks the families' experiences of autism including how the social context impacts on their experience. I will review three parts of relevant literatures in this chapter and highlight their contributions and limitations.

3-1. The Medical Context of Autism

Why does a variation in social communication or restricted interests become a medical problem called "autism"? Several social science studies discuss how the "medicalized" view of autism began; i.e., they have examined how the concept of "autism" emerged and how its meaning has changed over time (Nadesan 2005; Feinstein 2010).

On the other hand, due to the limited knowledge about autism, the parenting experience of autistic children's parents has also been constructed by an "uncertainty in medicine" (Fielding 1999; Chang 2009). As previously mentioned, the etiology, diagnosis, and treatment of autism are still open to debate, and the medical procedure of autism is full of uncertainty. Medical professionals often find it difficult to offer clear answers to parents about whether their children have autism or not, what therapy is best for their children, and to what extent we can say that children have "recovered" from autism (Soong 2009).

This article does not intend to discuss the issue of "medicalization" and "uncertainty in medicine" in detail; nonetheless, it seems these concepts are important in order to understand the blurred boundaries of autism in the narratives of autistic children's parents.

3-2. Caring for Autistic Children

Family is the basic care unit in peoples' daily life. When a family member is ill, the family often acts as a single unit to make medical choices (Chang 2009). As is often the case with the families of autistic children, parents assume the primary caregiver role. Because the obvious symptoms of autism tend to emerge in toddlerhood, other family members, and in particular parents, have to take care of the children and make all the medical decisions. How do parents deal with their children's autism? How does autism affect families? In this section, I will review three specific themes within the literature in order to seek answers to these questions.

3-2-1. "User-Professional Relationship" and "Stress and Coping" in Autistic Families

Fan-Tzu Tseng's (2008, 2010) studies regarding children with "developmental delays" in Taiwan are some of the most relevant and inspiring research for this article. Tseng argued that the parents of children with developmental delays act as "logisticians" who do not accept medical services passively; rather, they place much effort into the carework and learn new skills in the process. Tseng's articles provide many insights into caring for children with "developmental delays"; however, they mainly focus on the topic of "user-professional relationship," and overlook the suffering of the parents and the meaning of illness. Moreover, as Tseng covered all kinds of developmentally delays in children, the uniqueness of autism was not mentioned in these articles.

There is also a great deal of literature which discusses parents' stress and coping strategies. Researchers investigate how autistic children's parents deal with the stress of the carework, and the coping strategies they employ (Li & Lo 2010; Hsieh & Lo 2010; Chen et al. 2009). As Tseng highlights, these articles focus on a passive parenting style, which neglect the positive actions performed by parents.

This article uses narrative analysis to broaden the scope of the issue, including families' experiences of autism. To avoid the limitations of "user-professional relationship" studies and the passive approach adopted by "stress and coping" studies, I aim to understand parents' suffering and their love towards their children.

3-2-2. Social Suffering: Caring for Autistic Children

How does autism affect families? Many social science researchers, such as David E. Gray, have focused on the illness and parenting experience in autistic families. Gray (1994, 2002) analyzed the stress and stigma of autistic children's parents in Australia. He found out that the most stressful problems for the parents included a lack of normal language, disruptive and violent behavior, inappropriate eating and toileting, and inappropriate sexual expression. Although autistic children's parents may share similar stigma as the parents of children with other disabilities, the low visibility of an autistic person's disability makes them experience a different type of stigma. The parents suffer from what Goffman called "courtesy stigma"; moreover, parents, and especially mothers, have to bear the stigma of "irresponsible parents." Though many parents would like to "pass" as a "normal" family, they are unable to prevent their children from a wide range of social activities and therefore fail to "pass."

Woodgate, Ateah, and Secco's (2008) research on autistic children's parents in Canada showed similar results. Autistic children and their parents seem to "live in a world of their own." Parents feel isolated from the social world as a result of a lack of social awareness about autism, the full schedule

for recovering courses, lack of support from other family members and extended family, and low accessibility to medical and educational systems. Fletcher et al. (2012) also highlighted female primary caregivers experience considerable "costs," including financial and work costs, costs to the health of family, social costs, and costs to overall family life.

The parents are not only anxious about the development of their children, but they are also tortured by various pressure derived by autism. I use the concept of "social suffering" developed by Arthur Kleinman to analyze the parents' suffering experience, and I argue that this concept can offer new insights into the issue. Kleinman (1997: 320-321) considered suffering is "social," which means that suffering is a "transpersonal engagement," "societal construction," and "professional discourse." The concept of "social suffering" draws attention to how the social context constructs the experience of suffering. Using this concept, I will analyze the suffering experience in the narrative of parents within the framework of the social context, and discuss the effects of gender.

3-2-3. The Gendered Nature of the Caregiving Role

Most social science studies on autistic children's parents only focus on the mothers. These studies briefly mention that the mothers are usually the main caregivers of autistic children, and quickly jump into their research questions. Furthermore, it is difficult to recruit the fathers as subjects because they are often busy with their work and are reluctant to discuss issues pertaining to their autistic children. It is reasonable for these studies to focus solely on the mothers' experience, and they indeed contribute to broadening our understanding regarding the situation of autistic families. However, these studies tend to bypass the issue of gender, or take the gendered nature of the caregiving role for granted.

Some researchers critically analyze the gender differences in the caring responsibilities among parents with autistic children. Traustadottir's (1991) study discussed gender issues in relation to parents of children with disabilities. She argued that "the primary role of the father is to be a supporter," namely to provide financial support and be supportive of the mother's dedication (pp. 220-221). Moreover, she suggested that families of children with disabilities are more likely to follow the traditional pattern of family life with "a breadwinning husband and a full-time wife and mother" (p.225). Gray's (2003) article about the parents of children with high functioning autism also indicated the gender differences in the caregiving role, and noted that the most striking difference is the differing personal impact of their child's illness. The fathers reported that their children's condition did not significantly affect them. In contrast, the mothers claimed that their children's autism severely affected their emotional wellbeing and their careers.

This article investigates the gendered nature of caring responsibilities for autistic children in Taiwan. Due to limited research data and lack of space, this article focuses more on the mothers of autistic children; however, it aims to place motherhood into the context of gender relations. In addition to suffering, the role of the caregiver has a positive side; i.e., the happiness that comes with loving their children. Using a narrative analysis, I will discuss both parents' suffering and their love towards their children.

3-3. Narrative

Narrative can refer to the process of making a story, or the result of the process (Polkinghorne 1988). Illness narratives are an important topic in narrative studies. Hyden (1997) pointed out that narrative is one of the most powerful forms for expressing suffering associated with illness, and patients' narratives give voice to suffering outside the domain of the biomedical voice. Narratives offer an opportunity to fit the illness disruption into a new framework of life history, and reconstruct a state of coherence and interrelatedness.

However, the researchers often pay less attention to the narratives of the caregivers. While the illness affects the patients, it also has a considerable impact on their caregivers, such as the parents of autistic children. The narratives told by parents are about their suffering as well as the meaning of parenthood. I call these narratives "illness-parenthood narratives," and I argue that this concept can help us understand the care experience of autistic children's parents.

Gray (2001) also looked at the experiences of parents' with autistic children through narrative analysis. Gray's studies showed three types of illness narratives told by parents; he argued that all these narratives are presented as attempts to reconcile with the moral dimension of the illness experience and link to the cultural "master narrative" of science, politics, and faith. They are described as the narratives of "accommodation," "resistance," and "transcendence."

While Gray's article shed light on how parents with autistic children deal with autism, it does not delve into the meaning of parenthood or the gender difference in the narratives. Landsman's (2008: 108-142) narrative analysis of mothers with "imperfect" babies, including those with intellectual disabilities, cerebral palsy, autism etc., offered some thoughts on the issue of parenthood and gender. Landsman showed that mother's motherhood and personhood of the babies were denied by American culture, so the mother' narrative was "performative." The narrative asserted full motherhood and personhood by claiming the desired ending of the children' future attainment. Landsman also suggested that "mothers' lived experience of their child's disability is itself structured by the story they tell (p.141)," which indicated the dynamic interaction between experience and narrative.

In addition, Gill and Liamputtong's (2011) research on mothers of children with Asperger's syndrome deals with the concept of "the paradox of motherhood." Motherhood provides women with a sense of reward and fulfillment, but it is also physically and emotionally demanding and limits their personal identity and careers. Furthermore, given the social expectation that mothers should feel happy and satisfied with their role, it is difficult for mother to express negative feelings about mothering. These paradoxical feelings would be more evident for women with a disabled child due to the heavy demand for care. Mothers of autistic children are anxious that they do not do enough for their children or fail to live up to the "ideal" image of motherhood. They often mask their stress, anger, frustration, and fatigue in public and with friends, pretending they can handle all the problems.

Nevertheless, Landsman's as well as Gill and Liamputtong's studies also treat motherhood as an isolated concept, and fail to analyze it within a framework of gender relations. The goal of this article is to explore the gendered narratives of autistic children's parents, and investigate the issue of autism and parenthood in the context of Taiwan. Narrative analysis is one of the best approaches to study the level of experience, meaning, and their interaction in the context of social structure and temporal dimensions. Through narrative analysis, this article aims to discuss the gendered suffering and meaning of parenthood and illness with parents of autistic children.

4. Research Questions and Research Methods

This article studies the gendered suffering and meaning of illness and parenthood in autistic children's parents in Taiwan. Using narrative analysis, this article focuses on two research questions. First, it examines the gendered social suffering experience of the parents of autistic children. I treat my research data as the parents' "illness-parenthood narratives," and investigate the social suffering contained in the narratives. Second, it studies the meaning of the illness on the role of parenthood. Due to data and space limitations in this paper, I focus on the mothers' narratives, examining how the mothers interpret the meaning of illness as well as parenthood through the typology of narratives.

The research data were mainly collected from in-depth interviews with parents and from parents' postings on online forums. I conducted the interviews with the parents of autistic children from four families; they were recruited as key interviewees by snowball sampling.[4] One of the parents' online forums is a discussion board on "Babyhome.com,"[5] the other is a private ASD parents' supporting group on Facebook. In both online forums, there are considerably more postings by mothers than by fathers.

5. Gendered Social Suffering

Taking care of mentally or physically challenged children takes an immense amount of time and effort, and the parents of autistic children tend to suffer more because of the unique autism context. Autism is a disorder full of "uncertainty in medicine," and autistic children's parents face several ambiguous situations in the process of seeking diagnosis and treatment. On the other hand, it is not easy to find appropriate schools or recovering courses for autistic children. As a lack of medical and educational resources is an additional burden for the parents, I argue that the suffering experience is "social."

Further, these factors also widen the gender difference in the division of caring responsibilities. In my data, the division of work in autistic families in Taiwan is similar to previous research. Mothers usually assume more caring responsibilities than fathers, and fathers are either supportive or indifferent towards their children. Caring for a child with autism is so challenging that it may totally change the life plan of the main caregiver; the responsibility of care often falls on the mothers' shoulders.

Most autistic children's families are two-parent nuclear families or three-generation families.[6] Many mothers have their own jobs and the paternal grandparents take care of the children before the mothers discover that their children have autism. However, it is nearly impossible for mothers to balance a career and caring responsibilities. The mothers need to take their children to several recovery courses, deal with issues pertaining to their children's behavior at school or in public, and teach daily living skills to their children.

The care is so demanding that many mothers give up their jobs and become fulltime housewives. For example, Ting's mother quit her job when she discovered that Ting had autism. She thought that Ting's grandparents could not give him the special education he needed, so she assumed the role as her child's primary caregiver. She arranged all kinds of recovering courses for Ting, and both she and Ting were exhausted by the full course schedule. As Ting's father was the breadwinner, he was seldom with Ting.

Some mothers continue working while also acting as the primary caregiver. Thus, they have to simultaneously manage their work in the workplace and carework at home. Some mothers work for financial reasons, but others look for employment due to the emotional burden of the experience. Sam's mother is a part-time teacher at a night school; the class schedule is flexible so that she can handle both work and care. Sam's mother commented:

I had to take care of him at every moment, which almost drove me crazy! I couldn't bear to be with him all the time, so I found a job. […] I choose to look for a job not for the money, but because it give me an emotional outlet.

The other reason that Sam's mother was able to take on a job was because of the support she received from Sam's father. Sam's father is a fulltime government officer. He shares almost half of the carework, and he agrees that his wife should pursue her career. However, I find that Sam's mother still assumes slightly more caring responsibilities than her husband;[7] she noted she is lucky that Sam's father is "willing to help." The use of the word "willing" suggests that she assumes that Sam's father has a choice as to whether or not he helps with the caring responsibilities; however, she does not have the right to choose. Moreover, the use of the word "help" reveals that the role of Sam's father in carework is an assistant rather than the primary caregiver.

The gender differences are more evident in most autistic families. Many mothers feel content if their husband can be the "supporters" in carework; the work of the supporter often only includes "paying for the pricy recovering courses" and "driving the child and mother to the courses." In some special cases where the fathers are the main caregivers, it is often because the mothers are unable to take on this responsibility.[8]

Gender differences also exist in the context of the extended family. While extended family members on the mothers' side offer to help in the carework,[9] autistic families seldom receive help or support from the father's extended family. The latter is because the families are indifferent to their difficulties or they discourage them from seeking treatment. As gender differences in extended families may be unique to Taiwan, further research is required on this issue.

The gender differences regarding suffering relates to both physical and emotional challenges. There are two kinds of social discourses against autism, and the mothers are more likely to be blamed by these discourses. They include two contradictory viewpoints about the boundaries between normality and abnormality: "autism is NOT a disease, but merely a result of poor parenting," and "autism IS a serious disease that is incurable." Both of these viewpoints hold negative attitudes regarding autism and autistic families.

Historically, some medical researchers thought that autism was caused by parent's coldness towards their children, and especially their mothers. This theory was called "refrigerator mother theory," and has now been widely discarded (Feinstein 2010). However, the tendency to blame mothers for their children's misbehavior still exists. Many interviewees and on online postings noted that people accuse them of spoiling their children; they also stated that people do not believe their

child “has autism.” As the medicalization of autism has only recently begun in Taiwan, community awareness and understanding about autism is low. The elderly are more likely have prejudices against autism due to lack of medical knowledge. For example, one mother posted the following on Babyhome:

> *My in-laws still think my child is “okay.” Although my son has a moderate disability card, they just regard the diagnosis as an excuse that I don't take good care of my son.*[10]

This discourses of “autism is NOT a disease” tends to consider the children to be “normal” and criticizes the parent’s parenting style. On the other hand, the contradictory discourse of “autism IS a serious disease” also coexists. “Autism” itself is often considered as a terrible and incurable disorder, and autistic children may be deemed useless and not worthy to live due to the illness. Autism is a spectrum disorder; however, if the child receives the label of autism, he or she is often considered as “a child with special needs permanently.” Sam is a child with autism and attention deficit hyperactivity disorder (ADHD). When I asked Sam’s parents how they explain Sam’s illness to others, Sam’s mother said that she would just mention ADHD to acquaintances. She does not mention that Sam has autism until they know each other well. She said the reason she makes this decision is that ADHD sounds “ordinary;” however, an autistic child tends to be regarded as “special.”

Autism is considered to be a serious disorder, and autistic families are often regarded as unfortunate families. Furthermore, illness is a sign of “karma” according to the traditional religion in Taiwan; this means that misfortune is caused by bad deeds performed by an individual or their relatives in a past life. For example, one Daoist priest told Andy’s mother that Andy’s autism resulted from Andy’s grandfather killing too many dogs. In autistic families, the child’s illness may be seen as evidence of their parent’s karma.

These two social discourses against autism are contradictory; however, they coexist and significantly impact autistic families. The parents of autistic children have to respond to these discourses and search for the meaning of the illness in order to support themselves. Thus, the parents develop the “illness-parenthood narrative.” The mothers of autistic children often take on the majority of caring responsibilities, and they suffer from more negative social discourses than the fathers. As the narrative and experience interact with each other (Landsman, 2008), the mothers tend to develop the narratives to a greater extent than the fathers. In the next paragraph, I show that mothers create two kinds of “illness-parenthood narratives.”

6. The Mothers’ “Illness-Parenthood Narrative”

The way mothers interpret the meaning of autism and parenthood is related to the public opinion of autism. Mothers create a "narrative of acceptance" and a "narrative of progress" as response to two negative social discourses against autism respectively.

A "narrative of acceptance" is to accept that the children have autism, and to think the children need special medical and educational resources. Because there is no evidence of disability in an autistic child's physical appearance, their mothers have always considered them as "normal." When mothers discover that their children are "abnormal" and "have autism," the news is shocking. Due to the pressure of the "golden period" of therapy, mothers of autistic children have no time to waste. Many mothers adopt a "narrative of acceptance"; consequently, they accept the children's illness as well as their identity as a mother of an autistic child. They also emphasize the importance of not caring about what other people think. For example, when mothers discuss how they explain their child's autism to others, they said:

> *You don't have to think too much. As long as you accept the way your child is, you aren't afraid of others' opinions.*[11]
> *When we really accept our children, what relatives and friends think no longer matters.*[12]

Moreover, when mothers adopt a "narrative of acceptance," this does not mean they passively accept medical explanations. Rather, they actively create this narrative to struggle against the social discourse of "autism is NOT a disease."

It is important to note that the mothers encounter this kind of discourse not only in the public sphere, but also within their families. The grandparents often do not believe that the children have autism and need to seek treatment, especially the paternal grandparents. In some families, the children's father also doubts the diagnosis. In these families, the mothers are the primary caregivers; they try to persuade their husbands to accept the children's illness and explain their need for special resources, however, this often does not work. These mothers feel frustrated and have no choice but to stick to a "narrative of acceptance."

However, autistic children are not in the "sick role" in the short-term. The disability of the children may be long-term, and the challenge in illness and parenting for the mothers exist on a daily basis. How do the mothers interpret their motherhood, and motivate themselves to continue? They create the second "illness-parenthood" narrative, a "narrative of progress."

A "narrative of progress" follows a "narrative of acceptance"; the former is against the discourse of "autism IS a serious disease." As the children grow up, the gap between the development

of autistic children and their peers is more evident, and others may doubt the ability of the autistic children. The mothers use a "narrative of progress" to argue that the development of their children does fall behind, but they can catch up with their peers. While a "narrative of progress" admits the children's disability, it emphasizes that the disability is not permanent. As quoted by various mothers:

> *My child is 2.5 years old, and he was recently diagnosed with autism. But I think he keeps progressing. When he bumps into his head, he can say "never mind" or just say "ohh," which makes me see endless hope [for my son].*[13]
> *My husband and I see a little hope for my child. He is receiving treatment now. I believe he will progress more and more, and catch up the level of other children.*[14]

The mothers with a "narrative of progress" believe their children are likely to grow out of the symptoms of autism with their help. Hope of progress enables parents to devote themselves to their children without feeling any regret. One mother explained:

> *The reason why I left my job without pay was to "avoid any regret." As long as I have tried my best to help [my child], I will feel relieved no matter the outcome, and I won't feel that I owe her. However, if I don't help her as much as I can, I will definitely regret it in the future.*[15]

As some children with autism are considered to have better outcomes than other children with disabilities, mothers of autistic children are more likely to develop a "narrative of progress." However, endless hope also comes with frustration. Ming's mother commented that the development of autistic children is like a bottomless pit, because you never know their limit. Sometimes it makes her feel very frustrated; she believes that it may be easier to care for a child with intellectual disabilities.

On the other hand, a "narrative of progress" emphasizes the strength of the children. Some mothers are proud of their children's talents, like their ability to swim or play a musical instrument, and some value the kind-hearted nature of their children despite their lack of social skills. For some high-functioning autistic patients, the boundaries of normality and abnormality are blurred, and the mothers may challenge these boundaries. For example, one mother with an autistic son wrote the following on her blog: "I like my child's stubbornness. If his stubbornness is not harmful to his health and doesn't break any laws, I don't think he should be the same as others."[16]

Moreover, some mothers view autism as a special gift. Ming's mother said the experience of taking care of Ming makes her a better mother. Andy's mother, a Christian, also considered Andy as one of God's treasures. Through this narrative, autism is reinterpreted in a positive way.

The reasons why mothers create these narratives is to defend themselves against the negative social discourses of autism, and to look for meaning in order to continue to face life's daily challenges. Most of the mothers' narratives mention the "narrative of acceptance" and "narrative of progress." These two kinds of narratives are not exclusive, but they are often mixed together. The mothers choose one or both of them depending on what kinds of social discourses they encounter.

Moreover, this is not to say that fathers lack an "illness-parenthood narrative"; rather, they may create other narratives. For example, Andy's father knows Andy's symptoms of autism well, but he said he did not really "believe" Andy had autism till now. If Andy's father was the main caregiver, without a "narrative of acceptance," he may not be motivated to deal with Andy's autism.

The "illness-parenthood narrative" is about parental suffering and love. By adopting a "narrative of acceptance" and "narrative of progress," the mothers of children with autism intend to persuade others that they are responsible mothers. Through the narrative, they explain they were not responsible for the illness, and they are doing their best to seek treatment for the children. Many mothers worry they are "unfit mothers," and the mothers of children the disabilities are more anxious about this. Due to the blurred boundaries of autism, autistic children may be not considered as ill and they may have the opportunity to develop. This places greater pressure and more resources on their mothers, which leads to the construction of an "illness-parenthood narrative." These two narratives help the mothers to prove that they are indeed good mothers.

7. Conclusion

Using narrative analysis, this article examined the effects of gender on experiences, and the meaning of illness and parenthood among autistic children's parents in Taiwan. This article demonstrates that the parents' suffering experience is constructed by the social context, and their experience is gendered. Mothers are the main caregivers and suffer from more social discourses against autism. In order to support themselves and justify their motherhood, the mothers develop "narratives of acceptance" and "narratives of progress."

This article deeply investigated the meaning of illness and parenthood among parents of autistic children, and discussed the interaction between experience and the meaning of caregiving. It captured the negative, positive and ambivalent side of caregiving, and highlights the social context of Taiwan, such as family structure, family relationship, and the social discourses against autism. Moreover, the

uniqueness of autism can provide new dimensions for caregiving and gender studies. The finding of this article illustrates that mothers of autistic children not only experience gender inequality with regards to caring responsibilities; they also tell stories, which leads them to feel empowered and fulfilled.

This article has several limitations that need to be addressed. The narratives of fathers are required in order to analyze the data further. Due to space limitations, this article does not address the issue of social class and the severity of autism. Autism is a special case in social science studies and a neurodevelopment disorder effecting people around the world. Thus, there is a need to further explore the experiences of autistic families.

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Notes

[1] For example, see http://www.cdc.gov/ncbddd/autism/data.html.
[2] The data are from Ministry of the Interior. Retrieved from http://www.moi.gov.tw/stat/index.aspx.
[3] The data are from Special Education Transmit Net. Retrieved from http://www.set.edu.tw.
[4] Four autistic families were included in this research: Andy's mother and father were interviewed separately, Sam's parents were interviewed at the same time, and I interviewed Ting's and Ming's mother. Andy, Sam, Ting, and Ming are all boys aged 9-18. All the families belong to the middle class.
[5] http://www.babyhome.com.tw/
[6] A "three-generation family" refers to autistic children and their parents who live with the children's paternal grandparents.
[7] For example, when we discussed the difficulties of caregiving, Sam's father said that his wife spends more time with Sam, and she has more negative experiences about being with Sam in public.
[8] For example, a posting written by a father, who is the main caregiver, noted that his wife has serious emotional problems, which prevents her from being able to care of their children. It was posted on 01/2013 on Babyhome.com.
[9] All of the four families I interviewed mentioned this point.
[10] It was posted on 08/2013 on Babyhome.com.
[11] This is quoted from an interview with Andy's mother.
[12] This is a passage from a Facebook group posting on 08/2014.
[13] This is a passage from a Facebook group posting on 09/2014.
[14] This is a passage from a Babyhome posting on 12/2013.
[15] This is a passage from a Babyhome posting on 7/2012.
[16] http://helpasperger.blogspot.tw/2014/06/qal.html

Regional Variation in Policy Implementation Regarding Out-of-Home Care for Children in Japan

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1. Introduction

Japan has the lowest foster care rate of all developed OECD countries. This is usually explained in Western academia with reference to Japanese culture. Kendrick et al (2011, p6) write that 'traditional views of the family in Japan have led to the predominance of residential over foster care.' Others, such as Bamba, emphasise tradition and the importance of 'culturally embedded beliefs and practices' (2010, p12). Thoburn and Ainsworth (2014) suggest that small houses and concerns over bringing a stranger into the family may be contributing factors.

Recently these 'Japanese culture' arguments have been challenged. Goldfarb argues that 'there are many reasons for contemporary welfare practices, and the notion that Japanese people are unwilling to care for unrelated children is not a central factor… the culturalist explanations for welfare practices... [are] both insufficient and misleading' (2012, p25). Taking a wider perspective, Kasza argues that 'culture has minimal explanatory power in relation to Japan's welfare programs' (2006, chapter 4). Critically, homogenising cultural explanations cannot explain the regional variation in out-of-home care policy implementation. Japanese 'cultural' explanations for the foster care rate would lead us to hypothesise a fairly uniform foster care rate across the country. Indeed in other policy areas involving children, particularly that of compulsory education, policy implementation is highly standardised. The national foster care rate is 14.8 per cent, yet it varies from 5 per cent in Kanazawa City and Sakai City, to 44.3 per cent in Niigata prefecture (MHLW, 2014, p24). The regional variation suggests that, unless the children's needs vary respectively across regions, the out-of-home care system is not centred on the child, and that there may be a 'postcode lottery' issue around equality of service provision.

This paper examines regional variation in policy implementation by examining some case studies of children entering care, as understood by the gatekeepers to the alternative care system.

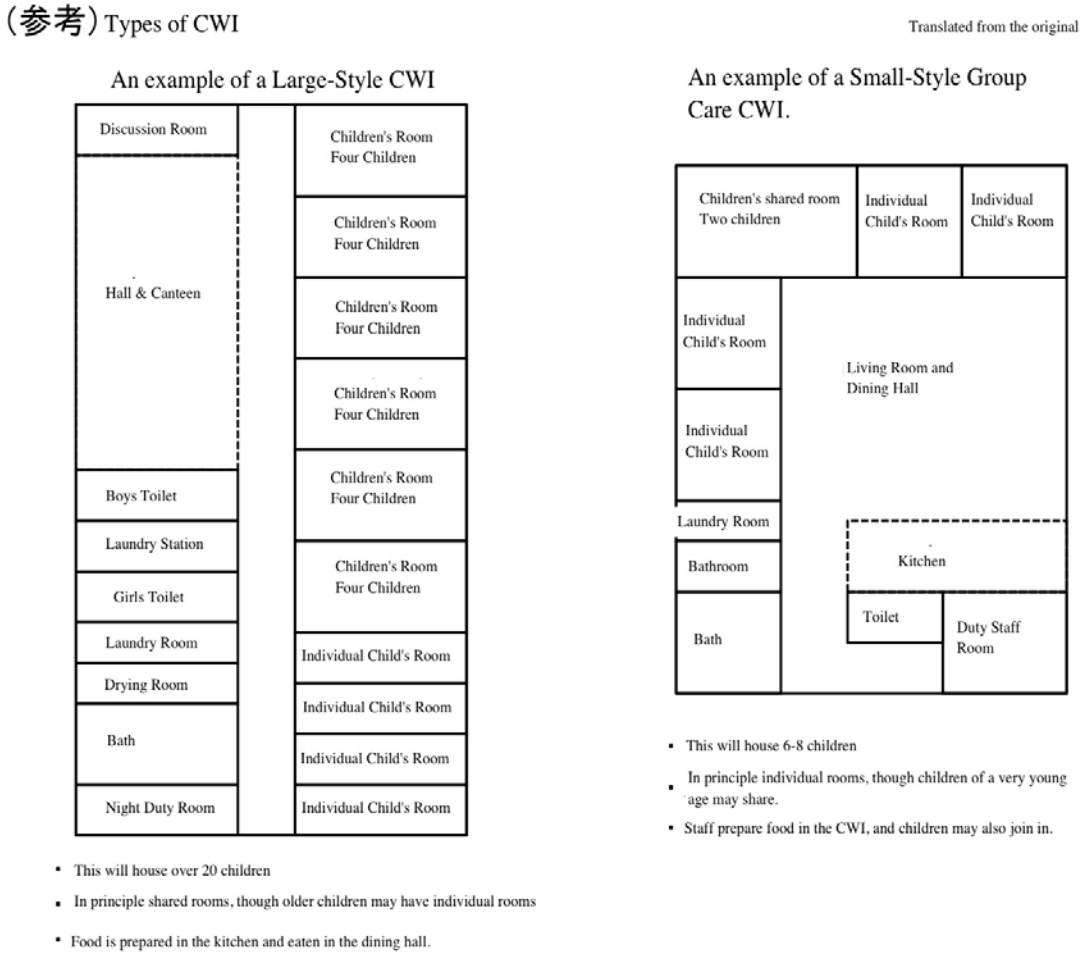
2. Context

As in other countries, abuse and neglect form the bulk of cases of children entering care in Japan. There are also many cases linked to poverty, with some admitted into care exclusively for this reason.[1] Children entering care come from all backgrounds, but they are disproportionately from families with lower socio-economic statuses, divorces, single parents, young pregnancies,[2] and those involved in organised crime, hostess work, or the sex trade.

Japan places 19 children per 10,000 children into care. This is half the rate of Italy, the next lowest country (Ainsworth and Thoburn, 2014, p3). 85 per cent of these children enter institutional

care.[3] The average size of child welfare institution (CWI) is 50 to 80 children, sometimes in large dormitories with 12 children per room, sometimes in 'unit' homes of 6-12 children. More institutions house over 150 children than those that house fewer than 20 children. Babies and infants up to two years old are housed in Baby and Infant Welfare Institutions (BIWI). These average 27 babies and infants, though much larger institutions, including one run by the Japanese Red Cross that houses 70 babies and infants, are not unusual. The institutions are paid a set amount per baby, infant, or child cared for, which has created an incentive for them to keep children in institutional care. The use of BIWIs goes against guidance from the United Nations, World Health Organisation, and the World Bank (Mulheir and Browne, 2007; UNICEF & World Bank, 2003, p9-10, p31-32; WHO, 2010).

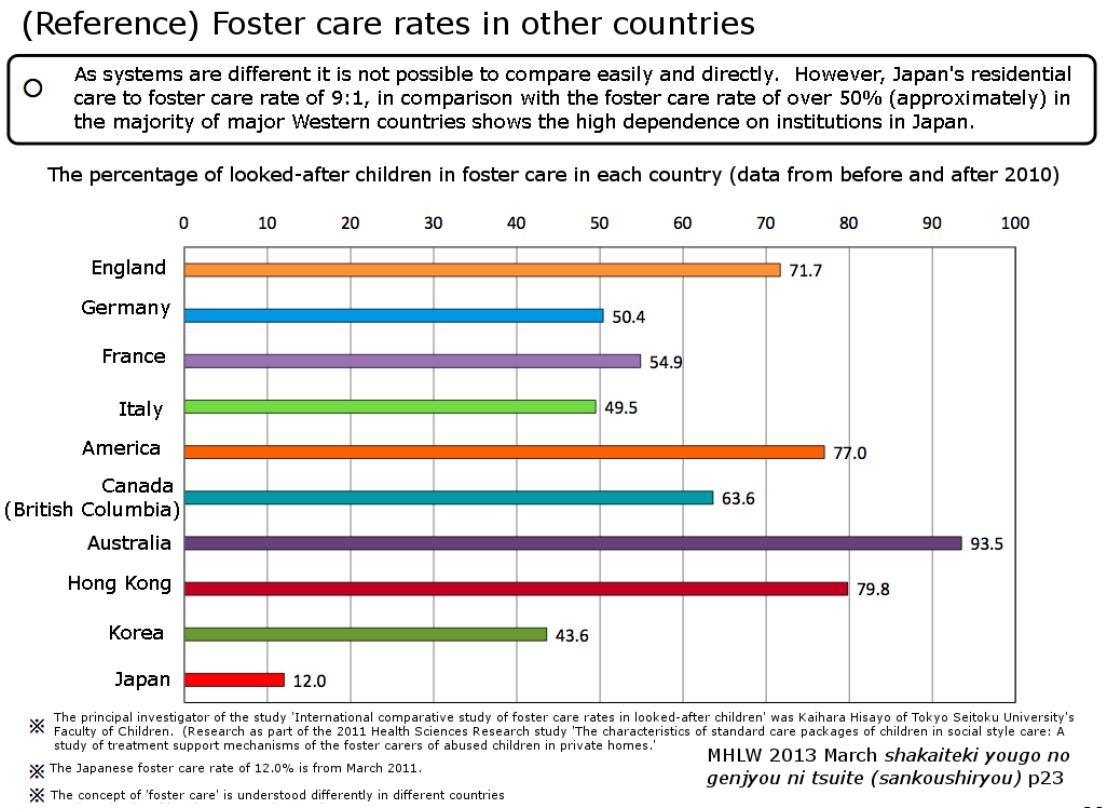
Figure 1: Examples of Different Institutional Care in Japan (MHLW, 2012, p8) translated



There are three kinds of foster care in Japan: kinship foster care, fostering with a view to adopt, and foster care, which has a subcategory of specialist foster care. In addition to this, the Ministry of Health, Labour and Welfare (MHLW) recently created a new category of foster care called 'family homes.' These are run by a foster 'couple' with one additional helper, and care for up to six children. Some of these homes are run by experienced foster carers, often supported by a natal

child, others are run by ex staff from institutions, who are not in a relationship and hire multiple part time carers. The UN guidelines for alternative care of children, article 29 c (iii), states that fostering occurs 'in the domestic environment of a family' (2010). Under this definition, some family homes would be considered foster care, others would not.

Figure 2: Foster Care Rates in Other Countries (MHLW, 2013, p23) translated



Japan recognises its outlier status regarding foster care rate, as demonstrated by figure two, which is taken from an MHLW report. The Japanese government has taken steps to increase foster care rates by setting a target of having one-third of children in care in foster care, including family homes, by 2029. It has also set a target of having one-third of children in group homes (smaller residential care), and one-third in institutional care of no more than 45 children. There has been little practical advice from the MHLW on how to achieve these targets, though one MHLW report highlighted the work of Oita prefecture and Fukuoka city, which have both increased their foster care rates, as potentially replicable models. The MHLW has asked each prefecture and designated city to create a 5-15 year plan by 2015 (MHLW, 2014, p58). The delegation of responsibility for creating and implementing policy change to local authorities contributes to regional variation. Proactive authorities have significant space to create and implement new policies and practices. Conversely, authorities that do not wish to change face minimal pressure to do so.

The MHLW has created a new role within BIWI and CWI, a foster care specialist worker. This person has to support foster carers, promote foster care, and identify children in the institution

who can be moved to foster care. Each institution is paid five to six million yen per year for providing this service. The MHLW's plans suggest a new role for BIWI and CWI as a local hub for care support, though funding incentives do not support this vision, and no training has been created for the institutions' staff on how to provide this service. Of the fifteen specialists I have met, two are pro-actively creating their own job role. One is supporting foster carers in her area, and the other is facilitating placement changes of babies and infants into foster care. The first one has a director who does not micromanage, which gives her space to be proactive; the second has a director who believes that foster care is better for this age group. In their own words, the other specialists have no clear idea of what they should be doing, or how they should be doing it.

The final change the MHLW has introduced is a small policy amendment shortly after the 2011 earthquake and tsunami, which saw full foster care payments being extended to uncles and aunts.[4] This change was separate from other policy change, and fits into what Campbell terms the 'artifactual' type of policy making, 'in which circumstances… introduce a period of dynamic policy making that includes otherwise unpredictable welfare initiatives' (cited in Kasza, 2006, p152).

3. Methodology

Child welfare laws, policies, and policy guidance are uniform across Japan. The variance in foster care rate suggests that either children's needs, or policy implementation, vary significantly across regions. This research is being conducted at the local authority level, in child guidance centres (CGCs), to investigate how policy is implemented in different regions. The CGC works alongside the prefectural or city hall office to create policy, and is where policy becomes practice.

The CGCs in Japan operate as gatekeepers to the care system. The term gatekeeping 'refers to systematic assessment with the goal of matching services to individual needs' (Gudbrandsson 2004, p15). In reality, many countries struggle with the 'systematic assessment' aspect of this and Japan is no different. There is very little evidence[5] on which to base placement decisions in Japan. This increases the importance of how each individual CGC, and indeed caseworker, understands foster care and institutional care.

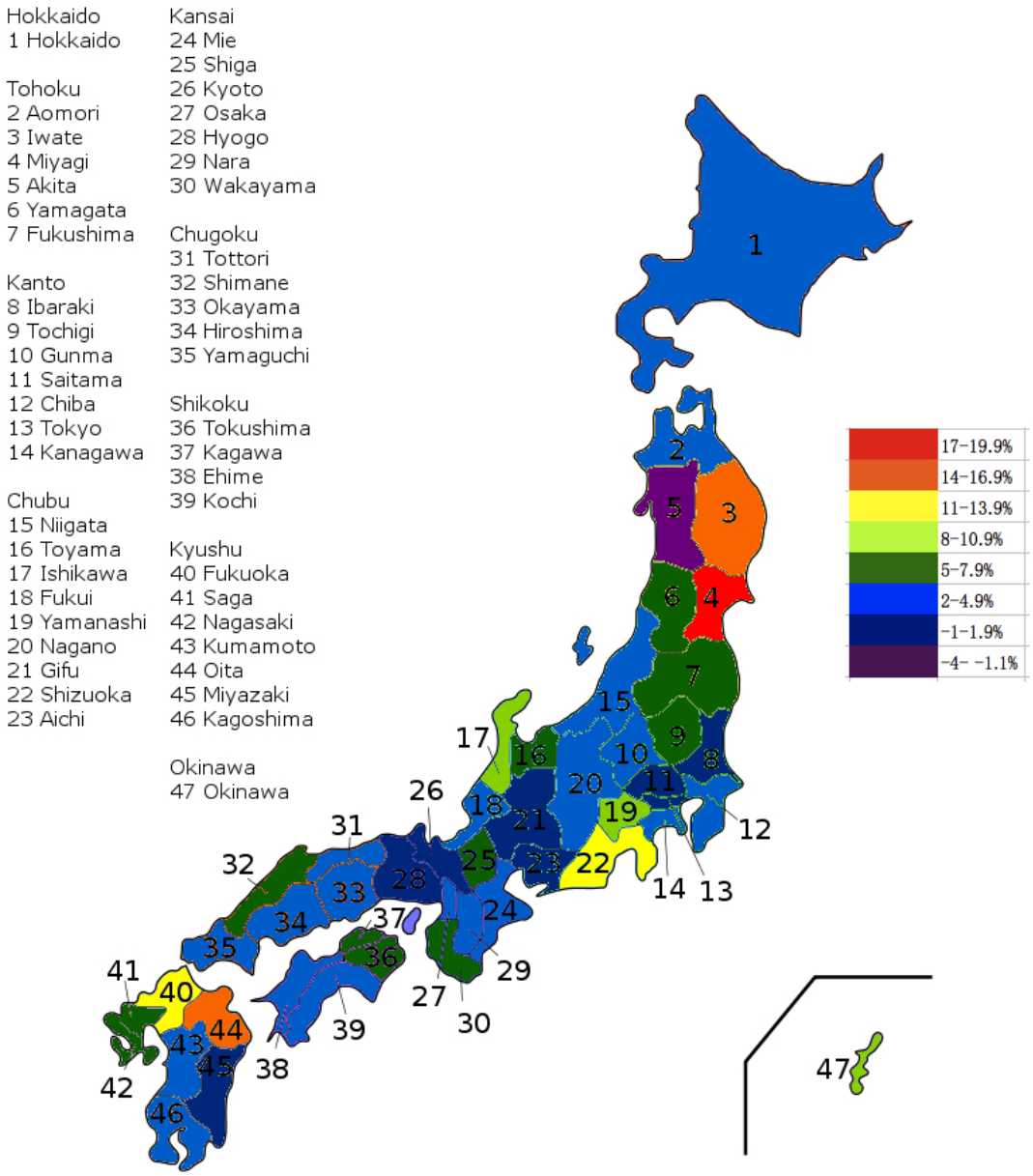
Initially CGCs were set up in every prefecture and major city to provide temporary accommodation and care for children in need following the Pacific War (Goodman, 2000, p35-6). Their role has become more complex over time, and they now provide services that in the US are provided by eight different bodies; child protection service, children's advocacy centre, juvenile court, children's hospital, community health centre, board of mental retardation / developmental difficulties, board of education, child guidance clinic (Tsuzaki 2009, p169). Despite this array of services, and in line with public servants in other areas, the majority of staff and managers are rotated between other public offices on average every three years (Goodman 2000, p37), though there is regional variation in this.[6] Each caseworker has an average of 107 new cases per year (Goldfarb, 2012, p102, footnote). There is regional variation with caseload but initial analysis suggests no correlation to foster care rate.

To understand changes in the alternative care system, I am using Pierson's later work on path dependency. This couples the concept with gradual change, as opposed to critical junctures (2004, p82-91). Path dependency states that the further an institution progresses down a path the larger the costs of exiting it become. Large set up costs, the increasing effectiveness that comes with learning, increased coordination, and adaptive expectations (Pierson 2000, p254) can result in a system that is highly resistant to change. Where multiple systems interlock path dependency is strengthened (Pierson 2000, p255).

The alternative care system is built around BIWIs and CWIs. With no structural changes, a new role has been placed on CGCs: to provide a significant quantity of foster care with sufficient support. With out-of-home care, the CGCs effectively act as service regulators for institutional care, and service providers for foster care. The MHLW is investigating this 'service versus provider' issue in a research committee, and is seeking to learn from best policy and practice from abroad.[7] Staff have limited training for this foster provider role; indeed, around half of the caseworkers have no social welfare or social work training at all.[8]

There are 47 prefecture and large municipalities, 20 cities with designated status, and 2 additional cities that run their own CGCs. Figure three shows the change in foster care rates between 2005 and 2011 for the 47 prefectures. All of these 69 local authorities (LAs) operate in a slightly different context, in terms of the needs of the children entering care, and perhaps more significantly in terms of the quality and quantity of current institutional care facilities.

Figure 3: Percentage change between 2005 and 2011 in the percentage of looked-after children that each prefecture places into foster care (Data from MHLW, 2014)



Despite their critical role in the child welfare system, this is the first research to be conducted into policy implementation in CGCs. It is the first research of any kind using ethnographic research methods involving CGCs. There is nothing published in English or Japanese about regional variation in the alternative care system for children in Japan and the 'postcode lottery' concept has been entirely absent from debates in this field.[9] This research will be based on fieldwork conducted in CGCs in three research sites: one with a high foster care that has seen high growth in its foster care rate in recent years where I have conducted six months of fieldwork, one with medium foster care rate that has seen medium growth where I will soon begin two months of fieldwork, and one with low foster care rate that has seen low growth in foster care where I have conducted two and a

half months of fieldwork. Places names have been randomly generated. This paper is drawn from experiences in the first two research sites.

4. Taniko City and Ishizan Prefecture

Taniko city has seen considerable growth in foster care rates over the last ten years, and now has one of the highest rates of any LA. There is one CGC in the city, three CWI, with a total capacity of 274, and two BIWI, with a total capacity of 65. The temporary care institution can care for 40 children. The CGC serves a child population of around 250,000, and places around the national average rate of children into care. Ishizan Prefecture has a low foster care rate, and has only seen a small incremental increase over the last ten years. There are two CGCs in the prefecture, and research was carried out in the larger of these. There are eleven CWI, with a total capacity of 570 children (though the prefectural office has limited this to 546 children), and one BIWI with a capacity of 40 (limited to 39 by the prefectural office). The temporary care facility can care for 24 children though the CGC limits this to 12-14 in order to provide higher quality care. The second CGC's temporary care can care for 10 children, and is limited internally to 8. The two CGCs cover a child population of around 400,000, and place a little over the national average rate of children into care.

Table 1: Summary of the CGC and the area they are located in

	Taniko City	**Ishizan Prefecture**
Child Population	250,000	400,000
Children in Care per 10,000	18	23
CGC	1	2
Foster Care caseworkers	6	2 + 1
CWI	3	11
CWI capacity	274	570 (546)
BIWI	2	1
BIWI capacity	65	40 (39)
Temporary Care Capacity	40	24 (12) + 10 (8)

These figures do not include other institutions such as for those who have left school, have issues with the law and are below the age of consent, or those requiring therapeutic residential care with a greater focus on mental or physical health issues. Looking at data on why children entered care, the background of children entering care appears to be broadly similar between the two areas.

The organisation of foster care support is quite distinct between the two CGCs. In Taniko there is one mid-level manager in charge of a team of five social workers who work exclusively on foster care. They are responsible for recruiting, training, and certifying foster carers, as well as assessment and support work post placement, and take the lead in matching children with foster carers. There are five banks of desks in this CGC, who directly work with children potentially in need of out-of-home care. Each bank of desks has 9-11 social workers. Three banks of desks work

on cases divided by area. The fourth bank works exclusively on emergency response to abuse claims and includes the first lawyer to be working full time at a CGC in the country. Less serious reports of abuse are initially outsourced to an NPO, who refer them back to the centre where appropriate. The final bank of desks includes the six staff responsible for foster carers, and two staff members responsible for the institutional facilities. Each foster care social worker works with between ten and twenty families. If a child comes in via an emergency response to abuse, the case is initially handled by the emergency desk, before being passed to a caseworker based on area, supported by a foster care or institutional care social worker when relevant. Taniko has a well-developed NPO network that has worked closely with the CGC for over a decade. This network, coupled with a large and active foster care association, provides alternative sources of support for the CGC and children in foster care. Three of the key senior management have been at the CGC for 33, 18, and 13 years.

In Ishizan there are three banks of social workers that work with children potentially needing out-of-home care. Each bank has around nine social workers. Two of the banks are made up of social workers, each responsible for an area. These social workers are also assigned one institution each to supervise. The third provides support staff, and the caseworkers for foster care, family homes, BIWI and institutions for children with disabilities. There are two foster care caseworkers, one full time public bureaucrat, who is also responsible for the mental health of all the children in care, and one is a first year staff member on an annual contract. The CGCs in Ishizan are a part of larger support centres. These work with children, women, and people with mental or physical disabilities. The centres deal with more consultations relating to children with disabilities than they do with children in need of out-of-home care. Two of the senior management have significant experience in CGCs (one for over a decade). The CGC I did fieldwork in is in an area that does not have a relevant NPO of any significant size or capability. They recently outsourced foster carer recruitment and training to a local welfare group that also runs a BIWI and a CWI. The social workers are aware of the conflict of interest there, in outsourcing recruitment and training of an alternative care provider to the institutions to the institutions, but at the time they saw limited alternative service providers. The outsourcing of foster care service provision to institutional care facilities is not unusual: In 2013 33 CWI and 12 BIWI were running some foster care services (MHLW, 2014, p34)

Both areas are operating with tight budgets where national political pressure means that it is hard to increase the numbers of public bureaucrats. Taniko has managed to do this to a degree, in part due to a windfall from the privatisation of public nurseries, and has reallocated money within the centre to prioritise foster care. There are concerns within the Taniko CGC about the potential of approaching a capacity ceiling in providing good quality, supported foster care. In both centres the staff have sought creative solutions to the problem of being the provider of foster care. In outsourcing part of the foster care process to an institution there is a danger that Ishizan is starting to lose the ability to shape what foster care is. At a recent recruitment event, the director of the

welfare institution group that now recruits and trains foster carers stated that ‘one third of children in out-of-home care have no way of going back to their natal parents. The foster care system is for these children.’ This long-term fostering is different from the CGC’s broader understanding of foster care and demonstrates how constructions of what foster carer is are being contested.

The Ishizan CGC also expressed concerns about losing capacity to do effective matching, as they will become more removed from the recruitment and training which had provided a good opportunity to get to know new foster carers. The CGC turning to an institution to support foster care is indicative of a vacuum in foster care provision that the MHLW has yet to address. There are two NPO foster care service providers in Japan with the capacity to provide a significant scale of service: *Key Assets Japan*, which is a part of the Core Assets group, and *SOS kodomo no mura*, which is part of the SOS Children’s Villages.[10] These two organisations are, as yet, providing only a very small percentage of foster care services in the country.

5. A Child Entering Care

The organisation of meetings from a child first coming to the attention of the CGC to the child being placed into care varies slightly between my research sites. In both CGCs there is an immediate meeting for individual abuse cases only when it is deemed potentially serious enough for an emergency removal. These meetings are attended by the caseworker(s) in question and senior management, and are relatively short, determining what is known, what needs to be known, the course of action and who will take it.

Next comes the *juri kaigi*, a meeting in which all the cases that the centre has dealt with that week are discussed. In Taniko this meeting is held once a week. It lasts about two and a half hours and everyone attends. Caseworkers leave after they have presented all their cases. The supervising caseworker provides a summary of each case, their initial course of action, and who will be involved in the case. There are internal protocols for different types of cases requiring particular divisions of the CGC to be involved. The senior and middle management sit through all these cases, and often question the caseworker, and sometimes challenge or change the suggested course of action. Through these questions and challenges, over time the caseworkers start to adjust their suggested plans. Temporary care staff comment on the case where the child has already been taken into temporary care. More time is spent on more complex cases. Taniko also holds weekly meetings to report on the current situation of every child in temporary care. In Ishizan the *juri kaigi* are held more frequently and follow a similar format. Here only the caseworkers directly involved in each meeting attend. The senior management, particularly one manager who has over ten years of experience in CGC in his career, also ask questions. In general, the meetings are shorter in Ishizan than Taniko, with a time limit of 3 minutes set for the caseworker to present their information, followed by the one minute for the psychologists and the temporary care staff respectively.

The *juri kaigi* results in an initial care direction. There is variation between area, caseworker, and even case, regarding how much is decided at this stage. A short case study, of one of the more

detailed cases from Taniko, gives insight into how this decision-making process begins.

A 19 year-old lady comes to the CGC. She is working in 'delivery health', a part of the sex trade, and wants her child to enter care for 6-12 months to enable her to go to work in a 'soapland' (a brothel), in a different prefecture. She believes this will be safer and will allow her to save 1 million yen. The mother was abused as a child. The child is under two and has thus been placed into a BIWI for temporary care. The mother wants the child back in 6-12 months, and is wary of foster care, preferring a placement in a BIWI. The CGC is concerned about the mother disappearing as they only have one contact number. The caseworker convinced the mother that after 6 months they could start looking for foster care, by stressing the difference between adoption and foster care, and stressing the developmental benefits for the child.

Here a lot of decisions have had to be taken relatively early. The window for gaining parental consent was very limited. Critically, the caseworker got the mother to 'not oppose' the foster care placement. Since the 2011 MHLW foster care guidelines, parental consent has been redefined as a lack of informed opposition rather than as active consent.[11]

For cases that need continued support the CGCs hold a *hantei kaigi*. This meeting serves as an interim consultation. In Ishizan this is a formal meeting and sets a clear direction for the case, which very often follows that set out in the *juri kaigi*. In Taniko this meeting is much less formal and its purpose is merely to provide a space for the caseworker to express their thoughts and ask for help or advice.

For cases deemed serious enough – for example to consider a child being placed into care, the CGC considering referring a case to court, or to address issues a child in care is having – CGCs have an *Enjo hōshin kaigi*, a care plan meeting. These last a lot longer than the preliminary meetings. Taniko summarises this information on two sides of A4, including details on the chronology of events, a family tree, information on abuse, medical reports, police involvement, caseworker opinions, psychologist's summary, with supplementary information often attached. The form used by Ishizan is one side of A4, with similar categories. More of the managers attend these meetings in Taniko than in Ishizan.

The supervising caseworker presents the facts of the case and the family situation, after which the psychologist gives a report on the child. This provides IQ and any recognised diagnoses (such as autism or ADHD), before touching on behavioural or attachment issues. Staff from the temporary care then provide information on the child, focusing on educational level and development, and on behaviour with other children and with staff. With a baby or infant the caseworker liaises with the BIWI and relays this information. In Taniko, CWI staff also occasionally attended meetings when the child in question is in their care. The caseworker then provides their suggested care-plan, before the floor is opened for questions. Where an institution is the preferred placement the nature of the child's needs and the institutions that would best suit the child are discussed. Children can be placed outside the local authority and Taniko often uses this option. Ishizan currently has one child placed out of the prefecture, in the nationally run institution that cares for children with most complex

needs.

In Ishizan the vast majority of cases follow the initial direction suggested by the caseworker in the *juri kaigi*. In Taniko there is a lot more debate and discussion in these meetings, and fewer cases follow the caseworkers' initially suggested care plan.

I have attended meetings covering over 2,000 children's cases. This paper next presents two case studies in order to understand how the placement decisions are made, what this shows us about the systems and interests that surround these decisions, and how this contributes to regional variation. To protect individual's anonymity, details have been changed and names changed.

6. Yoshi & Hiro

Several years ago one of the Ishizan prefectural CGCs faced two cases in quick succession that the social workers, management, and temporary care workers all describe as involving children displaying very similar behaviours and with very similar needs. One child was placed into foster care, and the other into an institution for children with severe mental health issues.

Yoshi entered care at around 7 years old. He had been locked in a room his whole life, and had seen his younger sister die from malnutrition in the same room. After her death doctors found she had been so hungry that she had eaten her hair. Both children, and the sister to an even more total degree, had been deprived of almost all stimulation. The father stated later that he wanted to 'keep their hearts pure'. The doctor said that it was impossible to say for sure that there had been abuse. He stated that the daughter might have had a pre-existing medical condition that inhibited weight gain. The police investigated and the mother spoke in great detail about what had happened in a way as to distance herself from blame. Ultimately, due to a lack of certainty over apportion of blame and the doctor's report, the police did not arrest or charge either parent.

When Yoshi entered care he had an IQ of around 50 and his mental age was approximately half his age. CGC staff said that he spoke 'like a robot' with no emotion and repeated words and phrases. Lack of exercise had stunted his growth and his teeth were all rotten. After a period in hospital to treat him for undiagnosed but suspected attachment disorder, Yoshi was placed in an institution for children with special developmental needs. The CGC wanted to see how he developed there, to see if the environment made a significant improvement to his state. They believed that this would show that his condition was in part the result of his environment and not just the result of pre-existing medical issues. If this was indeed the case, the CGC planned to move Yoshi to foster care if possible. Yoshi's IQ has increased by over 30 points in a few years, demonstrating in their eyes that his initially low IQ was due to his environment and not a pre-existing condition. Despite this, the CGC is wary about moving him to foster care as doing so requires parental consent.

The lack of a police charge meant that the CGC placed Yoshi into care on the grounds of his developmental issues, not abuse.[12] Parental consent meant that Yoshi was not removed through the court, though this would have only given the CGC the power to keep him from home for up to two years. The mother, now divorced, holds sole parental rights. Police believe that the father controlled

her to a degree. The CGC does not doubt this, but said that she has not expressed regret or remorse, and spoke instead about how it was good she could now finish her education and learn to drive. The mother, who is now in a new relationship in a new town, has recently started asking for Yoshi to be returned home. Legally, the CGC has to comply once she can demonstrate that her current environment is suitable for the child. The CGC fears that any attempt to move Yoshi to foster care would catalyse his mother to remove him from care altogether. The CGC is thus forced into a holding pattern to try to maintain the status quo, as they believe this is in the best interest of the child given the situation.

Hiro also entered care around the age of 7, a few months after Yoshi. There is less evidence of what abuse he suffered, though it is clear he was locked in a room without any stimulation for a significant period, or periods, of time. His mother remarried when Hiro was young. The stepfather adopted Hiro. Hiro had had his left thighbone broken whilst at home. When Hiro was taken into care he had the mental age of a 1 year old and an IQ of just over 40. His teeth were all rotten and he was indiscriminately affectionate with all adults. Like Yoshi, Hiro came across ‘robot-like, alien-like’ and staff noted other behavioural similarities. Despite there being less evidence of precisely what had occurred, as the parents said as little as they could, the doctor ruled that the issues with Hiro were the result of environment rather than pre-existing medical conditions, and formally diagnosed Hiro with attachment disorder. He underwent the same treatment in hospital for this as Yoshi had.

The emphasis placed by the doctor on the impact of the environment on Hiro led one caseworker to suggest trying a family environment, to see how this impacted on his condition. After just a little over three years in foster care the CGC caseworker described Hiro as ‘a normal kid’ and stated that though ‘child specialists like those working here may be able to notice he is a little different, to the average person who meets him now, he just seems like a normal kid.’ The mother and step/adoptive father are living with their new children. They still hold parental rights for Hiro but have given no indication of wanting to remove him from care. The two cases are summarised in Table two.

Table 2: A summary of the two cases

	Yoshi	**Hiro**
Gender	Male	Male
Age entered care	7	7
Abuse history	Extreme and sustained lack of stimulation, neglect, locked inside a room, witnessed sister starved to death, stunted growth, rotten teeth	Lack of stimulation for period(s?), neglect, broken thighbone, stunted growth, rotten teeth
CGC notes	IQ around 50 Spoke 'like a robot'	IQ just over 40 Spoke 'like a robot, like an alien'
Family History	Natal Parents	Mother remarried when Hiro was an infant. Step-father adopted Hiro
Doctors assessment	Yoshi's condition and younger sister's death from malnutrition may be result of pre-existing condition not environment	Issues are the result of environment, not pre-existing condition. Diagnosis of attachment disorder
Police involvement	Investigation but no charge. Believe father more responsible	None
Medical treatment	Treated in hospital for attachment disorder – no formal diagnosis	Treated in hospital for attachment disorder – had formal diagnosis
Given reason for placement	Developmental issues	Abuse
Court involvement	None	None
Foster carer availability	Unclear	Yes
Case worker's decision	Specialist institution, consider move to foster care later	Foster care
Placement	Specialist institution	Foster care
Parental consent	Yes	Yes
Development post placement	Substantial. IQ has increased by about 30 points in 3-4 years	Very substantial. Hiro is now described as 'like a normal kid'
Parental rights	Mother	Mother & step/adoptive father
Current state of parental involvement	Parents divorced. Mother in new relationship and asking for Yoshi to be returned	Living with new children from their relationship. Not asking for Hiro to be returned
CGC's ideal course of action	Move Yoshi to long-term foster care. Do not return to mother	Keep Hiro with his foster carers long term. Do not return home
CGC's pragmatic best course of action	Leave Yoshi in the institution and hope that the mother does not push for his return	Keep Hiro with his foster carers and hope that parents remain disinterested

7. Discussion and Analysis

The outline of the cases given above shows the importance of the respective doctors' decisions on the different placement types made. The individual caseworker's belief that a problem caused by environmental issues could best be treated with a better environment is also central to understanding why the placements varied, but what do these two cases show us about gatekeepers' decision processes, and the impact this has on regional variation of foster care rates around the country? Two key themes emerge from the analysis of these cases; how CGCs understand and manage risk, and how CGCs create and comply with expectations around role performance. How these concepts are understood varies across regions, and this contributes to regional variation in

policy implementation.

All placements into care are to some degree a gamble. Not placing a child into care is also a risk. The 'systematic assessment' (Gudbrandsson, 2004, p15) aspect of gatekeeping is not a science, and how risk is understood and managed by gatekeepers is central to how they conduct this assessment. The basic standpoint for the Ishizan CGC is that institutional care is more of a known quantity than foster care. Caseworkers are familiar with the different institutions, the staff members, and the children in the institutions. Whilst the CWI may not offer the best possible care, it is generally considered to be safe and stable. Where abuse in a specific institution occurs, the CGC can stop placing children into that CWI for a period and use other CWIs. Foster care is much less of a known quantity, and as such, is perceived as more risky. A placement into foster care is seen as having the potential to go much better than a placement into a CWI, but also as having the potential to go much worse.

The relationship between the CGC and foster carers in Taniko is very different from Ishizan. In Taniko there are six caseworkers who work solely on foster care. The CGC has a very close relationship with the foster care association and the head of the CGC personally interviews all foster carers before they are registered. Senior managers and all the foster care staff know a lot of the foster carers personally through attending foster care association meetings and NPO events. In Ishizan the two foster care workers are the only people who know the foster carers. The foster care association has almost no relationship with the foster carers and refuses to host foster care salons as they sometimes led to arguments. The foster carers have set up their own smaller local organisations to fill this vacuum. The new organisations are indirectly connected to the CGC through a CWI foster care specialist worker. The vast majority of caseworkers have no clear idea of who the vast majority of the foster carers are.

In Ishizan a caseworker will sometimes come and ask the main foster care caseworker if there is a family available for a child they are working with, and often be told that there isn't. This is resolved before any placement decision meetings have taken place. In Taniko the discussion happens in meetings, and the different potential foster carers are discussed by staff who have met them and know them to a degree. There are still often cases where foster care would be the preferential placement, but there are no suitable foster carers. This discussion serves to reduce the individual caseworker's feeling of responsibility for taking the risk of placing a child into foster care. Where these discussions happen in front of other caseworkers, as in Taniko's *juri kaigi*, it also serves to educate other caseworkers about when foster care is to be preferred.

The importance of risk is compounded by the gravity of what is at stake. A child's future depends on the decision of the CGC. How the CGC as a whole understands this risk varies by region. Some CGCs appear to consider the risk of inaction, of simply doing what has always been done and using an institution, to be bigger than the risk of inaction. Here individual leaders can shape frameworks, as can particular events. Where there has been abuse, or a death in care, the CGC becomes more wary of this type of care. Where abuse occurs in the institution the CGC is one degree

removed from it, the staff and head of the institution are held accountable.[13] Where abuse occurs in foster care the CGC is directly responsible. It has recruited, trained, and trusted the foster carer with a child, as well as being responsible for the support and ongoing assessment. In outsourcing practical responsibility for care provision to an institution, the CGC also outsources moral responsibility.

The outsourcing of responsibility can be seen most clearly in Tokyo. An infant placed into foster care died, and it was strongly suspected that the foster carer was responsible for the death. The natal parent successfully sued the Tokyo metropolitan government for placing her child into an unsafe environment, and the CGCs came under intense focus for their failings. Since this case, and uniquely in Japan, all children under one year old in Tokyo are now placed into BIWIs. There are deaths every year in BIWIs nationwide, usually from natural causes. Responsibility for the cases that are not unpreventable natural deaths is, in practice, laid at the BIWI's door, not the CGCs. Conversely, in other areas some CGC heads are extremely concerned about research showing the detrimental effect of institutionalising 0-3 year olds, and thus see institutional placements at this age as carrying greater risk than a placement into foster care.

The availability of foster care is often the first reason given in Japan in explaining the low foster care rate. Hiro could be placed into foster care only because at that moment his current foster carers were available. Availability can be broken down into quantity and quality. The quantity of foster care depends on both historical use of foster care and the CGCs determination to recruit. Niigata, which has the highest foster care rate in Japan, has traditionally had a very high foster care rate, particularly of kinship foster carers. It also has very few CWI. Excluding Tohoku, which the MHLW considers separately from other regions due to the massive impact of the 2011 earthquake and tsunami, Fukuoka City has increased foster care the most in the last decade, moving from 6.9 per cent in 2004 to 31.5 per cent in 2012 (MHLW, 2014, p25).

In Taniko there was a critical juncture just over a decade ago when the CWIs were nearly full, and a policy decision was made to allocate resources to promote foster care rather than building or taking on another institution. The head of the CGC said that one of the central reasons that this has been successful so far was a concerted decision to focus on recruitment, and the dedicating of resources to this task. Ishizan has never had a point where the CWIs in their area were nearly full, and felt that this lack of stimulus was one reason why this promotion of foster care has not historically been on their agenda. I will examine the relationship between foster care rates and capacity of institutional provision in each region in a separate paper.

Areas that have significantly increased foster care rates serve to demonstrate that whilst the availability of foster carers does vary by region this is not a fixed commodity. Local policy planning and budgeting has a great impact on availability, which in turn contributes to regional variation in foster care rates. It seems probable, from the two case studies conducted so far, that supply and demand for places in care mediates this local policy planning process.

The threshold for 'quality' of foster carers also varies considerably by region. The national standards for registering as a foster carer in Japan are very low. Anyone who is healthy, financially

stable, not a known criminal (this is taken on trust and not checked with the police), and completes the short training course, can register as a foster carer. This means that the CGCs have a lot of foster carers registered who they believe they cannot actually place children with. Between 1960 and 2010 60 to 80 per cent of registered foster carers do not have children placed with them (Miwa, forthcoming, p26). This local decision, in the lieu of trusted national standards, creates regional variation in the quality and quantity of trusted foster carers.

The fear of 'what goes on behind closed doors' is a particular concern of government officials who are wary of foster care. Again this, 'quality' issue, is understood differently across different regions. According to Ishizan CGC staff, the foster care family that Hiro was placed with 'live way out in the countryside, and have the support of the whole community. It is the kind of little town where if a kid is being naughty in town other adults will tell them off.' The fact that this family, and indeed community, conform to an idealised traditional image, changed how the CGC assessed the risk of placing a child with them. The foster care family home is more open and transparent than the more typical modern nuclear family household. This serves to reduce CGC fears of abuse within the foster care household. In addition to this, the CGC cannot provide all foster carers with the degree of support that they would like to, and here the CGC believes that the community will take on this role. Different CGCs value different qualities in foster carers, though both Taniko and Ishizan value this type of foster carer highly.

The idea to place Hiro into foster care came from one caseworker, who felt that given that his condition had been caused by his environment, it could perhaps be improved by a better environment. Here, foster care was seen as a better environment for the child, whereas for Yoshi, the specialist institution was seen as being able to offer a more specialist level of care. Yet, if we look at the where the children were when they entered care, there is very little difference between them. There were differences: Hiro's IQ is slightly lower, and Yoshi suffered seeing his sister starve to death, yet the children presented with very similar behaviours, and were indeed treated the same way for attachment disorders.

Caseworkers in both CGCs tried to draw on their experiences, and often spoke of 'types of cases' and children as being similar to previous cases. In Taniko this knowledge is more communal. Wider participation in meetings means that caseworkers learn about more cases, and the management having been in place long-term means that they have more experience to draw upon. In Ishizan caseworkers draw more closely on cases they have been directly involved in. Returning to Yoshi and Hiro, the CGC assesses Hiro's outcomes as significantly better than Yoshi's. The mid-level manager in Ishizan expressed regret that in hindsight, having seen how well Hiro did in foster care, she had not advocated for foster care for Yoshi. She saw the two children as having been of one 'type', and wished she could apply what she had learned from Hiro's case to Yoshi's, which had come earlier. She qualified this by saying that it was 'lucky' how well Hiro and his foster care family had clicked, and that had he been placed into another foster care family he may have been abused. Likewise, she felt that whilst Hiro had developed more than Yoshi had, it was possible that if Yoshi

had been placed in foster care it could have gone very badly and caused further harm to him.

The regret expressed that Yoshi was not placed into foster care demonstrates how the beliefs around foster care can change within a CGC. In explaining the increased foster care rate, the head of the Taniko CGC strongly emphasised the importance of the changing frameworks of how caseworkers think about foster care. He described how caseworkers seeing better than expected results from foster care placements has led them to be more proactive in pressing for foster care placements, both with the natal parents and within planning meetings. Yet in Ishizan, the success of Hiro's placement has been largely attributed to luck with the matching process, and the successful experience has not been 'shared' to caseworkers not directly involved in the case.

The capability of the CGC to provide good quality foster care is also important in how they assess risk, as is the belief that the staff have in their ability to provide this service. Staff in Taniko know that if they place a child into foster care there will be a relatively experienced foster care caseworker attached to the case providing support. There are also NPOs and a strong and active foster care association, with local subgroups, providing alternative sources of support. In addition, the fact that caseworkers are encouraged by the management to attempt foster care placements, serves to reduce the caseworker's feeling of individual responsibility for any future potential problems. In Ishizan the CGC is able to provide less support, and there is also no support from NPOs and minimal support from foster care groups. One foster care specialist worker in a CWI is very active, and the CGC are grateful for the support she is offering foster carers. Workers here are not pushed by management to consider foster care.

The practice framework of different CGCs impacts greatly on how risk is understood and evaluated. The structures of the Taniko CGC facilitate knowledge accumulation and management attitudes promote shared practice learning. The broad participation in meetings helps to create an office environment that facilitates learning. Regional variation in the organisation of the CGC, from the organisation of caseworkers to the organisation of meetings, contributes to regional variation in policy implementation.

In Yoshi's case, the Ishizan CGC faces a further risk, of the mother removing him from care and him returning to a very high-risk environment. This illustrates a fundamental issue that CGCs face in supporting children facing abuse or neglect: how to create expectations for role performance, and what to do when these are not fulfilled.

When placing Yoshi into care, the CGC believed that his parent's would never ask for him to be returned to them. It is possible that the doctor and police believed the same, and with the focus primarily on getting the child into care, this may have contributed to them not stating that what occurred was abuse. The CGC, and perhaps the police, felt bound by the opinions of the 'expert', the high status doctor. The CGC would have found it hard to state abuse was the reason for entering care when the police had been unwilling to state abuse had occurred. Given that the parents consented to the placement, it seemed to make little difference at the time.

When a case is first taken into the CGC they have several potential courses of action. The

cases are initially processed under article 27 of the Child Welfare Act. The first option open to the CGC is to require the guardian to sign an agreement that they won't carry on the behaviour that led the child to be referred to the CGC. This is an agreement under law, however there are no penalties for not complying, aside potentially from the child being removed from the guardian, and no way for the CGC to enforce this contract. This is aimed at shaping parental behaviour. The second course of action is for the family to have continued support and guidance from the CGC, or bodies that the CGC recommends. This can include home help, visits from other government welfare offices, or telephone consultations. The third option is to place the child into the alternative care system, or one of the array of institutions for children with mental or physical disabilities that sit outside the alternative care system. The final option under article 27 is to refer the case to the court for the behaviour of the child to be investigated.

There are three options for a CGC if they take a family to the family court: They can use article 28 of the Child Welfare Act, apply for temporary suspension of parental rights, or apply for parental rights to be cut. Article 28 allows CGCs to place children into care (foster care or institutional care) for up to two years without parental consent. Temporary suspension of parental rights removes all parental rights from the legal guardian, which in Japan are split into different categories (right to determine healthcare, education, etc.), and gives these rights to the head of the relevant CGC. The cutting of parental rights is extraordinarily rare. Between 2003 and 2012 the courts ruled to suspend or cut parental rights in between 7 to 32 cases per year nationwide (Supreme Court, 2012, p3).

The Ishizan CGC suggested that it would be easier to apply pressure on the mother to dissuade her from trying to have Yoshi returned to her if the case had been labelled as abuse rather than as developmental issues. She would have to meet a higher threshold, in the CGC's eyes, for the environment having improved enough for Yoshi to be returned home. Here the temporary nature of this suspension, or enforced placement into care, still suggests that the goal is family reunification, if the family are resolve their issues. In reality many children who enter care under article 28 or suspension of rights will be in care until the age out of the system. The system is structured around guardians 'knowing their place' and conforming to this role of staying away. Where, as is Yoshi's case, the guardian does not comply it is challenging for the CGC to prevent the child being returned to the family.

The fact that the CGC is unable to call on more concrete legal measures indicates the power relationship underpinning child welfare in Japan. One CGC head described the role of the CGC in the child welfare system in the following terms:

> Imagine a piece of dough, rolled out flat to cut cookies from. This star cookie cutter is the police. They cut away their role. This circle cutter is the school. They cut away their responsibilities. Then we have cookie cutters for healthcare, institutional care, foster carers, mental health support and so on. The CGC has to take care of all the dough that

is left. Everything that isn't covered in someone else's remit is covered by us.

The CGC has a legal remit, but minimal systems for ensuring others comply with their work. It is not just parents that are given roles in the hope that they choose to conform to them: police, doctors, and schools are all given roles with little ability to ensure that they conform. All citizens have a legal obligation to report suspected abuse,[14] but many doctors still see patients more as customers, and many school teachers are wary of disrupting their relationship with the parents. In a case conference in Taniko, a seven year old with gonorrhoea and chlamydia, diseases that her father also later tested positive for, was taken into care. The management noted that it was unusual for a doctor to report cases like this, and that doctors tend to believe parents, particularly of middle and upper socio-economic status, when they offer more palatable, if medically impossible reasons such as sharing a bath.[15]

The CGCs also lack support from the judiciary (Human Rights Watch, 2014). In recent years more cases are being taken to courts under 'article 28' or seeking suspension of parental rights, though these make up a fraction of all cases. Where a parent refuses to allow a child to be placed in care it is very hard for a CGC to force them, unless the abuse or neglect is over a threshold that they believe the local family court will recognise. The Taniko and Ishizan CGCs use family courts very differently. Taniko has a full time lawyer and has found that as it files more cases the courts increase their expertise in this field and are relatively more accommodating though still with local discrepancies between judges. Ishizan refers far fewer cases to the courts. In both CGCs experience, courts are more likely to recognise physical or sexual abuse than neglect or psychological abuse.

The CGC feels that the threshold of abuse needed to get a court ruling is high, and even in extreme cases such as Yoshi or Hiro's, they usually try to work to gain parental consent to prevent having to comply to a court ruling not in their favour. This gives the parents some influence over the placement type. The majority of parents initially prefer institutional care to foster care, as it is seen as less of a threat to their construction of their role as parents.[16] The CGC's primary concern is to ensure that the child can enter care. How far they push for parental consent for foster care, which is at times seen as jeopardising the parental consent for entering care, varies between regions. The case study presented in section five indicates how the attitude towards gaining this consent has changed in Taniko. Here the whole framework of how foster care is understood has changed in the last decade. In Ishizan, where an awareness that perhaps steps should be taken to increase foster care rates has only come in the last few years, and even then largely from a caseworker and mid-management level position, there is less incentive to take the risk of attempting to persuade the parent to agree to foster care at the possible risk of losing the consent for the child entering care.

The result of this lack of legal support results in many cases like Yoshi's, where the CGC does not believe the current placement is still the best option for the child, but they are unwilling to suggest placement change as it risks the child's placement in care. The CGC has to hope that all the other actors conform to the roles the CGC assigns to them. How the CGC manages this, and how

the local external actors understand their role varies between Ishizan and Taniko. This in turn impacts on how policy is implemented.

8. Conclusion

This research, into the least studied part of an understudied system, gives insight into how the alternative childcare system is organised and implemented in Japan. Recent policy aimed at increasing the foster care rate shows a slight move towards policy convergence when Japan is considered in the international context. Yet this policy convergence on an international level is leading to greater policy divergence on a local level in Japan. The two case studies presented in this paper demonstrate some of the reasons why this regional variation in policy implementation is so pronounced in this field.

The two key themes to emerge from the analysis are how risk is understood and managed differently by CGCs in different regions, and how CGCs can influence external actors to perform the roles that the CGC, and legislation, assigns them. There is significant variance between Ishizan and Taniko in how these two discourses are understood, and this contributes significantly to regional variation.

Creating local solutions to local issues has many benefits, but the regional variation in out-of-home care practice suggests that the weakness of central policy and structural issues have led to children entering care via a postcode lottery. The nature and quality of care varies between local authorities, and this variance has a huge impact on the lives of the children who enter care. Whilst in education, concerns about vocal parents keep the national threshold high and uniform, in the alternative care system the children and their guardians are largely without voice. Political consciousness is starting to grow on this issue: Hosono, a presidential candidate for the Democratic Party of Japan, raised the ‘serious state of alternative care’ during a recent press conference in Tokyo (FCCJ, 2015). The MHLW foster care guidelines (2011) mark a change in attitude in the bureaucracy to alternative care. The publication of a Human Rights Watch report on the state of the alternative care system in 2014 has led to a second transition point, here with regard to political awareness of this issue. It is hoped that this paper will bring an increased awareness of the importance of equal access to care to the debate currently gaining momentum about the quality of care.

Further research is needed into all aspects of the alternative care of children in Japan, with a particular focus on the continued use of baby and infant welfare institutions, the situation of care-leavers, and the mechanisms by which institutions and organisations project power to protect their interest.

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Notes

[1] Placing children into care exclusively due to poverty is considered bad practice by international bodies including the UN, however the reality of the benefits system in Japan, particularly for single parents, means that the CGCs are often left with no choice but to remove the child.

[2] The youngest case I have seen during my fieldwork is an 11 year old mother with a 13 year old father

[3] The percentage of children in institutional care is actually higher than this. The Ministry of Health, Labour, and Welfare figures exclude children in the first phase of care, institutional temporary care, as well as excluding some other institution types that are commonly included in residential care figures worldwide. If we factor in 'temporary' care, where children have been known to stay for two years before being placed into foster or institutional care, the percentage in institutional care rises to approximately 88 per cent.

[4] Previously uncles and aunts, like grandparents, were registered as kinship foster carers. Kinship foster carers are paid the allowance for the child, but are not paid the personal allowance (72,000 yen per month for the first child, and 36,000 yen per month after this point). Uncles and aunts can now register as foster carers, and thus receive the child allowance and the personal allowance.

[5] 'There is no data on ... the number of regular adoptions by foster parents of children they had raised from a young age, or data on which adoptions were conducted based on kinship relationships between adopter and adoptee. There are also no breakdowns demarcating special adoption cases of children from children's homes, foster care, or infant adoption, and no separation between adoption cases in which stepparents adopt their spouse's child, and cases in which both parents adopt the child.' (Goldfarb, 2012, p22) See also Goodman and Neary, 'There exists no comprehensive study detailing the life outcomes of care-leavers in Japan' (1996)

[6] There is a CGC where the caseworkers stay for about 8 years, whilst management rotates every 2-3 years. Data on this is, as far as I am aware, only available by word of mouth.

[7] As yet, and this may just be something I have not yet found as opposed to it not being discussed, I have not heard of any moves towards creating a third party independent assessment body, such as OFSTED in the UK, to assess these new care providers. The importance of such a body is stressed by, among many, Mulheir and Browne in their WHO report on deinstitutionalisation of care provision (2007).

[8] There is (at least) one CGC where every single staff member is a specialist in welfare, though this is rare enough that the CGC is famous for this.

[9] At the 2014 National Foster Carer Association's annual conference the MHLW bureaucrat mentioned briefly that the regional variation may be something the MHLW needs to consider more. This was the first time I have seen or heard this issue commented on, and came a few months after I had met some MHLW bureaucrats and outlined my research to them.

[10] Japan is one of only two countries, the other being Columbia, that has classified the SOS children's village as foster care, rather than as residential care. Some practitioners in Japan do not see this village as foster care.

[11] The parents still have to be told about the placement into foster care. Where a child is in institutional care, and the parents have gone missing and are not contactable, the child cannot be moved to foster care. This is true even where the parents have been missing for over a decade.

[12] The CGC does not need a police report to place a child into care under the category of abuse. It seems here that the fact that the police did not charge the parents made it hard for the CGC to do so, that is, had the police not been involved Yoshi would have been placed into care under the category of abuse.

[13] Though in reality almost nothing is done to those committing abuse, an apology, sometimes temporary suspension, and very occasionally a resignation, is usually the most a CGC can hope for from the member of staff who committed the abuse

[14] This was amended from an obligation to report known abuse to suspected abuse following the 2002 'Kishiwada incident', where a child who was known to a CGC died from abuse.

[15] The head of the Taniko CGC had referred to legal guidelines in the US on the transmission of sexual diseases with regard to STDs being found in children, and noted that doctor's in Japan are not taught the same things as are held to be true in the US.

[16] There are cases where the parent will only grant permission for the child to enter foster care, and

refuse institutional care. These cases are infrequent and all that I have come across so far have been from parents who were themselves in institutional care.

Session A-2 Family Care 3

Lone Fathers: The Unconventional

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1. Introduction

The family in India is a near universal social institution. It is considered to be a private domain where the nations' important values are nurtured. As most people live in a family its commonplace presence makes it sensitive to critical inquiry. There is a tendency to think that there will be a threat to society's cherished values if the family is questioned (Uberoi 2005). Family studies in India for a long time focused on a broad categorization of family into elementary and joint. The elementary family is composed of a man, his wife and children. A joint family means two or more elementary families joined together. The debates centered on the impact of modernization on the joint family. The work of Shah (1998) necessitated its distinction with the household to show that the joint family was not really disintegrating. There has however been a conspicuous shift to the interest in the family as an important site for inequalities in contemporary India. This has brought into focus the position of women in conjugal relations, division of labor within the household and the primary socialization of the children. In this paper there is a shift to men in a family form that is prevalent amongst a very small percentage of the population of the capital city of India and is seen as an incomplete elementary family or can be called the lone parent family[1].

In the dynamics of the Indian family, parental roles and responsibilities are culturally defined (Kakar 1981, and Ramu 1987). Most accounts of Indian families point to an incompetence of Indian husbands, towards care which is culturally defined.In the Indian patriarchal family traditions there are role bifurcations such that women are relegated to the domestic sphere and are the primary caregivers and men by and large maintain a distance from care giving and domestic work (Roopnarine, Lu, & Ahmeduzzaman, 1989). Although there is change in the dynamics of the family and other ways of living are visible yet the heterosexual institution predominates and patriarchy continues to be the norm. The institution of marriage continues to be the only legitimate structure of the family.Any attempt at challenging this is seen as threat to the social order (Sen,Biswas,Dhavan 2011).

In this paper at attempt is being made to see how Lone fathers (Lf) are taking care of their children without the mother of the child. Beyond the role of the bread earner, Lf are involved in arenas of nurturing and care. They are taking care of the children in the absence of the child's mother and are doing 'routine' care work for their children. They are not only doing this as a sense of duty but because fatherhood for them is an important extension of the self. Since the role of father as a primary caregiver is unconventional according to the norms of society I want to understand if Lf are facing any

challenges in playing this role. Since Lf are the primary care givers of the children and also bread earners are they able to maintain the work/care balance. Care within a household includes both, care for children and house work. It can have positive consequences for the person who receives it but have costs for those who provide it since it has to be combined with work outside the house. Additionally since patriarchies are played at multiple levels one of the problematic is to understand whether patriarchal structures interpellate the agency of Lf as well. This can be seen in the light of the immense importance attached to the institution of marriage not only for women but also for men such that men who are 'outside' the institution of marriage are sometimes seen to be challenging the norms of society. The focus of the paper however is on how Lf are playing the unconventional role of care giver and the ways in which they are involved in the expressive and instrumental tasks of child rearing. I also seek to understand how this basic father-child unit in which instead of the conventional other, there the many others, both kin and non kin, are creating 'larger families' which are structured differently and what are the implications that this has for gender roles.

2. Research design

Lone father families of an urban (New Delhi), upper middle class/middle class setting in North India where fathers' who were earlier married and now separated/divorced from their spouses, are a part of this study[2]. Widowed fathers are not a part of the study as choice rather than circumstances was to be the basis of their being lone. Most Lf though said that it was not necessarily 'choice' that was the deciding factor in their separation/divorse.Implicit in the use of the term lone rather than single is that lone parents are said to have deviated from the norms of society hence they do not enjoy its support. Educated Lf who had separated for three years or more and whose children are residing with them in separate households were contacted through various methods. They were visited in their homes so that they could be seen interacting with their children. In-depth discussions were also held with the Lf.

The difficulties faced in studying lone father families were many. As a result of the conventional notions there are not many single fathers who remain single over a period of time. Single fathers usually remarry hence are difficult to locate[3] .Lone father families where the father and the children were residing alone were difficult to locate especially if the child was a girl child[4].

3. Fathers' transition to the primary care giver

Fathers have been the less common primary caregiver in the past, presumably due to the father working most of the day resulting in less bonding with the children, or possibly a young child still needs to be nursed and the mother seemed to be better suited for childcare while fathers were in economic activity. Some Lf however said that they were already involved with some form of childcare before their divorce which varied from playing with the child mostly in the presence of the women

folk or taking care of the child when the mother was involved in other activities. But their actual physical and emotional involvement with their children started only after their child begun to reside with them without the child's mother. The transition from becoming a father to the primary care giver involved various tasks which the fathers were unaware of due to their own socialization hence the process was gradual and not automatic.

Rahul a Lf who is in the teaching profession consciously chose his single status. Sometime after their son was born his wife asked for a divorce[5] .Rahul said that her decision took him by surprise. Though she could not give a reason for her decision to separate, he agreed but on the condition that he would take his son with him. He felt that she was confused and so he did not want to leave the child with her. Initially she resisted but once it became clear to her that he was not going to relent she agreed.Rahul moved out of the house with his six year old son. Hence forth the purpose of his life became the care of their son. He did not want him to be affected by their decision. Apart from the fact that Rahul and his son lived in a different house, Rahul tried to keep everything else in his child's life constant. Despite pressure from family and friends Rahul did not to remarry (even though his wife remarried) as he thought that it might further lead to a change in his child's life. He rented a house close to the house in which they earlier resided even though it was very far from his own work place. He bought a car (even though he was ideologically against it) so that he could ferry his son and his friends to and fro from school.Rahul's relationship with his in-laws remained intact.No event in their house was 'complete' without him. (Contrary to the north Indian culture he performed their last rites which, though were done along with his son).Initially Anita (the help) who had been assisting his mother in laws, was sent with them. Unfortunately Anita hit the bottle so she had to be sent back. 'That was a sad day as she was a part of our family'. After that Rahul did the entire house work and care of his child.Rahul was one of the Lf who used to share childcare with his wife yet it was not easy given the fact that he was the solo care giver and also the bread earner.

> …It was like working double shift. Multitasking all the time. Right from getting him ready for school, preparing his breakfast and dropping him to school and then going for work himself. After school I would pick him up, prepare his lunch and supervise his home work. His friends would come over to play and I would complete the household chores.My career took a back seat… I also faced financial difficulties. But… it was my decision.'

Sidhant another Lf who was pursuing a modeling career took a conscious decision to parent alone, so he adopted a child. Describing the adoption process as cumbersome he said that there is still a perception that single parents (especially fathers) cannot do responsible parenting. After becoming a 'dad' his life changed and he became a more disciplined person.

The transition to becoming a caregiver for these fathers was gradual, even though they were already 'fathers'. The experience of Lf reinforces the fact that they are breaking out of the conventional moulds and carrying out tasks which were earlier in the preview of the women like giving every day care to children and bonding with them at an emotional level.

3-1. Doing routine work for the children

In recent decades an increasing amount of theoretical effort has gone into broadening our conceptions of what fathers do for their children beyond the basics of providing for their financial needs. Lamb's (2000) threefold typology of engagement, accessibility, and responsibility has had enormous influence on the literature on father involvement. By engagement he means hands-on activities, such as helping with homework; accessibility refers to fathers' physical availability and monitoring; and responsibility signifies his ownership over tasks and decisions related to childrearing.

Lf were involved in the everyday care of the children especially during infancy. According to Kakar (1981) infancy is a demanding period that requires intense care giving and during which the Indian mother is highly indulgent with the child. Likewise demands on Lf were high when their children were infants. Differences exist within Lf but most are hands-on fathers. Irfan a pilot by profession whose daughter was all of 3 years old, when she started to live with him without the mother. Though challenging he said that bringing up his daughter had been a very amazing experience. His wife and he agreed to get divorced when their daughter was one year old after which his ex wife requested Irfan to take care of the child since she wanted to pursue a career in modeling. He readily agreed but now attributes it to a decision related to his youth. He fondly remembers taking her for work and sometimes even for important meetings. His work though gave him flexi time and he was also able to cook meals for her.

> …that was before she reached adolescence. I was anxious about the biological changes and often asked her if she needed colored underpants. Her answer would be 'no not now but I will tell you when I do' even at that age she understood what I was talking about.

The day she got her first period she was waiting me to tell me, I understood even before she told me. 'After sharing the excitement…I cried…my little baby had grown up'. He decided to change his occupation as he felt that taking care of children especially a girl child involved a lot more responsibility. 'It was difficult to explain to her not to talk to strangers while I spoke to women who were strangers to her'. He then mostly worked from home which he admitted created problems and he subsequently lost a lot of money. That he said did not seem to be of much importance compared to the fact that he had succeeded in bringing up his daughter well. He said that from a very young age she

had begun tell him how to run the house more economically. In fact if he got friendly with a woman his daughter would grill him about his divorce and say ‘why not my mother’. He fondly remembered the times when she was a young girl and they travelled together. People asked if she was his girlfriend since it was difficult for them to comprehend that a father could be on holiday with his young daughter (without the mother).

Routine care then means emotional involvement, physical presence, time and effort on the part of the parent. Gender of the child also throws up different issues for the care giver and LF devised ways of dealing with such issues .The discussions then turns to how Lf are creating meaningful networks of relations with kin and non kin and the ways in which these practices both follow and challenge traditional expectations for family life.

4. The Larger Family

The father-child unit is the basic unit of the lone father family. This larger family is not ‘structured’ the way two parent families are and instead of the mother there are the many ‘others’ who form a part of the ‘larger family’. Though both kin and non kin are included in the larger family yet it is the non kin who form an important part of this father- child unit.

4-1. Father- Child unit

Lone parent families also have implications for the socialization of the child. Family according to Parsons (1955) is the primary agency for socialization. Although family plays an important role in the early years, the learning process continues throughout life (Beteille 1991). Arun aspiring for a career in politics and whose daughter was 12 and son was 10 years old when he separated from his wife. Both children took on responsibilities around the house. His son would often get on a table to roll the ‘rotis’ (Indian Bread). His daughter helped Arun take care of her younger sibling. Even as a child she did not do things just because girls were supposed to do them. Marriage did not figure as the primary goal in her future plans and she told her father that she would marry only if she found the right ‘boy’, someone who would agree to take care of him(father). She wanted to get a degree in management and Arun’s son wanted to become a chef. They planned to open a restaurant where all three of them could work together.

Regarding day to day issues maintaining the balance between discipline and friendship for Lf and the child is sometimes challenging. There is a loss of the ‘echelon structure’ which is a feature of two parent families and children become more like peer which might not be psychologically good for either the parent or the child[6].The experience of fathers with their children shows that the children are being not being socialized in the stereotypical manner. In fact children grow up seeing their fathers in the kitchen and going out for work, playing the role of nurturer and provider. Unlike children in

conventional families the children in lone parent family forms are not socialized into fixed gender roles and have the potential to learn in a different family setting.

4-2. Parent's of Lone fathers: responsibility and resentment

The parents of Lf extend support after the break in their son's marriage, especially their mothers[7]. Despite the love for their grandchild they are not very happy with the added responsibility of bringing up a child just when they are otherwise ready to retire in their old age. Instead they would have expected their son and his wife to take care of them. Hence they put pressure on their son to remarry so that they can pass on the responsibility of the childcare to his wife.Irfan said that his parents had got a lot of marriage proposals for him which he had declined.Infact his father has recently offered to start a business and get a 'lovely' house for him if he agreed to marry. They were also upset about the fact that Irfan did not have a son who could carry their family name forward.Though they had two daughters and grandsons but in patriarchal societies of North India it is the son who carries the name of the lineage. This created a lot of tension between Irfan and his parents such that when he spoke to his father he referred to himself as their nalayak (good for nothing) son.

There is a socio-cultural expectation that sons will take care of parents in their old age even though daughters also extended support to their natal families after marriage. It is this stereotypical expectation that causes resentment in the minds of the parents' even though there may not be any direct conflict with their sons[8]. The other relationship that continued to be problematic is with the ex spouse, but for the sake of the children some Lf work on it.

4-3. Ex- Spouse: A workable relationship

The ex spouse/ the mother of the child did not play a very active role in the lives of the Lf families. Lf like lone mothers shared a bitter relationship with their spouses after the separation. This relationship continued to be problematic though for the sake of the child they tried to work on it.Amit a Lf who was in a business enterprise with his friend and whose younger child was with his ex wife and the older one with him, tried to maintain a cordial relationship with her. He said that he paid a monthly allowance to her and also for the education of the child. He said that he had to sell the house he was living in so that he could take care of the expenditure of three households[9]. His wife whom he had helped set up a business was now doing better than him but she still expected him to pay for all the expenses. He had just bought a car for them as when he bought a car for himself his car his younger son too asked for a car. He said that his ex wife had tried to reconcile with him five years after their separation as she did not want a divorce. For the sake of the children he agreed .Yet he made it clear to her they would be living in separate bedrooms. But it did not work as she would pick up a fight not only with Amit but also their older son who had refused to stay with her.

Lf made a distinction in the relationship between their ex wife with whom their relationship could never be the same and the mother of their child with whom they were in a sense forced to keep a relationship for the sake of the children. For Lf it was the support of non kin that was valuable and whom they considered to be family.

4-4. Friends:The lifeline

'Life is hell without friends' was the status of a lone father on a networking site. Lf said that they liked to spend time with friends. Friends for lone mothers were someone they could depend on for day to day affairs; for Lf friends' were to 'hang out' with. Ajay father of a 15 year old and an engineer by profession but who operated a property firm because of the flexibility in work hours it gave him said that the only way to relax was to be with friends. Narrating an incidence he said once a friend and his wife came to stay with him and the man hit his wife in the bedroom.Ajay intervened and asked his friend to either behave or leave his house. He counseled the wife and asked her not to live with a man who did not know how to respect women. His was an 'open house' for his friends but he wanted some decorum to be maintained in the house lest they become a nuisance for the neighbors.

Friends for most Lf's were the ones with whom they were sharing an emotionally reciprocative bond. This more than the relationship with the kin as is the norm in most conventional families is what constitutes family for them.

4-5. The help: The outsider-inside

Lone parents referred to 'the help' by their name or as a relationship and connected with them like family. The help then, though neither kin nor friends of lone fathers, were described as a part of their larger family[10] .Rana who was working with a multinational firm at the time of his separation and whose stayed son and daughter stayed with him even though his wife had legal custody of the children, introduced the help as jivini(the one who helps sustain life).He said three generations of her family had lived with his patrilineal family and even though she was unwell he did not want to send her back to the village as she would not be taken care of over there. It was reassuring to have her around he said just like it was to have a parent. The other members of his family were the watchman, plumber, electrician who even if he called in the middle of the night they would leave everything and be by his side. Not for the money but because of the relationship he shared with them.

Lf seemed to have an orientation that was 'outward' as they were not just restricted to members within the family. The meaning of the family for them has transcended to relationships beyond the kin[11].

5. Consequences for the lone fathers

Lf are said to be promoting norms of an individualistic ethos. Despite trying to create larger families, which because they are differently structured than the conventional two parent family, they are often considered to be going against the norms of society. The emotional and financial cost at which they are taking care of their children is seldom considered.

5-1. Home and work

Finances are often a source of anxiety for lone parent families.Lf like lone mothers are involved in the routine care of the children and find it difficult to be involved in a demanding career. Furthermore since childcare activities are more of a barrier to workforce participation it is also difficult for lone fathers to be the primary care giver and bread earner. Hence Lf found it difficult to be in jobs which were demanding as they required flexible work hours. Ambition and careers took a back seat and routine work took precedence. Vijay who was working as a manager in an export house and whose wife left the house, on the pretext of going out of the country for some work, to never return. became a passive acceptor[12] .He took care of their 8 year old daughter but it was difficult as he did not have flexible work hours. His boss though sympathetic to his situation could not offer much help. The child's security was a major concern and Vijay had to move close his parent's house. Vijay's mother took on the responsibility of the child in his absence. He even handed over most of his earnings to his parents. The grand parents took care of the child's security concerns but could not fulfill her emotional needs. Vijay was busy taking care of the financial needs of the family and his own needs of companionship. Despite trying his best he could not take care of his daughter the way he would have wanted to.

The problems faced by Vijay reflect the problems of most lone parents. There are no concessions at the work place for lone parents' particularly lone fathers. People at the workplace even if sympathetic cannot do much as they are no laws separate protecting the rights of lone parents. Since there is a stereotype regarding the roles of parents the law does not take into consideration the needs of Lf.Thus it becomes difficult for a lone parent to bring up a child without support even if he wishes to do so.

To deal with such issues some lone parents have formed self help groups. They felt that being part of a group with similar concerns helped them cope with issues related to child care.Sanjay who had a professional degree worked in his father's firm as it gave him flexible time. He is the father of a 12 year old boy. He said that he was a part of an informal single fathers' support group in which they address issues common to their situation. They meet once in a while and even organize joint outings.Rana another Lf said that his son's friends' and their parents always went out together. A lone mother and her daughter was also a part of the group. This helped his son realize that there were others who had similar family forms.

5-2. Marriage and Masculinity

The association of marriage with masculinity creates a stereotype painting all non married men with a similar brush[13] .Lf even though married, on separation, get 'branded,' as is the case with single unmarried men. The unmarried status of men casts a shadow on their masculinity and there is pressure on their 'sexuality'. In a society where there is a high value placed on marriage and fertility not only for women but also for men, unmarried men, as well as women are seen as a threat to society.

The divorced men considered in the study, though married and had children living with them, were still considered a threat to society. Irfan said that 'married men considered him to be a threat around their wives'. He married his girlfriend when he was only 21 years old after she told him that she had become pregnant. He had the marriage registered in a back date. The marriage lasted for two years and they separated by mutual consent. Even as a child his daughter hated seeing him with other woman so he decided that he would not get married. He got into innumerable relationships that would eventually break and people especially married men became uncomfortable around him. Society considers such men to be a threat to the social order since there is no check on their behavior as marriage and family are considered to be institutions within which men's sexuality is (supposedly) contained.

Chowdhry (2011) in her study in rural Haryana found that unmarried young men and men past their youth if still unmarried, are slotted and accorded an inferior status[14] .This was also found to be true of the Lf in the urban areas. Vijay whose wife left at the pretext of going abroad for a job, said that his status in his house was that of an 'irresponsible' person. His father thought that he was incapable of taking important decisions because his 'love marriage' had failed. Men who are unable to control their women are considered to be weak as the exercise of power is considered to be a sign of manhood. So men who could not 'keep' their wives were considered to be less masculine as it is assumed that their wives did not submit to their power. Masculinity then has multiple indicators the most important of which is marriage.

5-3. Loneliness and sexuality

According to Uberoi (2004) there is avoidance on discussions related to sexuality in India. Contemporary work on sexuality problematises the notion that sexuality is a world unto itself. A consequence of this thinking is that sexuality is treated like a private 'thing' that is disconnected from the public domain (Srivastava 2013).

Lf discussed their relationships with their women friends in a more casual manner and the secrecy that surrounded such discussions with lone mothers was absent. They readily discussed their need for a sexual relationship. 'I have a girlfriend in every city. I think being single is better than being in one relationship for life', said Rohit .Rohit a businessman whose son and daughter stayed with him said that men had sexual needs and for him too that was important. His ex wife though he was sure

was not seeing anyone and he wondered how women are able to manage without something so vital to the existence. He said that he got into a relationship twice after his separation and had just got out of the second relationship. As a result of his 'activities' his daughter was sent to her mother. The Lf's attempt at discussing multiple relationships seemed a subtle way of dealing with issues of masculinity.

Lf's said that they understood the 'syndrome of the empty nest' and could empathize with mothers' who spent their entire lives around children .Lf primary reason for not remarrying was their children as the child was their primary responsibility. Once the children grow up there is a certain emptiness but that does not necessarily mean being lonely said Rana. Another Lf was saddened by the fact that his daughter has gone for a higher education to the country where her mother now lives. 'Not to be with the mother but for a better education. My dogs are now my family. I travel a lot and but whatever part of the country I am in I Skype and connect with my babies. I live to come home to my babies… you need not have a human to communicate with'. I am the the envy of my friends as I am 'free' and don't have any commitments'. Though with a far away look in his eyes he did say that his life would have been very different if it had not been for his daughter.Yet there was no resentment that his daughter was enjoying her life without him. He looked forward to her being with him soon.

Loneliness and issues of sexuality of Lf are not really a point of discussion as they are considered to be the private concerns of a group of individuals who are considered to be an anomaly of society.

6. Conclusion

Challenging conventional notions, Lf are playing the role of bread earners and care givers. Though they were already fathers before their separation/divorce yet their transition to becoming the solo caregiver is a process that requires them to be engaged with their children, much more than is expected of men in the Indian context. Giving them physical and emotional care they involve themselves with the children at various levels. The experience of lone fathers shows that they share circumstances similar to mothers' in bringing up children as compared to fathers' in two parent families. In trying to creating a balance between care and work lone parents are unwittingly reinvention gender roles and this can have wider implications for gender relations.

The larger families that they have succeeded in creating are 'outward' in orientation. The basis unit of these families is the father-child unit and instead of the conventional other there are the many others not necessarily the kin. This then is a witness to the fact that Lf are not promoting an individualistic ethos. These families with their diffuse authority structures and flexible gender roles are not structured like the patriarchal family. Though not large in number, lone father families could be prompting us to rethink the family.

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Notes

[1] According to data, widowed /separated /divorced men are clubbed together and constitutes 1.7 % of the total male population of Delhi No data however was found for single father families.

[2] The thrust of my thesis is urban upper middle/middle class Lone parent (father /mother) families. However since lone fathers are difficult to find hence 11 lone fathers are a part of the study.

[3] Jalan (2010), a comparison can be drawn with the study of single parents in Germany which showed that single fathers usually remarry.

[4] Since care is still in the purview of the (joint) family in India and the norm is for sons to continue to stay with the parents after their marriage, it is the responsibility of the grandparents to take care of their grandchild and more so if the marriage of their son breaks.

[5] All names are pseudonyms

[6] Goffman (1966)An echelon structure consists of a hierarchy in which one individual has authority over another.

[7] Kakar (1981) argues that in the Indian system mother son bond is emphasized over the husband wife relationship.

[8] Das (1995) the duality of the family is expressed on the one hand as a site of oppression and on the other hand as a 'haven in a heartless world'.

[9] Amit's elder son lived with him. But when his son went to do engineering in another city he fell ill so Amit rented a house for his son and his widowed mother in the city in which his son was studying. His wife and younger son lived in another house bought by Amit.

[10] Uberoi, (2005) researchers may sometimes not include non-kin like servants in enumeration of household, who contribute critically to household maintenance.

[11] Palriwala (2011) Love in which there is expectation of return is considered to be corrupt love.

[12] See O'brien(1982)

[13] A single status though is equated to being unmarried but data shows that was also the case for divorced men.

[14] Chowdhry,(2011). It is not only the women but also the men who may find it difficult to live up to the stereotype of a patriarchal structure. The unmarried youth are considered of an inferior status and are sometimes slotted as problem creators.

Changes in the Direction of Intergenerational Support Flows in Turkey, A Country at the Onset of Aging: Evidence from Turkey Family Structure Survey, 2006 And 2011

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1. Introduction

In Turkey, the results of the demographic research carried out in last 40 years have shown that family structure is on the way of transformation from extended to nuclear families. Although family roles are changing and families are losing the feature of being a buffer institution in elderly care and protection in Turkey, both parents and children still prefer to live in the same neighbourhood with their families to provide support to each other.

Based on the changes in family roles in Turkey, parent-child and child-parent relations are complicated as both parents and children need intergenerational support. However, the question of who is supporting whom remains an unanswered question. This paper investigates the direction of intergenerational support flows in Turkey that defined as a country at the onset of aging.

This study analyses the direction of intergenerational support flows on the basis of two concepts; 'functional solidarity' and 'associational solidarity' borrowed from Bengston and Roberts based on their study published in 1991.

In the first part of the paper, demographic changes in Turkey will be covered in order to shed light upon how the dynamics of intergenerational support may change in a country at the onset of aging based on the changes in demographic and familial structure. In the second part of the paper, data and methods used for this paper will be analysed and in the last part of the paper, the results will be discussed in the light of the demographic changes in Turkey and how the direction of intergenerational support changed in five years period will be understood based on the data comes from two different Turkey Family Structure Surveys conducted in 2006 and in 2011.

2. Changes in Demographic and Family Structure in Turkey

Demographic researches carried out last 40 years in Turkey indicate that since 1970s total fertility rate in Turkey has been declining continuously. While total fertility rate was 5 births per woman in 1970, it declined to 2.2 births in 2003, and stabilised at this level in 2008 and 2013. As a result of decline in fertility, young population consisting of people below 15, is decreasing. While this group was consisting of the 41% of whole population in 1935, it declined to 25% in 2013. In parallel to fertility decline in Turkey, the elderly population has a tendency to increase. While the proportion of elderly population (65+) was only 3-4% in 1975, currently,

population aged 65 and over constitutes 8 in Turkey (approximately 6 millions) and it is expected to rise to 9% in 2023, 21% in 2050 and 28% in 2075 according to the population projections conducted by Turkish Statistical Institute (TURKSTAT, 2013).

When the proportion of elderly population was compared to other age groups, it was seen that elderly population had higher growth rate. In 2013, while the growth rate of total population in Turkey was 13.7‰, growth rate of elderly population was almost triple with 36.2‰. Any other indicator, old age dependency ratio is number of elderly persons per 100 people at working age groups. While the number of elderly persons that were needed to be taken care of per 100 working people was 11 in 2013, this number is expected to be 19 in 2030. Both demographic data and elderly indicators show that Turkey is losing its young population structure and is turning to an old population structure.

Demographic researches carried out in Turkey also indicate that average household size has declined from 7 to 4 people in last 40 years. Decline in household size as a consequence of both fertility decline and change in the family structure in Turkey show that family structure in Turkey has been changing from extended families to nuclear families. According to results of Turkey Demographic nd Health Survey 2008 (TDHS 2008) the rate of nuclear families in Turkey has reached to 70 percent (Koç et.al 2010). Among these families, classical nuclear family consisted of spouses and children has the highest proportion (56%) while the proportion of nuclear families consisted of spouses is %14 and the proportion of extended families is %16 (Koç et. al 2010).

Families have been changing since several decades due to several reasons in Turkey. Structural changes such as urbanization, changing mix of agricultural and industrial employment and changes in individual characteristics such as increased levels of education particularly for women underlie the modernization process while economic development accompanies this process and these are accepted as affective in changing value systems in Turkey (Aykan and Woolf, 2000). Thornton and Kavas (2013) consider ideology of developmental idealism in the scope of family change. They added modernization programs of Turkey and their adoption to value and belief systems of developmental idealism as other causal factors on family change in Turkey.

Family has been a central element of modernization projects in Turkey since the late Ottoman Period. Legal family norms were also implemented during the early Republican period such as Civil Code which banned polygyny, increased the minimum age for marriage, enacted gender equality in inheritance and granted equal child custody rights for both parents (Thornton and Kavas 2013). Increase in women's autonomy was also one of the main concerns of the Republic of Turkey. Based on the increase in women's autonomy since early Republican period, it can be assumed that when the women's position increases in the society, it affects their relations with their elderly parents. With the increase in women's visibility in public domain, elderly care may lose its primary role even if traditional familial roles enforce caring for the elderly. It is of importance that

policy changes prepare the background for macro family changes but changes in the norms regarding the women's roles as a primary care giver also affect the parent- adult child relations.

Aytaç (1995) questioned whether modernization process of Turkey also changed the familial relations. He claims that modernization has a different face in Turkey and even if nuclear families are increasing, strong familial relations still continues in Turkey. To what extent co-residence patterns are influenced from the modernization process is controversial. Intergenerational co-residence is a vehicle for the exchange of social, emotional, practical and financial support (de Yong Gierveld et.al, 2012) and there are studies pointing out the co-residence patterns in Turkey.

The common point of these studies is that they claim that not only elderlies but also adult children prefer intergenerational co-residence or at least they prefer to live in the same neighbourhood which shows that traditional ties with children and families still continues in Turkey (Aytaç, 1995; Aykan and Wolf, 2000). TDHS 1998-2008 also shows that children living in the same neighbourhood have increased from 34 to 37 percent in 10 years time. Aykan and Wolf (2000) in their study, indicate that different factors affect the co-residence patterns of elderlies and children. They claim that when adult children have children and constitute their own nuclear family, it affects their coresidence possibility with their parents in a negative way. They also indicate that when education level of adult children increases, coresidence possibility of adult children and families also decreases. They also found that geographical residence – whether living in an urban setting or a rural setting – also has an impact on co-residence patterns as living in rural areas increases co-residence with elderly parents.

3. Types of Intergenerational Solidarity and Intergenerational Relations in Turkey

This study uses the concepts developed by Berngston and Roberts (1991). They explain six elements of intergenerational solidarity with nominal definitions and examples of empirical indicators. These are associational solidarity, effectual solidarity, consensual solidarity, functional solidarity, normative solidarity and structural solidarity. As this paper uses the two concepts among six which are consistent with the target of the paper and the available data, they will be explained here. The first concept that the paper utilizes from is the associational solidarity. According to Berngston and Roberts (1991), it is defined as "frequency and patterns of interaction in various types of activities in which family members engage" and empirical indicators of associational solidarity are listed as "frequency of intergenerational interaction" such as face-to-face, telephone or mail interaction. Types of common activities shared such as recreation and special occasions are also among empirical indicators of associational solidarity.

The second concept that this paper utilizes is the functional solidarity; which is defined as "degree of helping and exchanging of resources." Empirical indicators of the concept mentioned by Berngston and Roberts (1991) again are "frequency of intergenerational exchanges of financial, emotional, physcial or other kinds of assistance" and "ratings of reciprocity in the intergenerational exchange of resources."

These concepts do not point out to the direction of intergenerational solidarity, but shed light upon the discussions related to direction of intergenerational solidarity. The concept of intergenerational support flow is based on the Caldwell's (1976) wealth flow concept which mainly points out that intergenerational relation determine the way of resources. In this concept, wealth is used to refer income, money, goods, service and assurance. Even if familial relations can also be conceptualized under wealth flow theory, as Kalaycıoğlu and Tılıç (2000) use, I prefer to use "support flow" while pointing out the intergenerational support between families and children. The work of Kalaycıoğlu and Tılıç (2000) shows that the expectation for support is not only related with the expectations of elderlies but also necessities of children. They claim that there are support flows both from children to parents and from parents to children of which have some similarities. Kalaycıoğlu and Tılıç (2000) have explained the intergenerational support between children and parents as "the model of collecting resources in a common pool". It indicates that each person within the family either a child or an elderly and a parent is putting her/his resource to the common pool and the resource is being used within the family which may sometimes turns a three-generation support mechanism (elderly- adult children and grandchildren) in Turkey.

Even if most of the studies in the literature in Turkey point out the preference for intergenerational support especially from the young generation's point of view, some other studies claim that it is getting more difficult to provide upward support, in other words, support for elderlies. For instance, while Tufan (2007) claims that elderly care creates a "burden" on the neck of all family members, Kalınkara (2005) also claimed that elderly care creates "emotional burden" especially for the married children and lead them not to spend time with their nuclear family. In order to come to a conclusion for elderly and adult children's preferences, there is a need to examine the related data on their preferences.

4. Data and Methods

In order to reach the main objective of the study, this paper uses the data from "Turkey Family Structure Survey" conducted in 2006 and 2011 (TAYA- 2006 and TAYA-2011) by Ministry of Family and Social Policies in Turkey. In the selection of TAYA-2006 and TAYA 2011 sample, a weighted, multi-stage, stratified cluster approach was used.

In the interviewed 12,056 households, 23,379 individuals over age 17 were identified and interviewed individually with the Individual Questionnaire. Some of the questions were directed to elderlies above 60 with the individual questionnaire. Both of the data sets include detailed information on upward support type (young to old) and downward support type (old to young). This paper is based on these data sets derived from the questions focusing on intergenerational relations.

The direction of intergenerational support was obtained from several questions. "Who is responsible for the care of children within the household" and "who is responsible for elderly care within the household" were selected to analyse the direction of intergenerational support flows as the answers of these questions can be

categorized under the functional solidarity concept that is used for this study. Among Bengston and Robert's conceptualizations, it should be said that the analysis on "functional solidarity" is limited with the "help across generations." "Exchanging resources" was not involved to the analysis due to the limitations of the data.

In order to analyse the level of associational solidarity between generations, coresidence pattern and the question of "how often do your children visit you?" is also analysed. "Frequency of intergenerational interaction" as a definition of associational solidarity is measured through face-to-face visits in non-resident families. Under the light of these questions, intergenerational support flows are determined and changes between 2006 and 2011 are analysed both observing coresident and non-resident family patterns. While the first two questions give insights on type of intergenerational support among especially coresident families; the analysis on coresidence pattern of the elderly provides valuable information on the type of intergenerational support for elderly living with resident and non-resident family. Also, third question focus on only elderly living without family members. Following section will provide the findings of this paper.

5. Findings

Table 1 and Table 2 presents the results regarding with the analysis of "functional solidarity" in Turkish households. Table 1 provides the percentage distribution of persons who responsible for the care of children within the household as one of the indicators of downward support. We see that while about 4 percent of care of children within the household is done by elderlies in the family in 2006, it increased to about 8.5 percent in 2011. The major change between 2006 and 2011 is the contribution of grandmothers in the care of children. While the percentage of care of children done by granfathers remains the same in 2011 with only 0.1, the percentage of care of children done my grandmothers increased from 3.7 to 8.2 in five years time which also provides an explanation how gender is one of the determinant factors in care of children.

Table 1: Percentage distribution of persons who responsible for the care of children within the household, 2006 and 2011

Responsible person	**TAYA-2006**	**TAYA-2011**
Mother	91.8	86.6
Father	0.5	0.6
Sister/Brother	0.2	0.8
Grandfather	*0.1*	*0.1*
Grandmother	*3.7*	*8.2*
Caretaker/Day-care centre	2.1	3.1
Other	1.7	0.6
Total	**100.0**	**100.0**

Table 2 provides the percentage distribution of persons who responsible for the care of elderly within the household and provides clues on the other direction of functional solidarity (upward support). We see that even if daughter's responsibility for the elderly care within the household has increased from 12.2 to 15.0 percent in five years time and son's responsibility has a tendency to decline, sons still have more responsibility for elderly care within the household in comparison to daughters. However, the percentage of daughter-in laws in elderly care within the household is the highest among the others, with 36.0 percent in 2006 and 33.5 percent in 2011.

The fact that higher percentage of daughter-in laws in elderly care compared with the percentage of sons in both 2006 and 2011 reveals how gender roles are determinant in elderly care within the household as the daughter-in laws have the responsibility of parents-in laws on behalf of their husbands. The share of grandchildren, other women relatives and caretakers in elderly care has an increasing tendency during 2006 and 2011.

Table 2: Percentage distribution of persons who responsible for the care of elderly within the household, 2006 and 2011

Responsible person	**TAYA-2006**	**TAYA-2011**
Spouse	25.1	20.8
Daughter	*12.2*	*15.0*
Son	*22.5*	*20.1*
Brother/Sister	1.2	1.0
Daughter-in-law	*36.0*	*33.5*
Son-in-Law	0.4	0.5
Grandchildren	0.7	2.5
Other women relatives	1.2	3.3
Other men relatives	0.2	1.2
Care-taker	0.3	1.1
Neighbour	0.2	0.8
Total	**100.0**	**100.0**

Table 2A and 2B show percentage distribution of persons who responsible for the care of elderly within the household by type of settlements in 2006 and 2011. Both tables indicate that daughter's roles in rural areas have increased in five years time in contrast to son's and daughter's in law's roles. Even if roles of daughters also have increased in urban areas, there is still huge difference between urban and rural in terms of responsibility of care of elderly by daughters. Besides, responsibility of sons and daughter-in-laws has decreased in both rural and urban areas in five years time. The decreasing tendency appears to be related with the substantial increase (3-fold increase) in the share of the "other" persons such as grandchildren, other women relatives and caretakers in the care of the elderly in Turkey.

Table 2A: Percentage distribution of persons who responsible for the care of elderly within the household by type of settlements, 2006

Responsible person	**Urban**	**Rural**
Spouse	25.0	25.2
Daughter	5.5	17.5
Son	23.4	21.7
Brother/Sister	1.8	0.7
Daughter-in-law	41.9	31.4
Son-in-Law	0.6	0.3
Grandchild	0.5	0.9
Other women relatives	0.9	1.4
Other men relatives	0.2	0.2
Care-taker	0.1	0.4
Neighbour	0.1	0.2
Total	**100.0**	**100.0**

Table 2B: Percentage distribution of persons who responsible for the care of elderly within the household by type of settlements, 2011

Responsible person	**Urban**	**Rural**
Spouse	21.6	20.2
Daughter	7.1	20.8
Son	21.8	18.8
Brother/Sister	1.6	0.6
Daughter-in-law	40.7	28.3
Son-in-Law	0.8	0.4
Grandchild	1.9	3.0
Other women relatives	2.7	3.8
Other men relatives	1.0	1.4
Care-taker	0.2	1.8
Neighbour	0.5	0.9
Total	100.0	100.0

Table 3 shows the percentage distribution of elderly by family type. It shows that elderlies still live in nuclear families especially consisted of only wives and husbands. However, we see that while the percentage distribution of elderlies living in nuclear families has a declining trend, the percentage distribution of elderlies in extended, especially in the patriarchal families, and dissolved families has an increasing trend in five years period.

Table 3: Percentage distribution of elderly by family type, 2006 and 2011

Family types	**TAYA-2006**	**TAYA-2011**
Nuclear	**54.7**	**52.1**
Wife+Husband	*39.4*	*43.5*
Wife+Husband+Unmarried Children	*15.3*	*8.6*
Extended	**19.3**	**19.6**
Transient	*17.2*	*12.1*
Patriarchal	*2.1*	*7.5*
Dissolved	**26.0**	**28.4**
One Person	*20.8*	*20.0*
One Parent	*4.0*	*3.0*
Other	*1.2*	*5.4*
Total	**100.0**	**100.0**

Percentage distribution of elderly by co-residence patterns indicates that percentage distribution of elderlies (both women and men) living with their children has decreased between the years 2006 and 2011. In parallel to this finding, elderlies living without children have increased between the same periods. It indicates that female elderlies have a higher tendency to live with their children as opposed to male elderlies.

Table 3A: Percentage distribution of elderly by co-residence pattern, 2006 and 2011

Sex of the elderly	Living with children	Living without children	Total
	TAYA-2006		
Male	32.9	67.1	100.0
Female	40.3	59.7	100.0
Total	36.9	63.1	100.0
	TAYA-2011		
Male	30.5	69.5	100.0
Female	35.6	64.4	100.0
Total	33.3	66.7	100.0

Table 3B and Table 3C provide information on percentage distribution of reasons for living and not living with children. Table 3B shows that the percentage of the reason “we want to support each other” has increased from 17.2 to 19.9 in five years time which is somehow a proof for willingness to involve into the

intergenerational support process. While it was the third important reason in 2006, it became a second important reason in 2011, and this again shows that importance given to the intergenerational support has increased over time in Turkey.

Among reasons for not living with children being self-sufficient enough in nuclear families without children seems as being most important reason, the percentage of which also increased from 24 to 37 in five years time. Besides, even if the proportion of elderlies who do not want to live with their children has decreased between 2006 and 2011, they constitute the second largest group in 2011.

Table 3B: Percentage distribution of reasons for living with children, 2006 and 2011

	TAYA-2006			TAYA-2011		
Reason	Male	Female	Total	Male	Female	Total
My children do not want me to be alone	11.7	23.7	18.7	5.5	9.0	7.6
Due to our traditions	19.6	12.2	15.3	13.1	10.7	11.7
I am happy to live with my children	19.2	21.1	20.3	27.7	28.1	27.9
I need their care	9.2	15.1	12.7	10.0	14.6	12.8
I have no other possibilities	10.8	8.6	9.5	9.0	7.0	7.8
I do not want to stay in the nursing home	0.8	0.0	0.3	0.3	0.2	0.3
We want to support each other	21.3	14.2	17.2	20.1	19.7	19.9
Other	7.5	5.0	6.1	14.2	10.7	12.1
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

Table 3C: Percentage distribution of reasons for not living with children, 2006 and 2011

	TAYA-2006			**TAYA-2011**		
Reason	Male	Female	Total	Male	Female	Total
My children do not want to live with me	3.7	2.6	3.1	3.8	4.1	4.0
Their house is small and no place for me in their house	9.2	11.4	10.3	5.1	6.0	5.6
No one for my care in their household	2.7	2.2	2.4	0.8	2.2	1.5
Their financial possibility is not enough to take of me	7.8	7.2	7.5	3.5	3.9	3.7
I do not want to change my social environment	29.5	30.5	30.0	16.1	17.5	16.9
My daughter in low and grandsons/granddaughter do not want me	2.3	3.6	2.9	2.1	3.6	2.9
I do not want to live with them	14.1	20.8	17.5	13.6	19.8	16.9
We are self-sufficient with my wife/husband	29.3	18.8	24.0	43.0	32.0	37.1

Other	1.4	3.0	2.2	12.1	10.9	11.5
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**

In order to analyse the associational solidarity between generations, Table 4A and 4B shows percentage of distribution of visits done by children of the elderly in non-resident families[1]. We see that the frequency of visits done by sons and daughters have increased in five years time. However, frequency of visits done by sons have increased more than visits of daughters in five years time. While monthly based visits have decreased, frequency of visits in a year have increased both for daughters and sons in five years time. Increase in face-to face visits especially done in once a week or more frequent confirms that associational solidarity between children and parents as a type of intergenerational support also has an increasing trend in Turkey.

Table 4A: Percentage of distribution of visits done by children of the elderly, 2006

Frequency	**Daughter**	**Son**
Once a week or more frequent	46.9	43.8
Once a month	14.7	16.3
Several times in a year	17.9	18.9
If needed	0.7	0.3
No visit more than a year	2.5	2.7
Never	1.1	1.0
Only in the weekend	10.6	11.0
Only in holidays	5.6	6.2
Total	**100**	**100**

Table 4B: Percentage of distribution of visits done by children of the elderly, 2011

Frequency	**Daughter**	**Son**
Once a week or more frequent	49.8	51.2
Once a month	5.9	6.1
Several times in a year	22.0	24.1
If needed	1.2	1.8
No visit more than a year	1.2	1.6
Never	1.5	1.4
Several times in a month	18.5	13.8

[1] Table 4A and Table 4B can not be totally comparable as the categories provided for the question "how frequent your children (daughter and son) visit you?" have some differences as shown above.

Total	**100**	**100**

6. Discussion and Conclusion

This paper targets to find an answer to the question of "how do the direction of intergenerational support flows have changed in Turkey" as well as "across generations who is supporting whom?" The reason why the answers of these questions is important based on the fact that population is getting older and older in Turkey and even if the elderly population have been increasing since years, families' role are also changing. Therefore, "to what extent do the change in the families affect the direction of intergenerational support" is a question that should be answered in order to understand the effect of aging and family change in Turkey.

The analyses in the paper were based on the concepts of Bengston and Roberts (1991) namely, *functional solidarity* and *associational solidarity*. While the concept of functional solidarity is used to understand the "help across generations" living together (in co-resident families), the concept of associational solidarity is used to understand the "frequency of intergenerational interaction."

The data from TAYA (Turkey Family and Structure Survey) 2006 and 2011 provides information on functional and associational solidarity, therefore questions regarding the elderly and child care in co-resident households, co-residence patterns, and visits in non coresident families were analyzed.

The results of the study reveal that in terms of type of the intergenerational supports, both of the supports, namely '*functional solidarity*' and '*associational solidarity*' are observed in the families of Turkey both in 2006 and 2011.

When the findings are examined in detail, we see that downward support (from elderlies to children) in terms of providing care to younger generation within the household has increased in five years time. Even if one of the important features of labor market in Turkey is the distinctly lower labor force participation rates of women, it has been increasing since last five years and stabled around 29% in 2013. Women's increasing role in labor market might be one of the reasons of increasing role of grandparents in child care. However, due to the limitations of TAYA 2006 and 2011, it would not be possible to come this conclusion from the data directly. There is a need to make a further investigation on the relation between increasing labor force participation of women and increasing role of grandparents in child care. In terms of downward support it is also examined that the role of grandmothers within the family in providing care to younger generation is much more important than the role of grandfather which is one of the indicators of care work is gendered.

In terms of upward care support we see that the role of sons is higher than the daughters. However, the highest care work is done by daughters-in laws which is also other indicator of how elderly care is gendered. Even if the primary care role is given to the sons according to the patriarchal norms, gendered care ideology leads the increasing role of daughters-in laws as they are doing care work on behalf of their husbands. These findings indicate that functional solidarity in terms of providing care across generations is somehow gendered but reciprocal. Care work according to the type of settlement also indicates one of the important changes in

Turkey. In Turkey internal migration from rural to urban areas have been increasing and sons living in rural areas have more tendency to migrate to urban areas. In that sense, care of elderly is mostly done by daughters who are staying in rural areas.

Coresidence patterns indicate that the percentage of elderlies living with their adult children has a declining trend. In parallel to this finding, as a reason of not living with their children, the percentage of elderlies who do not want to live with their children constitute the second largest group despite the decline in five years time. Considering the other reasons, it may be concluded that elderlies also prefer not to change their own lives for the sake of living with their children, however living with their children is something that makes them happy.

When the data related to the associational solidarity is examined, we see that adult children have tendency to visit their parents in different times and frequency of visits has increased in period examined here for both sons and daughters, however son's visits increased more than daughter's visits during this period.

All findings indicate that regarding with direction of the support, there exist reciprocal flows of intergenerational support rather than unilateral flows in Turkey and the small changes between 2006 and 2011, also indicate that reciprocal nature of intergenerational support did not change during this process.

It may be concluded that in an aging society Turkey, with the increase of an elderly population, the need for intergenerational support will increase in the following years. In that sense, there may be an increase in the searching of upward support (from children to parents) rather than downward support (from parents to children). However, the decline in co-residence with parents indicate that family change in Turkey has an effect on co-residence patterns and therefore on dynamics of intergenerational support across generations. In that sense, how intergenerational support types continue to change would remain a significant topic for Turkey as adult children's preferences on living in the same neighborhood with their parents still indicates the reflections of dichotomy between traditionality and modernity into the family and intergenerational relations.

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The Mindset of Japanese Engineers within the Field Of Care Robotics - Robotics in Aging Japan

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1. Introdcution

Japan is known for being a technology-loving country – a country of robots. Since the Meiji Restoration (1868-1912), change has been linked with technology. Due to the adaption of Western technology, it was possible to progress from a feudal state to an industrialised country. Furthermore, with the help of new technology, it was possible to not only repair the damages sustained during the war, but also to achieve extensive prosperity. This trend of using technology continued in the seventies with the large scale implementation of industrial robots. For this reason, it is not surprising, that Japan is called the "*Robot Kingdom*" (Schodt 1988).

Aside from technological advancements, there are other factors, mainly cultural, that can explain the Japanese penchant for robots. An early example is karakuri, which are mechanic dolls from the 17th century that were used to serve tea. Shintoism and modern pop culture, including anime and manga, have lead to a very relaxed environment for the development of robotics in Japan.

The Ministry of Economy, Trade and Industry (METI) itself has declared robotics as a key industry for the future (JETRO 2006). This, however, was probably primarily motivatied by the issues associated with an overageing society. Not only Japan's society getting older, but it also experiencing the longest life expectancy and on eof the lowest birth rates in the world. No efforts have been made to compensate for the aging population and because of complex relationships with foreigners throughout Japanese history, no reforms to the strictly regulated immigration laws are expected. Furthermore, the birth rate is also not likely to increase in the near future.

Against this background, it is not surprising that robots are discussed as a technical solution for a social problem and a strong incentive for the further development of robotics. Therefore, a broad discussion about the application potential of service and entertainment robots has been taking place. This leads to a trend of new developments being considered quickly and without reserve. Robots are even being developed to interact directly with people, i.e. in nursing homes.

Even if there is a wide debate in the media, service and entertainment robots are still being developed and designed by universities, research institutes and companies. Here a particularly interesting aspect to explore is to what extent are these robots created and do certain factors, such as culture influence specific concepts.

There are only a few publications about the state of research regarding robots in Japan. The most famous is from the late eighties: Frederik Schodt's "Inside the Robot Kingdom". Schodt deals primarily with industrial robots in his publication. This is because the research field of service and entertainment robots did not exist at this time. In 2006, Timothy Hornyak the science and technology journalist, published his book "Loving the Machine", which refers to Schodt's content, but does not discuss industrial robots in detail. In contrast to Schodt, Hornyak emphasizes the latest developments in the field of entertainment robots. Both publications provide a solid overview on the state of research on Japanese robotics.

There are also a few other publications from English and German speaking countries which deal with the phenomenon of robots. Here Cosima Wagner should be mentioned, given that her focus is on the cultural aspects and use of robotic-assisted therapy (Wagner 2009a, 2009b).

Apart from the rather narrow literature selection in English and German, there are a variety of publications in Japanese, which should be introduced briefly as an overview of different approaches. Since the seventies, Masahiro Mori has been dealing with the effects of machine design on humans (Mori 1970). Hiroshi Ishiguro paid particular attention to humanoid robots and their interaction with humans (Ishiguro 2007, 2009). Takanori Shibata, the inventor of the robot seal Paro, is focusing on robot applications specialised for the elderly (Shibata 2007).

A detailed study of the mindset of Japanese engineers and researchershas not yet been conducted. The upcoming study is intended to fill this gap and shed light on Japanese robot development in detail.

2. History of Robotics

The term robot, as we use it today, goes back to the play *R.U.R.* (1920) by Karel Capek. His play was written when fascism and communism were gaining strength in Europe at the beginning of the nineteeth century. He derived the word robot from the Slavic word *robota*, which means labor or forced labor. The play is about machines that work for humans, but at some point start to revolt against their creators and eventually eradicate them (Capek 2009).

Religions with their own understanding of technology also have an impact on how robots are perceived. From a creationist religion's perspective such as Christianity, Judaism or Islam, the creation of artificial life is seen as competition with God. According to this understanding, the creation of a robot interferes with the divine order, which attracts punishment as consequence (Ichibiah 2005: 34). This could be one possible explanation for the fact that Europeans are only playing a minor role in humoniod robot development.

Literature and media were affected by Capek's robot term. In the past there have been many negative publications of robots, which in turn have influenced the present negative associations with robots. In

current literature and media, robots are usually hostile towards humans or act destructively, which conforms to the above mentioned influence of Carpek and religion.

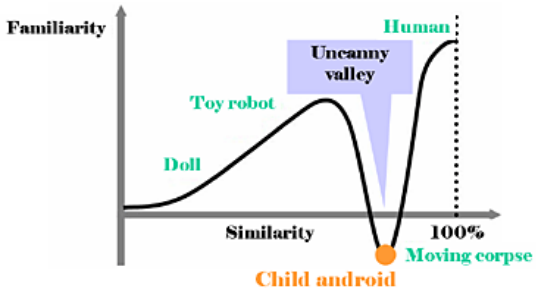
A few examples are the movies *Frankenstein* (1931) and *The Terminator* (1984). Capek's term *robot* has also been used by science fiction author Issac Asimov, but in his work they are viewed in a positive light, and had a huge influence on robotics with his robotic ethics (1938). His novels are about the issues which arise from his three laws of robotics:

1. A robot may not injure a human being or, through inaction, allow a human being to come to harm.
2. A robot must obey the orders given to it by human beings, except where such orders would conflict with the First Law.
3. A robot must protect its own existence as long as such protection does not conflict with the First or Second Laws (Ichibiah 50-51).

This sophisticated and positive understanding of robots had a strong influence on science fiction literature during the last few decades. The book *I, Robot* by Asimov (1950) was adopted into a film of the same title in 2005 (Ichibiah 80~).

Originally, robots were something we would mainly associate with science fiction literature, but since the seventies they have become part of reality. With the progress of automation and, thereby, the development of industrial robots, a great number of autonomously acting machines have found their way into production. Joseph Engelberg and George Devol are said to be the inventors of the first industrial robot, Unimate. Devol recognized early that a large amount of tasks in fabric production consisted of simple mechanical actions and that these tasks could easily be automated (Schodt 1988: 30-35). The Unimate's design resembles that of a tank with an arm on top. Even today a lot of industrial robots are created with this arm-based design.

Due to industrial robotics, extensive mass production without a compromise of quality became possible and led to considerable economic growth in industrial nations. Despite these benefits, in Europe and the U.S., there is a fear that robots are replacing humans (Sone 2009). This fear results from a negative image of robots spread through the media and a working environment in which lifetime employment has became an exception. This negative view on robots presents an obstacle for the development and implementation of service and entertainment robots.



[Figure 1: The Uncanny Valley (IRL 2013)]

Already, in the seventies, Masahiro Mori started to pay attention to the effect of the apperance of machines and also robots and its effect on their acceptance by humans. His “uncanny valley” theory (Mori 1970) is still used today as an important criterion in robot development. His theory states that the more closely a robot resembles a human in movement and form, the more likely it will be accepted; however, the acceptance does not infinitely increase. At a certain point, even if the similarity is continually increasing, the sense of familiarity will suddenly decrease and the design will be rejected by humans.

It’s for this very reason that during the development process, a machine-like design is often chosen. This is not only the result of the influence of the media or religion; but also by the fact that a lot of engineers, especially in Germany, think that functionality is more important than design (Gräfe 2010). This may be true for the industrial robots, but it is not applicable to service or entertainment robots, which are used in an environment with humans. In the field of service and entertainment robotics, acceptance is a key factor for the applicability of robots and in that context; the design determines the success of a specific robot.

Another factor may be the state of technology in the field of humanoid robots in Germany. Japan is the worldwide leader in the field of bipedalism and will not be overtaken any time soon. For this reason, Germany is avoiding direct competition through an alternative design approach. In Germany, some well known service robot projects are: Care-O-Bot, CASERO and HERMES.

[Figure 2: Care-O-Bot]

[Figure 3: CASERO]

[Figure 4: Hermes http://www.unibw.de/fir/roboter/hermes (accessed 14.11.2014)]

2-1. Robotics in Japan

In contrast to Europe and the U.S., the development of robots in Japan is more geared towards a human-like appearance. The reason for this choice lies in a different cultural environment and understanding of technology. This different way of thinking is even more apparent when talking about the implementation of robots; especially when considering issues connected with demographic change. Here, among other factors, the declining working age population and the increasing number of people needing care has lead to a shortage of health care professionals and, therefore, an increased demand for quick and feasible solutions for this labor shortage - here is where the application of robots is being considered.

Since the Meiji Restoration (1868-1912) technology has been connected to change. Through the adaption of Western technology it was possible to modernize the country in a very short period of time. Furthermore, after the loss of the Second World War, Japan was totally destroyed. Technology made it possible to rebuild the country and regain its prosperity. Since the seventies the bulk of the world's industrial robots have been used in Japan (Schodt 1988: 15-16) and to this day it's still a pioneer in the field of robotics.

Aside from the modernization and industrialization of Japan, Shintoism has had a great influence on the attitude towards inanimate objects, such as machines and robots. According to Shintoism, it is assumed that even inanimate objects have a soul with specific attributes. Therefore, there is a discrepancy between the Japanese and Christian understanding of an object`s existence, where Christians believe only living creatures have autonomy and God is the sole creator of life.

In this context, the karakuri are another reason for the Japanese enthusiasm towards robots. Karakuri are machines or automats that can independently perform specific movements (Wißnet 2007: 19-34). During the Edo Period (1603-1868), they were invented using the basics of foreign watch technology. The Edo Period is remembered as a time of isolationism, during which nearly all trade and

technology transfer was suspended for 200 years. The karakuri were an exception since they were allowed to be researched for entertainment uses. These mechanical dolls enjoyed great popularity at festivals and are still partly in use today.

Furthermore, robots play a special role in modern pop culture, especially in manga and anime. In Europe and the U.S., films like *The Terminator* and *Frankenstein* transmit a negative view on robots. In contrast to this, there is a positive view on robots in Japan, where robots are often portrayed as friends or seen as helping humans. Some examples of this are Astro Boy (1951-1968), Doraemon (1970-present), and Mobile Suit Gundam (1979-present).

Astro Boy is a manga written by Osamu Tezuka which depicts a story about a robot with a soul that wants to be as human as possible. The story often incorpuratesthe positives and negatives of technology and their relation to humans, where Astro Boy stands up for the humans and gets into complex and difficult situations (Hornyak 2006: 48-53).

It is important to note that Astro Boy was released right after the war was lost and a belief in reconstruction through technology was very strong (Schodt 2007:17-33; Kenji 2010: 69~). It could be seen as an analogy of Japan catching up with the West through technology during the Meiji Restoration.

Doraemon is another anime and manga character. The manga and anime are both still in production today after over 40 years. Doraemon is a 22th century robot from the future that asists its owner in various situations. Doreamon uses various futuristic tools that he pulls from his pocket, which sometimes makes the situation even more difficult for his clumsy master. In Japan and most of Asia, Doraemon enjoys a large popularity, which is similar to the popularity of Mickey Mouse in Europe and the U.S.

Mobile Suit Gundam (often referred to as just “Gundam”) is an ongoing Japanese anime series from the late seventies which has been adapted into many forms, including manga and movies. The story is about the war between human space colonies, developed due to the overpopulation of the Earth and their rebellion against the Earth for autonomy. Action is centered on gundams, giant robots that are used as weapons (Hornyak 2006: 61-69). Gundam is particularly popular among teenagers and young men.

These anime and manga have shaped a lasting positive image towards robots in Japan. They influence both the developers and the public attitude towards robotics. Overall, it is safe to say, that through the combination of specific cultural factors like Shintoism, karakuri and pop culture, a positive environment for the acceptance and development of service and entertainment robots exists. Therefore it is no surprise that robotics are put forth as an approach to solve problems that are associated with the demographic change (Nakayama 2006, NEDO 2009).

2-2. Robotics and Demographic Change in Japan

Due to cultural and economic changes in the early seventies, the birthrate in Japan began to fall

under to a level of 2.1 children per woman (Ishii 2008). Currently the birthrate is around 1.3 children per woman and furthermore the population has declined slightly between 2005 and 2009. Forecasts state that the population will decrease by 25% by 2050. During the same period, the population over 65 years is expected to increase from the current 20% to 40% (Atoh 2008: 18-19). As a result of the demographic change in Japan, it is assumed that it has lead to a labor shortage in the field of elderly care.

Japan has to work out remedial measures to counteract the declining labor force and the shortage of nursing staff. This trend of dropping population can be alleviated by different social approaches. For example, the labour shortage can be balanced with a more lax immigration policy, allowing a greater number of qualified individuals into Japan. Also, having a higher percentage of women or older people in the working world would help alleviate the labour shortage as well. In particular, hiring qualified individuals from abroad will improve the healthcare and elderly care sector. These social approaches aside, robots are also seen as a possible alternative. It appears that there is a tendency to lean towards technological solutions and less towards social reform. Japanese engineers and scientists have tried to design machines that resemble and move like humans for a long time. One known example that resembles a human is the bronze figure machine Gakutensoku that was introduced in 1928 at the World Exhibition in Kyoto by Makoto Nishimura (Hornyak 2006: 35~). Gakutensoku was able to change his facial expression and movie his head and hands via air pressure, which allowed it to write words.

Industrial robots played a major role in the economic revival of Japan during the sixties. Instead of easing strict immigration policies to help with the shortage of labor, they introduced widespread automation through robotics - the very first industrial robot was put into operation during this time (Schodt 1988: 113-114). Thanks to an employment structure focusing on longterm success, there was no fear of labor replacement by robots. Instead of replacing them, workers were simply transferred to other working fields if their current field was replaced by robots.

The improvement of technology in the eighties helped the robots to become faster, more precise and more applicable, which lead to their quick and broad extension. At this point 60% of the world's existing industrial robots were in operation in Japan (Schodt 1988: 15). Currently 36% of industrial robots worldwide are used in Japan, and 80,000 of the total 113,000 robot units built in 2008 were exported from Japan (Tanaka 2010). Japan is not only using robots to compensate for the decreasing labor force, but also to gain a foothold in the robotics market to acquire capital worldwide. The Japanese government is providing substantial financial support for the development and research of robots. The METI has proclaimed robotics as one of the key industries that will get economic promotion in the future (JETRO 2006).

Japanese companies and universities, however, are not concerned with economically usable robots. They have focused their attention on the the development of robots that can act like humans or

interact in a natural way with humans. Many engineers often refer to inspiring examples from manga and anime, especially *Astro Boy*. For them, their development objective is to create robots that look and act like humans. A few well known examples of anthropomorphic Japanese robot projects are the communication robot, wakamaru, the astronaut like robot, ASIMO, and the musician, Toyota Partner Robot series.

[Figure 5: wakamaru]

[Figure 5: ASIMO http://asimo.honda.com/gallery (accessed 14.11.2014)]

[Figure 6: Toyota Partner Robot http://www.toyota-global.com/innovation/partner_robot/family_2.html (accessed 14.11.2014)]

2-3. The State and Future of Japanese Robotics

Worldwide, the matter of elderly care and care in general is becoming increasingly important. Notably, Japan quickly and comprehensively needs to respond to its rapidly aging society.

In the study and development of assistive robotic technology, Japan has already been doing research for many years. An example is the research of Toshimitsu Hamada and Mitsuru Naganuma, who analyse the effects and benefits of robot assisted therapy. In their experiments they use AIBO and Paro in nursing homes to examine their effect on the elderly (Hamada et al. 2006). AIBO is a dog-like robot, which is able to interact with his owner and be programmed through a remote control. Paro is a seal-like robot, which can communicate through sound and is used for therapy. On a similar basis as animal assisted therapy, it seems that by using Paro, it can help relieve stress and discomfort in the elderly (Shibata 2006). One advantage of robots in the field of health care is that there is no problem with hygiene regulations and the running costs and so, in comparison with a living therapy dog, costs are much lower.

Another Japanese robot that enjoys great media attention is the humanoid robot named RI-MAN developed by RIKEN. RI-MAN is equipped with visual, olfactory, auditory and tactile sensors (RIKEN BMC 2008). It has the ability to lift and carry people. RI-MAN is expected to be used in hospitals and nursing homes in the near future. The robot should relieve the physical burden of the

nursing staff by moving people out of bed and into wheelchairs, and vice versa. RI-MAN's successor RIBA is a collaboration between RIKEN and Tokai Rubber Industries, who together established the RIKEN-TRI Collaboration Center for Human-Interactive Robot Research. The most noticeable difference to its predecessor is that its design was not inspired by a human but by a polar bear.

In Japanese society, the idea of using robots within the field of elderly care seems to be highly fixed. From an economic perspective, the government and many companies have invested huge amounts of money into robotics research. From an everyday perspective, families are looking for ways to facilitate the care of their aging relatives. Noriko Dethelfs and Brian Martin (2006) have examined Japanese politics on technology in the context of elderly care. They looked closely at the prospects of international standard technology, robot technology and barrier-free technologies, such as wheelchair ramps or stairlifts. The result of their research revealed that after considering the advantages and disadvantages a combination of the diverse options is the best strategy in terms of aging.

It is often said that Japanese society is very robot friendly. Intercultural studies, however, indicate that the attitude towards robots in Japan might be more complex than assumed. A study by Bartneck et. al. (2005), shows that in many areas the acceptance of technology in comparision to other robot technology countries, such as China, the Netherlands and Germany, is not very different. In all measured categories Japan had an equivalent acceptance towards robots as Germany. In another study (MacDorman et al. 2009) conducted in universities in the U.S. and Japan, considerable differences regarding the attitude towards robots were found. The most outstanding was that Japanese students seemed to be much more familiar with robots than students in the U.S.

In recent decades advanced technologies, such as automation and robotics, have made a substantial contribution to the successful development of Japan; and have assisted it in becoming a prosperous and economically strong nation. Therefore, it is no suprise that politicians, companies, and researchers are seeing technology as both a means of assuring international competitiveness and also to address social issues, such as labor and nursing staff shortages. A high-tech nation with a leading position in the field of robotics is additionally an important part of Japan's self-created image.

One of the most famous humanoid robots is ASIMO, which is manufactured by Honda. ASIMO is said to be one of the world's most advanced robots ever. According to the website for ASIMO, it is the result of two decades worth of research and has undergone a huge number of changes. The latest ASIMO is 130 cm tall and weighs 54 kg. Furthermore, he can walk, ride a bike, transport things and has 36 degrees of freedom (Honda 2011). Degrees of freedom refers to the number of freely selectable independent motion capabilities of a system. Through extensive travels by ASIMO to different countries, it has become an ambassador for Honda and advanced Japanese technology in general.

The aim of many engineers and researchers is to eventually create a robot that cleans, cooks and can take care of aging parents at home (MacLeod 2009). Junichi Takeno of Meiji University takes up the position that robots will be able to deal with complex social tasks and will be able to simulate

human emotions one day (Tabuchi 2008). Hiroshi Ishiguro of Osaka University focuses primarily on the research of androids with the aim of developing robots that look confusably similar to humans (Ishiguro 2009). The main advantage of humanoid robots can be seen in the ease of usability in human-orientated environments. It is also natural for humans to deal with their own existence. In this sense, robots serve as a kind of mirror (Ishiguro 2009). Ishiguro's most famous robot is the Geminoid, which has been designed according to Ishiguro's own physical model. The Geminoid is a remote-controlled robot used to communicate and work, much like a human sized cell phone. Furthermore, the robot has body functions such as breathing and facial expressions created by a hydraulic system. This leads to the impression that it is a proper human being. One research article on the Geminoid demonstrated that the distinction between humans and Geminoid is very difficult (Bartneck et al. 2009). Other developers are seeing robots as walking computers that respond only to voice commands and can follow their users in their home environment.

Overall, there is a greatly diversified robot research landscape in Japan and regarding the direct human-robot interaction the perceptions are open-minded. The origins of this can be found in the positive cultural environment where there are few reservations towards technology and robots.

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Sessions A-3 Childcare

Parental Care and Socio-Psychological Symptoms among Malaysian Preadolescents: The Effect of Cross-Gender Parent-Child Relationship

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1. Background of the study

At the beginning of 21st century, the increase of female participation in the labour force is one of the signs that indicated presence of gender equality in Malaysia. Over the past decade, national statistics found that there were 47.7% of female workers in year 2003 and the number increased to 52.4% in the year 2013 (Department of Statistics Malaysia, 2014). In addition, 61.8% of female labour forces are married women in the year 2013 while there was only 59.4% of female labor force are married women in the year 2009. Concomitantly, it may influence traditional family model. Typically, the traditional notion "breadwinning fathers and caregiving mothers" has long been deeply ingrained in the family model, particularly in Asia context. Nevertheless, this notion has been challenged in view of the existence of dual-earner families. Indeed, women nowadays challenge the boundaries of their domesticity in private sphere; while men engage in more active role within the private sphere. Mothers were found to be more actively engaged in the workplace, while fathers were found to involve in child care affairs (Farre & Vella, 2007; Maurer-Fazio, Connelly, Lan, & Tang, 2009; Maxwell, Scourfield, Featherstone, Holland, & Tolman, 2012). The emerging trend in parenting has shifted the division of care provision within family. Thus, care from parents and its effect on child developmental outcomes become uncertain.

In the process of growing up, children need to accomplish more age-appropriate developmental tasks that included educational attainment and social engagement. However, parents might take educational attainment as the only achievement of their children; and neglect the importance of psychosocial development. In order to get along and adapt in the social world, psychosocial development is vital for children. Preadolescents who are well-developed in language and cognitive explore social relationship in more depth and focus on maintaining friendship. Due to school engagement, their social network also becomes broader and they are exposed to greater social challenges. Erikson (1950) stated that preadolescents are expected to build and master responsibility and attitudes toward task accomplishment independently. Preadolescents are more self-conscious on their achievement and failure along the development process. Sense of competence and industry are essential skills for preadolescents to adapt and cope with daily life challenges (Erikson, 1963). Failure

in handling developmental tasks might lead to bad experiences on difficulty situation. Therefore, parents of preadolescents need to juggle between the role of nurturer and supporter at this developmental stage. Parents need to nurture and support their preadolescent child to accomplish psychosocial developmental tasks. Parents should encourage preadolescent child to be autonomy, regulative and socially active through promoting their responsibility and social skills. Both mother and father should keep up with preadolescents' development progress and be capable to provide assistance at any time.

Empirical studies revealed that child care from parents tend to influence children development in aspect of psychological and social behaviors (Respler-Helman, Mowder, Yasik, & Shamah, 2012; Ali & Frederickson, 2011; Simon & Conger, 2007). Within the family, fathers and mothers play different parental role. Generally, it is believed that mothers who spend more time with children will bring stronger effect on children development than fathers. However, the exact fathering effect may be overlooked by the society and thus not yet fully discovered. Past research found that mothers were more involved than fathers; but, paternal acceptance was more significant to predict children functioning (Collins, Laursen, Mortensen, Luebker, & Ferreira, 1997; Forehand & Nousianen, 1993; Wierson, Armistead, Forehand, Thomas, & Fauber, 1990). Child development will not only rely on the quantity of parental involvement; but also the quality of care from parents (Amato & Rezac, 1994). Numerous studies revealed the importance of fathers' role in the family. Prior studies reported that mothers generally engage in providing care and controlling behaviour of preadolescent child; while fathers often offer affection and promote social self-worth of preadolescent child (Brooks, 2011; Dekovic & Meeus, 1997). Over the decades, studies found that fathers are more involved in physical play and leisure activities with child (Brooks, 2011; Lamb, 1977; Shulman & Seiffge-Krenke, 1997). During preadolescence, fathers expect higher level of independence from preadolescent child and apply higher level of positive discipline than mothers (Hoff, Laursen, & Tardiff, 2002; Kim, Guo, & Koh, 2010); while mothers are more protective and hold stronger emotional ties with child (Nishikawa, Sundbom, Hägglöf, 2010; Huang, Someya, Takahashi, Reist, & Tang, 1996). Previous studies also supported that mothers tend to promote emotional well-being; while fathers are more responsible on social competency among children (Conger et al. 1995; Aunola & Nurmi, 2005). Based on the results of past studies, mothers and fathers tend to behave differently, for example fathers are prone to be socializers while mothers are the caregivers. During child rearing process, it is believed that these differentiated behaviors bring distinctive effect on child development.

2. Overview of current study

2-1. Theory application

Based on the Self-determination theory (Deci & Ryan, 1985; 2000), it is proposed that three basic psychological needs are important elements for better human development outcomes. As one of

the basic psychological needs, relatedness is essential to promote child development outcomes. Relatedness refers to individual's feelings of warm, affection and sense of belongingness with others. Relatedness can be developed from parental warmth. Care from parents provides encouragement and affection to motivate preadolescents in handling challenges and accomplishing developmental tasks. Preadolescents who obtained relatedness will be more competent in social relationship and capable to avoid difficulties symptoms, such as, problems in peer relationship, emotion and behavior. In order to promote optimal socio-psychological development outcomes, parents play a vital role to fulfill preadolescents' need for relatedness. The second proposition of Self-determination theory is the importance of care from parents on socio-psychological outcomes. This proposition asserted that extrinsic motivation occurs along the reciprocal interaction process between individual and other persons within their immediate environment. In the context of Self-determination theory, children are self-motivated to actively involve themselves in their development process, but socializers within their immediate environment will anticipate their development process beforehand. Therefore, it is proposed that parents as primary socialization agents provide proper care and nurturance to preadolescent child; thus influence their social competence and psychosocial outcomes. These two propositions explained that care from warm parents will provide needs for relatedness; thus influence socio-psychological outcomes among preadolescents. Empirical studies across the decades found that parental warmth are vital element to develop positive outcomes among children (Harlow, 1958; Slater, 1962; Rohner, 1976; Stewart, Rao, Bond, Mc-Bride-Chang, Fielding, & Kennard, 1998; Vahedi, Mostafafi, & Mortazanajad, 2009).

In addition to the role of socializers, this theory also posited that social-contextual factors, such as, social norms and beliefs, will influence the development process of a preadolescent. Fathers and mothers might practice different child care for male and female preadolescents due to the influence of their traditional perception on gender role. For example, parents expect the performance of independence from sons and prosocial from daughters. In other words, preadolescent child will also request different type of care from both fathers and mothers, such as, caring from mother and advice from fathers. Thus, Self-determination theory was applied to test the posited model that examined the effect of parental warmth on socio-psychological symptoms among sons and daughters.

2-2. Theoretical model on the relationship between parental warmth and socio-psychological outcomes

Over the years, parental warmth had been broadly discussed as affection, acceptance, love, involvement and caring from parents (Baldwin, 1955; Slater, 1962; Rohner, 1976; Skinner, Johnson & Snyder, 2005). Parental warmth as positive parenting dimension is responsive towards children developmental outcomes (Grolnick, Deci, & Ryan, 1997). As aforementioned, quality of parenting is more important for children development as compared with quantity of time spending with children.

Fathers as breadwinner might spend lesser time with their child than mothers. In order to build strong father-preadolescent relationship, the issue of "How father utilize their time with children" might run over the effect of "How much time that father spend with their children". Thus, it is suggested that caring is the essential characteristic of paternal warmth rather than involvement without the element of care for children. Past studies found that only paternal warmth influence psychological adjustment (Veneziano, 2000), adjustment difficulties and social competence (Chen, Liu, & Li, 2000; Grimes, Klein, & Putallaz, 2004) and youths' aggression (Veneziano, 2003) while maternal warmth is not significant contributor for these outcomes.

The traditional role of a female within family is a caregiver and nurturer who offer day-care and guidance for children. Thus, warm mothers tend to provide nurturance, sense of security, and support to their children (Campo & Rohner, 1992; Davies & Cummings, 1994). A study by Alegre and Benson (2014) revealed that maternal warmth lead to higher level of emotional security; lower level of internalizing and externalizing problems among preadolescents. With the support and responsiveness from warm mothers, children tend to have more appropriate emotional expressiveness and better emotion regulation skills. In a comparison test of the effect between paternal and maternal warmth, only maternal warmth was significantly related to emotional adjustment and depression among preadolescents when paternal warmth is taken into account (Chen et al., 2000). Past studies as discussed above revealed that both paternal and maternal warmth are significant contributors for preadolescents' developmental outcomes. Due to recent changes in parenting dynamics between fathers and mothers, it is crucial to disentangle the difference of care provided by fathers and mothers and its effect on children development. Thus, further study is needed to distinguish the effect of paternal and maternal warmth on the development of socio-psychological symptoms, especially for preadolescents who are experiencing social challenges in this stage.

During preadolescence, successful psychosocial development is determined by their development in social roles and skills, sense of industry and responsibility for their personal behaviour (Bigner, 2002). In other words, preadolescents who failed in accomplishing developmental tasks are more prone to have low level of self-efficacy and self-esteem, afraid of social participation, and even psychological problems. Thus, social competence plays a vital role for building healthy psychological development. Social competence can be defined as individual's ability to use suitable emotional and behavioural strategies in order to obtain social goals; build and maintain social relationship (Odom, McConnell & Brown, 2008; Rubin, Bukowski & Parker, 2006). Socially competent preadolescents can adjust themselves in social challenges; and can better engage in social relationship through showing their cooperation and caring on others (Mirabile, 2010; Parker, Rubin, Erath, Wojslawowicz, & Buskirk, 2006). With high level of social competence, confident preadolescents can attain a sense of accomplishment and positive self-feelings (Springer & Philips, 1997). Parents provide the assistance and guidance to their preadolescent child during this social interaction process.

Preadolescents with warm parents feel more secure and can trust others; thus they will be more active in social participation and formation of social relationship. Past studies showed parental warm was positively predicted social competence among children (Lengua, Honorado & Bush, 2007; Zhou, Eisenberg, Losoya, Fabes, Reiser, Guthrie, & et al., 2002).

Difficulties symptoms refer to children's problems in aspects of behavioural, emotional and peer relationships (Goodman, 1997). Preadolescents who experienced high level of difficulties symptoms have higher tendency to meet mental health disorders (Goodman, 1997; Goodman, Ford, Simmons, Gatward, & Meltzer, 2000). During this development stage, failure in accomplishing developmental tasks will increase victimization among preadolescents. In addition, they might experience greater challenges and exposure to risky behavior during the transition process from preadolescence to adolescence. Occurrence of difficulties symptoms caused children to be more vulnerable to developmental risks in future (Kessler, Davis, & Kendler, 1997). In the developmental stage, encouragement and care provided by warm parents are important to support preadolescents in handling difficulties and social problems. Previous studies also revealed that preadolescents who received parental warmth are less likely to experience difficulty symptoms, such as, hyperactivity and problematic behavior (Buschgens, van Aken, Swinkels, Ormel, Verhulst, & Buitelaar, 2010; Skinner et al., 2005).

Therefore, social competence and avoidance of difficulties symptoms are important to ensure preadolescents' healthy development (Lee, Hankin, & Mermelstein, 2010; Mirabile, 2004). As discussed above, parents who are primary socializers for preadolescents have significant impact on preadolescents' socio-psychological development. Thus, this study aimed to examine the relationship between paternal/maternal warmth with socio-psychological outcomes among preadolescents.

2-3. Gender role of preadolescents and cross-gender parent-child relationship

Gender of preadolescents and parents might influence children developmental outcomes. Prior study showed girls are more likely to engage intimate parent-child relationship than boys (McGue, Elkins, Walden, & Iacono, 2005). This may be explained by the inclination of girls dealing with people; while boys are more object-oriented (Galambos, Berenbaum, & McHale, 2009). Due to traditional gender role and stereotype, mothers and fathers will perform gender-differentiated behaviour to male and female preadolescents. Past studies reported that care from parents varies due to children's gender (Molden, Hipwell, Vermeiren, & Loeber, 2011; Gryczkowski, Jordan, & Mercer, 2010; Young, Miller, Norton, & Hill, 1995). In specific, mothers and fathers tend to provide various types and levels of child care to daughters and sons.

Regarding the gender of parents and preadolescents, the issue of cross-gender parent-child relationship also arises. Result of cross-gender parent child relationship study can provide clearer pictures for explaining the father-daughter/mother-son relationship and its effect on children

development. Prior studies also revealed the cross-gender parent-child relationship and its effect on socio-psychological symptoms among male and female preadolescents. A study in Thailand by Putnick and colleagues (2012) found that fathers to girls and mothers to boys provide higher level of warm as compared with fathers to boys. Dissatisfaction in father-daughter relationships caused negative psychosocial outcomes for female adolescents (Coley, 2003). In addition, daughters who perceived low level of paternal acceptance are more likely to involve in behavioural problems and depression (Maggio & Zappulla, 2014; Ramírez Garcia, Manongdo & Ozechowski, 2014). Moreover, girls with involved fathers will be more self-confident and less likely to experience negative emotions (Brody, 1997). A study by Webster, Low, Siller and Hackett (2014) also found that paternal warmth contributed to higher level of social competence for young girls, but not boys.

In terms of maternal warmth, past study reported maternal warmth only showed significant effect on socio-emotional functioning among boys (Davidov & Grusec, 2006). A study by Trentacosta and colleagues (2011) also found that boys with warmer mothers tend to engage better peer relationship as compared with boys with lower level of maternal warmth. In other study, boys who experienced maternal harsh practices are more vulnerable in depression as compared to girls (Manongdo & Ramirez Garcia, 2007). However, a study by Marshal and Chassion (2000) found that male preadolescents with supportive mothers are more susceptible in peer influence of substance abuse compared to female preadolescents. The trends of cross-gender parent-child relationship transformed the concept of traditional gendered parenting practices and effects, such as, close father-son relationship, but no intimate father-daughter relationship. Care from mothers may bring bigger effect on sons' development, but not daughters; while fathers also contribute significantly to certain developmental outcomes among daughters only. Thus, it is essential to examine cross-gender parent-preadolescents relationship and its effect on socio-psychological symptoms among preadolescents.

2.4. Research objectives

Based on the discussion above, fathers and mothers who provide warm care bring distinctive socio-psychological outcomes for their preadolescent child. The rise of father involvement in child care also alters the traditional concept in child care. In addition, gender of preadolescent also moderates the relationship between parental warmth and socio-psychological outcomes. However, limited studies on related field were conducted within Malaysia context. The issues arise some research questions which are 1) To what extent paternal and maternal warmth significantly related to socio-psychological outcomes among Malaysian preadolescents, 2) Do the contributions of paternal and maternal warmth on socio-psychological outcomes vary across preadolescents' gender. Therefore, current study aimed to examine the 1) contributions of fathers and mothers and, 2) effect of cross-gender parent-child relationship on socio-psychological outcomes among Malaysian preadolescents.

3. Methodology

3-1. Respondents and location

A total of 852 preadolescents aged between 9 and 12 (M= 10.96; SD= .60) and their parents were randomly selected as respondents by using Multistage Probability Proportionate-to-Size Cluster sampling technique. In order to obtain the ethnic balance, preadolescents from three main races (e.g., Malay, Chinese and Indian) in Malaysia were recruited as respondents. Respondents were recruited from sixteen Malay-medium, six Chinese-medium and six Tamil-medium primary schools from three states (Selangor, Kuala Lumpur and Perak) of Malaysia. Only one class of students was selected as respondents from each school.

Results of descriptive analysis reported the characteristics of respondents and their parents. Respondents for current study consisted of 350 (41.08%) males and 502 (58.92%) females. Most of the respondents are Malays (n= 410, 48.12%), followed by Chinese (n= 249, 29.23%) and Indian (n= 193, 22.65%). Based on the collected data, fathers aged between 29and 68 years old; while the age range of their mothers were between 27 and 63 years old. For employment status, 752 (88.26%) fathers were employed as full time workers or self-employed; only 338 (39.67) mothers were employed as full time workers and 364 (42.7%) were housewives. A total of 277 (32.5%) fathers and 317 (38.1%) mothers reported 11 years of formal education and graduated with Malaysian Certificate of Education (secondary school) as their highest education level; 197 fathers and 193 mothers graduated from advanced diploma, degree or postgraduate level.

3-2. Data collection procedures

Self-administered questionnaire was used to collect information from the primary school students and their parents. To increase respondents' comprehension, the questionnaire was prepared in both English and respondent's mother tongue language (i.e., Malay, Chinese or Tamil). Prior to data collection, official consent was obtained from the Ministry of Education, the State Education Department, and the school headmasters. Data collection was conducted during class periods and the trained enumerators were also present at the site to provide assistance to respondents. Respondents were given 35 to 45 minutes to complete the questionnaire. To collect parents' data, preadolescent respondents were asked to hand over the envelope which attached with parent version of questionnaire, explanation sheet and consent form to their parents. School teachers provided the assistance in collecting the parent-version of questionnaire from preadolescent respondents. Respondents were informed that the anonymity and confidentiality are guaranteed.

3-3. Instrument Translation

The selected instruments for the current study were originally prepared in English language. In order to increase the respondents' comprehension on questionnaire, original instruments were

translated into three languages which are Malay, Chinese and Tamil language with the permission from authors. Translation work was conducted with few procedures. First, experts in research related field translated the questionnaires from English language to the targeted languages (i.e., Malay, Chinese and Tamil). Second, back translation procedures were implemented to ensure the identical meaning of translated questionnaire. Third, three focus groups which consisted of 5 Malays, Chinese and Indians respectively were formed to revise the translated questionnaires in the aspects of understanding, cultural appropriateness, language clarity, and relevancy to respondents' experience in real life situation (Haynes, Richard & Kubany, 1995; Rubio, Berg-Weger, Tebb, Lee & Rauch, 2003; Vogt, King & King, 2004). The focus group members were undergraduates and post-graduate students who studied in related field. Then, leader of focus group discussed the revised questionnaires with researchers. Lastly, the revised questionnaires were distributed to selected respondents.

3-4. Instruments

Parental warmth. Paternal and maternal warmth were measured with warmth subscale from Children version of Parents as Social Context Questionnaire (PASCQ) (Skinner, Johnson & Synder, 2005). This subscale evaluated the extent to which preadolescent respondents' perceived of affection, caring and involvement from mother and father with 4 items for each measurement. Respondents responded the items with four-point likert scale (1=Not at all true, 2=Not very true, 3=Sort of true, and 4=Very true). Examples of items are "Mother/father let me know she/he loves me" and "Mother/father enjoys being with me". Higher average scores indicated greater level of paternal/maternal warmth perceived by respondents.

Difficulties symptoms. Difficulties symptoms were assessed by summing up the scores of emotional symptoms, conduct problems, hyperactivity and peer problems subscales from Strength and Difficulties Questionnaire (Goodman, 1997). Difficulties symptoms reflected the level of psychological difficulties experienced by preadolescent respondents. Each subscale has 5 items and respondents need to respond their presence of specific behaviour over the last six month with 3 point Likert scales (0=not true, 1=somewhat true, 2=certainly true). Measurement of emotional symptoms was used to assess emotional problems, such as I worry a lot; conduct problems used to evaluated their misconduct and temper, such as I am often accused of lying or cheating; hyperactivity subscale represented restless and inadequate of attention, such as I am easily distracted; and peer problems examined relationship problem between preadolescents and peer, such as other children pick on me. Higher scores represented high level of difficulties symptoms experienced by respondents.

Social competence. Eighteen items of social competence subscale of Individual Protective Factors Index (Springer & Phillips, 1997) was used to evaluate the preadolescents' social ability to engage in interpersonal relationship that included assertiveness, confidence and cooperation. Assertiveness assessed the respondents' ability in asking help or express own feeling without shyness,

such as “If I disagree with friends, I tell them’ and “If I don’t understand something, I will ask for an explanation”. Confidence scale was used to evaluate respondents’ sense of belonging and companionship to society. Examples of item are “I get along well with other people” and “It is hard for me to make friends”. Cooperation subscale measured their cooperative manner and willingness on social engagement, such as “Being part of a team is fun”, and “It is important to do your part in helping at home”. Preadolescents responded items with four-point likert scale (1=strongly disagree; 2=disagree; 3= agree; 4=strongly agree). Higher average scores represented higher level of social competence.

3-5. Data Analytic Plan

Structural equation modelling with Analysis of Moment Structure (AMOS version 20) used to examine the extent to which maternal and paternal warmth influence social competence and difficulties symptoms and how preadolescent gender differentiate the path of parenting on social competence and difficulties symptoms. Prior to model testing, confirmatory factor analysis (CFA) was applied to confirm and verify all of the variables to get better model fit. In order to determine model fit, fit indices in this study comprised of chi-square estimate of model fit, Comparative Fit Index (CFI), Tucker-Lewis Index (TLI), Normed Fit Index (NFI) and root square error of approximation (RMSEA). According to Hu and Bentler (1999), acceptable values for CFI, TLI, and NFI is.90 and above; while RMSEA value need to be below .060. In order to test the gender effect on the relation of paternal/maternal warmth on social competence and difficulties symptoms, gender have been accounted in multigroup analysis.

4. Results

4-1. Preliminary results

Exploratory Data Analysis was initially conducted to examine preliminary assumptions such as normality, linearity, and homoscedasticity using Predictive Analytics Software (PASW version 20). Exploratory Data Analysis was executed to meet the data analysis assumptions. Based on the results, all the preliminary assumptions were met.

Descriptive analysis was implemented to describe the levels of paternal/maternal warmth, social competence and difficulties symptoms. Results of descriptive analysis showed that the average scores of paternal and maternal warmth perceived by preadolescent respondents were 3.442 (SD= .583) and 3.47 (SD=.575) respectively; while scores ranged from 1 to 4. After deleted 5 items that followed by Confirmatory Factor analysis, the average scores of social competence was 3.282 (SD= .385) while the minimum and maximum scores were 1.70 and 4.00 respectively. After the items were deleted, the mean scores of difficulties symptoms was .481 (SD= .301); while minimum and maximum scores in the current study were 0 and 1.50. All of the variables have acceptable skewness

and kurtosis values. Thus, data was normally distributed.

Table 1: Descriptive analysis on the level of paternal/maternal warmth, social competence and difficulties symptoms (N=852)

Variable	Mean	SD	Minimum	Maximum	Skewness	Kurtosis
Paternal Warmth	3.442	.583	1.000	4.000	-1.377	2.008
Maternal Warmth	3.471	.575	1.000	4.000	-1.456	2.224
Social competence	3.282	.385	1.700	4.000	-.479	.334
Difficulties Symptoms	.481	.301	.000	1.500	.806	.353

Note. SD= Standard deviation

4-2. Confirmatory Factor Analysis

Confirmatory Factor Analysis (CFA) was applied to test the construct validation of the study variables (Harrington, 2005). Both of the paternal and maternal warmth obtained model fit. Fit indexes of paternal warmth reported as X^2 (2) = 5.105, p < .078, CFI = .996, TLI = .989, NFI = .994, root mean square error of approximation (RMSEA) = .043. Maternal warmth with 4 items also provided a good model fit with X^2 (2) = 1.766, p < .414, CFI = 1.000, TLI = 1.000, NFI = .998, root mean square error of approximation (RMSEA) = .000.

For social competence with 18 items, first order analysis comprised of three factors (assertiveness, confidence and cooperation) was performed. Five items from social competence with factor loading magnitude less than .4 were omitted from the scale (Comrey & Lee, 1992; Tabachnick & Fidell, 2001). The deleted items were two items from assertiveness factor; one item from cooperation factor; and two items from confidence factor. After modification index was utilized, a good fit model provided for first order of social competence. Furthermore, second-order analysis was also performed and yielded a good model fit, X^2 (62) = 165.451, p < .000, CFI = .927, TLI = .908, NFI = .889, RMSEA = .044.

In the case of difficulties symptoms, first order analysis was performed for four factors (emotional symptoms, conduct problems, hyperactivity and peer problems). One item from conduct problems and two items from peer problems were deleted from the construct due to low factor loading magnitude. Difficulties symptoms with 17 items yield a better model fit after utilization of modification index. Thus, second order analysis of difficulties symptoms was conducted and provided a marginally fit model, X^2 (114) = 301.893, p < .000, CFI = .898, TLI = .878, NFI = .847, root mean square error of approximation (RMSEA) = .044.

Prior to structural model testing, measurement model which specify the relationships between indicators and latent variable was implemented. Study variables that included paternal/maternal warmth, social competence and difficulties symptoms were included in this measurement model.

Results showed a good measurement model fit, X^2 (77) = 291.186, p < .000, CFI = .966, TLI = .953, NFI = .954, RMSEA = .057. Based on the model fit provided by measurement model, it was statistically proven that all of these study variables are appropriate and equivalent for the sample size in the current study. Thus, structural model can be developed to test the relationships between variables.

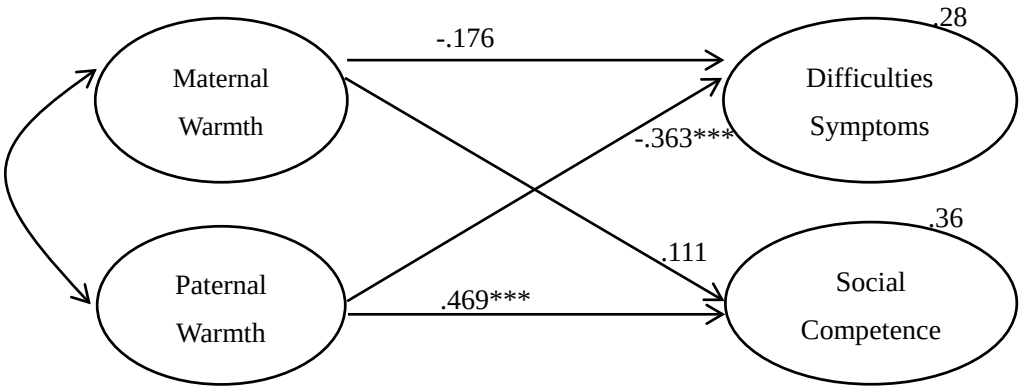
Table 2: Fit Indexes for the Paternal/Maternal Warmth, Social Competence and Difficulties Symptoms (N=852)

Scale	CFI	TLI	NFI	RMSEA	X^2/df
Paternal Warmth	.996	.989	.994	.043	2.552
Maternal Warmth	1.000	1.000	.998	.000	.883
Social Competence (second-order)*	.927	.908	.889	.044	2.669
Difficulties Symptoms (second-order)*	.898	.878	.847	.044	2.648

Note. *First order analysis for social competence and difficulties symptoms were performed and met model fit before second order analysis conducted.

4-3. Structural Model for the Parental Warmth and Socio-Psychological Symptoms

As displayed in Figure 1, the structural model yielded a good fit, with X^2 (77) = 291.186, CMIN/df= 3.782, p < .000, CFI = .966, TLI = .953, NFI = .954, RMSEA = .057. Paternal warmth was positively linked to social competence (B= .469, p < .001) and negatively linked to difficulties symptoms (B= -.363, p < .001). Indicatively, preadolescents who perceived higher level of warmth from fathers tend to experience higher level of social competence and lower level of difficulties symptoms. However, maternal warmth was not significantly related to social competence (B= .111, p> .05) and difficulties symptoms (B= -.176, p> .05). In total, 28% of the variance in difficulties symptoms and 36% of the variance in social competence was explained.

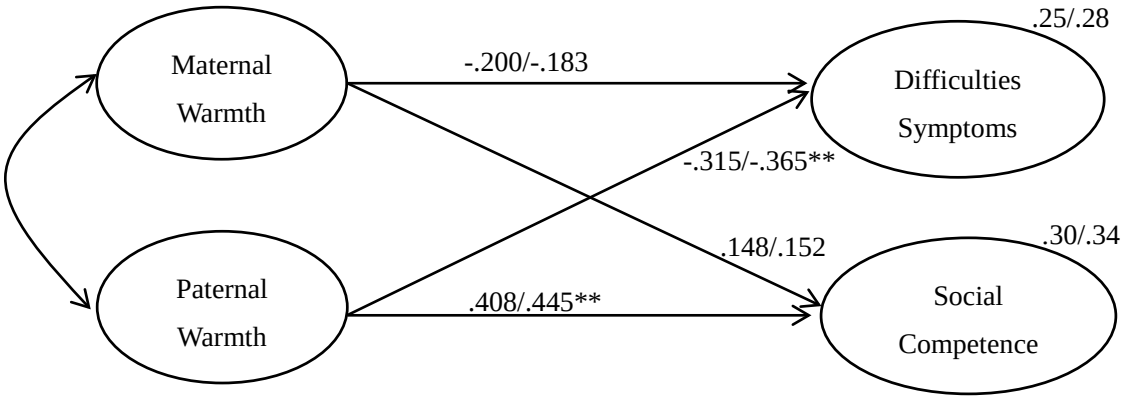


[Figure 1: Structural Model for the Parental Warmth and Socio-Psychological Symptoms (N=852)]

Note. Standardized beta values and their significance levels are given; *p< .05, **p <.01, p< .001***

4-4. Multigroup Analysis

Figure 2 reported the findings of multigroup analysis for testing gender effect on the relationships between paternal and maternal warmth with social competence and difficulties symptoms among Malaysian preadolescents. The results of multigroup analysis also explained the cross-gender parent-child relationship and its outcomes. This model accounting for gender provided a good model fit, X^2 (154) = 412.192, CMIN/df= 2.677; p < .000, CFI = .959, TLI = .944, NFI = .936, RMSEA = .044. For male preadolescents, none of the direct path was significant. For female preadolescents, paternal warmth had significant negative correlation with their difficulties symptoms (B= -.365, p< .01) and positive relationship with social competence (B= .445, p< .01). Results can be explained that there is no gender difference on the path from maternal warmth to socio-psychological outcomes among male and female preadolescents. Based on the findings, it can imply that gender was a moderator on the relationship between parental warmth and socio-psychological symptoms. Female preadolescents who reported higher level of paternal warmth tend to experience higher level of social competence and also lower level of difficulties symptoms.



[Figure 2: Multigroup Analysis examining the gender role on the Relationship between Parental Warmth and Socio-Psychological Symptoms (N=852)]

Note. Standardized beta values and their significance levels are given: **p <.01; Separate estimates by gender are showed as: Male/Female.

5. Discussion

5-1. Results discussion

Initial findings reported that only paternal warmth has significant effect on social competence and difficulties symptoms among preadolescents. The results of the initial model explained that preadolescents who perceived higher level of warmth from fathers tend to report higher level of social competence and less likely to experience difficulty symptoms. In this study, maternal warmth was not a significant predictor for social competence and difficulties symptoms after paternal warmth is taken into account. These findings echoed past studies whereby only paternal warmth predicting affects socio-psychological symptoms when both paternal and maternal warmth are taken into account (Chen et al., 2000; Grimes et al., 2000). Results of the current study suggest that preadolescents may take maternal warmth for granted. Therefore, respondents might neglect or not appreciate the contribution of maternal warmth in their development.

Within multigroup analysis model, the effect of paternal warmth on social competence and difficulties symptoms was only apparent among girls, while maternal warmth was not a contributing factor for socio-psychological symptoms of both boys and girls. These results suggest that the relationship between paternal warmth with social competence and difficulties symptoms was moderated by preadolescents' gender whereby paternal warmth directly influenced social competence and difficulties symptoms among female preadolescents only. However, socio-psychological outcomes of male preadolescents were not significantly affected by paternal warmth. Result of the present study was similar with findings of past studies (Putnick et al., 2012; Marshal & Chassin, 2000). This may suggest that boys might be less engaging in parent-child relationship compared with girls. Thus, paternal warmth does not have significant effect on them. Besides, male preadolescents may be

more sensitive to other fathering practices, such as, paternal autonomy support that can offer more autonomy and freedom to them. Thus, the insignificant effect of paternal warmth in the current study does not prove that care from fathers has no impact on others development outcomes of their sons.

5-2. Implications and suggestions for future research

Findings from this study revealed not only the prominent role of fathers, but also shed lights on the cross-gender effect of parenting on preadolescents' socio-psychological outcomes. Interventions should strengthen the specific father-daughter relationships to enhance socio-psychological development among girls. Through the implementation of intervention, fathers can increase their interaction and involvement with their daughters, this will in turn, foster better socio-psychological development. In accordance to the Self-determination theory (Deci & Ryan, 1985; 2000), preadolescents can only achieve successful development process when their three basic needs (i.e., relatedness, competence and autonomy) are fulfilled. Parents, both fathers and mothers, need to acknowledge that preadolescent child tend to have different needs compared to younger children. Other than basic needs such as food and clothes, preadolescent child needs to receive guidance, affection and support from parents. In addition, family-centered intervention is indispensable to strengthen parent-child relationship and enhance preadolescents' socio-psychological outcomes. Development of preadolescents is directly linked with family system. Within the family system, everyone play their roles to sustain the harmonious family relationship and maintain the strong family ties. Although findings of this study revealed that only care from fathers influences child development, but mothers' contribution in child development must not be neglected. Thus, intervention should be family-centered that include both of parents and children, not just either father or mother. Family-centered interventions can strengthen family bonding and thus contribute positive impact on preadolescents' developmental outcomes.

Warm fathers were found to promote on socio-psychosocial outcomes among their daughters. However, different types of cross-gender parent child relationship and its effect on child development remained unknown in recent research field. Future research can examine other types of cross-gender parent-child relationships that contribute to socio-psychological symptoms for both boys and girls. In order to find out specific parental factors on child development outcomes, future research can also highlight the different role of fathers and mothers.

6. Acknowledgement

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7. References

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Impact of the Number and Age of Children on Married Women's Time-use Pattern for Childcare and Housework in Korea

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1. Introduction

1-1. Aim of the Study

The aim of this study is to explore the impact of the number and age of children on their mother's time-use pattern on childcare and housework. Rearing children entails vast amount of parental time to care for them. The time that parents allocate on childcare today has not declined but even increased in spite of the decreased number of children today than in the past. Importance of the time input on childcare has been actively discussed in recent years[1]. Women especially have played a major role taking care of children in household and contributed to maintaining undeclined childcare time[2]. In this regard, this study investigates how much time mothers spend on childcare as well as housework(since rearing children also requires additional time input on housework) by the number and age of their children. This will allow us to find the time impact of children in specific configuration to their mother's childcare and housework time-use.

1-2. Background of the Study

Compared to the 1960s when baby boomers had a number of children, today's parents surprisingly spend as much time on child care as parents in the 1960s did, in spite of the decreased number of children in one household(Bianchi, Robinson, and Milkie, 2006). In the core of the reasons there lies a fact that values of children have changed over time. A moral transformation took place in our conception of the worth of children and in our notion of children of what they should be. (Zelizer, 1994; Bianchi, Robinson, and Milkie, 2006). Zelizer said (2006) children now are rather emotionally priceless but worthless economically. Once they were valued for labor in which they could contribute on their farm and household, factory, or on the streets of the city, but now their companionship matters more (Bianchi, Robinson, and Milkie, 2006).

Consequently, parents' attention moved to how to cultivate their children's talent instead to gain economic benefits from their children's labor (Bianchi, Robinson, and Milkie, 2006). As a result, time along with money parents spend on raising their children has increased (Folbre, 2008). Today, parents' role of substantial and constant invest on child care is ever emphasized, and recognized as good parenting (Aurini & Davies, 2005; Furedi, 2001; Quirke, 2006; Wall, 2010; Wall, 2004; Ehrenreich English 2005).

If the parental time on childcare has not decreased over time despite that number of children has reduced, how would parental time on childcare differ by the number of their children? There exists a question whether parents spend more time on child care when they have more children. According to the previous studies, mothers with children in pre-school age spend the most time on childcare (Moon & Cho, 1996; Joesch, 1997; Park & Baik, 1997; Folbre & Bittman, 2004; Bianchi, Robinson, Milkie, 2006; Lee & Lee, 2007; Craig & Bittman, 2008; Criag, Powell, and Smyth, 2014). Craig & Bittman (2008) devised their own frames of shaping children in different configuration and conducted a research about children's impact on adult time use in Australia.[3]

Configuration of children, specifically number and age, are important factors in determining childcare time that parents allocate. However, most of the studies on this topic have investigated time-use patterns in foreign countries, mostly Australia and the U.S[4]. It is rare to find how this relation is delineated in Korean family.

Time devoted to children is large(Ironmonger, 2004). Korea, in particular, is a country where heavy demand on parents over child rearing is markedly recognized among international societies. Koreans' educational zeal is notably well-known[5]. Parents' sacrifice to their children is justified widely in the society. Notion that one's success accounts for his or her parents' effort is prevalent (Kwon & Park, 1993; Kwon, Kim, Chun, & Eun, 1997).

Yet, such intense child rearing has become an enormous burden to the parents. In fact, heavy burden of child rearing has played a significant role in reducing the size of the family, leading Korean parents to have fewer children.[6] Korea joined the lowest low fertility rate countries in 2009 and now it ranks the bottom among OECD countries.[7] Thus, it is necessary to investigate how different structures of children result in different patterns of time-use on childcare in Korea.

This research is restricted to women as mothers are known as the major player in the household spending time for their children, and whose daily time-use pattern is significantly affected by their children (Craig & Bittman, 2008). In Korea, mothers' participation on child care is substantially higher than that of fathers (Kim, 2008; Eun, 2009; Song, 2011). Accordingly, this research analyzes mothers' time use on childcare by the configuration of their children.

Along with childcare, this research also examines housework time. When it comes to mothers' spending time taking care of their children, it not only includes the time directly caring for them but also time carrying out associated domestic work such as laundry, cleaning, preparing for meals, and so on (Craig & Mullan, 2010). This study therefore investigates both childcare and housework time-use patterns of mothers to grasp the wider impact of children regarding childcare.

Time-use data allow investigation into what activities individuals spend in their daily hours and how much they spend on these activities (Folbre & Bittman, 2004). Time-use data also include various demographic and socio-economic information of the sample. This allows to constructing a more accurate picture of the time-use pattern and the influence of various predictors. Thus, this study uses

time-use data 2009in Korea[8] to capture the time allocation of mothers on childcare and housework by the number and age of their children.

2. Methodology

This research assumes married women's time-use pattern on childcare and housework differs by the configuration of children, specifically by the total number of children and the age of the youngest child. The research is conducted separately by the employment status of mothers as the time-use pattern of women can differ significantly by their employment status (Heo, 2008; Lee, S. & Lee, Y., 2007)

< Question 1 > Time married women spend for childcare will differ by the number and age of children.

Hypothesis 1: As the number of children increases, childcare time married women spend will increase.

Hypothesis 2: As the age of children increases, childcare time married women spend will decrease.

< Question 2 > Time married women spend for housework will differ by the number and age of children.

Hypothesis 1: As the number of children increases, housework time married women spend will increase.

Hypothesis 2: As the age of children increases, housework time married women spend will decrease.

2-1. Data

This research uses the 2009 time use data. Time-use data is the data which investigate how Koreans use their time on a daily basis.[9]. Time-use survey is conducted in every five years. 2009 Time-use survey is the third time use survey in Korea.[10] The 2009 Time-use Survey includes samples over 8,100 household and members aged 10 years or older in each household was required to record the two-day time diary set. Around 20,263 individuals' records were collected in total, and the final data includes 40,521 days of time diary from these individuals, counting two days of each.

The sample is restricted to married woman who is currently living with her husband. The range of age is limited to 19 ~ 49. Childless married women and women with children under age 18 were selected. Under age 18 is the children with high school at maximum. College enrolled children were omitted from this research. The final sample includes 4,144 women. Among them 1,788 are unemployed and 2,356 are employed. Additional household data was included in the analysis along with the time use data to supplement the lacking information on the total number of children and the

demographic information on children between aged 7 ~ 9 because the official time use data only includes data of children either at pre-school aged over 10 years old.[11]

2-2. Measurement

Childcare time analyzed in this research is categorized according to the Table of Activities framed by the Statistics Korea, which includes 144 specified activities total. The Family Member Caring category consists of five sub-categories, and child care category for pre-school and elementary school ~ high school is used in this research to estimate time for childcare. Housework, another activity used in this research along with childcare counts time from the broad category of Home Management, which includes seven sub-categories; food preps, laundry, cleaning, house maintenance, shopping for products consumed for housework, home managing, and etc. These two activities, childcare and housework are the dependent variables in this research. Total time spent on each activity a day is estimated from individuals' time diary, which records at 10 minute intervals.

2-2-1. Independent Variables

Configuration of children is the independent variables, and it is divided more specifically to the number of children and the age group of children. Children under 18 years old are only included in this research. The range of total number of children goes up to five, but in this research total number of children is re-categorized into four groups; no child, one child, two children, three or more children. The childless group is the referent group and is omitted in the analysis. The rest three groups are dummy variables each; one child (yes=1); two children (yes=1); three or more children (yes=1). These three categories are used in the analysis as dummy variables.

The range of the age group of the youngest child in household consists of three groups; age of 0 ~ 6(pre-school), 7 ~ 12(elementary school), and 13 ~ 18(middle school and high school). If the age of the youngest child in the household is five, it belongs to the pre-school group. This only counts the age of the youngest, no matter how many children they have in their household. If there are three children, and their ages are six, fifteen, and seventeen, this household is counted as the pre-school group. The age of children does not count childless, thus the omitted category is selected from the rest of the other two groups. The referent group for age of children, however, differs for childcare time and housework time. For childcare time, the referent group is the middle school and high school category. For housework time, the referent group is the pre-school category.

2-2-2. Control Variables

Besides the two independent variables of the number and age of children, four factors are entered into the models as control variables; employment status, income, education, and paidwork time. Demographic data includes monthly income which is split into nine different categories by

500,000 won. In this research, income is included as a continuous variable. Degree of education attainment is categorized into four levels, middle school degree or lower, high school degree, university or community college degree, and master's degree or higher. In this research, two categories, university or community college degree and master's degree or higher, are combined. three categories of the degree of education attainment are entered into this analysis as dummy variables. The referent group is the middle school degree category, and is omitted from the models. The rest two categories are included as dummy variables; high school degree (yes=1), and college or higher degree (yes=1).

This research includes paidwork time as a control variable. Paidwork is an important factor which affects time-use pattern of individuals(citation). Paidwork time is captured on both unemployed and unemployed mothers. Even though the unemployed mothers are not officially employed, they are found to participate in paid work in various forms such as helping family business and part-time jobs. This is the reason some samples, but rare cases, marked as unemployed but have a monthly income.

OLS(Ordinary Least Square) regression coefficient modeling was used in this analysis to find the relationship between independent variables and dependent variables as well as to find the influence of control variables.

[Table1: Description of the Sample (N, %)]

N=4,144

		Unemployed	Employed
Total		1,788(43.15)	2,356(56.85)
Age of Sample	19 ~ 28	155(8.67)	83(3.52)
	29 ~ 38	838(46.87)	835(35.44)
	39 ~ 49	795(44.46)	1,438(61.04)
Configuration of Children			
Number	0(Childless)	199(11.13)	378(16.04)
	1 Child	478(26.73)	488(20.71)
	2 Children	920(51.45)	1,257(53.35)
	3+ Children	191(10.68)	233(9.89)
Age	0~6	793(44.35)	538(22.84)
	7~12	501(28.02)	731(31.03)
	13~18	295(16,50)	709(30.09)
Income(10,000)	No income	1,647(92.11)	228(9.68)
	Less than 50	39(2.18)	183(7.77)
	50~100	34(1.90)	692(29.37)
	100~150	14(0.78)	506(21.48)
	150~200	13(0.73)	346(14.69)

	200~250	8(0.45)	123(5.22)
	250~300	19(1.06)	99(4.20)
	300~350	6(0.34)	66(2.80)
	350~400	7(0.39)	53(2.25)
	400-500	0(0)	35(1.49)
	More than 500	1(0.06)	25(1.06)
Education	Middle school	108(6.04)	257(10.91)
	High school	989(55.31)	1,349(57.26)
	College	691(38.65)	750(31.83)
Paidwork (Mean(min), Std)		3.08(30.43)	437.87(185.87)

This table contains the demographic and socio-economic information of the sample. Less than 10 percent of the unemployed are 20s and the size of 30s and 40s are similar. Half of them have two children, and those who have one child followed next. Almost half of mothers have pre-school aged child(ren) and about 30 percent have child(ren) in elementary school age.

3. Findings

3-1. Childcare

Table 2 shows average daily time in childcare by the total number of children and by the age of the youngest child. Married women are divided into two groups by their employment status. .

[Table2: Daily Time in Childcare by the Number and Age of Children]

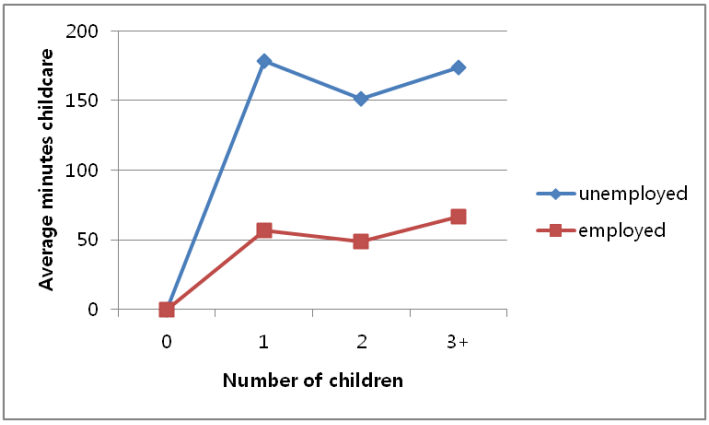
N=4,144

	Unemployed			Employed		
	Obs	Mean	Std	Obs	Mean	Std
Total number of children						
0 (no child)	199	0	0	378	0	0
1 child	478	178.452	139.147	488	56.496	69.832
2 children	920	151.609	130.043	1,257	48.504	64.608
3+ children	191	173.874	120.933	233	66.738	80.497
Youngest age of children						
0~6	793	249.344	117.991	538	116.171	84.199
7~12	501	102.734	81.693	731	41.299	47.638
13~18	295	29.796	40.514	709	16.078	27.077

3-1-1. Total Number of Children

Unemployed women allocate their time on childcare most when they have one child. Once they have a child they spend 178 minutes a day on caring for the child. When they have two children, their time on childcare decreases. But when they have three or more children, their childcare time increases again, up to almost the same amount as that of one-child mothers. Unemployed mothers' childcare time does not increase in sequence by the total number of children. One-child mothers spend the most time on childcare. Three or more-children mothers spend the second longest, and the two children-mothers spend the least.

For employed women, those who have three or more children spend the most on childcare. Employed women spend 56 minutes more when they have one child than the childless working women. Employed women spend a lot less on childcare than unemployed women once they have a child. Having a second child results in decease on childcare, dropping slightly by 8 minutes, and an additional child brings an increase again, resulting in the longest time among the groups. Unlike unemployed mothers, employed mothers' time on childcare is at most when they have three or more children.



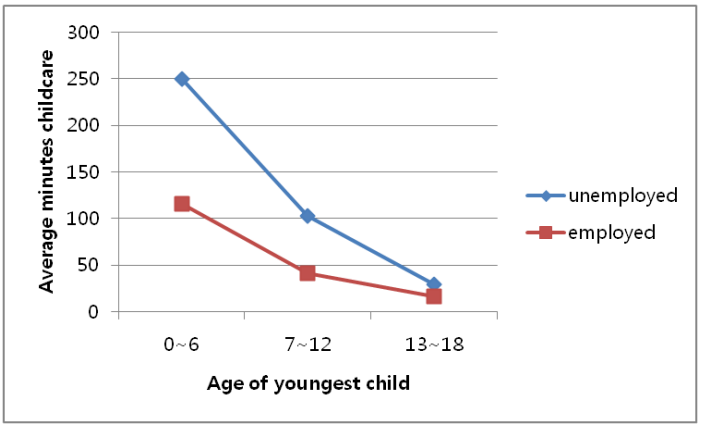
[Figure 1: Daily Time in Childcare by Number of Children]

3-1-2. Youngest Age of Children

When the youngest child in household is under pre-school age, unemployed mothers spend almost 250 minutes a day on childcare. It declines drastically when the child starts school. Childcare time decreases more than half when the child enters an elementary school. When the child starts middle school, the childcare time drops to only one third of that for the elementary school aged children. Unemployed mothers spend 29 minutes on children for middle school and high school aged children in Korea. Entering school creates a great change on mother's time use on childcare.

Employed mothers spend 116 minutes more than childless employed women. When the child enters school, childcare time decreases significantly. Entering middle school results in further decrease, 16 minutes a day on average. Employed mothers spend half less time on childcare than the unemployed mothers do in regards to the age of their youngest child. Both spend most when they have a pre-school

child in household, and it drops considerably when their child enters school. Childcare time drops more when the children are in middle school and high school education.



[Figure 2: Daily Time in Childcare by Age of Children]

Table 3 and table 4 show the results from two different data; one that includes the childless women in its sample, and the other that does not. On model 1 with the childless data, having one child increases 167 minutes on childcare than childless women(referent group). Then, it decreases when they have two children in the household, and increases again when they have three or more children. On Model 1 without the childless data, Compared to having one child(referent group), having two children leads to less time on childcare.

[Table 3: Regression Coefficients Daily Time in Childcare of Unemployed Mothers]

Variable	data with "childless"	data without "childless"		
	Model 1	Model 1	Model 2	Model 3
Total number of children				
1 child	166.06***			
	(10.36)			
2 children	140.43***	-26.33***		-7.47
	(9.67)	(7.27)		(5.52)
3+ children	166.07***	0.58		-14.64
	(12.37)	(10.98)		(8.33)
Youngest age of children				
0~6 (pre-school)			212.74***	213.68***
			(6.70)	(6.76)
7~12 (elementary school)			70.18***	72.29***

			(7.10)	(7.18)
Education				
High school	49.95***	74.78***	17.21	17.49
	(12.52)	(15.44)	(11.67)	(11.71)
College or higher	90.16***	119.57***	39.36**	38.95**
	(12.77)	(15.66)	(11.95)	(11.98)
Income	-7.87**	-9.42**	-3.78	-3.75
	(2.65)	(3.05)	(2.29)	(2.29)
Paidwork	-0.13	-0.29*	-0.19	-0.19
	(0.10)	(0.13)	(0.10)	(0.10)
Constant	-42.27**	100.95***	14.05	18.97
	(13.98)	(15.93)	(12.00)	(12.39)
R^2	0.19	0.07	0.48	0.48

*p<0.05, **p<0.01, ***p<0.001

Model 3 shows the result of the analysis on both number and age of children. No statistical significance was seen on the number of children. The age is found to influence on the childcare time. Having pre-school aged children brings additional 213 minutes a day compared to the middle and high school aged children. Elementary school aged children brings additional 72 minutes, which is very similar amounts from Model 2. When the number and age are entered together, the influence of number disappears and the influence of age remains.

[Table 4: Regression Coefficients Daily Time in Childcare of Employed Mothers]

Variable	data with "childless"	data without "childless"		
	Model 1	Model 1	Model 2	Model 3
Total number of children				
1 child	46.84***			
	(3.98)			
2 children	42.52***	-3.62		1.64
	(3.42)	(3.30)		(2.76)
3+ children	58.64***	12.29*		3.16
	(4.81)	(4.91)		(4.11)
Youngest age of children				
0~6 (pre-school)			90.48***	90.32***
			(3.04)	(3.07)

7~12 (elementary school)			70.18***	23.87***
			(2.70)	(2.73)
Education				
High school	14.02***	22.44***	8.40*	8.48*
	(3.99)	(5.08)	(4.22)	(4.23)
College or higher	37.24***	49.31***	17.00***	17.33***
	(4.43)	(5.54)	(4.69)	(4.72)
Income	-1.63*	-1.78*	-1.11	-1.10
	(0.64)	(0.74)	(0.61)	(0.61)
Paidwork	-0.11***	-0.13***	-0.11***	-0.11***
	(0.01)	(0.01)	(0.01)	(0.01)
Constant	40.04***	87.14***	60.57***	59.08***
	(5.37)	(6.50)	(5.09)	(5.49)
R^2	0.24	0.19	0.45	0.45

*p<0.05, **p<0.01, ***p<0.001

Model 1 with the childless data shows that the number of children influences on employed mothers' childcare time. Having one child results in spending 46 minutes a day than having no child. Having subsequent child leads to the decrease in time, 4 minutes less at two children, but then it increases again at three or more children.

Model 3 includes both number and age of children. Like the unemployed mothers' model, Employed mothers' childcare time is not affected by their number of children. Again, the age also matters for the employed mothers. Having child at age 0~6 leads to the highest increase, and those at age 7~12 results in 23 minutes increase, a lot less increase. Entering school drops mothers' childcare time one quarter of the pre-school age, which means entering school brings a significant change on employed mothers' time allocation to childcare.

3-2. Housework

[Table5: Daily Time in Housework by the Number and Age of Children]

N=4,144

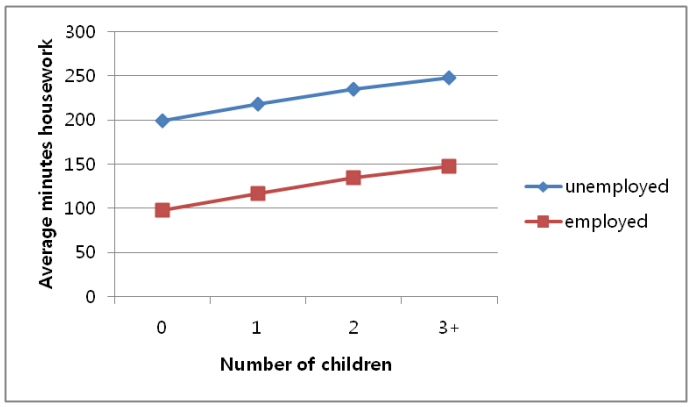
	Unemployed			Employed		
	Obs	Mean	Std	Obs	Mean	Std
Total number of children						
0 (no child)	199	198.844	90.650	378	97.910	76.983
1 child	478	217.699	88.250	488	116.271	81.572
2 children	920	234.717	88.065	1,257	134.192	77.490

3+ children	191	248.115	86..009	233	147.768	83.960
Youngest age of children						
0~6	793	212.068	79.134	538	127.211	82.170
7~12	501	246.767	87.872	731	141.244	77.836
13~18	295	256.237	100.744	709	148.180	91.184

3-2-1. Total Number of Children

Unemployed and childless housewives spend 198 minutes a day on housework. It increases when they have additional child. Addition of each child leads to longer time on housework. Having three or more children results in longest time. It means larger size of children takes more time for housework. Childless housewives spend 198 minutes a day, 19 minutes less than those with one child. The time gap between the childless and the one-child housewives is seen small.

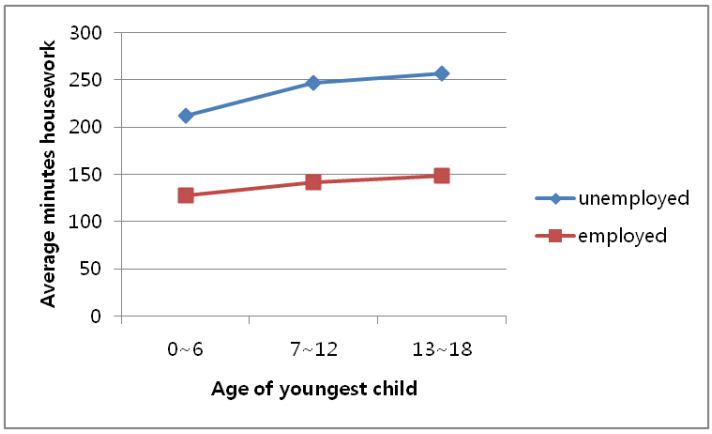
Employed and childless housewives spend 97 minutes a day on housework. It is about 100 minutes less than that of unemployed housewives. This changes once they have children. More children bring longer time on housework. Like the unemployed, having three or more children results in the longest housework time. This is still about 100 minutes less than the unemployed mothers with three or more children. Both unemployed and employed mothers' housework time increase as the number of children in their household increases.



[Figure 3: Daily Time in Housework by Number of Children]

3-2-2. Youngest Age of Children

When the youngest child in the household is under pre-school age, unemployed mothers spend almost 212 minutes a day on housework. Mothers spend more time on housework as their children grow. Unemployed mothers spend longest time when their youngest child is in middle and high school. The increased time with pre-school aged children to the elementary school-aged is higher than with elementary school aged to middle and high school aged children.



[Figure 4: Daily Time in Housework by Age of Children]

Employed mothers spend 127 minutes more than childless women. When the child enters school, the housework time increases. Middle school and high school entering result in more increase, and mothers with children at this age spend longest on housework. Employed mothers spend half less time than the unemployed mothers do. Both mothers spend most when they have their youngest child in age 13~18.

[Table 6: Regression Coefficients Daily Time in Housework of Unemployed Mothers]

Variable	data with "childless"	data without "childless"		
	Model 1	Model 1	Model 2	Model 3
Total number of children				
1 child	21.34**			
	(7.45)			
2 children	37.01***	15.38**		11.00*
	(6.96)	(4.95)		(4.91)
3+ children	50.85***	29.24***		32.10***
	(8.91)	(7.48)		(7.40)
Youngest age of children				
7~12 (elementary school)			33.94***	32.26***
			(4.93)	(4.97)
13~18 (middle/high school)			42.74***	45.44***
			(5.98)	(6.01)
Education				
High school	-27.93**	-23.63*	-11.94	-11.47

	(9.01)	(10.51)	(10.42)	(10.41)
College or higher	-39.57***	36.93***	-21.33*	-19.66
	(9.19)	(10.66)	(10.68)	(10.65)
Income	-5.76**	-4.84*	-5.82**	-6.05**
	(1.91)	(2.08)	(2.04)	(2.04)
Paidwork	-0.19**	-0.26**	-0.29**	-0.28**
	(0.07)	(0.09)	(0.09)	(0.09)
Constant	236.01***	253.12***	235.51***	224.66***
	(10.06)	(10.85)	(10.81)	(11.13)
R^2	0.04	0.03	0.06	0.07

*p<0.05, **p<0.01, ***p<0.001

Total number of children influences on unemployed mothers' housework time as seen on Model 1 with the childless data. Having one child increases unemployed mothers' housework time by 21 minutes. Having subsequent child keeps an increase. Two children results in 37 minutes increase, and three or more children in 50 minutes increase. Model 1 without the childless data shows a similar result. Compared to the one-child group(referent group), having additional child leads to an increase on housework time.

The youngest age of children also determines mothers' housework time-use. In the regression coefficient analysis for housework, the referent group for the age of children is the pre-school aged group. Model 3 analyzes the relationship of both number and age of children. Both number and age impact on mothers' housework time. Compared to having one child, having two children brings 11 minutes increase and having three or more children brings 32 minutes increase. Model 3 tells that having an older child leads to an increase in housework time. Compared to having a youngest child in pre-school, having an elementary school child leads to 27 minutes increase, and having a middle school and high school child leads to 45 minutes increase. Older aged child results in more time on housework.

Model 1 with the childless data in Table 7 shows that having an additional child results in constant increase in employed mothers' housework time. It is also seen on Model 1 without the childless data. Having two children leads to 13 minutes increase than having one child, and having three or more children leads to 28 minutes increase than having two children.

Both number and age of children affects on employed mother's housework time as seen on Model 3. Having subsequent child results in increasing time on housework, and so does having older age of children. Having an older child leas to undertaking more housework.

[Table 7: Regression Coefficients Daily Time in Housework of Employed Mothers]

Variable	data with "childless"	data without "childless"		
	Model 1	Model 1	Model 2	Model 3
Total number of children				
1 child	12.43***			
	(4.39)			
2 children	29.03***	16.88***		14.88***
	(3.77)	(3.34)		(3.31)
3+ children	35.13***	22.64***		25.59***
	12.43***	(4.97)		(4.93)
Youngest age of children				
7~12 (elementary school)			25.74***	24.11***
			(3.56)	(3.57)
13~18 (middle/high school)			30.04***	31.13***
			(3.67)	(3.68)
Education				
High school	-1.27	-1.96	2.27	2.83
	(4.40)	(5.14)	(5.10)	(5.08)
College or higher	-13.57**	-13.08*	-4.70	-2.09
	(4.88)	(5.61)	(5.67)	(5.66)
Income	-5.77***	-5.72***	-6.07***	-5.97***
	(0.70)	(0.74)	(0.73)	(0.73)
Paidwork	-022***	-0.23***	-0.24***	-0.23***
	(0.01)	(0.01)	(0.01)	(0.01)
Constant	228.00***	244.78***	237.25***	223.18***
	(5.92)	(6.57)	(6.49)	(6.91)
R^2	0.37	0.38	0.39	0.40

*p<0.05, **p<0.01, ***p<0.001

4. Discussion

4-1. Childcare

Total number of children does not affect on mother's childcare time. It showed the relationship when only the number itself was entered into the analysis, but when age was included jointly the relationship disappeared. Mother's time use on childcare does not change by the total number of children. This result was also found in the study by Bianchi, Robinson, and Milkie, (2006) that the

number of children often becomes insignificant when the age of the youngest child is taken into account. Number of children is not related with the time-use of mothers on childcare.

Age determines the patterns of mother's time use on childcare. Among three age groups having pre-school aged child increases time on childcare most, 213 minutes for unemployed mothers and 90 minutes for employed mothers. When the child enters a school(elementary school), childcare time drops sharply. Among three age groups of children, children in middle and high school age(13~18) take on least childcare time. As children age, childcare time mothers allocate decreases. Reason that longest childcare time is found on pre-school aged children is because children in this age requires most physical care from their mothers. As a number of previous studies have also found, mothers with pre-school aged children allocate their time on childcare most (Moon & Cho, 1996; Joesch, 1997; Park & Baik, 1997; Folbre & Bittman, 2004; Bianchi, Robinson, Milkie, 2006; Lee & Lee, 2007; Craig & Bittman, 2008; Criag, Powell, and Smyth, 2014)

Considering that children in middle and high school in Korea receive most condensed inputs on their education from their parents, the fact that this age group takes on least childcare time is an unexpected result. Although parents tend to put extensive efforts on their children's education and qualification in this period[12], the substantial time they spend on caring for them is not much. It is because children in this age are likely to spend time more outside their house, such as school, private institutions, etc. Therefore, mothers rarely engage in caring for them at home.

Childcare activity coded in time-diary includes physical care and non-physical care[13], Children in middle and high school age do not require mother's time input for physical care. And non-physical care, which is defined as helping with homework and reading books for them, is undertaken by the public and private institutions. Thus, mothers' time allocation to childcare declines significantly as their children grow when they start to be involved with more activities outside the home.

4-2. Housework

Mothers' housework time is determined by the total number of children. Having subsequent child leads to an increase in time for both unemployed and employed mothers. Having three or more children results in spending the most housework time. More members in household involve more work to do. Laundry would be heavier and preparing meals for additional members would take longer time. As the number of children increases, housework time mothers allocate increases.

Along with number, age also influences on mothers' time-use pattern on housework. Having older child results in spending more time on housework for both unemployed and employed mothers. Craig said (2006) that as children grow, mothers allocate proportionately more time to the associated unpaid work than into actual child care, and they increase doing other portions of domestic work. In case of Korea, it was found that mothers increase their time on doing more laundries and cleaning the house.[14]

Lastly, time-use patterns of mothers differ by their employment status. Unemployed mothers on average spend 100 minutes more on both childcare and housework than employed mothers. This shows that employed mothers spend less time on childcare and housework, in this research about 100 minutes less, due to their time commitment to paid work.[15]

5. Conclusion

This research investigates the time impact of the configuration of children, specifically number and age, on their mother's childcare and housework time. The results show that total number of children and the age of the youngest child in household draw different patterns on childcare time and housework time. Detailed outcomes are explained in the following paragraph.

First of all, total number of children is found to influence on housework time but not on childcare time. No relationship was found when the number was entered into the model with age variable together. For housework, having a subsequent child results in increasing housework time. Additional child means additional person for whom mother needs to undertake domestic work associated with caring. Thus, increase in number of children leads to increase in mothers' housework time.

Secondly, the age of the youngest child affects the patterns of mothers' time-use on both childcare and housework. As children age, mothers' childcare time decreases and housework time increases. This is interpreted as older aged children require less care, especially physical care from their mothers, thus leading to a decrease on childcare time but an increase on housework time due to the increasing domestic work in other portions that are associated with caring for children, such as doing more laundries.

Lastly, employment status of mothers generates a difference on time-use patterns for both childcare and housework. Unemployed women in general spend about 100 minutes more on childcare and housework than employed women because employed mothers' time-commitment to paid work reduces their available time to participate in other activities.

Caring for children includes a range of activities besides the activities categorized as childcare in time-use data. People often engage in several activities at once in any interval of time (Folbre & Bittman, 2004). Mothers can watch TV while watching on their children, or they can participate in outdoor activities with their children. These are categorized as leisure on time-use data, but they can also be understood as child care[16]. This, in fact, is marked as a "secondary activity" in the time-use data. Childcare time mothers allocate might be underestimated in this research as this research only included the childcare activities recorded as "primary activities" in the time-diary. Craig and Bittman in their research (2008) included both primary and secondary activities on childcare, and stated that the effect was crucial. In Ironmonger's research on childcare (2004), he said inclusion of the secondary activity resulted in a substantial increase in childcare. Yet, such effect was not found in Korean data

as counting secondary activities along with primary activities was conducted but difference was not remarkable. Reason for this could be the poor recordings of participants on time-diary. Discussions are necessary for making improvement on this issue for future time-use survey and research.

This research only included mothers in household. More thorough results of the impact of children over their parental time use can be conducted by investigating both mothers' and fathers' time-use pattern. Craig & Bittman (2008) analyzed the impact of children on their parental time in household level and by each gender. Yee's study (2012) also compared the times-use patterns on childcare between mothers and fathers[17]. It is recommended future studies on time impact of children in specific configuration on their parental time-use pattern include both mother and father. This enables to find time distribution on child rearing activities and its difference between gender.

Time is limited to 24 hours a day to everyone. Time is a scarce resource, and ways to use it efficiently have been the pivot in time-use studies since it had started in early 20th century.[18] Work and life balance issue, heavily debated for the past years, deals more about the time constraints than money resource (Craig, 2007). As time has a zero-sum function of which increasing time on one activity reduces time to spend on other activities. Married women in particular have struggled with work and life(family) conflict as in household they are usually required to commit to housework than man. Although the number of working mothers has increased, they still have primary obligations on taking care of domestic work, and this makes them have to take the second shift when they come back home from work (Song, 2014).Heavy and severe time impact of children on their mothers' daily time use will concern their well-being and quality of life. Since children is a strong determinant on mothers' time-use pattern, in-depth analysis of the influence of children in various configurations on mothers' everyday life will provide more thorough insight on life balance of mothers.

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Notes

[1] Yet, discussions on the significance of childcare time have mostly concentrated on the gender difference in time-use patterns. (Song, 2011; Yee, 2012).

[2] (Gershuny, 2000; Son, 2011)

[3] Different groups of children were created by combining both number and age; Youngest age 0~2 and 1) one child 2) two children 3) three or more children; Youngest age 3~4 and 1) one child 2) two children 3) three or more children; Youngest age 5~11 and 1) one child 2) two children 3) three or more children.

[4] 1) Lyn Craig has conducted research on the time cost of children over their parental time in Australia. 2) Nancy Folbre has conducted research on calculating the time cost of children in American family. 3)Bianchi et al. examined the time of American family.

[5] Child education is particularly considered as a fundamental passage for success in society, so parents are devoted not only financially but psychologically and physically to providing better education to

their children. They increase their invest on their children's education and well-being to upgrade their level of qualification (Kwon & Park, 1993; Kwon, Kim, Chun, & Eun, 1997)

[6] Heavy burden on investing in child rearing is known as one of the major factors for low fertility rate in Korea (Yoon, 2010).

[7] Korea entered into a low-fertility society in 1983 when the total fertility rate dropped to 2.08 which is the population replacement level. Low fertility has continued and declined even further to 1.30, a lowest low fertility rate, and placed 1.08 in 2005. It then increased a bit to 1.19 in 2009, 1.29 in 2012, and 1.19 in 2013 (Hong, 2013). Source from Statistics Korea website: http://kosis.kr/wnsearch/totalSearch.jsp, retrieved June 17, 2014 by Hong.

[8] Time-use data in Korea is collected by Statistics Korea every five years since 1999.

[9] This data allows to observe the average life style of Koreans and to estimate the quality of life. It serves as the base for the research in related fields or provides implications to the public policy making related to paid work, unpaid work, welfare, leisure, culture, and so on (Statistics Korea website: http://kostat.go.kr)

[10] First survey was conducted in 1999 and second survey was conducted in 2004 by Statistics Korea.

[11] Extra household data was provided by Statistics Korea by an individual request.

[12] Parents who have children in this age tend to pay extra efforts on child rearing; they concentrate on their children's education. It is because Korean high school students take a college entrance exam on their third grade in school which is only available once a year. In order to receive high score on this test, parents put extensive care on children in this age.

[13] According to the activity coding in time-use data, physical care includes feeding, dressing, and bathing. Non-physical care includes helping with school homework and reading books.

[14] OLS regression analysis on the impact of the youngest age over smaller categories of housework was conducted by the researcher of this study, and the result is as stated in the context. Housework includes activities of cooking, cleaning, laundry, house maintenance, home managing, and other.

[15] Employment is one of the major demographic predictor of decreased child care time (Bianchi et al, 2006)

[16] Previous study found that a number of leisure activities mothers engage are accompanied with their children. Marked as leisure activities on the time-diary as primary activities, mothers in fact spend time with their children. Leisure is found to be the time that also functions as childcare time (Folbre & Bittman, 2004).

[17] His research focused on children under age 3.

[18] (Gershuny, 2000).

Session A-4 Care in the Rural Settings

The Ethic of Conviction and Women's Participation of Elderly Care in Rural Families ------An Analysis Based on the Data from Field Research Carried out in a Rural Area Named Wentsing of China

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1. Introduction

Aging problem in China has become a pronounced social problem in recent years.The population in 2010 has reached about 1.33 billion,containing about 110 million old elders who were above 65 years old.[1]Obviously,the aging population rate has reached 9 percent.On the other hand,the rural total population had reached about 660 million containing about 66 million aging population.The rural aging population rate has astonishingly reached 10 percent in China. A concept extensively prevalent in China is that even though living on limited revenues, the rural elders can be taken cared by their offspring, namely "feeding-back" mode stated by Hsiaotung Fei in 1983.[2]To discriminate from the western mode of elderly care, he writes that the Chinese mode is a "feeding-back" mode based on the traditional consciousness of "hsiao"[3] to parents. To repay parents' nourishing favor,when they grow up, they're to take care of their elder and feeble parents based on moral obligations. However, in recent years, a number of researches revealed that the inter-generational relationship has been increasingly loosing. At worst, the elderly people could not endure offspring's apathy and decided to commit suicide to make a end of his or her whole life.[4] If according to Fei's theory, the reason of young generation's absence of participation in elderly care could be attributed to the collision of "hsiao". However, it is a cultural perspective.

In previous researches,there is an obvious appearance that the elderly people are all in desperate need of being taken cared.Basing on this presupposition, the majority of scholars conduct their researches from the perspective of regarding the elders as object, rather than the one of regarding the elders as subject. Numerous researches are teeming with the topics regarding the construction of the mechanism of the elderly care in rural districts and rural old-age pension insurance system. Introduction of endowment insurance, construction of rural communities, the government's role in elderly care and the family model of caring for the aged are intensively debated in previous researches. However, the elders' attitudes in elderly care is neglected.Why do we have to discuss the elderly people's attitude before discussing the construction of mechanism of elderly care? Because the elderly people are the terminal subject in this program. Obviously, if the elders refuse to be taken cared by some of their offspring in the backdrop of loosing inter-generational relationship, family's devotion to alleged elderly care could hardly be fulfilled. Therefore, this paper is to focus on the elder people's attitude in elderly care which will be defined as "the ethic of conviction" and debate its effects on rural young generation women's participation in elderly care.

Viewing elderly care issue from the elders' subject perspective is not innovated by me, it is first raised by Shanhua Yung [5]. He quotes Max Weber's "the ethic of responsibility" theory in his field research conducted in Beijing urban districts. He insists that the elder people's ethic of

responsibility made them be more voluntary to take care of their offspring but not being taken cared by them. The responsibility the elderly people perceive accelerates the degradation of the family's function of elderly care.[6]

In Yung's research, he underscores the urban elderly people's content with their living situations based on "the ethic of responsibility" without discussing their reactions of being faced with the outcomes of not being fed back by their offspring at all, such as no mental consolation or no economic support from their offspring at all. At worst, are they able to endure the long-lasting indifference of their offspring? What are the elderly people's reactions to this situation? But all of those questions haven't been discussed in Yung's research. The ethic of responsibility is dramatically possible to be challenged by unexpected consequence, such as long-term indifference or abuse from the offspring.Virtually, Weber's theory about the ethic of responsibility is related to calculation of consequence. The ethic of responsibility is not only about responsibility but also about calculations of consequence.

2. The ethic of conviction and the ethic of responsibility

2-1. Two ethics and consequences

"The ethic of conviction" and "the ethic of responsibility" are a couple of ethical worldviews stated by Max Weber. They are noted in a speech named "Politics as a vocation" in 1919 and the speech is later be published as an essay. Weber writes that "We must be clear about the fact that all ethically oriented conduct may be guided by one of two fundamentally differing and irreconcilably opposed maxims: conduct can be oriented to an ethic of conviction or to an ethic of responsibility".[7] It leaves us with a straightforward impression that the two ethics are irreconcilable. However, toward the end of the essay, contrarily, two ethics are not polar alternatives at all: " an ethic of conviction and an ethic of responsibility are not absolute contrasts but rather supplements."[8] What does that mean? If they supplement each other, it means the actor who believe in ethic of conviction also has related responsibility for his rational social action. Yet, in this essay, Weber insists that " The believer in an ethic of conviction feels 'responsibility' only for seeing to it that the flame of pure intentions is not quenched: for example, the flame of protesting against the injustice of the social order".[9] Just as Weber said the absolute ethic does not ask for consequences.[10] Virtually, two ethics are related to two types of rational social action mentioned by Weber in his work, Economy and Society, value-rational and instrumental-rational action. According to Weber's statement in "Politics as a Vocation", it could be speculated that the ethic of conviction is leading to value-rational action without calculation and choice of means. Their social action is not oriented to effective achievements. And the agent's act begins and ends in accordance with obedience to the given values. Because the ethic of conviction presupposes the reality that the values are hierarchically ordered without conflicts of duties.As Bradley E. Starr points out that, "Both types of rational social action are present in both ethics.The ethic of conviction recognizes a given hierarchy of values as the context for moral endeavor.The ethic of responsibility acknowledges value obligations, but assumes the absence of any given hierarchy of values and the inevitability of value conflict as the context for moral endeavor."[11] As a result, the consequences of action are left out of

the deliberative process. Contrarily, the agent who believe in ethic of responsibility tend to be aware of balancing values conflicts and combining consistency in efficiency and consistency with values. [12] In other words, the consequence of the action is certainly taken into consideration in the process, and the conduct is oriented to the most efficient set of ends, means, and results. That's why Weber appraise the ethic of responsibility toward the end of "Politics as a Vocation", " It is immensely moving when a mature man is aware of a responsibility for the consequences of his conduct and really feels such responsibility with heart and soul……That is something genuinely human and moving." [13] Therefore, value-rational oriented actors is drastically possible to take irrational action leading to irrational consequence which are not previously calculated at all. The ethic of conviction believers tend to take this type of rational social action.They will be frustrated by the consequence and efficiency but not perplexed by the values they absolutely obey to.

2-2. Rural elderly people's ethic of conviction

If viewing from the perspective of ethic of responsibility, not only value-rational and instrumental-rational social action but also the value conflicts the elderly people will encounter in the process of offspring's absence of participation in elderly care should have been debated in Yung's research. More importantly, the consequence of their alleged rational action, exactly consequences of offspring's absence of participation in elderly care, also need to be discussed and supported by related evidence. Yet, Yung only emphasizes that the responsibility of elderly people perceive in Beijing is prevalent which makes them prefer to care for themselves rather than be taken cared by offspring and does not analyze the consequence of it and the value conflict in the process of it. That's the deficiency in his research. On the other hand, if we attribute the young-generation's absence of participation in elderly care to the elder's ethic of responsibility, it implies that all of the prospective consequences they encounter have already calculated before their moral deliberation and it should be interpreted that the elderly people's social action is effective. However, as a lot of evidence shows that not all of the consequences elders encounter are endurable and effective in rural areas. And the value conflicts in the alleged "ethic of responsibility" of elder generation are subtle just as Yung states, all they can feel is the responsibility for their children. On this basis, I will attribute it to the ethic of conviction but not the one of responsibility.

The ethic of conviction the traditional Chinese parents hold could be defined as a conviction that they must maintain consanguineous descendants incessant. Having offspring is a significant glory and inevitable obligation as for elderly people. Therefore, a given hierarchy of values embodies having offspring and make best efforts to satisfy the offspring's needs unconditionally without enforcing their offspring to care for them when they get old and taking the prospective consequences they'll encounter in future into consideration. That's why the Chinese grandparents are criticized of spoiling grandchildren. As for the offspring's future, what they can do is only to anticipate but not to enforce. If the offspring are full of promise, parents will only consider it as an surprise but not an imperative accomplishment. Therefore, all of the consequences they encounter are out of anticipation. When suffering the indifference or abuse from their offspring, seldom of them are going to charge them even those behaviors conducted by their offspring have violated the related laws.What they can only do is to reap the bad outcomes what they have sown by themselves with misery and sorrowfulness. Because charging offspring means that the descendants will be in

danger which is incompatible with the ethic of their conviction. Obviously, they won't take a risk of losing their treasure consanguineous offspring or putting them in danger. In other words, between the two or three generations in China, the parents devote more than do their offspring.Their active devotion to the inter-generation relationships is increasingly taken for granted by their offspring and indirectly induces offspring's passivity of the devotion to take care of their elderly parents. Not to mention caring for aged parents, more and more child-generation tend to demand more from their parents, just like monetary support and raising grandchildren. Viewing from the perspective of gender,the participation of younger female generation in elderly care also can not be deemed as what it has ever been before.

Differing from elderly people in urban districts, the rural elderly people living on a handful of incomes seem to encounter more difficulties than do their counterparts in urban.What are the performances of the rural elderly people's ethics of conviction? What is the consequence of the ethic of conviction in the rural area? And how do their ethics impact on elderly people themselves? In order to canvass these problems, I will conduct a field research in a rural district.

3. The data collection and research method

Endeavoring to approach those related questions, I conduct this field research in a rural area named Wentsing, a village in China. Selecting this area is due to the my acquaintance with it as a hometown. Through methods of interviewing with the people face to face and sampling survey , I gather the first hand data.Moreover,some of the data is provided by the secretary of the village. Benefiting from a year long time staying at home to prepare my doctoral examination, before doing this research, I have obtained much materials deriving from constantly returning back to hometown and audible materials from fellow-villagers.Once beginning the research, I used several times of my vocations (from August to November) about 30 days to go to the village to get the data and verify the authenticity of the materials heard from others. Furthermore, the identity made me readily accessible to the materials needed. Additionally, some of the elderly people holding rural household registration were absent, so all the data is primarily based on the present elderly people in the village.

4. Wentsing elderly people's situation

4-1. The elderly people's economic situation

Wentsing village is located in southern of Hubei province, in the middle of China, belonging to the subtropical monsoon climate district. The primary agricultural crops are rice and lotus. Some of the households have several acres of lands to plant fruit trees, just like peach, kiwi,pear and so forth, but only as complement financial resources. A few of households keep fish farming as family's pillar industry. Generally, they sell fish to earn money at the end of the lunar year, because pickled fish is an indispensable tasty dish on every family's dining-table during the period of the most important festival of the whole year, namely the spring festival, lasting 15 days. In addition to fish, chicken,pig,duck are the most prevailing livestock in the village. From the perspective of function, they are the same as fish, but the quantity is not as much as fish. Only by these revenues can hardly satisfy the primary expenditure on daily lives, especially for the young generation. The secretary specified that in general family consisted of 4 family members, the annual minimal expenditure is about 30 thousand yuan (5thousand dollar)including 20 thousand yuan daily expenditure and 10 thousand yuan humanity monetary gift.[14]Certainly, the figure does not contain the expenditure of

raising children and medical care.Seldom of young people would like to remain in the village, a majority go to cities to earn much more money. Therefore, elderly people's figures are ubiquitous in village.What they can do is just continuing the farm works to feed on themselves. Meanwhile, more than a half of them undertake the responsibility of raising their juvenile grandchildren.

The total population of Wentsing is 2987, including 373 elderly people above 60 years old.Among these 373 people, 256 people are above 65 years old.The aging population rate has reached 8.5 percent exceeding the standardized 7 percent. The resident elderly people present in the village are 273 people.100 elderly people are not present, 70 of them are invited by their offspring to raise grandchildren, while 30 of them are being outside for earning money as peasant-workers. Therefore, this field research is conducted based on the present elderly people and local women. According to the secretary, the elderly people's annual incomes per person are approximately 4000 yuan (667 dollars). The incomes derive from four avenues: the incomes of the grain and livestock, money given by offspring and relatives, government rural pension, and subsistence allowance. The subsistence allowance only serve the elderly people who's living situation is under the fundamental living standard level. In author's research, 121 people have the quality to gain the allowance 960 yuan annually per person. The government pension is distributed to all of the elderly people. According to age, they can get general incomes from 660 yuan to 960 yuan annually. The elderly people who are under 80 are able to receive 660 yuan annually, while the people above 80 can receive more 300 yuan. Besides, the main revenue is from grains or livestock and offspring's economic support. The acre of farmlands are limited with a small-scale scope, so the revenue is comparatively stable with about 2000 yuan. But the monetary support from offspring differs.During author's investigation process, among the 273 people, only 150 people can receive this support.Generally, each adult offspring will give 3000 yuan or 4000 yuan each year to their parents.If an elder has 6 children[15], the money from their offspring will be far enough for them to expend.

But it seldom realized. Even the 150 people could constantly gain money from their offspring, but not all of their offspring offer to support them. There are 173 elderly households. I selected 20 samples as analysis data. Only 7 households elderly people could get money from all of their offspring. Most of them have to live on their fields and doing the farm work by themselves without their offspring's help. At worst, some elderly people without spouse only have a handful of farmland and could not survive on at all. According to the secretary, 121 elderly people are living on minimum pension from government about 900 yuan annually which is hardly to feed on oneself. An old widow, named Wu, who is 80 years old, having 9 offspring(5 sons and 4 daughters) could hardly receive money from her children. Because of her physical situation, there is no possibility for her to do the farm work. The economic resources are from the savings left by her husband and the government pension. When asked why not request her children to care for her, she answered that her daughters-in-law had an aversion to her, and she didn't want to add more burden to her sons. Even when she got sick this summer, no one of her offspring came to see her except for the last son. I told her that her offspring who did not care for her had breached related laws and she could go to charge them so that she could at least obtain deserved alimony from them. She drastically refused and said in a little bit agitated tone " such a stupid girl, no mother will go to charge her children, I couldn't send my sons to the prison." When I further asked why not go to ask daughters' to provide for her, she answered that daughters had been other families' people already, they had no responsibility to take

care of her. She thought she and her daughters had been relatives already but not family relationship. Another similar case was happened on an old man, named LI, who was also 80 years old living with his spouse. Unfortunately, he got cancer. As a normal peasant in Wentsing village, his revenue apparently could hardly afford his treatment. He has 4 sons and 4 daughters， but none of them paid attention to him except for the last son.When I went to visit him, he broke down and wept for his offspring's apathy. He said that he never thought he would be faced with this misery situation. He had ever thought that the more offspring he had the more blessing and felicity he would get in rest of life. However, the present situation thoroughly smashed his dream. Even suggested by author that he had the right to charge them so that he could get the statutory support from them, he waved his hands and rejected this suggestion, just saying that he deserved what he suffered.

4-2. The elderly people's life-style in the village

Living with offspring including child generation and grandchild generation together is always an ideal family image in accordance with traditional Chinese people's perception. "Four generations under one roof" is always complimented by its harmony and flourishing population. However, it is only an ideal sketch of family. Virtually, a number of families in Wentsing village exist in the form of core family. Among those 273 elderly people, 175 people are living alone and feeding on themselves. Namely, 64 percent of the elderly people in this village are living separately from their offspring.The rest 98 people are living with their offspring together, but half of them manage household chores for their offspring just like cooking and do a load of laundry for them.

Most of these rural elderly people have farm works to do. Seeding, fertilization, reaping and other works concentrating in several months of first half year. A large amount of time of a year they are at leisure.Even if in the busiest season, they also can find interesting leisure activities to do. Chatting with neighbors is a commonplace means of passing time. Moreover, they could find a more boisterous activity to do, namely playing mahjong[16] or being an spectator of watching others playing mahjong. There are 16 mahjong parlors in Wentsing. Each parlor has no less than 8 tables. If the tables have been full, there also remains a number of people besides the table to watch the game.At most, the spectators doubles the players. Virtually, the game is somewhat a gamble with only a small amount of money. The elderly people even gamble much less. Sometimes, the game ends in a draw without any loser. And sometimes, there could be one to three winners. Whether win or lose, the money will not exceed 80 yuan which equals about 4 kilograms pork. Generally, 20 to 30 yuan is the limitation. One could not win or lose all the time, and the players are always identical. Therefore, they don't worry about money they gamble away at all. Because they believe every dog has its day. Mahjong parlor just undertakes the function of providing leisure venue for the elders. The elders are also fond of the venue,because they could find joy in the game and not feel lonely.

Even living on limited incomes, the elderly people's life-styles tend to be identical . Another common phenomena is that the elderly people incline to be fond of raising grandchildren. Except for the 70 people who go to cities to raise grandchildren, among the present 273 elderly people, 189 of them are bring up their grandchildren full time in the village. The grandchildren consist of infants and school age children. Bring up a kid is not an easy task because of the economic and educating pressure. Certainly, an absolutely large number of them do not need to worry about the economic pressure in the context of receiving nurturing fees from their children monthly. According to Chen, who is 68 years old, he gets 1000 yuan monthly from his son to nurture his little grandchild who's

only 3 years old. The money given by their offspring can only support the grandchildren's expenditure including milk powder, medical care, snacks, toys and etc. For the sake of grandchildren's growth, the elders tend to give the best ones to them and satisfy all of grandchildren's requirements. The money received from children are always deficient.In this case, they will supplement by themselves. Even though the situation is mentioned as above, the elders also consider raising grandchildren a great glory and obligation. Having grandchildren itself is a significant glory in the village.If someone who has grandchildren but not bringing up them will be criticized by their own children and other fellow villagers. It has become an obligation and consensus.

5. Women's participation in elderly care

The young generation women's participation in elderly care is far less than what we have ever speculated. Chinese women are usually considered "virtuous wives and benign mothers", which means the women in family undertake the main responsibility of caring for the elders. However, as what we have mentioned above, the elderly people care for themselves more than do their daughters or daughters-in-law. Generally, they have their own life-styles just like playing mahjong, chatting with neighbors, and so forth. Only in some important festivals in a year, spring festival[17] or Tsingming festival[18] alike, can they meet their daughters or daughters-in-law. When I asked the elders whether they want daughters or daughters-in-law to care for their daily lives, 156 people answered no. A majority thought that it was inconvenient to live with them because of the living habits. At the same time, they wouldn't like to become a burden on their offspring. On the other hand,if they get sick, they would like to be cared for by their daughters and daughters-in-law. More than a half of them tended to be cared for by daughters-in-law. Because they thought daughter is son-in-law's family's members while daughter-in-law is the one of his/her own family's. However, the reality is less than satisfactory. Among 173 elderly households, I chose 20 households which have 24 elderly people in total to conduct the research of women's participation in elderly care. The behavior of caring for elders contains two aspects:economic support and daily care.According to this rule, the statistics regarding the child-generation women's participation situation in elderly care in each household was shown as the tables below.

Table 1

women's participation rate / **offspring's gender component**	daughters-in-law	daughters
no daughter but sons	3/4	0/4
no son but daughters	0/2	2/2
both sons and daughters	8/14	7/14

Table 2

Women's absence of participation rate / **offspring's gender component**	daughters-in-law	daughters
no daughter but sons	1/4	0/4
no son but daughters	0/2	0/2

both sons and daughters	9/14	8/14

Among the 20 households, 6 households' gender component of offspring is imbalance. The others have several sons and several daughters. There was an pronounced appearance that not every daughter or every daughter-in-law took part in elderly care. As a result, the participation rate and absence of participation rate is not exactly one. If we calculate the daughters' and daughters-in-law' participation rate in elderly care, it is separately 56.3 percent and 61.1 percent. Additionally, the absence of participation rate is separately 50 percent and 55.6 percent. Except for that, among the 24 elderly people, 11 elderly people have the experience of being insulted by their daughters-in-law.

6. Conclusion

The feeding back mode of caring for elderly people pointed out by Chinese sociologist Hsiaotung Fei exactly exists in a number of families. Yet, it should not be concluded as Chinese pattern. As mentioned above, no less than half of elderly people in Wentsing are self-reliance without being taken cared by their offspring at all. It indicates that the traditional function of caring for elders by family could not be counted on.

Asian women,especially Chinese women figures are always labeled as "virtuous wives and benign mothers". It contains two types of responsibilities, namely nursing children and assisting husbands. Additionally, it also recognizes women's role in elderly care. However, whether take care of aged parents or not is not the standardized virtue as a housewife. Instead of it, carrying on the family line indicates a more significant glory for them. As the proverb said, "mother is honored by descendants", the ethic of conviction within family significantly affects the women's conduct. It also impacts their participation in elderly care.

Generally, the degradation of the family's function of caring for elders may be attributed to industrialization and urbanization. But, the subject of elderly care, namely the elderly people's attitude is also an significant factor which should not be ignored. In this paper, I define it as the elderly people's ethic of conviction, but not the ethic of responsibility, quoting Weber's notion first published in his speech named "Politics as a Vocation". The ethic of conviction differs from the ethic of responsibility. The former is value-rational social action which is based on a given hierarchy of values without taking consequences into consideration. When encountering surprising outcomes, only can they regret and be mute. In Wentsing, the given hierarchy of values is just maintaining offspring incessant. The parent-generation tend to devote more to their offspring than do their offspring. Because of their ethic of conviction, the elderly people apparently incline to take more irrational social action, just like not asking for statutory economic support from offspring and even keeping silence when getting abuse from their daughters-in-law.Their activity indirectly leads to offspring's passivity of feeding back to them. Even if not being taken cared by their offspring or getting apathy, insult alike from their offspring, they hinder themselves to charge their offspring and endure the misery. They will not send their offspring to prison or place them in dangerous situation. Because it will endanger the succession of consanguineous descendants which is absolutely prohibited under their given hierarchy of values. Their unique responsibility is to maintain the flame of this conviction not quenched. Viewing from the perspective of gender, the recession of women's participation in elderly care is also inevitable. Constructing a plural elderly care mechanism, especially in rural areas, is imperative.

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Endnotes:

1 The data is based on the figures published by the National Bureau of Statistics of China. http://data.stats.gov.cn

2 It was explicated in Fei's seminar speech paper named "The elderly care problem in the variation of family structure "at The Chinese University of Hong Kong,1983.

3 Filial piety. It underscores the offspring's obligations to be obedient of parents and respect them.

4 "The variation of inter-generational relationship and elder people's suicide-------An empirical research on Jingshan in Hubei Province" , Baifeng Chen, Sociology Research, 2009,pp157-245.

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13 "Politics as a vocation" 1919 a ,Weber 1946, p127.

14 Humanity monetary gift means that expended in keeping relationships with relatives and friends,In rural area, it focuses on relatives.The monetary gift is sent to their relatives on birthday party, wedding,burial,festivals,and other forms of ritual.

15 In this village,most elderly people have more than 4 children, and some of them even have 9 children.

16 A traditional game in China with more than hundreds of years history. It consists of 136 tiles and must be played by four people.

17 The traditional most important festival in China is only held at the beginning of lunar year to welcome the coming of the new year.

18 It is a festival for offspring to visit the graves of ancestors.

Inter-Caste Marriage: Social Support and Family Care in Contemporary Rural Nepal

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1. Introduction

The caste system of Nepal is vague and complex structure which often denotes the social stratification of Nepalese people. The system is based on the degrees of purity and pollution with the lowest ranks being considered 'untouchable' or Dalit. The traditional Hindu mythology is the mother of caste system which categorizes all people into four (4) levels i.e. Brahmins (priests) are at the top, followed by Kshatriyas (rulers and soldiers) and Vaishyas (merchants and traders) whereas Shudras which are regarded as so called untouchables (laborers, cobblers, and manual scavengers) are positioned at the lowest level within the caste hierarchy. Caste is a unique feature of the Hindu religion, and as such, caste systems only exist in countries that practice Hinduism. There are two states that can be said to be Hindu states: India and Nepal. Thus the phenomenon of caste-based discrimination affects these two states primarily. States with large Hindu minorities also merit attention.[1] The caste system is also known as one of the oldest surviving social hierarchy in the world. It is believed to be nearly about 3,000 years old. Caste has not the same social significance for non-Hindus as it has for Hindus. Among non-Hindus, caste is only a practice, not a sacred institution. Religion compels the Hindus to treat isolation and segregation of castes as a virtue. Hindus observe caste not because they are inhuman or wrong-headed, but because they are deeply religious. People are not wrong in observing caste. In my view, what is wrong is their religion. Then the enemy is not the people who observe caste, but the Vedas that teach them the religion of caste.

Caste system is still practiced as a very rigid system in Nepal under which a person could achieve a special status and position not by qualities and expertise but by birth. It is the ascribed status in Nepalese society. The caste based discrimination has all round adverse effect in every level of socialization and cultural process in Nepal. According to Gurung (2005 B.S), 'caste discrimination and untouchability has remained a fact of everyday life in 'the world's only Hindu kingdom.' This is why caste based discrimination is one of the major social problem in Nepal. Marriage is one of the prominent and visible systems which have been significantly affected because of the ideology of Casteism. Casteism permits the endogamous practice in which the member marry within the limitation of their caste group and such concept is deeply entrenched in the mind of the majority of Nepalese parents despite of their higher level of education and understanding. This is why in Nepalese context, if somebody practices exogamy most of the Nepalese parents took it as a stigma in their family along with the fear of social demotion even though their children relation seems fine to them. Thus, Inter-caste marriage is one of the challenging practices and often serves as a key to conflict in the society and family.

2. Inter-caste marriage

Marriage is considered to a social, religious, spiritual, and/or legal union of individuals. It is an Institution in which interpersonal relationships (usually intimidate and sexual) are acknowledged by the state by religious authority of both society and state. Marriage is a central family process in Nepal, as it is in many other countries of the world (Bennett 1983; Frick 1986; Watkins 1996).

Nearly everyone in Nepal marriages ("Nepal 1996" 1998) and a young person's marriages is one of the most important events of his or her life. The ceremony among some ethnic groups requires a full seven days, and often drives the Bride's family deep into dept (Bennett 1983). Marriage in Nepal historically has been under the strict control of the family (Barber 2004). An individual's family decide when and whom he or she would marry (Folmar 1992). Therefore, Nepalese marriages, which are Inter-caste and inter religious in nature seems like a taboo to most of the people. But in order to eradicate the caste system and racial discrimination it is very important that Inter caste and inter religion marriages should be encouraged in a broader scale. Inter caste Marriages are regarded as the most important social custom and the best means to remove the barrier of the prevailing caste system. Inter-caste Marriage is mostly led by love marriage which is resistant by the traditional Society. It is taken as a characteristic of society where individuals take precedence over family and is thus moving away from the accepted norms of the society, the caste hierarchy.

Normally, inter-caste marriage means the marriage of two people from different caste group. However, the general convention of Inter-caste marriage usually denotes the marriage between Dalit and non- Dalit in Nepal. Nevertheless, in this paper I have attempted to define inter-caste marriage not only as the marriage between Dalit and non-Dalit but as a union of male and female from two distinct castes, indigenous and ethnic groups.

My field work experience during the month of May 11 to June 10, 2014 in Thosey Village Development Committee (rural community located in the Ramechap district of Nepal) , conducted using in-depth case studies through ethnographic perspectives reveals that, even though inter-caste marrier found themselves in better conditions liberated from endogamous and orthodox practices of marriage they said that for the satisfied and healthy married life social support and family support from both natal home and in-laws home is crucial. Most of the families take inter-caste marriage as the blow of family honor and prestige so they hesitate to accept it even though they want to. But the level of social perception and social support they get are highly manipulated by their socioeconomic status and family income. By socioeconomic status and family income, I mean the amount of money they earn and to which class-whether ruling or ruled- they belong in that particular community. My research demonstrates that there are two strong independent variables: the notion of Casteism and socioeconomic status, determining the level of family care and social support of heterosexual inter-caste couple in the study area (since there is no any homosexual inter-caste married couple in the area). These two (2) variables seem to be overlapping in my paper. In the first part of my present paper, I will be focusing on inter-caste couples' broader idea on marriage and marital satisfaction. Following this the indicators of family care and social support and its effect upon the life of married couple will be discussed. Another part simply deals with the analysis of findings and outcomes of the research. The last part proceeds with the State incentives and provisions towards inter-caste couples in Nepal. Thus, before going ahead, it is important to understand the inter-caste marriers' opinions/views on marriage and marital satisfaction.

2-1. Respondents views on marriage and marital satisfaction

1. Inter-caste couples understand that marriage is the spending of life with other people in life.
2. Marriage is the exchange of life with known and unknown person.
3. Marriage is two (2) wheels of the chariot without one it cannot move.
4. Marriage is the natural rule to enter in conjugal life which ultimately forms the family.
5. Marriage is the kind of poison which you cannot take fearing the future of your children.

6. Inter-caste marriage is the end of your love relationship but the beginning of social conflict if you don't have money.
7. There should be regular interaction and communication between the spouses for healthy family life.
8. There should be single voice for family planning.
9. Husband must not involve in whoremonger and drinking habit to make his wife happy.
10. Wife should handle all round responsibility in family like: - cooking different kind of foods, serving guest, rearing child, being sexually loyal to her husband, remain in the family boundaries, speak less and remain in the home during the return of her husband from somewhere outside.
11. Any form of matriarchal move is the source of marital conflict which eventually leads to marital dissatisfaction.

3. Family care and social support

Inter-caste marriages that are not arranged by the families eventually counter against capitalist values of wealth, power and status. According to Baraili (2005),"marriages in Nepal are controlled by property, religion, casteism, social customs and traditions so they are feudalistic in nature and individual decisions and independent marriages are not tolerated. Inter-caste married couples are often taken as social deviants and usually punished for rejecting the prevalent norms of the society. Some couples may be barred from the participation in normal activities in family and society while other couples may be deprived of social relations and networks. Once a group is excluded from social relations, it will have debilitating conditions to command livelihood opportunities. These are found in both material and non-material condition. It is simply the debate upon the predominance of society versus individual. In this context, the perception of family members and variations in social support easily creates fluctuation in the life of the inter-caste married couple.

3-1. Sarita Pradhan and Rauthel Sherpa (Pseudo identity)

I asked one of my respondents: how has your life changed after your marriage? She answered surprisingly what do you mean by your question? Do you think I am happy? And she narrates her story like this- I was born in a middle class family in 2036 B.S (1979 A.D). When I was 16 years of age studying in grade 11 I fell in love with one of my senior college boy. We went deeper in our relationship and despite of knowing our unequal caste hierarchies we elope after two years in 2054 B.S (1997 A.D). When I came to my husband's home it seemed like I came to the hell. Getting support and inspiration was far more thing rather nobody even dare to look and talk to me. Unequal caste hierarchies was not the only reason for my ignorant/pitiable condition, I thought the Dowry system[2] was also the major reason since my family was totally unaware about my elope marriage.[3] Later I realized I had become the victim of snap judgment[4]. How hard I passed my seventeen (17) years of marriage I cannot tell you everything (there are many more incidents which are not worthy to disclose here with you, she cried having said this). I had passed many days without food since I was not allowed to enter into the kitchen during the very first days of my marriage. I was considered Kulakshini[5] in the eyes of my mother-in-laws and father-in-laws. Not even the single person from the society came to console me**.** Not only this, I was not invited in social ceremonies like: - marriage, Pasni[6], Bratabandha,[7] meeting and so on. Unable to tolerate those entire situations we left our home for one and half year (1.5 years) and return back when our first child turns six (6) months. My husband works as a manual worker in construction site and I am a housewife. Still today I don't

have good relationship with my husband's family and society. When I close my eyes and remember, I feel like, I had committed the blunder by abandoning my study and my natal home and having the inter-caste marriage. I had jumped into the pond of poison from which I cannot overcome even though I want to. All these things are making me weaker and obstinate days by days.

3-2. Mohini Tamang and Harikrishna Shrestha (Pseudo identity)

Now I am 41 years of age. I was born in 2030 B.S (1973 A.D) in a simple family. During that time my uncle usually came to our home regularly with one boy. Both of them work in the construction site. Gradually, we became friends and used to talk while I served tea and drinks. Our friendship became stronger and we fell in love when I was around 16. We did not have mobile and cell phones during those days so we used to exchange our handwritten letter as an expression of love. Unfortunately, we did not belong to the same social group which was the major social problem to turn our love relation into marriage. Our regular meetings and unusual gossips created suspicion to my Family and eventually I was caught. My family began to scold and threatened me time and again in the name of culture and tradition. I had faced physical punishment from my father regarding my affair. My parent's care and concerned for me had drastically changed after the identification of my love affair. The loving word "nanu"[8] had been transferred into "oe"[9] and "yeha au kanchhu"[10] into "yeha mar"[11]. The situation became so intense and I left my home and ran away with that guy (now my husband) in 2048 B.S (1991 A.D). We got married in the temple and went to the conjugal home. But the things were more critical that we weren't accepted easily by our family. Each day we had to face the unbearable word emerging in the name of casteism and traditional social custom. Even my mother-in-law without shame compared me with prostitutes. Failure to take all those blame and fiascos, we left our conjugal home as well right after the one month of our marriage and came to Kathmandu (capital of Nepal) and resided in rented room. After two (2) years we had our first child and we went back to home but nothing had changed in two years and father-in-law arrogantly told us, "ek tukra sampati diyechhu vaneta k ani thah paulas."[12] That statement leaded extreme dispute between my husband and my father-in-law which further leaded to police case and social gathering. However, panchayat[13] decided in our favor but we got extremely limited property and resources than we should (only around 30 percent out of 100). Now it's been twenty three (23) years since our marriage but we still don't have good relationship both of our home: natal and conjugal. In this condition, you can surely guess are there any possibility of getting support from our society.

These cases signify who determines the marriage- whether individual or Society? On the one hand, you want to liberate from all those traditional endogamous practices of marriage which are highly supported by the certain doctrines of social customs and practices and eventually you decide to marry with your special one. But on the other hand, you are likely to be the part of family negligence and social annihilation if you cannot meet the certain standards created by the family members and society for marriage. The changes in marriages, family and divorces are believed to closely relate to modernization process. This is why the arranged marriage and the extended family system are supposed characteristics of traditional society where as love marriage and nuclear family system are considered characteristics of modern society in Nepal.

My experience shows that, the role of economic status and one's position in the society has the crucial role in determining one's marital happiness and the amount of social support and care they get from their society. I asked my respondents- have you ever faced any kind of problem or

negligence regarding your inter-caste marriage from your family and society. They answered in this way-

3-3. Arun Chhetri and Karuna Magar (Pseudo identity)

My name is Arun (pseudo name) and she is karuna, my wife (pseudo name). We knew each other and became friends, I still remember, when we were playing bhadakudi[14] together (laughed), a long year back in our childhood. Luckily our friendship gets stronger and I used to visit her home within the interval of couple of days since it was only about half an hour walk from my home. Our regular meetings and interactions made our relationships stronger and we fell in love around our twenties. But the problem was that our society was guided by traditional monopoly which has certain restrictions on heterosexual forms of friendship which holds rigid mentality against premarital love and premarital intimacy between boy and girl. During my visit, I had to convince her parents that I am her "friend in image of her brother" or "brother in the image of her friend". Luckily, both of us are from elite families who have certain control over our community people and resources. We belong to different social group even though we are in a strong relationship. Assuming the potential rejection of our affair, we never had courage to disclose our relationship with our parents and we decided to elope in 2040 B.S (1983 A.D). Fearing the prestige of our family and rejection of our marriage we did not went home for three (3) months. When we got back, we didn't have good understanding between both: conjugal and natal home but most of the community people showed deference towards our relationship. After all, my wife (karuna) was the younger daughter of her family and I was the single child in my family, our parents began to accept our relationship and situations began to come to the normal stage. More painfully, after two (2) years of our marriage, my father passed away because of high blood pressure (since I already left my mother when I was child) and all the properties and resources of my father had been transferred in my name. Eventually, we became more powerful and economically sound in our society. We are invited everywhere in our society and our society shows reverence towards us. We have always been the representative of various developmental programs in our society. We have prosperous relationship with our society. They love and care us very much.

3-4. Jamuna Shrestha and Mohandas Karki (pseudo identity)

I was born in a small village in 2025 B.S (1968 A.D). My childhood days passed in a middle class family. My father and mother love me very much since I was the most beautiful child in my village (smiled). I met my husband in my uncle's marriage. He was attending the marriage from the side of the bride's family. Gradually, we became closer and eventually, we fell in love. But unfortunately, we were not from the same caste group which compelled us to elope in 2050 B.S (1993 A.D) when I was 25. We didn't go to my natal home for one (1) year but thereafter my natal home accepted our marriage. I still remember there used to be minor dispute regarding our custom and tradition with my mother-in-law in my conjugal home but not intense. We didn't have bad relationship with our society since our family had accepted us without any struggle. Few years ago, my husband went for foreign employment and I am doing small tea shop here in my village. Occasionally, I provide some financial assistance to my neighbor as well. Even though my husband is not here with me, as of today, I don't have face any unpleasant situation resulting from my society. I am respectfully invited in different functions of my society. To be honest, I am really happy with my marriage and my husband never let me feel alone that he keeps in touch with me every day.

3-5. Harish Shrestha and Khuma Chhetri (pseudo identity)

We met each other in Parma[15] where both of us went to help our neighbor. After the regular interaction and sharing, we fell in love after three (3) months of our first meeting. We tend to fear about different sort of things but we never feared about the rejection of our relationship from our family. I was always confident that I won't have any kind of restrictions to marry her. Since in my family, there was the prevalence of generational inter-caste marriage. My grandfather is Newar[16] but my grandmother is Tamang.[17] My father is Newar but my mother is Gurung.[18] Similarly, my elder brother had tied his knots with the Gurung sister-in-law and my elder sister had married with the Chhetri[19] guy. So I was only thinking now it was my turn. We get married from the consensus and full support from both of our parents. It seems like our love relation has been turned into marriage in an arranged way. We are getting different forms of care and support from our family like- advice, monetary assistance and cultural support whenever it is required. We have very good relationship with our society; we are always cordially invited in social ceremonies and community development program. Hadn't we had the generational inter-caste marriage in our family, right now we might still be fighting against the rigid traditional limitations and social customs along with the despise, hatred and social exclusion in our society.

3-6. Durgadevi Thapa and Ramesh Shrestha (pseudo identity)

I was born in 2025 B.S (1968 A.D) in a medium level of family. I fell in love with one of my village girls when I was around 15. Even though we weren't mature enough to get married we loved each other so deeply. We didn't have any problem to get married because my father and mother were not also from the same social group. With the blessings and permission from both of our parents, we get married in 2042 B.S (1985 A.D). Both of our family love and care us very much. They do have good relationship with our society. We are also invited in various social program and ceremonies. We too have respectful relationship with our society and family. In fact, we are really happy with our marriage.

Of six case studies, the first and second cases raise the question- whether marriage is a private or social (public) affair? Likewise, third and fourth case reveals the role of socioeconomic status and social position's connotation with marital happiness, social perception and social support one gets from their society and last fifth and sixth case demonstrates how the prevalence of generational inter-caste marriage reinforce and permit the inter-caste marriages without much hurdles and obstacles in Nepalese society.

The first and second case had to face the social exclusion and family annihilation not only because they fall under the category of exogamous practice but also of their lower property and less family income. Sarita didn't brought dowry (major reason for family conflict) and Rauthel works as a laborer who has lower income. The social image of Mohini and Harikrishna was already been underneath of inter-caste marriage, family exclusion and Police case for which they only received limited property by the decision of panchayat (which always counter against injustice and discrimination). Their family annihilation, poor income and low profile constructed their image as a less important person in their society.

The third case (Arun and Karuna) and fourth case (Jamuna and Mohandas) belong to the elite family who has certain control over community resources and occasionally provide some financial assistance to the villagers. Majority of the villagers are dependent to them for which they always

showed reverence although they are not satisfied with their marriages.

The fifth case (Harish and Khuma) and sixth case (Durgadevi and Ramesh) direct the unique feature of the continuation of inter-caste marriage in Nepalese society. It implicates how generational marriages and family dynamics and family structure manipulate social perception and social company.

However, there seems to be the contradicting view of that particular community perceiving inter-caste marriages. On the one hand, the notion of casteism and traditional social system seems to be deeply entrenched and as a result, some of the couples are neglected from the family and remain far away from social support and inclusion. One the contrary, when the same inter-caste marriage takes place in locally elite and economically sound family, the notion of casteism, social boundaries and traditional rituality automatically vanished and came underneath. Analyzing from the Marxist perspective, it seems like the social structure of that community is based on the two different classes- “The Haves” and “The Haves not”. It looks like even the strong boundaries and limitation created by the social customs and casteism became submissive in front of the strong socioecomic status and position. It clearly portrays that the bourgeoisie has the direct control and domination over proletariat class in that community.

4. State incentives

The major motivating factor for the commencement of incentives to inter-caste marriage was to abolish caste based discrimination. This is to say that the government started to provide incentives to the inter-caste married couples to bridge the gap that prevails among different caste systems. There has been a long debate in Dalit movement on whether or not inter-caste marriage can reduce caste based discrimination. The Interim Constitution 2063 B.S has spelled out that anyone discriminating on the basis of caste, lineage, community and occupation is punishable. A provision has been made in the law that he or she will be sentenced from three months to three years in prison or fined NRs 1000 to NRs 25, 000 or both. The victim will get compensation according to law. Another clause says that no one on the basis of his or her caste will be prevented from using public services, facilities or from accessing public place or temples, or from religious activities. However, this clause still seems quiet regarding discrimination practiced at homes and the punishments for those practicing it. To encourage inter-caste marriage, the Nepalese government on 13 July 2009 announced to provide a grant of 100,000 rupees ($ 1,270) to the newly married inter-caste couple within 30 days of marriage registration. Besides this, there are no any other legal benefits and provisions declared by the government of Nepal. Most of the couples are not being able to get benefited by the provisions given by the state since they are compelled to face lots of taboos right after their marriage. But some of the couples are highly benefited by these incentives because those incentives helped them to get food and shelter after their marriage since they were displaced from their family members. It has been proved as the god gift for them.

5. Conclusion

During my study, I came to know that ganyamanya (local elite people) don’t have to face any hindrances in their normal social life even though they get inter-caste marriage. They receive healthy family care and reverence from their society. But on the contrary, in the case of economically poor sections it is considered to be a blunder. That is why they are not only discriminated by their family members rather they are displaced from their society too due to which they have to face a terrible

and hazardous situation in their life. More interestingly, the prevalence of generational inter-caste marriage in the families of the study area gives new vision regarding the concept of inter-caste marriage. People are being liberal, their thoughts are altering. This shows the influence of Sanskritization in rural part of Nepal. People are accepting the changing pattern of behavior and culture with the passage of time. It illustrates the socialization process of rural Nepal is being dynamic. Moreover, my study articulately supports the changing pattern of marriage in rural Nepal. Before some years ago, inter caste marriage was considered to be a stigma in the family and culture for which couples have to struggle a lot. But it does not mean that the couples from distinct caste have no such obstacles now. Yes, they too are suffering but the concept is more or less changing now, people don't take it as an extreme issue as it was taken two decades ago.

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Notes

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[1] For example, the situation of caste in Bangladesh and Srilanka. However, there is a difference in scale between these states and India and Nepal that must be appreciated. Because they are not states with a majority Hindu population (Bangladesh is ten percent Hindu, while the Tamils in Sri Lanka constitute 18 per cent of the population), caste cannot be said to permeate all aspects of socio-economic life, as is the case in India and Nepal. The latter are the only predominantly Hindu states in the world and caste-based discrimination is systematic and endemic in these two countries).

[2] A system in which property, money and materials are given by Bride's father and her relatives to her husband on their marriage. Dowry system is regarded as an indispensable part of Nepalese marriage. Failure to bring dowry often serves as a marital conflict, family negligence, divorce, social dissatisfaction, suicides and murder cases to women in rural Nepalese societies.

[3] A kind of marriage where couple run away secretly without letting their parents aware about their move and get married in the presence of third party like priests, temple and in front of friends.

[4] Contextualizing this case, the condition when couple went to their conjugal home right after their elope marriage without dowry and letting aware to their family when groom parents do not have any idea what type of girl she was.

[5] A typical inauspicious and cultural slang blow for daughter-in-law by their husbands' families and their relatives referring her as a reason of bad luck, unprospirity and sin of the family.

[6] The ceremony of feeding rice to the children for the first time right after six month from their birth (son) and five month from their birth (daughter), but most of the time it takes place after six month of child birth in Nepalese society.

[7] An ancient Hindu tradition carried out in Hindu families where a boy saves his head and performs various rituals.

[8] A word used for calling young one with affection, baby; child; the pupil of the eye.

[9] A disrespected word for calling and ordering somebody.

[10] The loving sentence for inviting Nepalese female child with extreme love and affection to them.

[11] A disrespected and hatred word for inviting and calling someone without any interest and affection

[12] The furious and hatred sentence from the Nepalese father for not giving any means of property and resources (which belongs to them) to their son, which are often announced when children perform an activity or commit a mistake which leads to blow the family honor and prestige, undesirable and hatred for their family.

[13] The village assembly where group of people gathers to settle a dispute and act against injustice of others. Such kind of system is the feature of traditional Nepalese society where they do not have an access to the police station to tell their problems. Now such system is believed to be extremely less into practice after the termination of civil war (Maoist insurgency) in Nepal.

[14] A kind of game or playing in which actually there is no winner and loser, children around three to six years of age or sometimes even up to eight gather together for entertainment like playing with the mud, bringing utensils from their home and making imaginary family (Husband, wife, son and daughter), prepare imaginary meal and eat imaginary food in an empty plate on the basis of their imaginary story they have created for their playing, sometimes like moving the pots here and there. Such forms of playing are usually found in countryside of Nepal where children do not have an idea and access to computer games and video games.

[15] Labor exchange among all ethnic/caste group of Nepal

[16] One of the ethnic groups of Nepal

[17] One of the ethnic groups of Nepal

[18] One of the indigenous groups of Nepal

[19] One of the caste groups of Nepal

Subjective Construction of Yuezibing: Illness Narratives of Two Elderly Women Who Once Lived in China's Collective Past[1]

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1. Literature Review

1-1. Introductions on *Zuoyuezi* and *Yuezibing*

Generally speaking, after giving birth to children, women in China are asked to practice *Zuoyuezi*, or "sitting the month" literally, for a month, exempted from housework, protected from "wind" and "water", fed with special but tonic diets (Shiuan Sanna Chen 2010). The use of this term can be trace back to *Liji neize* in Han Dynasty, which mentioned specific instructions for women's postpartum practices (Wen 1994). Postpartum confinement, a practice strongly related to today's form of *Zuoyuezi*¸ was recorded in traditional Chinese medical classics after Song Dynasty (Furth 1999). The most common type of *Yuezibing*, or the illness of *Zuoyuezi*, should be attributed to the entry of wind and water (or *feng* and *shui*) into women's body (bone gaps, or *gufeng*) during the period of *Zuoyuezi*.

1-2. Researches on *Yuezibing* and Illness

Medical researches on *Yuezibing* focus on relations between *Zuoyuezi* practices and physical health. From the view of modern western medicine, *Yuezibing* is aches throughout the body (You Caizhen, He Huiling and Wu Huaizhen 2008) caused by puerperal infections, which can be aggravated by unhealthy and unscientific postpartum practices (Zhang Tao 2011). This view point is refuted by practitioners and scholars of Chinese medicine, who argue that the validity of *Zuoyuezi* descends from traditional Chinese medical concepts (like wind, or *qi*) and logics (treating the not yet ill) (Zhu Yun 2011).

However, *Yuezibing* has diverse and complex meanings, which cannot be reduced to medical concepts. Shigehisa Kuriyama argues that the body and disease cannot be taken merely as objects of medical knowledge, but also lived experiences of individuals. He wants to explore what body expressed in different medical traditions through the study of perceptions of the body (Shigehisa Kuriyama 1999). Susan Sontag underscores metaphoric aspects of diseases. She contends that meanings of diseases such as cancer and AIDS are consequences of cultural and political construction (Sontag 1978). Nonetheless, her Symbolic study of diseases neglected embodied experiences of patients. Arthur Kleinman's studies of narratives of chronic illnesses emphasize that illness is biological, psychological and social experiences of patients (Kleinman 1989). Although individual narratives of illnesses are included in his medical anthropological studies, he ignores patients' subjective constructions of causes of illnesses. For many chronic illnesses sufferers, their own understandings of causes of illnesses mean a lot to them, but how causes of illnesses are subjectively constructed by them is still unclear.

1-3. Perspectives

Compared with previous studies on illnesses, my research on *Yuezibing* has a unique perspective of Subjective Constructivism. Proposed by Professor Pan Suiming, the perspective of Subjective Constructivism underscores individuals' interpretations of practices and their

understandings toward life. Informants are authors of their stories, and each of them has a distinctive comprehension on certain concepts; therefore, individuals' practices, emotions and attitudes should be analyzed in contexts of their own life histories, rather than understood merely as consequences of social, cultural and political constructions (Pan Suiming and Huang Yingying 2007). These stories are meaningful expressions of informants and the presence of these stories signifies their relative significance to narrators. The study of these narratives provides us with the chance to evaluate what these narratives mean to story-tellers and to comprehend how these stories are constructed by these narrators' subjective understandings. Hence, the perspective of Subjective Constructivism is adopted in this paper to examine how causes of *Yuezibing* are subjectively constructed by these women's recollections of their past experiences.

Because of the necessity of analyzing women's narratives of *Yuezibing* in contexts of their life histories, I introduced historical perspective into this research. Although *Zuoyuezi* practices are very personal and private, female informants once lived in the collective years practiced their *Zuoyuezi* quite differently from women in other historical periods, and the difference has implicit but concrete relations with their experiences of *Yuezibing*. Modes of production, distribution systems, political campaigns and life standards serve as historical backgrounds of their women's experiences of *Zuoyuezi*. Thus, *Zuoyuezi* should be treated as historical experiences of these women. As was put by Judith Farquhar, the body is the sediment of history (Farquhar 2002). As a result, the study of the collective years may enrich our understandings of how lives and bodies are shaped by history.

Nevertheless, history should not be circumscribed to written records. It was embodied in these women's practices, lived experiences, living circumstances and memories. Hence, history is no longer an external presence, but ways of being of these women. Inspired by *The Gender of Memory* written by Gail Hershatter, this paper examines the plasticity of memories (Hershatter 2011). Their inconsistent but enduring memories are rearranged into meaningful stories, with *Yuezibing* being the core of their historical narratives. Through the study of these women's retrospective narratives of their lives in the collective period, we may have a clear understanding of how the past is perceived by these women.

This research was conducted within the framework of research ethics, following requirements such as "informed consent", "equality and respect" and "no damage". Real names of my subjects will not be presented in this paper (Pan Suiming and Huang Yingying 2009).

2. *Yuezibing* and the "Body of *Zuoyuezi*"

2-1. Their Experiences of Illnesses

Instead of answering the question "What is *Yuezibing*", I'm going to explore how *Yuezibing* is experienced and understood by Sun Yanlian (74 years old) and Zhang Shufen (64 years old), two of my informants. Sun complained about her urinary incontinence and pains in head, legs and waist, while Zhang's joint pains, headache and tearing against wind harassed her a lot. Both of my informants reported that *Yuezibing* came to them in their old ages, and "seeds of their *Yuezibing* were planted" when they were practicing *Zuoyuezi* during the collective period.

As was reported by Sun and Zhang, *Yuezibing* is firstly related to age: it did not become apparent until they were old. In the second place, Sun and Zhang's *Yuezibing* came from their *Zuoyuezi* experiences in Maoist Era. However, *Yuezibing* is not scientifically defined. In fact, symptoms of *Yuezibing* are similar to those of rheumatism and arthritis, and Sun and Zhang did not have their *Yuezibing* diagnosed. Why do they call their illnesses *Yuezibing*?

2-2. Subjective Conception of "Body of *Zuoyuezi*"

That "seeds of their *Yuezibing* were planted" when they were practicing *Zuoyuezi* suggests not only that *Yuezibing* is related to their *Zuoyuezi* experiences in the past, but also that the "body of *Zuoyuezi*" is unique in their life courses. Specialties of "body of *Zuoyuezi*" can be traced back to traditional Chinese Medical cannons such as *Huangdi neijing* and *Nanjing*. However, I'm not going to introduce the "body of *Zuoyuezi*" from a theoretical perspective, though any analysis of it which failed to mention traditional Chinese Medical theories would be clearly incomplete. The body is not merely an object of knowledge, but also perceptual realty of these women and is subjectively narrated in special historical contexts. How the "body of *Zuoyuezi*" is perceived by Sun and Zhang has a great deal to do with their understanding of *Yuezibing*. What are the specialties of the "body of *Zuoyuezi*"?

As was put by Sun Yanlian, there are 240 gaps of bones (joints, or *gufeng*) in human body, and these gaps will expand after delivery. The expansion of bone gaps may facilitate the entrance of wind and water (*feng* and *shui*), which are hard to distract from the body. Eight pieces of gaps will heal per day for thirty days, and if wind and water are left in the body after the closure of bone gaps, women will be attacked by *Yuezibing* in their old age. Thus, women are forbidden from touching cold water or facing the wind for the fear of *Yuezibing* in the future. Likewise, Zhang Shufen mentioned gaps of bones: *Those gaps (of bones) were still open… if you touch cold water at this time, you'll get sick afterwards.* Aside from this, they also told me that the body should not be overused during the period of *Zuoyuezi*. For Sun, women should not work for a month after delivery, while crying is dangerous for women, according to Zhang, since this may lead to eye illnesses.

But these specialties of "body of *Zuoyuezi*" should not be viewed as consequences of medical knowledge. As Csordas reminds us, "the body should be understood as the existential ground of culture—not as an object…but as a subject" (Csordas 1993).For instance, concepts such as wind and water originate from traditional Chinese Medical knowledge, however the anatomic image of number (though inaccurate) of bone gaps is definitely western medical. In addition, according to traditional Chinese Medical classics, women are subjected to "deficiency of wind and blood" (*qixue liangxu*) after delivery. Though the term of "wind" appeared in interviews of all my subjects, "blood" disappeared from reports of Sun and Zhang. These suggest that the "body of *Zuoyuezi*" was highly crafted in their stories. In fact, the construction of "body of *Zuoyuezi*" cannot be separated from their experiences of illnesses. For instance, they both reported that women should be protected from wind and water. This is correlated with their contact with these dangerous forces during the period of *Zuoyuezi* and their embodied experiences of *Yuezibing*, while Zhang's emphasis on harmful effects of crying came in the same context of the description of her eye illness. The specialty of "body of *Zuoyuezi*" is intentionally expressed by Sun and Zhang to explain why they got sick.

Why did they connect their illnesses to their historical experiences in the collective period? Obviously, we should dig into this question by examining their experiences in the collectivist era in the first place.

3. *Zuoyuezi* and *Yuezibing* in the Collective Period

3-1. Brief Introduction of *Yuezibing* Sufferers' Life History

Sun Yanlian, a seventy-four year-old rural woman who is now suffering from *Yuezibing*, married her husband and moved to the X village in southwest of Shandong in 1956. The Movement

of Collectivization of Agriculture was launched here in the dawn of 1950s, from Lower Producer's Co-op, Advanced Producers' Co-op to the People's Commune in 1958. "Work point" became the standing distribution system of the brigade for the next two decades, and, after the annual state purchase of surplus grains, the rest of grains would be allocated to members of the brigade according to the amount of work points they earned each year. Individual work points were calculated through the multiplication of two factors: worth of a day's labor in work points and attendance. Typically, male members of a brigade earned ten work points for a day's work, while women's were 2-4 less than men's. During the period of collectivism, Sun gave birth to four children.

Zhang Shufen, the fourth child in her once wealthy family, was born in 1950 in Tangshan City. Her family declined after the implementation of "Joint State-Private Enterprise" policy, when her fathers' grocery was confiscated by the state. At the age of 12, Zhang dropped out of school and sold ice creams to make a living. In 1966, the Tangshan government stipulated that each family should send an educated youth to rural areas or construction corps; as compensations, the government promised to provide jobs in work units to other siblings. Zhang chose to be sent down and lost her urban residency, or *hukou*, leaving opportunities to her brothers. Poor living conditions in village made her yearning for return. In order to come back to Tangshan, she refused the proposal of the brigade secretary's son and married a male educated youth in 1971, which ruined her first opportunity to return to Tangshan two months later. In 1978, she regained her urban *hukou* and was employed by a kindergarten in Tangshan. Zhang gave birth to two children, one in Tangshan and another in the village where she was sent down.

3-2. Experiences of *Zuoyuezi* in the Context of Collective Moment

3-2-1. Sun Yanlian's *Zuoyuezi* Experience

Sun Yanlian earned 8 work points per day in the brigade during the collectivist time. Her memory of those days was penetrated with hunger.

> Sun: *No grains were leftover! We female earned fewer work points! We have more family members to support, and food was always not enough. We had children. Who were willing to see their children starving? No! We had to borrow food from others. Sometimes, we had to dig wild herbs… Families with better labors [that means, more male labors] could get 400 jin of grains. In those days, we consumed more than now, because there was no oil in meals. We had to seize work points. Those farm works broke my back.*

In this narrative, Sun had to "seize work points" to feed her family. On one hand, she highlighted the shortage of grains, and the shortage was further underscored by stating that people in socialist China consumed more grains than today. On the other hand, she stressed her contribution to her family by emphasizing that she not only had to earn work points but also take care of her children and do housework. To support her family, Sun said, she had no choice but to increase her attendance and this was vividly expressed as "seizing work points".

> Sun: *What should we eat if we were not "seizing work points"? Our living conditions were so poor that we [women] dared not to waste a whole month for rest [after delivery]. There was a ballad at that time, "father works with plough while mother*

works with harrow, and passers-by should not mock. We are living in Advanced Agricultural Co-op, but we are left no other choices but suffering this sorrow".

Besides the shortage of food, the major characteristic of the period of collectivization was the prolonged time of farming. Because of the pressure to feed the whole household, Sun had to undertake collective labor even in the period of *Zuoyuezi*. Therefore, *Zuoyuezi* in collectivist era had economic significance to Sun Yanlian. This is due to the poor living condition at that time, but it also signifies Sun's sacrifice to her family: "seizing work points", taking care of children and doing housework.

Sun: *Who would take care of me when I was practicing Zuoyuezi? No one! I had to look after myself! My husband and other relatives were all busy in the field, who would take care of me? … I even had to wash dishes and do laundry! If I didn't do it, who else?*

Sun insisted that she should have been taken care of when she was in *Zuoyuezi*, but, in reality, she not only had to rely on her own but also undertake all sorts of labors, including organized agricultural production, housework and taking care of children. She even believed the poor condition at that time was not enough for her to experience a *Zuoyuezi*.

3-2-2. Zhang Shufen's *Zuoyuezi* Experience

Zhang: *Our [educated youths'] workloads were equal to local Commune members', but our work points were disproportionally less than theirs. I earned 3.2 work points for a day's work [compared to 10 for locale male members and 8 for local female].How could it be enough?*

When asked whether they were enthusiastic at performing agricultural production at that time, Zhang replied:

Zhang: *I was exhausted to death! How could I be enthusiastic? I could hardly have enough to eat! … Later, the Large Canteen was canceled, and we educated youths didn't have kitchens for meal! Those [educated youths] who came from wealthy family return to the city, while I was left in the horrible village.*

Zhang's experience of "Down to the Countryside" was painful: heavy labor, meagre work points and hungry belly. The chasm between living conditions of urban and rural areas was presented in her story, which constituted her burning desire to return to Tangshan. However, it was impossible for her to get employed by urban working units for the sake of losing urban *hukou*, or permanent residency in Tangshan. She had to wait for the chance.

Zhang: *The secretory of the brigade bothered me continuously by imploring me to marry his son. If I had said yes at that time, I would not have been able to come back*

after the marriage and having children, I'm afraid of. I was so out of mind that I cursorily decided to get married with Old Qian in September 1971.

Accepting the proposal of the son of secretary might have significantly improved her living standards, since cadres in the brigade were in charge of the allocation of work points and welfares. However, Zhang's rejection suggests that returning to Tangshan meant more to her at that time. Her "cursory" marriage with Old Qian indicates that, from her own perspective, Old Qian was inferior to the son of the secretary. In fact, as was reported by Zhang, Old Qian was ugly as well as ill-tempered. The only reason for Zhang's acceptance of the unsatisfactory marriage was her hankering for her return. Two months after Zhang's marriage, the first silver lining came: sent-down youths could return to and be employed in cities. Ironically, it was ruined by Zhang's marriage.

Zhang: *I got married in September, and sent-down youths were allowed to come back [to cities] in November 1971 for the first time. However, the only restriction was that you should not be married. …I was shocked! I was too afraid of losing my face to divorce with Old Qian!*

According to Zhang, the unhappy marriage was the origin of her life-long bitterness, and she looked down on Old Qian for a whole life. The crush of her dream also brought painful *Zuoyuezi* experiences to her.

Zhang: *What I ate during my Zuoyuezi was only dough drop soup [a kind of course food]… I rested for only a week before I had to cook meals, make fire and wash clothes for other members in my mother-in-law's family [bitter laugh]. Who took care of whom? What a grieved month. I cried one night. However, my mother-in-law yelled at me, "We are not responsible if your crying ails you".*

Zhang said that her *Zuoyuezi* should have been served by her mother-in-law, but this did not happen. On the contrary, she had to do laboring housework during the period. For her, her unhappy *Zuoyuezi* experience was the result of her unsuccessful marriage. Although Zhang could return to Tangshan and give birth in the hospital, and she could eat enough though inferior food during this period, she still felt that her first *Zuoyuezi* experience was unsatisfactory, compared to her second *Zuoyuezi* which was served by her own mother after she had a home birth in the brigade three years later.

Sun and Zhang's narratives of their bitter lives in the collective period serve as settings of their unhappy *Zuoyuezi* experiences. Their personal stories of *Zuoyuezi* were deeply embedded into the historical context: although *Zuoyuezi* was too trivial to be prescribed by the party-state in those days, the collectivist period had an obvious domination over class, identity and gender, which in turn left indirect but remarkable traces on *Zuoyuezi* through collective agricultural production, distribution system, Mass Movements (the Great Leap, or the Movement of "Go to the Mountainous Areas and Countryside"), social gender and status, concepts of marriage and familial relationships.

3-3. Causes of *Yuezibing*

Sun Yanlian believed that her *Yuezibing* originated from collective labor and housework she

did during the period of *Zuoyuezi*.

> Sun: *We had to do farm work immediately after delivery. If you get sick because of this, it is impossible to be treated. Everyone had to go to the field to "seize work points", or there would be nothing left to eat! My backache, leg numbness and headache all came from this. I had to wash clothes, make fire and cook dinner. No one would help and look after me.*

In the story of Zhang Shufen, she touched cold water and cried several times while practicing her first *Zuoyuezi*. These, according to her, contributed to her *Yuezibing.*

> Zhang: *Several years ago, I had serious pain in my joints, and this should be ascribed to my touching cold water when I was practicing Zuoyuezi. I knew that I should not do housework at that time, but who else would help me? Yuezibing came to me in my old age. I'm now afraid of facing the wind. My tear will run down in the wind. While I was practicing Zuoyuezi, I felt aggrieved and I cried.*

Unlike women in modern time, Sun had to participate in collective labors and do housework after delivery while Zhang had to serve members of her mother-in-law's family and cried during the period of *Zuoyuezi*. These practices conflicted with requirements of "body of *Zuoyuezi*" by exposing them to the threat of wind and water and exhausted their bodies. Hence, it is reasonable to infer that, according to Sun and Zhang's narratives, their *Yuezibing* should be attributed to these *Zuoyuezi* experiences during the collective period.

Therefore, *Yuezibing* should not be circumscribed to a physical disease, but also embodied historical experiences of Sun and Zhang: effects of their practices decades ago are experiences by them at present. However, it is too cursory to believe that their narratives of the past are factual. Their stories are based on their memories which have significant relations with their experiences of *Yuezibing*. If Sun is not suffering from pains in her body, is it possible for her experiences of participating in collective productions after delivery to be presented vividly in her narratives? Or if Zhang is not tormented by her eye illness, would the story of her crying during the period of *Zuoyuezi* narrated in the same way? As a matter of fact, the relationship between the causes of *Yuezibing* and the experience of the illness is constructed in the process of their recollection of the history of their illnesses.

Hence, rather than historical facts, Sun and Zhang's narratives of *Zuoyuezi* experiences during the Maoist Era should be understood as interpretation of their life history. How the past is perceived by these women? How did these women pinpoint causes of *Yuezibing* with vague clues and decades of interval between their *Zuoyuezi* experiences and their awareness of *Yuezibing*?

4. Narratives of *Zuoyuezi* and *Yuezibing* in Different Historical Contexts

4-1. *Zuoyuezi* in Different Historical Contexts

The study of Sun and Zhang's *Zuoyuezi* experiences in the Maoist Era unravels how their bodies and lives were constructed by history. However, they are not only products of history, but also narrators and interpreters of their past experiences. How were their experiences of *Zuoyuezi* narrated by them?

4-1-1. Sun's Narratives of *Zuoyuezi*

> Sun: *[When working in the field] I wore a scarf and covered my legs with cloth to prevent my body from wind attack. In those days, how could we stay in bed for a whole month like women now? Young wives these days are so picky! They ask for special Zuoyuezi clothes and have old people and moon-matrons taking care of them. While I was practicing Zuoyuezi, no one took care of me … I gave birth to my first son in 1963, three years after the great famine. In the old society, what could we eat for Zuoyuezi? Nothing! No dry food! Only salty grainsoups. It was a time of hardship. Eggs were extravagant in those days. Once, I ate three eggs, and I vomited badly. Who will eat eggs for Zuoyuezi now? They are no longer good food in the new society. Young wives have chicken soups, fish soups, turtle soups, milk and sausages for their Zuoyuezi.*

"Those days" and the "old society" refer to poor circumstances in the collective period Sun once lived in, while terms such as "these days" and the "new society" refer to the happy life after the advent of economic reforms savored by young people. The misuse of the term "old society", which was clearly defined by Chinese official voice as the period before the establishment of the People's Republic of China, indicates that Sun's memory of her experiences in the collective period is her interpretation of the past.

Sun's narratives of her *Zuoyuezi* experiences in the "old society" did not come alone. Twisted with witness of happy *Zuoyuezi* experiences of young women, her *Zuoyuezi* experiences were expressed in a negative tone. She lamented for her pitiful life in the collective moment: the shortage of food, clothes and onerous collective labors and housework. Even though she had three eggs while practicing *Zuoyuezi*, this brought about not happiness but serious vomit to her. The underlying meaning of her narratives is that she could not savor the wellbeing that is common in modern time. Her life in Maoist Era was indulged in bitterness.

4-1-2. Zhang's Narratives of *Zuoyuezi*

> Zhang: *At first, I felt lucky to come back to Tangshan to practice my Zuoyuezi. I gave birth to my first son in Tangshan Workers' Hospital. However, my mother-in-law was so mean. I took sixty jin of rice with me, but I ate none of it, let alone meat. I ate nothing but dough drop soup every day. Having my mother-in-law to serve my Zuoyuezi is no more than a daydream. I had to wash clothes, diapers and dishes for them with cold water. She was even not willing to give me wood to make hot water! How pitiful I was [bitter laughter]! I had no breast milk for my son and his weight was barely three jin two liang [1.6 kilograms]. I had conflict with my mother-in-law, so three years later, when my daughter was born, I decided not to return to Tangshan and practice my Zuoyuezi in the brigade. My mom came to the brigade and serve Zuoyuezi for me. I felt much better, because she is my own mother and concerned with my health. She said, "Don't move. Stay in bed. Cover your body with quilt. Rest more". My breast milk was much better, and my daughter weighted five jin six liang [2.8 kilograms].*

Like Sun, Zhang Shufen's narratives of her experiences are also not purely based on facts. The chasm between her first *Zuoyuezi* in her mother-in-law's family and her second *Zuoyuezi* in the brigade implies her moral judgment on her mother-in-law: her mean mother-in-law was indifferent to her health and happiness. Although she could give birth to her son in urban hospital, this could not offset her intrinsic repugnance to her mother-in-law. She felt much better when she practiced *Zuoyuezi* in the brigade, not because of better living conditions, but because it was served by her mother. She did not have to undertake laboring housework and could have enough rest after she gave birth to her daughter. As is to be illustrated below, it is held by Zhang that her *Yuezibing* derives only from her first *Zuoyuezi* experiences.

The reason why Zhang mentioned her breast feeding and weights of her son and daughter is that these facts serve as evaluation criteria for the judgment of what is a good *Zuoyuezi*. Zhang ascribed her failure in breast nursing her underweight son to her unfortunate *Zuoyuezi* experiences in her mother-in-law's family. Though these facts have no direct relations with Zhang's *Zuoyuezi* experiences, they reveal how moral values are attached to Zhang's memories of her life in the collective period.

4-2. *Yuezibing* in Different Historical Contexts

For Sun and Zhang, *Yuezibing* was caused by their *Zuoyuezi* experiences in the collective period. However, as was said before, "body of *Zuoyuezi*" and their *Zuoyuezi* practices were intentionally expressed in their narratives, and causes of their *Yuezibing* were constructed to illustrate why they got sick from their past experiences. Therefore, *Yuezibing* is Sun and Zhang's meaningful historical experiences. How is *Yuezibing* understood by Sun and Zhang? What are they going to express through narratives of their *Yuezibing*?

4-2-1. Sun's Narratives of *Yuezibing*

When asked whether she served *Zuoyuezi* for her daughter-in-law, Sun answered: *She has everything. That is unnecessary.* Sun's narratives sound inconsistent. The lack of care once caused her *Yuezibing*. Nonetheless, from Sun's perspective, serving *Zuoyuezi* becomes an unnecessary practice in modern context. What is her explanation?

> Sun: *Have you ever heard of any young women suffering from Yuezibing? None! They can give birth in hospitals and eat delicious food. How can they get sick? In those days, we were forced into the field immediately after delivery, hence planted the seed of Yuezibing. It is impossible to be treated. Nowadays, hospitals are filled with scientists. Even the most serious disease can be treated. This is called "New society, New idea". In the past, we dared not to face the wind during Zuoyuezi. Now, young women may even turn on air-conditioners when it is hot! How happy they are!*

In the past, exposing women to the threat of wind during the period of *Zuoyuezi* is dangerous, which disobeys the requirements of the "body of *Zuoyuezi*". However, the "New idea" is that, even facing the wind blown by air-conditioners is not problematic. Why? The answer is: young women are living in the "New society". In the context of the collective period, the "body of *Zuoyuezi*" is constructed by Sun only to justify her *Yuezibing*. When it turns to the modern society, this body construction is no more applicable for *Yuezibing* interpretation. In fact, according to Sun, *Yuezibing*

becomes irrelevant to women in this new era: even untreatable diseases can be cured by "scientists".

Consequently, the aim of Sun's narratives of her *Yuezibing* is not only to find out the exact cause of her illness, but also to endow her experiences in the collective period with the meaning of "origins of sufferings". These sufferings have been eliminated by the improvement of living conditions, but they are still preserved in Sun's memory and experienced within her body.

4-2-2. Zhang's Narratives of *Yuezibing*

As was stated previously, it is argued by Zhang that her *Yuezibing* stemmed from her mother-in-law's indifference to her health and happiness during her first *Zuoyuezi*. Is this the only reasonable explanation to her *Yuezibing*? Zhang's narratives of how she served her daughter-in-law's *Zuoyuezi* provide us with more information.

> Zhang: *When my daughter-in-law was in her Zuoyuezi, I didn't permit her to go around the house for the fear of illnesses in the future. I ordered, "Don't get out of bed! Don't do anything but rest". Meals and soups were cooked and sent to her room. Everything was prepared by me! What did I have while I was practicing Zuoyuezi? Nothing! My daughter-in-law loves reading, and I forbade her by saying, "Don't read! This may ruin your eyes"! Who gave instructions to me in those days? Nobody! I also prepared hot water for my daughter-in-law to wash face and feet. I only had cold water in those days. This is the difference between the heaven and the earth.*

Different from Sun Yanlian, Zhang described how she served her daughter-in-law's *Zuoyuezi* in details, and these descriptions are one-to-one correspondent to her own *Zuoyuezi* experiences: rest, food, housework and the use of water. Paradoxically, in this story, she even prepared hot water for her daughter-in-law, which is contradictory to requirements of "body of *Zuoyuezi*" that women should be prevented from touching water. Apparently, Zhang Shufen concerned more about the temperature of the water, rather than water itself: a responsible mother-in-law should offer hot water to her daughter-in-law.

It seems unlikely for Zhang's daughter-in-law to be harassed by *Yuezibing* in the future, since Zhang has prepared everything for her daughter-in-law: meals and soups, advices on *Zuoyuezi*, and hot water. In the past, the absence of these preparations caused Zhang's *Yuezibing*; at present, the possibility of *Yuezibing* has been ruled out by Zhang's meticulous care and services to her daughter-in-law's *Zuoyuezi*. Again, Zhang's narratives of this story is not simply based on facts, but endowed with moral significance: her daughter-in-law enjoyed *Zuoyuezi* in the "heaven" while Zhang suffered her own *Zuoyuezi* on the "earth".

4-3. Narratives of Life History

At the end of interview, Zhang Shufen told me: *You are so kind to be willing to listen to me. When I told my son about these stories, he replied impatiently, "Mom, why are you still talking about these clichés?"* There is no doubt that life stories of these aging women have been recounted once and once again, to their children, friends, neighbors and researchers. Why?

When asked how she feels about her *Zuoyuezi*, Sun Yanlian sighed: *Hardships! How could I enjoy it? It's too miserable to talk about it…You see, I'm now troubled by illnesses and they will bother me for the rest of my life… Young men in your age cannot understand the flavor of bitterness.*

During the interview, Sun kept on emphasizing that she knew that conducting collective labor and housework might ruin her body. But she had to do these for her family. *We had children. We had a whole family to support.* Whether Sun was actually aware of the requirements of "body of *Zuoyuezi*" cannot be substantiated by information I collective through oral history, but it is true that her narratives mean more than merely historical facts. What she did during her period of *Zuoyuezi* signifies her voluntary sacrifices for her family in the toughest time, the collective era, leaving painful experiences in her body and memory. She has tasted the flavor of bitterness for her whole life, and now she is calling for her sacrifices to be appreciated.

Is the history of collectivist China the only origin of Sun and Zhang's sufferings? No. At least, their sufferings also come from their memories. For Zhang Shufen, she chose to be sent down for her brother, accepted the unsuccessful marriage and tolerated the aggrieved *Zuoyuezi* for her family and children. These hardships she endured denote her contributions to her family, while her *Yuezibing* represent that all her sufferings originated from the past. However, she felt upset when she realized that her wretched experiences could hardly be appreciated by her son, which denied meanings of all her sufferings. It seems to Zhang that her son is enjoying the fruit of her contribution to the family without recognizing it costs, her sufferings.

The collective period has become history, replaced by the Reform Era. Sun and Zhang appreciate the prosperity brought about by the economic reforms and feel sorry for their awful lives in the collective era. However, they do not refuse the recollection of the past. These aging women narrated their life stories from the vantage point of the present, profoundly affected by their experiences of illnesses, encounters with new life and ever-changing understanding of their personal history. Their vivid accounts shuttled back and forth between the past and the present, weaving their experiences into exquisitely constructed narratives of *Yuezibing*. These stories harbor their personal grievances, individual sacrifices and dissatisfactions they've felt for many years. They related their sufferings with their personal virtues: thrifty, the ability to "eat bitterness", tolerance, kindness to family members and competence in working. There is no wonder that their narratives of *Zuoyuezi* and *Yuezibing* are endowed with their personal understandings of their own lives. The study of these narratives may reveal how these women embodied the history through their lived experiences, and how the past is memorized by them.

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Notes

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Session B-1 Family Care 2

Contested Family: Masculinity, Sex Discrimination and Emotion

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1. Introduction [1]

In Nepal, females hold 25.73 percent houses as chief of the family (CBS 2011) [2]. In the recent history of Nepal, the rural-urban migration is increasing, however, only 17 percent peoples reside in the urban areas and its annual growth rate is 3.62 percent. [3] With growing rural-urban migration, the family structure is changing from extended to joint, and joint to nuclear. Thus, the traditional meaning of care is changing gradually, we can find in any joint or nuclear family that the main head of the families are mostly male members because of their masculinity and thus decision making, authority, responsibility are directly or indirectly in their hand and because of this power, which is provided to them by social and cultural practices following from generation to this modern period sex discrimination practices can be seen occurring women are perceived and treated physically weak, foolish, trouble maker compared to men.

Therefore the perception of superiority in men can be seen and this results in different behavior and emotion from women in the same circumstances and in a situation of time. Thus, when the different thinking process of man and women occur in the same situation than understanding, behaving pattern, emotion, a way of caring also differs. Thus, it creates gaps between emotion, care and feelings of man and women and this gap invites the conflict within man and women. Hence, in this research also the husband and the wife thinking process are different because the husband is overruled by the feeling of masculinity and doesn't wants' to understand or hear women (wife and daughter) thinking and perspective.

Therefore, the husband doesn't listen to regarding the meaning of "care". He defines care as a supporting female member through economically and providing them with all materialistic comfort. Whereas female member defines care as a getting equal opportunity, decision making power, respect Hence, this understanding of care by male members and female member of this family is different to each other. This gap and differences in the meaning and understanding of care brings conflict and violence in the family and a situation turns up to the level of committing suicide. Thus the global definition of care which we perceive and do to each other has not same definition for all. The meaning of care is defined individually according to the size, structure, behavior and perception of the family members towards to each other.

2. Research family [4] at a Glance

This nuclear family is the residence of Lalitpur district, Kusunti area, living here for more than

30 years and is my neighbor. The respondent “father” age 45 originally belongs from the village area “charikot”. Later, at his age of 41 he joined the private college and completed higher education and is engaged in real estate business. Whereas “mother” age 43 respondents belongs from the village “kavrepalanchok”and from the age of 14 she started living in Kathmandu doing a job and supporting her family and after getting arrange marriage she quit the job by accepting husband's request for not working. At the age of 38 she felt the need of education because she became embarrassed when she was not able to sign in the children’s report card and in the bank's cheque book. So, she joined school and completed up to grade four. In order to look after her children and house, she couldn’t continue her study. All the three children’s where born and brought up in the city area. Father feeling the importance of education has placed all three children’s in a good school and college in the city area. Thus, elder daughter age, 23 is studying masters. Younger daughter, age 21 is studying in grade 12 and a son age 18 also in grade 12.

3. Research Methodology and Methods

Since the nature of the study is fluid and mercurial, the article has employed grounded theory (methodology) approach (Corbin and Strauss 2008) to interpret care in the "contentious conception" between male and female within a biological family. Even though, theoretically and morally "family" has been imagined as a 'care institution' but in practice within the Nepali biological family varied values exist to take care of male and female (Rana et.al. 2002, Aziz 2001). But, academically it should be understood how these varied values evolved in Nepal analyzing Nepali society, history and culture similar to the Japanese academic tradition (Shizuko 2013). However, discriminatory practices within male and female employing various social and cultural markers have been leading activism, social movements and revolutions across different points of time in Nepal (Karki 2006, 2010).

However, in private space, [5] beyond theological conception, the definition of the ‘care’ has been always been problematic, and any study focusing on care must acknowledge the overlapping meanings and conceptualisations associated with the notion. Very generally speaking, the notion 'care' has been conceptualized as 'presence of emotional bond between help seeker and help provider' (Harris & White 2013). Here, I argue care would be described as activities where all sorts of social and cultural boundary would be broken out to help others in a dignified manner with a mutually respectful emotional bond.

Here, the study is very close to Weber’ general causal logic theory (Kalberg 2005). The infusion of the two or multiple nodes may generate new logic and space for meaning of care formation. The ‘care salience’ in a personal developmental sense is, undoubtedly, quite essential in the care dynamics. Unlike psychological methods to measure care, in this article the notion of ‘care’ of an activist has been measured using the causal conceptions of material fulfillment, disrespect, dignity, mutuality etc. as respondents identified their reference worldviews.

Thus, to discover the meaning of care I carried out five in-depth interviews from July 15 to September 5, 2014 and in October 5th with a modern Nepali nuclear Hindu family in Lalitpur municipality 10, in Lalitpur district. The family holds two males (father and son) and three females (mother and two daughters) members. To interpret the deeply lying meaning of care in different contexts between male and female, and bread provider and bread receiver, I took several in-depth interviews in different time post-suicide-attempt by youngest daughter. Several memos I developed from the interview with youngest daughter and father who always ignored her. Relatively, fewer interviews I took with the rest family members because the suicide attempt was happened after a violent incident occurred between the father and daughter.

I developed various diagrams from these memos and from these memos the body of the article has developed. In another language, I have followed the techniques of Corbin and Strauss (2008), ground level response to the middle level concept and the middle level concept to high level themes.

4. Life Cases and Research Question

Following cases reflect the contentious meaning of care in a family.

Case 1

Having an arrogant personality, limited friend circle and is uninterested to study, always seeking attention, becomes happy whenever anyone supports and praise her therefore is ready to do anything for them. Where as in absence of it feels “hela”(unequal distribution of love and care) to her and has attempt suicide several times because she don’t find the usefulness of living life in disrespect, isolation, demotivation and in distrust. Therefore, women and man always have different kind of emotional feelings, nature and role in the society and when this difference is not understood and accepted by each other than the feeling of “hello” occurs which leads to conflict within the family and continuous conflict leads to frustration and thus it takes a person to the level of committing suicide.

Case 2

Bad family life experience, betrayal from own father, rude behavior from the stepmother and spending lonely, hard and struggle life from childhood to teenager age, had made the father very rude and misbehaving character, as well as has developed the concept of money is everything and can buy actual happiness and care, which he didn’t get in the absence of money. His step mother marrying his father and his involvement in real estate professions, which deals with various types of females, leaves the impression that working females can get characterless very fast for materialistic desire. So he is very authoritative towards female members of his family, does restriction and takes every decision for them. Lastly, concept of son will look in old age and daughters will go to the other's house, after getting married creates an unequal distribution of care in son and daughter.

Case 3

"Dependent to husband fully reduces the self respect as well as love and care from husband" wife stated". After marriage, we don't have the freedom to live in "self interest" every minute has to be dedicated to husband and his children only. Therefore, the female being illiterate and dependent on male motivates male to be more authoritative and controlling towards female members. Thus, provides only basic needs and materialistic wants as a care for them and fails to understand the real care which is giving respect, decision making power or in a one word no individual freedom is given.

Case 4

Eighteen years old son has developed the sense of proudness and masculinity in him. Thus he acts, behave in an authoritative manner. Therefore, this proudness acts changes into discrimination shape to his sisters. Understanding the concept that the son has to look after parents in their old age, within now he starts playing a role as a protector for his family member which he denotes as a career.

Case 5

Suffering from isolation, gender discrimination, distrust leads to fight for self identity, and for existence within the family. The elder daughter develops the hatred and competitor feeling towards the man. Accordingly, getting Materialistic support only brings momentum happiness which doesn't last in front of real care. And the real car, she never gets from her father and always craves for it. Therefore, have always given best effort in order to get it, but couldn't succeed and as a result becomes more emotionally far from the father's companion.

These cases reveal that care includes two meanings within a single family from gender perspectives. First, male members define care as a fulfillment of basic, societal, educational need as well as the fulfillment of all materialistic wants. Showing emotional support, motivation, encouragement to female members by male member is taken as going beyond the role of "real man" which is not accepted by the masculinity definition of males. Second, whereas female member define care as a getting respect, trust, empathy, emotional support, decisions making power, freedom to do anything which they desire for. Therefore fulfilling basic and materialistic wants is the duty of male members because being masculine. So, it doesn't fulfill the meaning of real care. Hence, I argue that fulfillment of basic to materialistic want and giving respect, freedom, equality, motivation, empathy to female member by male is a real care.

4-1. Emotional Support

When an individual feels lonely, helpless, depressed, and confused as well as is happy, excited, and curious in any situation of circumstances and case he/she desires, emotional attention and support

from their own ones, their presence and listening will make them feel better and motivates them in both happy and in sad situations.

And in the absence of it, it will take them to the level of committing suicide. Hence emotional support for the female has got very much importance in their day to day life. The case of younger daughter describes the meaning more clearly which is as follows

> From my childhood, I never get attention and respect from my father, I failed thus; my father beats me instead of motivating me to study. I was even weak in studies and I still remember when I failed in class seven, I have to repeat my class, at that time I was scolded and beaten by belt from my father. I always expected love and care from my father, wish he had helped me to study and to do my homework's but whenever I asked him to help me in study he used to say, if I sit teaching you than who will go to work and pay your school fee? My friend's father also works but they have time for their children. Therefore, I used to feel so sad and used to think why he just can't give me a few minutes? 'When my brother failed in exam my father didn't scold him, neither beat him, but instead told him that if he passed the exam he will give him a cycle .I was so much disappointed with his discrimination done in same case'. Whenever, I used to go outside to roam with my friends, my father scold me, but when my brother used to go he didn't say a word. He allowed my brother to go to visit different places at evening time with his friend and whenever I tried to go he used to scold me saying "you are daughter so don't go outside in evening time only bad girls roam outside at evening time" {chori manche vayera bayluka bayluka ghumnay haina bigreko kayti matra ghumcha}.

4-2. Respectful Motivation

An individual always desires for motivation from their family member to carry daily activity to biggest work of their life. Therefore insulting, untruthful untrustable suggestion to carry out those works will demotivate a person to work. Hence, respecting individual ideas, though it may seem to achieve positive, encouragement and suggestion should be given as a respectful motivation. As following cases express

> My father always used to be happy whenever I stayed home but sometimes when I used to go at get together and birthday party and become late just at 6 pm , he used to create scandal at home shouting me, with by bad words as if I have done big crime. I couldn't bear his unreasonable shouting at me. Thus, I used to argue with him and he used to get angry with me and later on, in anger he started beating me up very badly. I feel so bad, disrespect without any reason and mistake, why I am always punished?

Consequently, being frustrated I started cutting my hand in order to punish myself that I am a girl and used to feel If I was a boy and have reached home lately than I wouldn't have got scolded and beating. And on one occasion I went to see a movie with my friends and got home late and as usual, my father scolded me saying that I went with a guy so I am late. I tried to convince him that I was with my friend, but he didn't believe my words and start saying abusive words, instant in anger I shout at him with bad languages, as a result dad became more aggressive and threw a chair at me. Even I couldn't bear the pain so I also hit with him by makeup kits ,both were becoming more aggressive and was hitting each other with anything which was available in the room at that time .My mom and sister tried their best to control the situation and fight, but dad even beat them up in his anger and was shouting women are not worthy in doing anything they are trouble makers only" {yo ayemai manche haru kayhi kam lagdaina khali dukha ko karan hun }" neither you can study properly nor you have good behaviors you are waste to this society . {na padera khana sakches na bani bayhora nai gatilo cha samaj ko lage boj ho ta}" his this kind of words were killing me day by day, I used to think neither I drink nor smoke, or have a boy friend than also why my father doesn't trust me, disrespect me and make me feel that to be a girl is like a cruise 'paap'. He always said that the female doesn't have brains they are powerless and always creates a problem with being over smart and is not capable of doing anything like man are capable to do and after hearing all this, I used to counter instead of disrespecting and demotivating why don't u motivate me to become better than males?

4-3. Equal Respect

Without discriminating gender, freedom to choose, speak, opportunities to present ideas, suggestion, and rights for decision making from basic household activity to societal level by female members is termed as equal rights known as a care. Subsequent case of wife is very relevant to equal respect as she expresses

"Before marriage, I was independent women I used to work, earns myself and used to support my family, but post-marriage, my husband didn't allow me to work and I have to be totally interdependent to him". I don't have anything to do except looking after husband and children .I have given birth to two daughter already and when I was pregnant for third time, my husband started giving me mental tortured that if I didn't give birth to a son, than this time he will marry another women to have a son. He wants' son because it brings prestige in society and support to his family, which girl birth won't give. My husband is very aggressive in nature, he doesn't listen to anyone, he always

feels and thinks he is only right and especially women can't be right because they are foolish, weak by nature. He doesn't understand the meaning of love and care, giving food, money is not love and care, but helping me in 'kitchen-rearing' children, respecting my emotion, interest, decision, my parents, relative and being happy in my happiness is actual love and care. The desire definition of love and care I fail to make him understand and be unsuccessful to get it from him till now. To look after three children are very hard for me, he only provides money that's not care, he never seats and spend time with children, whenever I told to do so he used to state, if I start spending time with them who will earn money? And when children's do mistake or fails the exam, he used to scold and beat them up. So, he has only negative impression in a child's mind and thus children have more negative feelings to their father. I tried my level best to make them understand about their distinct behavior, different thinking pattern and way of loving, caring for each other is different but couldn't succeed. "To take children's for a checkup, shopping, school, I have to do all by myself, as a husband and father he should have showed me care by helping with these activities, which he never did. Thus, I always felt ignored by my husband."I get freedom to look and care my children, but didn't get freedom to decide what they should eat, wear, which school they go, at that moment I feel so much discriminated and disrespected and used to think that if I was a father than I could have get authority to decide anything for my family. I always feel that I shouldn't have given birth to daughters because they will also get through all this phase which I am going through.

4-4. Material Support

Individual life in this modern society is miserable, in the absence of materialistic support. Absence of it will make the person neglected by the society. Nobody will look at your emotion (helpless condition) and provides a care for a person if they don't have materialistic support. So, in order to care a family member, material support is first priority and most important thing to run a family life. The following case of father interview supports this statement which is as follows

I didn't get the opportunity to go to school; my parents were very bad to me so, at the age of seven they brought me to Kathmandu in order to work in a hotel as a dish washer. Though my family was rich, my father in order to bring stepmother, he even pushed out my mother from home. "I have spent my childhood and adolescent age working and staying alone, and with my all hard work I have earned enough property to take care of my family". "I have given them an education, clothes, enough food to eat .So; they don't have to face any problem like I have faced in my life. 'No relatives were there for me,

when I need them most. All people are selfish in this world. I always felt and have seen that women are the reason for every problem from home to workplace. Their over smartness and bitchy “chada bayhwara” nature creates problems’. So, I want women to behave polite and not to speak in the male’s matter or work. “Women are weak from nature, they don’t have strong thinking power and physical strength like male have. So, I don’t allow my daughter and my wife to go outside from home because they will not be to tackle social problems, crime and incident which usually occurs in the society”. ‘I care for them so I take decisions for them and thus made my own rule and regulation to prevent from any bad incident which takes outside the home’. I have seen outside world and which is very bad, in every step of life there is danger and people are ever ready to stab you from back. ‘So in order to protect from those evil I rarely allow my wife, daughter to go outside and to bring any relatives or their friends at home. So, they are provided with everything they wanted, I have provided all the materialistic things which is needed to live in this modern life.

5. Conclusion

All the female members in this study always expected for an emotional help, motivation, support, respect, equality and power to decide for what they want to wear, buy, and visit and to do which they didn’t get. Because of the main head of the family who always take the authority from small decision making to big one. Many small to big incident which occur in this 3 females life are similar to each other. Hence produces the same meaning of care which they fail to get from expected that one person i.e. {Younger daughter seeking emotional support from his father when she failed in her exam ,wanted, expected her father to be a teacher and to taught her so that she can pass her exam } as well as elder daughter wanting her father to arrive in school for father’s day celebration which didn’t happen and feeling of being orphan took place in her heart and {wife getting beaten by husband after 6 months of marriage because she have a conversation with a male neighbor}. Demotivating in every work, unsupportiveness, distrust in every idea that they presented to do make this all three female members to have negative feeling towards him. As well as this gap creates two levels of definition of care from them in the same family.

Without valid proof and reason, doubting wife and daughter and scolding them with abusive words, started making feel this three female members that "They are curse to be get birth as women because by birth, they were presented as physically weak as well as not having a good sense of humor" and when the main head of the family started treating in same way, they feel disrespect, loss of their own position, identity in their own house.

When a wife needed emotional support from her husband, she only gets materialistic support. She had to have handle all the child rearing process, household responsibility all alone, but couldn’t

get any decision making power not even to take decision like to choose a school for her children ,dresses ,toys for them.

As well as when younger daughter brought her friend at home and who was not allowed to appear because her father simply don't like because of her lower caste group, when she brought her in house than extreme violence occur with father, where she reaches to commit suicide also.

All three female members always search and seek for the support when they were feeling unsuccessful, alone in their life, but instead of support at such time they got scolded, beating, demotivation from the male member .Their expected behavior or care from male member was never fulfilled as they desired for. Slowly, this unfulfillment of desire started changing into frustration and thus frustration started converting into conflict. Hence, this three female always wanted to have a care which includes emotional support, express love, and respect, equality, which they fail to get and thus term it as absence of care.

And both the male members of this study have same thinking pattern or we can see the influence of father thought, behavior is adapted by son. So, they behave in the same way. Both have the feeling of superiority because of being male. So, is controlling all the female members of the house having a sense of authority as well as responsibility to care family. Thus, they make decision, rules and regulation for the female member's. The biggest care for the family is to give food, education, and shelter and to provide the entire materialistic thing needed to run life. Thus, male members feel giving enough care is by fulfilling all above responsibility.

Therefore, I conclude that role of a male and female member, their cultural norms, values, and prejudice thinking pattern, gender difference, biological structure, and life experience divide the meaning of care in individual as well as in a collective way within a same family.

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Notes

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[2] Female-headed households increased by 10.86 percent compared to 2001 census to 2011 census (CBS 2011).

[3] Here urban areas include metropolises, sub-metropolises and municipalities (CBS 2011).

[4] In this paper family includes only 'biological family'.

[5] Private space includes household affairs.

Changing Elder Care in Taiwan Families: The Role of Gender Culture

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1. Introduction: The incorporation of migrant care workers and filial piety in the family

With the ever-increasing elderly population and the decline of three-generation households, elder care is becoming a pressing issue in Taiwan. In 1992, the government implemented a policy that allowed households with state-approved care need to hire foreign care workers; since then, the total number of foreign care workers in Taiwan has grown rapidly. As of 2013, there were nearly 200,000 foreign care workers in Taiwan (70% from Indonesia) and over 90% were working in households as opposed to institutional care facilities (Wang, 2006; Chen, 2008; Chiu, 2009; Ministry of the Interior, 2011; Ministry of Labor, 2014). In a society where filial piety is still highly valued, hiring foreign care workers may seem like an unorthodox arrangement for elder care. This study focuses on how adult children coordinate carework with foreign care workers and among themselves, thus uncovering the changing social mechanisms of practicing filial piety in Taiwan.

Traditionally in Taiwan, sons are expected to care for the elderly parents. Three-generation patriarchal cohabitation is considered an ideal living arrangement, where authority, power, and wealth are distributed patrilineally within the family (Barker, 1979; Fei, 1985; Hsiao, 1991). Once daughters are married, they no longer belong to their original family and should devote themselves to their husband's family (Zhan & Montgomery, 2003). Sons, until they divide their family fortune, should share their filial responsibilities equally (Hsieh, 1985).

The social structure has changed enormously in the last century, from an agricultural to an industrial economy, in addition to undergoing rapid urbanization. At the same time, the society's microstructure (i.e., familial and interpersonal relationships) has also changed. Thus, numerous studies have considered whether younger generations still believe in filial piety and how they practice their filial responsibilities. Previous research has demonstrated that even though the social context has changed, people still believe in traditional Taiwanese values and prefer adopting new social mechanisms to fulfill their expectations (Chuang, 1972; Li, 1982; Chen, 1994; Yeah, 1995, 1997a, 1997b).

During the 1960s and 1970s, the market economy provided several income-earning opportunities for the adult children in families, and many of them preferred to live in the city. To fulfill filial piety, despite having moved away from parents' homes, the practice of rotating elder care among sons, or *lun-hun-tou* (literally, taking turns cooking), became a common arrangement. *Lun-hun-tou* means that the parents take turns living with each of their adult, married sons. Thus, filial responsibilities can be shared among the sons as equally as possible. *Lun-hun-tou* as a care

arrangement provided evidence that the value of filial piety persisted in a changing society (Hsieh, 1985).

Although the sons bear the filial responsibilities in this arrangement, the daughters-in-law do the actual caring for their husbands' aging parents (Hu, 2004). The work is not viewed in an egalitarian manner; rather, the prevalent understanding of filial care connotes a servant's role (Liu, 1998), and carework is usually undervalued and perceived as women's work (Cancian & Oliker, 2000). Hence, under the influence of Han filial culture, the care responsibilities have already been transferred from the son to his wife. But, a further transfer of these responsibilities to someone outside the family, through the market economy, was a new development facilitated by the supply of foreign workers (Lan, 2006). Glenn (1992) observed that most of the live-in migrant care workers were female, and that the segregated migrant labor market further reinforced the devaluation of caregiving.

Recent studies have shown that younger generations can still meet the requirements of filial piety by hiring a care worker. Lan (2002) used the term "subcontracting filial piety" to characterize the immigrant Chinese families in the U.S. who, instead of performing the actual caregiving themselves, hired people from outside the family to care for their aging parents. Thus, the new social configuration was implanted on foreign soil to maintain the ideal filial care (Lan, 2002). Families in Taiwan can also accept hiring care worker as a way to fulfill filial piety. Liang (2010) found that Taiwanese families who hired a care worker still cared deeply about the elders and usually shared some of the caregiving responsibilities with the hired person.

2. Methods

The data presented in this study are taken from an ongoing research project involving fieldwork with 10 families employing migrant care workers. The data were collected from July to November 2014. All the families live in urban settings, seven in Zhongli and three in Taipei; all the migrant care workers are from Indonesia. Five of the 10 families have employed migrant care workers for less than four years; the others have employed a worker for more than seven years. Almost all the care recipients (the elders) are aged over 80 years, and six are over 85 years; three are male and seven are female; nine are widows or widowers; and one elder man still lives with his wife, who is aged 83 years. Three elders live alone with their migrant care workers, including one elder lady with no son; six elders live with their sons; and one elder with no son lives with her daughter.

Table 1 provides more detailed information about my informants.

Family	City	Elders' Age range	Elders' Gender	Experience of the Family in Employing Migrant Care Workers	Elders' Living Arrangement
Wu	Zhongli	90–95	Male	1 year	Living with unmarried son
Hsu	Zhongli	85–90	Female	2 years	Living with married daughter
Wang	Zhongli	80–85	Female	Over 10 years	Living alone with her care worker
Huang	Zhongli	85–90	Female	Over 10 years	Living alone with her care worker
Hsieh	Zhongli	85–90	Male	7 years	Living with married son
Su	Zhongli	75–80	Female	3 years	Living with married son
Lin	Zhongli	85–90	Female	8 years	Living alone with her care worker
Yeah	Taipei	80–85	Male	1 year	Living with spouse and unmarried son
Chen	Taipei	85–90	Female	7 years	Living with unmarried son
Chang	Taipei	80–85	Female	1 year	Living with unmarried son

[Table 1: Details about the Informants]

I located these families through snowball sampling via personal referrals, and I have visited each of them nearly 5–10 times, during different hours of the day. On each visit I stayed with a family for 1.5–3 hours, to get firsthand knowledge about how they organized their daily lives, including activities outside the home, such as trips to parks, hospitals, barbershops, and temples. During my visits, I interviewed the elders' care workers using Chinese. During the interview, the care workers were encouraged to express themselves using Chinese and some Indonesian vocabularies. I used the translation software to translate Indonesian vocabularies into Chinese to better understand their

response. I also interviewed a total of 15 elders' sons and daughters: in four families I interviewed both the elder's son and daughter and in one family I also interviewed the daughter-in-law who lives with the elder. Fourteen of the informants consented on taping our conversation. To protect the informants' privacy, all names used in this study are pseudonyms.

3. Findings

The preliminary findings show that even after hiring migrant care workers to care for their elders, the younger generation does not totally relinquish the care work. Sons and daughters take on different roles in caring for the elder parents and manage the migrant care workers to ensure that their parents are well cared for; however, this does not imply that the daughters have equal authority as their brothers. In addition, the previously significant role of daughters-in-law is declining.

3-1. Living Arrangements and the Sons' Responsibilities

My preliminary findings indicate that six of the elders live with a son, which seems to correspond with the traditional expectation. But, the elders with more than one son currently live with only one of them; the practice of *lun-hun-tao* seems to have ceased. As Mr. Chen, the eldest son of Ms. Chen, who is almost 90 years of age, states:

> I have heard of that kind of arrangement before. But moving around is exhausting! I don't think my mother would like to move around constantly. Our mother can hardly walk on her own. She needs to stay in a familiar place. If we make our mom constantly move around, it would seem as if we sons don't want to take care of her. …Besides, now we have hired a live-in care worker. It's not rational to make my mom move from one place to another. The care worker is doing a good job.

Apparently, the responsibility is not shared equally among family members once a care worker is hired. Those children whose parents live with them take on more responsibilities as the parents' health conditions deteriorate. However, during the interviews with the adult sons, the ethic of sharing filial responsibilities remains. Most of my informants said that if their elder parent could not afford their medical bill or hire a migrant care worker, they would share the expense equally among those who can afford it. While 3 of the families' adult children split the bill, most of the care recipients' children use their elderly parents' savings to hire the migrant care worker. They say that once the parents pass away, they will inherit the family fortune, so using their parents' money to hire the care worker is reasonable. Either the adult children share the expenditure or using the elder parents' saving to cover the bill, in most of the cases the cohabiting son would not be the solo financial barer. Notably, several daughters said that if their parents had no savings, they would be more than happy to pay some

of their parents' bills. "After all, we are the generation of working women. If my parents need my financial support, I can't see why I shouldn't do it," said Ms. Hsu. Linda, who is in her eighties, has six daughters, four of whom deposit 10,000 NT dollars monthly into a joint account to cover their mother's expenses. Ms. Wu, one of the four contributing daughters, explained, "My other two sisters don't make that much money. I am fine with it."

Some of the informants said that living with the elder parent does provide additional pressure; for example, they are the ones responsible for assisting when their parents suddenly need medical attention. Yet, they said that the presence of a care worker does provide some kind of compensatory assistance for them. By this, they were referring not only to the physical work and emotional support that the care worker undertakes but also the household chores that the care worker performs. Even though it is against the law, most of the families asked the care worker to do some household chores, such as doing the laundry, mopping the floor, and taking the garbage out; most of the families were fully aware that such requests were illegal. Some informants told me that since their household chores were being performed by the care worker, they were actually benefiting from having their parents living with them. For the adult children, this arrangement seems to be the justification that somehow they still share equal responsibilities.

When the elders live with their married sons, the daughters-in-law still play an important role in caregiving, such as by preparing meals or by taking over the daily carework when the migrant care worker has a day off. Some elders who live with their unmarried sons rely on their care worker to take care of them, even though those elders may have other married sons (and therefore daughters-in-law) available to them. This kind of living arrangement may indicate that the role of daughters-in-law in elder care is not as significant as in the past.

3-2. The Transferred Carework at Home

Once the migrant care worker arrives, she takes over most of the daily care responsibilities. The care worker may take the elder for a walk, make sure that the elder has taken his/her medicine, cook proper meals, assist the elder in taking a bath, change diapers, and sometimes take the elder on trips outside the home, such as to a temple or barbershop. The physical care performed by each care worker varies, depending on the recipient's health condition. The care workers told me that it did not take them much time to take over the duties and learn how to use the medical devices, such as the nasogastric tube.

In fact, care workers not only perform physical work but also provide emotional support for the care recipients, and sometimes even for the family members (Liang, 2010). Mr. Yeah, who is now in his fifties, has an 84-year-old father who has been extremely moody and restless recently. Mr. Yeah said, "Amy [the foreign care worker] knew how to calm my father. She has developed certain tricks. … I think she is better than my mother and me." Mr. Hsieh, who is nearly 50 years of age and whose

father suffered a stroke about 10 years ago, said:

> It was always nerve-wracking every night, because my father wanted to go to bed, but my wife and I wanted him to stay awake until 8 or 9 in the evening. So that he would not wake everybody up in the middle of the night. My father was yelling and kicking. He was always upset. Emma [the care worker] gradually learned how to keep my father awake and she calmed him down. It was a relief for us.

Most of the adult children asked their care worker to stay close to their elder parent all day. All the care worker informants sleep in the same room as the care recipients at night; one of them even sleeps in the same bed as her care recipient. The reason why the adult children hired a migrant care worker is mostly that they cannot stay with their parents 24/7, but they want somebody to be there for their parents around the clock. This is not just to assist the elders in navigating their daily life activities, but also to keep them safe, such as by preventing them from falling accidentally, or to have somebody available to react at once should the elder suddenly need immediate medical care.

Most of the adult sons and daughters-in-law whose elder parents live with them said that even though they did not have to care for their parents directly, they were still responsible for managing the care workers. Some said that they had to train the care worker in caring for the elder and assure that the care worker adhered to their parent's schedule. They said that though the care worker was like a family member, it was still just a job for her. As Mr. Chang said, "One of the merits of living with my mother is that I can make sure my mother is well taken care of. If the care worker did something inappropriate I could correct her immediately. …I have to deal with the care worker's agency, buy the supplies, and schedule her hospital visits."

The use of fictive kinship terms is prevalent (Lan, 2006; Constable, 2007). Most of the adult children of the elders, who are aged 50–60 years, said that they treated the care workers like their own daughters, since the workers are roughly the same age as their children (20–30 years). The choice of kinship terms indicates what Ayalon's research (2009) demonstrated that the employers were using the term to signify that they were not abusive or bad employers. The employers also hoped to encourage their care worker to care for the elder as she would for her own family members, hence assuring a high quality of care. The care workers also called their care recipients "*a-gun*" or "*a-ma*" (meaning grandfather or grandmother in Chinese). Those who have been taking care of the same elder for many years described their relationship as "very genuine." Rachel, who has been taking care of the same elderly lady for seven years said, "*A-ma* treats me like one of her grandchildren. I feel like she's my grandmother in Taiwan. I want to take good care of her."

Despite this analogy with family members, the pressure on care workers is still obvious. They work around the clock and must stay alert all the time. Every care worker interviewed stated that she

has not gotten one good night of sleep ever since she started working for the family, because the elder always needs assistance several times during the night. The elder may have a coughing spell, need to use the toilet, or simply be unable to sleep and want someone's company. Most care workers also complained about back pain, because they have to move their elder in and out of the wheelchair and bathtub.

The analogy with a family member may help the care workers to become more fully incorporated into their host families, but it also makes them more vulnerable to exploitation; employers tend to assume that, if the care worker truly loves the care recipient, she will do anything that the elder needs (Lan, 2006).

3-3. Ways of Performing Family Care

Although hiring foreign workers helps the family with daily care, the children have not relinquished from carework totally. Many of the adult children informants stressed that preparing meals remained an important aspect; they regularly check in on their elderly parents, keeping them company and making sure that everything is alright.

Informants emphasized that in view of their elders' chronic diseases, such as diabetes, family members needed to monitor carefully the elders' diet. Moreover, preparing food is considered a way to show love in the family. *Fan-yong* (奉養), an expression for filial responsibility in Chinese, implies caring for elders' daily lives and providing them with sufficient food, in a respectful way (Ministry of Education, 2007). Many of the informants considered *fan-yong* and filial responsibility to be similar. In short, the cultural context with regard to providing elders with food is more profound than simply making sure the elders have enough to eat. The younger generation is expected to prepare food and drink for their elders with respect and love. Many adult daughters volunteered to teach the care worker to cook Chinese cuisine as a way to show their concern for their elderly parents. In some families, the family members still cook for the elder every day, even after the care worker's arrival.

One elderly man, nearly 90 years of age, who lives with his son and daughter-in-law can barely chew solid food, so he has porridge and a small portion of mashed solid food as his daily diet. His food must be prepared separately from the rest of the family's meals. The daughter-in-law, Mrs. Hsieh, stews the porridge every day and carefully chooses ingredients that the elder man likes, such as fish and special herbs. She still prepares his meals every day despite the presence of a migrant care worker. Mrs. Hsieh said, "I think preparing food for the elder is very important. I don't feel comfortable letting the migrant worker cook for my father-in-law." Even in families where care workers provide the elder's daily meals, the adult children still prepare special dishes for the elders on weekends or special family occasions.

Most of the adult children who do not live with their parents still visit them regularly. Liza Wang, age 87 years and living alone with her care worker in an old house, has two sons and two

daughters. The two sons live on the opposite side of the city and visit her once a week. Her younger daughter, Rebecca Wang, comes to share lunch with Liza five days a week and purchases daily supplies for her and the care worker, even though she is not the employer of the care worker. Rebecca said, "I visit my mother almost every day, because I live nearby. When I visit my mother, I check on things. … For example, I bought her a new pair of shoes yesterday, because the old ones have already worn out." What Rebecca meant by "checking on things" probably includes making sure that the care worker is taking appropriate care of her mother. Rebecca's older brother stated, "I know Rebecca goes home and checks on my mother almost every day. It makes me feel secure. Even though my mother lives alone with the care worker, I won't worry that the care worker treats my mother badly." It is reasonable to assume that when the daughters drop by their elder parent's place, they are also checking on the care worker's performance.

Some other adult children visit their parents regularly to perform specific care duties. Ms. Huang is almost 90 years of age, and her son Peter Chen visits her every weekend. Peter said:

> I take my mother out every weekend. My mom used to go everywhere on her own, but now if I don't come and take her, there's no way that she can leave this neighborhood in her condition. You know how elders keep repeating stories? I used to get very impatient about the repeated stories; I didn't feel like we were having a real conversation. But now I come home and listen to them. I realize that she needs someone to share her old memories.

Like Peter, many of the adult children mentioned that they visited their parents to support them emotionally. These visits could be described as emotional carework. Still, some adult children purposely visit their parents to do physical carework as well, such as massaging an elder parent with Parkinson's disease.

3-4. The Active Daughter and the Unbalanced Dynamics between Siblings

These examples of providing family care to elders show that adult children have not withdrawn from this role responsibility altogether. However, it is female members' duty to tend to these tasks. Whereas my study found that daughters-in-law are less significant in fulfilling a caring role than expected, daughters are still very firm supporters of their elderly parents.

"A married daughter is like splashed water," says an old Chinese proverb, implying that once daughters get married, they are not part of the original family anymore. In my fieldwork, however, I found married daughters playing an important role, especially in those families where the parent lives alone with a care worker. The daughters help integrate the care worker into the family and constantly drop by to check on their parent. In addition, when the care worker has a day off or returns to Indonesia

for a vacation, the daughters often become the primary caregiver for the elderly parent.

Daughters train the care workers. Ms. Li is in her sixties and has one brother; their mother has been diagnosed with Alzheimer's disease for two years. Ms. Li said that during the first weeks after hiring the care worker, she went to her mother's place almost every day to train the new employee. She explained:

> The first couple of weeks were the hardest. I showed her how I do everything, including how to clean the toilet, how to mop the floor, and when to take out the garbage. Besides, I cooked the meals for her and my mother. I taught her how to cook the dishes my mother likes. And, I also taught her how much vegetables and protein my mother needs each day so that she can help to control my mother's diet.

Ms. Li is not the exception. Ms. Wu also asked her sister, who was her father's primary caregiver before they hired the migrant care worker, to show the migrant care worker how to bathe her father and cook Taiwanese cuisine. As already noted, daughters may also visit the elderly parent's to provide care when the hired care worker has a day off. Monica Chen, who is in her fifties, said, "Every other Sunday is the holiday for our care worker. I go to my brother's place before 8 and take care of my mother, like cooking for her, bathing her, that kind of thing. I leave around 8:00 p.m. when the care worker is back home." When the care worker needs a longer vacation, such as to return to Indonesia for several weeks, some families hire a Taiwanese care worker, but some families' adult daughters move in with the elder parent or have the elder parent move in with them temporarily. Ms. Lin, for example, is almost 90 years of age and has no son. When her care worker went back to Indonesia for a month, she took turns living with her adult daughters' families. Similarly, Abigail Chen, Monica's sister, took her mother to her own home when the care worker went back to Indonesia for two weeks. She said:

> I didn't think too much about it. My mother needs her children to care for her, and I was available at that time so I volunteered. I took my mother to my place and she stayed with me for two weeks. I asked my mother to do some exercise, and to sew some buttons. It's not because I need her to do so, but I hoped that asking her to do this kind of thing would slow the deterioration of her cognitive abilities. …This is the kind of stuff that you can hardly ask the care worker to do.

Daughters who take over the caregiving when the care worker is unavailable expect themselves to provide a higher quality of care for their parents. This kind of care arrangement is somewhat unorthodox for a society wherein a patriarchal family structure is embedded. It is typical in families

where the elder's son is separated or widowed or where the elder has no son, since no daughter-in-law is available. But, it is notable that the elder's other married sons do not take over the care responsibilities. The situation that Abigail Chen shared shows that the younger generation may be more open to a different arrangement.

Although adult daughters participate in caring for elderly parents, this does not mean that they share equal power with adult sons when it comes to making medical decisions for the parents. Daughters may train the care worker and may care for their elderly parents, but in my fieldwork experience, sons are still responsible for the elders' medical arrangements and decisions. It is almost always the sons who take the parents to the hospital and to visit doctors specializing in the treatment of chronic diseases. Sons generally acknowledged that they are making most of their parents' medical decisions. As Mr. Huang said, "I guess sons still have more responsibilities in this kind of matter." Mrs. Wu is in her sixties and has two brothers; her mother moved in with her three years ago. She said:

> When it came to major medical decisions, I just called my brothers and asked them to make the decision. When my mother fell on the floor and the ER doctor told us that she needed a joint replacement for her hip. I called my older brother and he decided that we should transfer her to another hospital. It's not as if we couldn't have the surgery in the original hospital, but I didn't want to argue this issue with him.

The fact that most of the elders' medical decisions are made by their sons shows that, even though adult sons and daughters seem to share filial responsibilities, the sons are still expected to take the lead in times of major decisions. The medical decisions are presumed to be very important, because the adult children whom I interviewed believed these decisions would significantly affect their parents' quality of life and even their life expectancy. Daughters' caregiving is more about day-to-day care arrangements.

But, sons do not always have full decision-making power in everything; in some cases, the daughters united together to bargain over care arrangements with their male siblings. Mr. Yeah has been living in his mother and father's house since his father needed intensive care last year. He hired a migrant care worker this year. Mr. Yeah convinced his mother to send her husband to a nursing facility three months ago, because it became very difficult to care for him as his health and mental condition deteriorated. He said that even though his mother and the care worker took turns as caregivers, the father would wake up at 3:00 or 4:00 a.m. and demand his wife's attention all day. Mr. Yeah said that his mother, who is 83 years of age, was exhausted. Thus, Mr. Yeah thought it would be in his father's best interest to move to a facility where he could get professional help and care. But, after residing there for two months, the father returned home. Mr. Yeah said:

> My sisters were very upset that we moved our father to the facility. They kept calling my mother and saying that it was really unfair for my father. They said that it was as if we had abandoned our father, and that it was not filial at all. Finally, my mother gave in and we moved my father back.

In Mr. Yeah's family, his sisters united and convinced their mother to change her mind, and in the end they changed the whole care arrangement for their father. In other families, especially when daughters outnumber sons, it is not uncommon for the sons to feel pressure from their sisters regarding the parents' care arrangements.

4. Conclusion

The people whom I interviewed still referred to all elder care arrangements as part of filial responsibilities. My findings, nevertheless, reveal changes in care arrangements and in the practice of filial piety in Taiwan. The commodification of elder care allows the younger generation to be emancipated from the round-the-clock caregiving. It is also clear that family dynamics change profoundly in the context of hiring a care worker. Households in the Han tradition used to be strictly patriarchal, with authority being passed down from father to son. Now, married daughters are participating in caring for their parents, even though they still do not have equal decision-making power with sons. Daughters normally take on direct care work and sometimes step up as the primary caregiver when the foreign care worker is unavailable. The sons are responsible for the living arrangements and making major medical decisions—in short, those aspects of care that are viewed as important or fundamental. The division of labor between daughters and sons not only differs in power position but also reflects cultural gender norms. The new care arrangement, in which families employ foreign care workers but still play a role in caregiving, clearly demonstrates that the intergenerational relationship is still guided by the logic of filial piety, but that as adult daughters join in caring for elder parents, the connotations of filial responsibilities are no longer limited to the sons.

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Finding "Commensurable" and "Communicable" Meanings in People with Dementia

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1. Introduction

This thesis attempts to pursue and envisage a concrete pathway in the system of a "mutual" recognition (="commensurability") between caregivers and residents (=people with dementia) by examining the group-care practice at Japanese S hospital and nursing home for people with dementia (=S hospital and nursing home) in a broader socio-political context in Japan. The value of the property and the cost of care at S hospital and nursing home are not special. What does make it stand out is, for example, when you enter one of the 'houses' at S hospital and nursing home you sometimes find the smell of coffee hanging in the air. S hospital and nursing home is a space where the 'daily-life sphere' is constructed.

While many sociologists have discussed the relationship between the health care professional and the patient at the point of its one-way asymmetry, some sociologists have tried to recommend alternative medical care or social welfare. The point of departure for this thesis lies in neither the unconditional affirmation of western modernized medical professional knowledge, nor in anti-western modernism, rather it is from a third way. In this thesis I show nothing but my appreciation of S hospital and nursing home's challenging group-care practice in which western modernized medical space and the 'daily-life sphere' are bridged to create a new relationship between caregivers and care-receivers. The fabrication of S hospital and nursing home which aims to perform norms and values in 'daily life' has led caregivers to initiate pattern-making practices to embrace and operate by a particular form of the 'contested sympathetic cognition' for people with dementia. Therefore, the 'daily-life sphere' is the sociological analytical term for projecting the reorganization of medical care and social welfare in western modernized areas and countries.

Although the 'contested sympathetic cognition' at S hospital and nursing home is caregivers' one-way cognition, we can admire the "commensurability" between caregivers and people with dementia. Certainly, what has been done by caregivers towards people with dementia at S hospital and nursing home has been forged by applying the one-way asymmetrical relation that has been revealed in the context of reflection and criticism of medicalization in western modernized areas and countries. However S hospital and nursing home's caregivers have succeeded in new positive relationships with people with dementia. In the past people with dementia have been considered to be incommensurable in a one-way relation with their caregivers. At times, they have been segregated, treated medically badly and deserted. On the other hand, people with dementia at S hospital and nursing home are expected to be "commensurable." This is in stark contrast to the way people with

dementia used to be treated. 'Daily life' fabrication and pattern-making practices in S hospital and nursing home provide the "commensurability" between caregivers and people with dementia to caregivers. Its seismic impact on caring can be upheld by the caregiver's individual construction of the "commensurability" between caregivers and people with dementia in the 'daily life sphere.'

2. Cognitive Structural Analysis of Group-Care Practice

2-1. The 'Medical Cognition' of Dementia and Anti Medical Care Practice

The primary factor that has forced people with dementia to be secluded, to be poorly cared for medically or to be abandoned is western modernized medical professional knowledge. People with dementia have been imposed with isolated, medically ill treated or neglected lives because of the diagnostic accounts of their brain atrophy or porencephalia. When we call this type of cognition 'medical cognition,' the strongly influential 'medical cognition' has worked in western modernized areas and countries to make the motion of separation and restraint for people with dementia valuable. Due to the medical technical development of brain visualization in the 1980s, the 'medical cognition' was reinforced and the utterances and actions of people with dementia were deemed problematic. Under the 'medical cognition,' demented symptoms seem to be unchangeable and people with dementia are absolute patients. The 'medical cognition' has been endorsed within medicalization in western modernized areas and countries.

However, since the 1990s it has been recognized that demented symptoms can change in accordance with their situational surroundings and relations with carer(s). This has attracted attention in western modernized areas and countries. In some cases demented symptoms have died down without medicine. When we call the cognition of people who are attracted by the notion that demented symptoms can be changed in accordance with their situational surroundings and relations with carer(s) the 'linkage cognition,' within the 'linkage cognition' people with dementia are not always patients.

While it is true that the 'medical cognition' and the 'linkage cognition' have been argued as having an opposing relationship (Iguchi 2007), these two cognitions are not always opposite in care-practice. Carers who are eager to promote the social aspects of people with dementia tend to complain about medical thinking and its ill treatments. Cruel medical treatments like giving too much medicine and the use of physical restraint on people with dementia are strong incentives to improve caring. However, carers who complain about medical thinking and its care treatments, in fact complementally execute the 'medical cognition' and the 'linkage cognition' in practice.

2-2. Two Complementary Cognitions about People with Dementia

The 'medical cognition' and the 'linkage cognition' have a complementary connection in care practice. Iguchi Takashi has reflected on this (2005; 2007). Iguchi mentions that the 'medical

cognition' is one of the notional options to understand dementia or the meaning of people with dementia's utterances and actions. Iguchi explains both the 'medical cognition' and the 'linkage cognition' are among the variations of the 'linkage cognition' and are placed at opposite poles (2007). According to Iguchi the 'medical cognition' is sometimes helpful for a family caregiver to exempt oneself from considering what people with dementia do and say (2005; 2007). For example, family carers that are willing to accept family with dementia can tentatively think dementia causes their family to make strange utterances and actions. As long as a family caregiver has the will to accept what family with dementia do and say, the 'medical cognition' works to purse the one-way recognition of people with dementia without asking validity of interpretation about the meaning of people with dementia's utterances and actions.

2-3. The Formation of S Hospital and Nursing Home's Group-Care Practice

Basically S hospital and nursing home supports the 'linkage cognition,' but the 'linkage cognition' is modified in a complicated manner. Once the 'linkage cognition' is chosen in group-care practice, caregivers consequently give up the 'medical cognition' and the complementary relationship between the 'medical cognition' and the 'linkage cognition' seems to end. Iguchi obtained his analytical notion from caring as family business. To make the latent relationship between the 'medical cognition' and the 'linkage cognition' in group-care practice visible, I propose a new cognitive concept that is equivalent to the 'medical cognition,' and secondary to the 'linkage cognition.' To refine the new cognitive concept I use what Kisuyo Kasuga said in her study about group-care practice, as follows (2003): "Emotionally controlled labor seeks to feel sympathy with, accept and realize what people with dementia want." The notion that caring is an emotional work of labor is key to the discussion that tries to enhance the societal and economical position of care-giving labor. The institutionalization of medical care or social welfare for people with dementia carries on patient-centered caring that the 'linkage cognition' comes from. Kasuga picked up the practical training of a Japanese nursing home based on the 'linkage cognition' and disputed that excess emotional control and mental burdens impose on care workers. Kasuga continued to say that to show complete receptivity is to discern exactly what people with dementia want. However, in Kasuga's study, while showing sympathy is the same as giving receptivity, it remains unknown how we are to discover the exact wishes of people with dementia. Fundamentally, in general, understanding is not always the tool for receptivity and receptivity can be without understanding.

The relationship between caregivers and care-receivers bears the character of reciprocity. Reciprocity is not fair trade. Because there happens to be pride-betting trade between caregivers and care-receivers, relationships in caring are always unfair (Goto 2005). Caregivers look down on care-receivers and look up to care-receivers. Care-receivers look down on caregivers and look up to care-receivers. It is not fixed but changeable. It is often the case that the more the care-receiver needs

the more the caregiver is moved in their mind.

To provide their fullest receptivity to people with dementia, S hospital and nursing home's caregivers, including nurses and doctors, artificially create the 'contested sympathetic cognition.' In order to achieve the "commensurability" between caregivers and care-receivers, S hospital and nursing home's caregivers treat the people with dementia as 'daily-life-conductors.' In the 'contested sympathetic cognition,' caregivers do not need to communicate with people with dementia as they do with the 'medical cognition.' On the contrary, despite their one-way approach caregivers at S hospital and nursing home can partially understand the meaning of people with dementia's utterances and actions under the 'contested sympathetic cognition.' Though the 'receptive cognition' cannot lead S hospital and nursing home's caregivers to understand the meaning of people with dementia's utterances and actions like the 'medical cognition,' it can prompt caregivers to display complete acceptance of people with dementia.

Formation of Cognitive Arrangement in Group-Care Practice and the Relations with its Prototype

The 'Linkage Cognition'	
Understanding：○ Acceptance：○ Communication=Com：○	
The 'Contested Sympathetic Cognition'	The 'Receptive Cognition' (=The 'Medical Cognition')
Understanding：○ Acceptance：○ Com：×	Understanding：× Acceptance：○ Com：×

(○： Positive ×： Negative)

Note: One-way approaches from caregivers are included within communication.

Thanks to the complementary relationship between the 'contested sympathetic cognition' and the 'receptive cognition' S hospital and nursing home's caregivers accomplish the "commensurability" between caregivers and people with dementia. This "commensurability" brings about better 'linkage cognition' among S hospital and nursing home's caregivers' minds.

I exemplify the detailed pathway to the "commensurability" between caregivers and people with dementia at S hospital and nursing home showing the data I have collected from December of 2007 to March of 2008. At the very beginning of my research, I was just a guest. After people with dementia identified me as a caregiver I intended to display myself as a caregiver. There were several chances for me to help people with dementia, for example, changing underwear, taking them to the bathroom, and spending the nights with them. Staff and caregivers at S hospital and nursing home were very helpful, and I was able to do vast research with their cooperation.

3. Construction of the 'Daily-Life Sphere' at S Hospital and Nursing Home

3-1. The Formation of S Hospital and Nursing Home's Group-Care Practice

In general, all the strange actions (="problematic actions") can be understood if presumable situation and context are able to be applied. At S hospital and nursing home, the patterned situation and context which are organized by 'daily-life conductor' stereotypes enables caregivers to easily distinguish strange actions of people with dementia from "ordinary" actions, and to react spontaneously. 'Daily-life conductor' stereotypes make "healthy" and "usual" people the regulations and values present at S hospital and nursing home. The 'daily-life sphere' is strongly influenced by present Japanese "common sense." Without events like group-exercises or group-activities, caregivers at S hospital and nursing home succeed in keeping and raising the stability of patterned situation and context.

Patterned situation and context are the resources of contested sympathetic cognition at S hospital and nursing home. Of course, caregivers at S hospital and nursing home do not realize that they are handling and reacting smoothly to the strange actions of people with dementia. It is not their intention but the result of group practice. Then, I explain how to construct 'daily-life' patterned situation and context from what caregivers at S hospital and nursing home allude to as their unique way of care; appointing small units, hearing care-receivers' life histories, and reproducing the old days.

3-2. Appointing Small Units as 'Daily-Life Sphere'

First of all, in regards to appointing small units, S hospital and nursing home consists of individual 'houses.' This type of care is called unit care in the field of social welfare. Unit care at S hospital and nursing home is sophisticated. Each 'house' has its own name and some 'houses' have mailboxes near the entrance. Each 'house' has its own family budget. At least once a day care-receivers arrange their meals and dishes together with caregivers in the kitchen. Care-receivers do not take any medicine for dementia. Due to bad conditions, most care-receivers have rejected other hospitals or nursing homes. Care-receivers are able to take part in domestic duties whenever they would like to.

Of notable difference here is that caregivers at S hospital and nursing home divide visibly and invisibly its space into several sections to conform to Japanese spatial partiality between public areas and private areas. Caregivers are acutely aware of being sensitive to this. In living and dining areas, caregivers are prohibited from managing dirty things like nappies because these are public areas. When a care-receiver appears in a public area wearing pajamas, caregivers ask the care-receiver to move to a private area to change their clothes.

Caregivers at S hospital and nursing home create a 'sphere of daily life' where present Japanese "common sense" prevails. At first glance, the norms and values of S hospital and nursing home's 'daily-life sphere' express that of "healthy" "ordinary" Japanese people as opposed to that of person-centered care. When a care-receiver rejects being shaved or manicured caregivers proceed with it. Caregivers rewash the dishes and chopsticks after care-receivers have finished washing them.

Consequently, seemingly caregiver-centered care is harmonized with person-centered care. The ‘daily-life sphere’ works to hide medical and institutional situation and context. In the ‘daily-life sphere,’ hygienic norms and values are embedded within the ‘daily-life’ customs. Caregivers believe that the ‘daily-life’ customs are indispensable to maintaining care-receivers’ safety and wellbeing. In the precedent cases, caregivers judged shaving or manicuring as important to care-receivers’ safety, and the dishes and chopsticks touched by unclean care-receivers’ hands as harmful to care-receivers’ health. Even if a quarrel or a tiny brawl occurs between care-receivers, malleable quality of the ‘daily-life sphere’ would be applied. So long as the ‘daily-life sphere’ is the place where people live together, some quarrels or tiny brawls may happen among residents who have different domestic and cultural backgrounds.

Whereas the ‘daily-life sphere’ is the base of the “commensurability” between caregivers and care-receivers at S hospital and nursing home, to improve the one-way ‘contested sympathetic cognition’ into “mutual” communication process it needs the complementary relationship between the ‘receptive cognition’ and the ‘contested sympathetic cognition.’ So far as the caregivers’ ‘contested sympathetic cognition’ solely requires stereotypical acceptance towards care-receivers nothing like “mutual” communication has happened between caregivers and care-receivers.

3-3. Hearing Care-Receivers’ Life Histories and Reproducing the Old Days

In order to attain “mutual” communication, caregivers at S hospital and nursing home listen to care-receivers’ life histories and help them reproduce the old days. Listening to care-receivers’ life histories is one of the original psychological therapies known as recollection therapy in the field of social welfare. According to this theory, elderly people are able to positively affirm their lives by sharing their life history. At S hospital and nursing home, caregivers utilize this theory to understand people with dementia as well. Caregivers at S hospital and nursing home trust the notion that people with dementia contain “previous” well-embodied memories. As to the peculiar behavior of a care-receiver collecting pieces of waste paper and rubbish, caregivers at S hospital and nursing home were able to explain that this was because Japanese society was very poor when the “elderly people” were young. When a crippled elderly lady stood to stretch her spine in an unusual form caregivers thought this was from wearing a ‘kimono’ (Japanese traditional wear).

Reproducing the old days crystallizes the process of understanding people with dementia. On the one hand, caregivers put the private belongings that care-receivers used before entering S hospital and nursing home around each private area or public area, for example their own favorite dressing table, family Buddhist altars, rice bowls, chopsticks and shampoos. On the other hand, caregivers put the goods that “elderly people” used in their teens or twenties around public areas. You can find a ‘kuro-denwa’ (vintage Japanese black home telephone), the picture of Emperor and Empress Showa and a wall clock. Vintage chests of drawers were presented from the neighbors. In some houses

everybody could enjoy being seated on ‘engawa’ (veranda equipped along Japanese wooden houses) and ‘kotatsu’ (Japanese heater tables) on ‘tatami’ (straw mats).

Reproducing the old days powerfully empowers caregivers when two contradictory situations or contexts exist within the same care-receiver. For example, one moment O-san was crying out looking for her late husband claiming that he was missing, and the next moment she was whispering that she knew her husband had already passed away. To help with their interpretation about care-receivers’ intention and will, caregivers grow to understand by way of stereotypes like “elderly people,” “their younger age,” “males and females,” “Japanese” and “patients.” In O-san’s case, even the caregiver who was terribly confused about O-san’s condition at the beginning withdrew their conclusion that the best thing they could do for O-san was to communicate and keep in touch with O-san until she was familiar with her state of confusion. The reason why the caregiver had this change in conclusion was that three months later the caregiver heard other caregivers share that the demented symptom of O-san was witnessed just after O-san had lost her best partner. Referring to “females” and “elderly people” caregivers gave the valid interpretation that O-san tried to domesticate her “reality” by coming and going between past and present. The matter was not whether it was real or not, the matter was that caregivers can trust the possibility that there might be different accustoms and ways from days gone past that they can apply to the situation and context at S hospital and nursing home.

At S hospital and nursing home caregivers estimate that “previous” embedded memories of “elderly people” complete their “golden days.” When the elderly person is female, caregivers presume her “previous” embedded memory is her “sweet sixteen.” When the elderly person is male, caregivers suppose his “previous” embedded memory is “in the prime of life.” Theoretically nobody knows the exact age of “previous” embedded memories of “elderly people.” The reason why caregivers think this notion is trustworthy is that people who embrace any feeling of being lost or confused wish to maintain their pride. This argument comes from recollection therapy in the field of social welfare. To conclude, the findings from hearing care-receivers’ life histories are connected with medical stereotypical cognition for people with dementia.

3-4. Sharing Patterned Situation and Context among Caregivers

The effect on caregivers from hearing life histories gives both reference for the meaning behind peculiar remarks and behaviors of people with dementia, and reference for suitable manners for reinforcing the caregivers’ observations. As I already mentioned, caregivers’ first priority is the daily health and safety of care-receivers’ lives. Caregivers at S hospital and nursing home earnestly watch care-receivers’ (bodily) trifle differences to catch anything wrong with care-receivers’ (body). In other words, caregivers at S hospital and nursing home are watchful to distinguish anything unusual about care-receivers’ from their average patterned (bodily) condition.

This daily standardization does not contradict observational sight within caregivers' practice for hearing care-receivers' life histories within the 'daily-life sphere.' However these double observational frameworks allow the training and discipline to understand the intention and will of care-receivers, hidden just behind their utterances and behaviors. The caregivers' findings about care-receivers' lives are not unique due to group-care practice. Caregivers at S hospital and nursing home observe what care-receivers do and say in a watchful manner, and share their findings. They exchange information gathered while they chat while dining, cooking, cleaning and washing, and as they collect daily schedules, medical and physical records.

Therefore, caregivers at S hospital and nursing home desire to modify care-receivers' deviant character mobilizing standardized patterned 'daily-life' situation and context. With ease, they pick up care-receivers' deviant utterances and behaviors that are the reverse of the 'daily-life sphere' where "healthy" and "usual" people's regulations and values prevail. They are inclined to make excuses that people with dementia are keen to be proper, because 'the greatest common devisor' between caregivers and care-receivers is being the 'daily conductor' at S hospital and nursing home. This is the function of the 'contested sympathetic cognition.' When a male elderly person spoiled his pants, caregivers argued that the size of his underwear was wrong. The caregivers' interpretation was as follows. Because the male elderly person was upset about spoiling his pants, it made the situation and context worse. Caregivers are accustomed to responding as they would do with an "ordinary" Japanese person. Because of the function of the 'daily conductor,' it is not the care-receivers' pride but the caregivers' pride which is at stake. The male elderly person and caregivers were accomplices as the executors and observers of present Japanese "normal" regulations and values.

4. Caregivers' Reflection on Communicating with People with Dementia

The minimum condition of "mutual" communication between caregivers and care-receivers is that there must be the process for caregivers to observe care-receivers reacting with the awareness of caregivers' intention and will. Within the situation and context of S hospital and nursing home, the primary caregivers' intention and will determines artificially manufacturing the 'daily-life sphere' for care-receivers. Caregivers at S hospital and nursing home report that care-receivers react to caregivers' intention and will by talking about the artificiality of their care practice itself. This situation and context is the beginning of communication between caregivers and care-receivers.

The following two points sum up the artificiality of S hospital and nursing home's caring. The first point is the patterned situation and context of the 'daily-life sphere' where stereotypical average "healthy" and "ordinary" peoples' regulations and values function. The second point is the caregivers' one-way acceptance of people with dementia where the 'contested sympathetic cognition' and the 'receptive cognition' are well engaged to guarantee 'the greatest common devisor' between caregivers and care-receivers. In relation to the second point, caregivers identify the 'medical

cognition' that caregivers might abolish. The more deeply they reflect on how their 'contested sympathetic cognition' as well as their 'receptive cognition' are fundamentally nearly the same character as the 'medical cognition,' the more fiercely they grasp the "commensurability" between themselves and people with dementia.

A young caregiver at S hospital and nursing home reflected on her experience as follows. "I was scared of being engaged by N-san. When N-san talked to me, I greeted her and ran to G-san's room. Because I was so terribly sorry I couldn't concentrate on G-san, and just nodded and responded to G-san's friendly conversation saying 'Yes, yes, yes.' G-san said to me 'You just repeated "Yes, yes, yes."' As I felt sorry for G-san, G-san kindly said 'Being strained must be tiring, is it?' Tears fell from my eyes. Her words remain etched in my mind. I thought this is the experience of being healed by 'elderly people.'" In the above example, the relationship between caregivers and care-receivers is reversed. When a caregiver is conscious of this reversed relationship they become aware that the notion of "commensurability" between caregivers and care-receivers can truly exist. However, it is rare for caregivers to be able to admit their faults that preclude the notion to see people with dementia as a communication partner. This is when caregivers are able to internalize the "commensurability" between themselves and people with dementia.

5. Conclusion

This thesis precisely depicts the system of 'daily-life sphere' that realizes a "mutual" recognition between caregivers and care-receivers within a medical and welfare institution from the point of caregivers' structural cognitive arrangement. The 'daily-life sphere' at S hospital and nursing home completes not the asymmetric relations between patients and medical health care professionals but the "commensurable" and "communicable" relations between caregivers and care-receivers.

The analytical framework from caregivers' structural cognitive arrangement is completely different from that of the channel of communication between caregivers and care-receivers focusing on caregivers' and care-receivers' individual ability, mental condition and its relations. Nowadays the analytical framework for the channel of communication between caregivers and care-receivers is dominant in both academic studies on dementia or people with dementia and the institutionalization of medical care or social welfare.

In addition to this, while we cannot avoid pride-betting trade from caring, caring depends on carers' emotional sympathetic abilities. S hospital and nursing home's group-care practice does not necessarily entail this type of emotional sympathetic abilities on carers. S hospital and nursing home's group-care practice and the analytical framework from caregivers' structural cognitive arrangement would be suggestive of open caring to everybody.

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Note

Session B-2 Care and Femininity

Is an Ethic of Care Based on Femininity? --Focused on Noddings' Concept of 'Maternal Instinct'-- [1]

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1. Introduction

We live in various human relationships every day and they are necessary components of our daily life. The concept of care is one of the most appropriate for explaining the daily happenings which arise from such relations. At the same time, this concept shows the particularity and concreteness of human reality in particular situations. There have been many arguments about care as both social phenomenon and individual action ranging from 1980s to the present time: We see the interdisciplinary approaches to care in the fields of 'human service', such as medicine, nursing, welfare and education [3]. While there are such many approaches to care, some people think of the concept of care as a foundation for ethics. In 1982, Carol Gilligan espoused an 'ethic of care', rooted in the concept of care work and the experiences of carers [4]. 'An ethic of care' was opposed to an 'ethic of justice' [5] which underlay the developmental theory of morality advocated by Lawrence Kohlberg. And Gilligan thought of an ethic of care as an alternative to the dominant ethical theories of the time. Care work has historically been borne predominantly by women. Nel Noddings is said to argue that her own ethic of caring systematically builds on the view of Gilligan which has influenced mainly feminists. An ethic of caring criticized both Kantianism and utilitarianism: both attach too much importance to moral reasoning and judgement, consider moral problems abstractly and adopt principles in the same way. And Noddings claims that an ethical theory of care is based on caring as the 'ultimate reality of life' (Noddings 1992 p.15). Care ethicists claim, firstly that the ethical foundation of an ethic of care is the particular caring relationship between the carer and the cared-for, and secondly that we should maintain and enhance this relationship. But there is misunderstanding arising from the relation between the ability to care on the one hand, and femininity on the other. An ethic of care was founded on an analysis of 'the female voice' and early care ethicists casually assumed a connection between care ability and femininity. As a result, some people have formed the misunderstanding that an ethic of care depends on biological essentialism.

In this presentation, I shall examine whether the ability to care required in caring--the primary action in an ethic of care--is based on femininity. In section 2, I focus on the concept of 'maternal instinct' in *The Maternal Factor* (Noddings 2010) and examine why Noddings introduces this concept. And, in section 3, the concept seems to commit to her to biological essentialism, belying her claim that women are forced to learn to care by psychological account. I then show that care ethicists are

inclined towards essentialism due to their desire to give an account of the source of the ability to care. Although it is true that early works in an ethic of care have started from analyses of women's voices and have been associated closely with women's experiences, this is only because previous social structures have installed women in the caring role.

2. 'Maternal instinct' in *The Maternal Factor*

In this section, I shall examine critically the concept of 'maternal instinct' first introduced by Noddings in *The Maternal Factor*. Thereby, I want to make clear that although care ethicists know that it is dangerous to adopt biological essentialism in explaining the source of the ability to care, they are inevitably attracted to this kind of biological approach.

At first, I will look at the concept of 'maternal instinct' introduced by Noddings in *The Maternal Factor*, and show where this concept is located in Noddings' care theory (2.1). Next, I will point out two problems which arise due to the introduction to this concept. Firstly, it is likely to impart the concept of maternal instinct as an ethical foundation because we may be committed to biological essentialism, and secondly, Noddings writes in *The Maternal Factor* as if she accepts such a commitment (2.2).

2-1. What is 'maternal instinct'?

Noddings held that the source of care ability was not femininity at least until *Starting at Home* (Noddings 2002). Furthermore, she adopted a psychological account concerning the source of care ability, in order to explain the current belief that women have a higher ability to care than men. She held that the psychological account was best able to explain women's tendency to engage in care work. On this account, girls grow up by identifying with their mothers. However, Noddings introduced the new concept of 'maternal instinct' as a foundation of natural caring in *The Maternal Factor* (Noddings 2010).

In this section, I shall consider whether Noddings, or care ethicists more generally, are through the introduction of this concept, committed to the form of biological essentialism called gender essentialism. To examine this, I will draw on Nodding's description of the concept of maternal instinct in order to outline the concept, and will show the theoretical position of this concept in Noddings' care theory.

(1)'Maternal instinct'

Noddings thinks of care as the central concept of morality, and creates an ethical theory based on it. Her position does not change in *The Maternal Factor*. Noddings is 'exploring one significant source of morality—maternal instinct and the natural caring that develops from it', although she does 'not claim that it is the only source of morality' (Noddings 2010 p.32). Thus, as Alasdair MacIntyre

does, Noddings explores an approach which diverges from currently dominant ethical theories. ‘MacIntyre has argued that philosophers and others studying morality have made a mistake in moving away from rich descriptions and an analysis of social life to technical analysis of moral statements, judgments, and universal principles’ (MacIntyre 1981). Noddings agrees with him, and in addition, points out that ‘an even greater mistake was made in ignoring female experience’ (Noddings 2010 p.17). According to Noddings, such a mistake is corrected by considering caring, which starts from maternal instinct.

Then, what is maternal instinct? In *The Maternal Factor*, Noddings argues ‘the evolution of morality through female experience and how that morality might be described. It makes sense, then, to start with a maternal instinct, infant bonding, and the empathic capacities developed through the basic experience of mothering’ (Noddings 2010 p.10). Noddings gives ‘the dyadic connection consisting of mother and child’ as one example of instinctive caring (Noddings 2010 p.34). And she writes that ‘the mother-child relation, as the original condition, is the primary example of natural caring, but unlike other relations of natural caring, it still has firm roots in instinct’ (Noddings 2010 p.58). But she does not define maternal instinct as inherent character of females. She speaks about ‘a likely story’ as to how women learn to acquire this character. See in detail (Noddings 2010 pp.10-16).

According to Noddings, women had survived by utilising the capacity of maternal instinct. The maternal instinct leads mothers to care for their infants. ‘The earliest human mothers had to ‘read’ their infants and respond to their expressed needs’ (Noddings 2010 p.12). Females had learned to use elementary empathy in order to read the needs of their children. Those children whose mother had the propensity to care had an easier life than those whose mothers did not have it. ‘A mother might assume a need without considering the child’s expression’, and ‘having decided what the child’s expression of need means, the mother must respond to meet the need’. In responding, ‘the mother is not obeying some moral principle; she is responding quite naturally to the child’s need, for the child’s sake’ (Noddings 2010 p.13).

In addition to such mother-child relations, women developed the ability to care in relation with males. On the one hand, ‘perhaps permanent affiliation with one strong male gave more protection for a woman and her babies’. On the other hand, males might accept such responsibility in return for the ready availability of sex and the assurance that resulting offspring were his own. Females and males are connected by such an interest. ‘It is almost certain that the female had to keep the male satisfied if she wished to retain his services as protector and provider of some resources. Thus, in addition to learning to read her infant, she also had to read her mate’. For this reason, the female developed the abilities to care and sympathise (Noddings 2010 p.13) [6].

Thus, ‘in caregiving driven by maternal instinct, females are concerned with the survival of their infants’ (Noddings 2010 p.73) so that they need males in order to respond to their infant’s needs and protect them. This is ‘a likely story’. The first caring relation described here ‘is our original

condition’. So, ‘people do not choose their sex, race, or ethnicity’ and ‘their stature, physical strength, or susceptibility to disease’. And ‘it is extremely difficult to make choices in opposition to one’s immediate culture’, and ‘individuals are both developed and limited by’ social groups (Noddings 2010 p.37). Therefore, Noddings explains the development of the ability to care because females have been in such an original condition and, as such, have been subject to many constraints.

(2)Theoretical position of maternal instinct in care theory

Where is the maternal instinct, which is source of the ability to care, located in care theory? The basic structure of care theory which Noddings describes is the same with one. It is natural caring and ethical caring that is the fundamental sentiment of caring, and when natural caring fails, we need ethical caring (Noddings 2010 p.36, p.66). The main point that differs from the structure given in *Caring* and *Starting at Home* is that Noddings introduces maternal instinct as a former stage of natural caring in *The Maternal Factor*. Here, I shall deal with the relationship between the maternal instinct and natural caring, putting aside the move from natural caring to ethical caring. There is difference in the way in which empathic responses are seen in men and women from their first manifestations, and such differences are strengthened by socialization. The 'maternal instinct’--the source of the ability to care in care theory—‘in females is accompanied by biological responses that encourage empathy. For example, a crying infant—even one unrelated to the mother—will induce a letting down of milk in a lactating female and a tingling in the breasts of those who are not lactating. This biological response may well be accompanied by the customary feelings of sympathy and urgency a woman has for her own child, and it may provide a basis for the development of natural caring beyond maternal instinct’. In addition, ‘females likely developed concern for other females who were nourishing their babies’ (Noddings 2010 p.15). Such maternal instinct is a foundation of natural caring, and ‘a setting characterized by natural caring is widely (perhaps universally) regarded as good’ (Noddings 2010 p.42).

Noddings used the expression ‘natural’ in natural caring in three senses. Firstly, natural caring is ‘natural’ in the sense of being done out of the ‘spontaneous’ motivation of the carer ('Because I want to’). Secondly, 'natural caring is ‘natural’ in the sense that it is exercised with no need for reference to moral principles or direct reasoning from such principles’. Instead of drawing on principles and rules, carers concentrate ‘on relationships and response’ (Noddings 2010 p.38). Third, ‘natural caring is ‘natural’ in that it exists prior to formal moral thought; it is there, in the empirical world. It is found in families and in other face-to-face circles of interaction’. ‘Although natural caring is usually found in family and small group situations, there are such groups (usually on their way to extinction) in which natural caring is absent, and in most groups natural caring sometimes fails. We might call groups that regularly fail to exhibit natural caring defective; they are lacking in essential human qualities’ (Noddings 2010 p.45).

Thus, ‘although natural caring grows out of instinctive caring, it is clearly not merely instinctive’. ‘Female humans, like virtually all mammalian females, have had and continue to have major responsibility for mothering, but human female thinking is not confined to the tasks of mothering’. Of course, ‘it is reasonable to suppose that female and male minds have evolved somewhat differently’, but Noddings does ‘not suppose that one is generally superior to the other’. But although Noddings admits that ‘this is a risky claim because, as many feminists have warmed, admission of difference in the past has almost always resulted in a declaration of superiority favoring the male’, she nevertheless maintains that there are differences between male and female. Rather, Noddings writes, ‘we should ask how best to acknowledge and use the differences to benefit everyone’ (Noddings 2010 p.43).

Here, I wonder whether Noddings explains the source of the ability to care from biological essentialism. At least after *Starting at Home*, Noddings explains the source of ability to care from maternal instinct as a ‘nurturing and caring instinct’ (Noddings 2010 p.11) which is important for all species. She also holds that females learn to care due in part to historical context, and in part to the psychological differences between them and males. Thus, does Noddings’ account commit to her to biological essentialism? I shall consider this problem.

2-2. Does Noddings commit herself to biological essentialism in *The Maternal Factor*?

As we saw above, in *The Maternal Factor*, Noddings says that natural caring—the fundamental ethical sentiment in care theory—is based on a feeling of maternal instinct. However, I wonder whether introducing such a concept makes the source of the ability to care a matter of gender, so that care ethicists are thereby committed to biological essentialism. In order to resolve this question, I will see what Noddings says about this concept in *The Maternal Factor*.

Michael Slote claims that women are 'more moral’, or empathic than men, but Noddings holds off on this claim. Noddings agrees that it is true that ‘evidence currently available suggests that women are more empathic than men’. However, ‘their increased capacity for empathy has come at a cost—acceptance of subordination and sometimes enthusiastic endorsement of their own subservience’ (Noddings 2010 p.57). So, Noddings thinks we should not simply accept the assessment by care ethicists that women are more moral than men. However, Noddings introduces the concept of ‘maternal instinct’ as the source of ability to care into care theory in *The Maternal Factor*. As she said, before *Starting at Home* Noddings confines her explanation about the source of ability to care psychology. Such a concept is very risky in the sense that the word ‘instinct’ gives us the impression of committing her to biological essentialism. In addition, her description of the concept seems to commit her to biological essentialism. Is that proof which Noddings comes to adopt a biological as well as psychological account, at least in *The Maternal Factor*? Noddings tries to show from the following reasons that she does not necessarily commit herself to biological essentialism even though

she introduces the concept of ‘maternal instinct’.

First, Noddings claims that ‘although natural caring is usually found in family and small group situations, there are such groups (usually on their way to extinction) in which natural caring is absent, and in most groups natural caring sometimes fails’. ‘We might call groups that regularly fail to exhibit natural caring defective, they are lacking in essential human qualities’ (Noddings 2010 p.45). We can interpret from this expression that Noddings thinks natural caring—and the maternal instinct which is its source—as a foundation of human nature. In addition, after empathizing that human beings are relational, Noddings says ‘as the relation is basic to biological life, the caring relation is basic to moral life’ (Noddings 2010 pp.45-46).

Against such view, Noddings gives the followqing defence. While women have learned to gain the ability to care through the likely story, Noddings does ‘not believe that women were created with an eternal, unchangeable nature’ and could change (Noddings 2010 p.57). She does not claim that ‘women’s superior capacity for empathy makes them morally superior. Other factors are involved’. Noddings is thinking that we can ‘find more evidence of genetic and chemical/hereditary influences on behavior’, and ‘new and more realistic ways to promote a more just and caring world’ (Noddings 2010 p.58). Therefore, Noddings thinks that ‘neither would we regard her as a ‘defective female’, although we acknowledge this one defect’. ‘Complete rejection of essentialism may not be possible’, and ‘on the one hand, maternal instinct is not an essential characteristic of human females, one that separates fully human females from ‘unnatural’ females, on the other hand, it is an essential characteristic of human females as a class on that it is clearly essential to the survival of their species’ (Noddings 2010 p.35)[7]. Thus, ‘part of what has developed through a combination of biological and cultural evolution is a human capacity to reflect upon and sometimes to change our own nature’ (Noddings 2010 p.25).

And, as for the reason why most care work is pushed on women, Noddings writes as follows: ‘to ensure protection for their young, females accepted a position of subordination to their male partners. This has been, at best, a mixed bargain’. ‘There are some women even today who welcome their subordination as a good bargain. But for most women, staying at home has involved unpaid labor of some sort from morning until night’. ‘In today’s occupational world, women often earn less than men doing the same work’, and this tendency is remarkable in professional care work. Of course, Noddings wants to say neither that all care labor is not well, nor that women should henceforth not engage in such an occupation. Noddings notes only that ‘it has long seemed ‘natural’ for women to work in occupations similar to homemaking and child-rearing—that is, in occupations that require caregiving’ (Noddings 2010 p.75). This tendency is furthered by forcing women to engage in care work. There are two main reasons for this. Firstly, ‘it is subordination—not the nature of the work—that results in lower pay and scant occupational prestige’. ‘The closer a woman’s work is to that long identified with mothering, the lower its worth our society. This pattern is part of a larger system in

which traits are genderized, and those associated with males are granted a higher value—provided they are exhibited by males' (Noddings 2010 pp.75-76).

Second, 'the empathic capacities of women often lead women to consider the welfare of others over their own'. 'Oddly, this is not, as some critics have claimed, because women are poor negotiators', but 'it turns out that many women are exceptionally good at negotiating—but they negotiate for others, not for themselves. This other-orientation in women presents a paradox. On the one hand, empathy and emphasis on relations lie at the foundation of care ethics; on the other, the subordination accompanying the growth of empathy has encouraged women to be complicit in their own oppression' (Noddings 2010 p.76).

Although it is proper in some sense to worry about the 'caring trap' (one form of the exploitation of women) written above, 'this worry has some legitimacy, but the legitimacy rests on two mistakes: first, that 'carer' applies permanently to a person by virtue of her gender; and second, that *caring* as it is used in care theory is identified with caregiving'. Noddings claims that 'if we eliminate these two misunderstandings, there should be no fear that care theory will set a trap for women'. She does not 'deny the reality of a caring trap, and we'll have to discuss how it was set and how it continues to be baited', but does 'deny that care theory, properly understood, contributes to the maintenance of the trap' (Noddings 2010 pp.46-47).

Furthermore, we need to look at the task described by Noddings in *The Maternal Factor* in order to make sure that she does not adopt at least simple biological essentialism. She writes: on the positive side, 'women are, in general, significantly more concerned with social issues than are men', on the negative side, 'females do not do as well as males on mathematics tests and like measurements of ability in science and engineering'. As for the reason for the negative side, Noddings points out that this is not simply because women have been deprived of the opportunity for education in society. But she is concerned not with gender differences in mathematics and ability in science and engineering, but trait differences between males and females, different assessment of their abilities and different ethical notions between them in *The Maternal Factor* (Noddings 2010 pp.3-4). In addition, according to her, 'care theory has developed in strength and popularity, but it is still too often thought to be just a branch of feminist ethics. The object of continued analysis and argumentation is to establish care ethics (or to show that it has been established) as a major alternative to traditional moral theories' (Noddings 2010 p.9). So, we can conclude that Noddings is conceives of care ethics not as the research of actual gender, but as a normative ethical theory.

Therefore, I admit that it is true that the concept of maternal instinct is problematic and misleading, but I cannot conclude only from this point that Noddings commits herself to biological essentialism. Then, why do care ethicists, involving Noddings, tend to speak as if they are committed to biological essentialism? Finally, I will examine this briefly.

3. Conclusion

Finally, I shall show again that although care ethicists know that it is dangerous to adopt biological essentialism in explaining the source of the ability to care, they feel the appeal of such an account and tend to approach towards it. And I will consider how this is proper when one's interest is an attempt to locate the source of morality in care ethics.

First, one of the main questions in this presentation was whether the ability to care is based on femininity. To recapitulate, the ability to care is needed in caring which is the primary act in care theory. As I have shown so far, it seems that at least in *The Maternal Factor* Noddings changes more or less from her previous position that the word 'femininity' was used symbolically. For especially in *The Maternal Factor*, the concept of 'maternal instinct' being the foundation of natural caring is described as if women have this instinct biologically. I think, in some sense, we have to admit that Noddings commit herself to biological essentialism in *The Maternal Factor*. But we can interpret the concept of maternal instinct as a psychological concept. There are three reasons. First, I can read that Noddings sees the maternal instinct as the ability acquired by mothers who have nurtured and cared for their children. Childcare has been pushed upon women historically as well as much other care work. In this way we may see that Noddings indirectly criticizes traditional social structures. And second, she thinks that this instinct is the sort of trait that can change as the social structures around women are improved. Therefore, she does not think that this instinct—in other words, the ability to care—is a fixed quality of females. Third, it is possible to claim that Noddings does not commit herself to femininity in a biological sense in theoretical contexts, because her argument procedes from the normative aspects of care theory. Therefore, in *The Maternal Factor* as well as in *Caring* to *Starting at Home*, Noddings is trying to provide a psychological answer to the question of the source of the ability to care. Since *Starting at Home*, Noddings began to be interested in sociological accounts that criticize the social structure by virtue of which women tend to be pushed towards carework. As a result of this, she has tried to expand care theory to social policy.

Thus, while most care ethicists know that it is very risky to base the source of an ability to care on femininity in a biological sense, they sometimes use misleading expressions in this regard. For example, we can find such a description in Gilligan, and Shinagawa makes the following point concerning Noddings:

> [...]Noddings does not posit sex difference consistently. In the beginning of *Caring*, she says explicitly that she does not argue the experiential problem of connecting biological sex difference with care orientation (Noddings 1984: 2). But we can find some descriptions equating the experience of women as proof roughly (ibid.: 28, 95 etc). Noddings denies at first the sociological account which regards the cause as social role pushed childcare upon women, although there are three accounts concerning the

> tendency to push childcare upon women: biological account, psychological account and sociological account. Although Noddings, similar to Gilligan, adopts Chodorow's psychological account which girls are willing to come to engage into childcare from identifying with their mothers, she sees biological account as convincing (ibid.: 128-129). (Shinagawa 2007 pp.189-190)

Thus, Noddings has from the beginning not held a clear position about the source of the ability to care. But, as I showed above, care ethicists such as Noddings often tend to commit themselves to biological essentialism when they speak about such problems. I think there are at least three reasons for this tendency. Firstly, it is problematic theoretically to admit in care theory that there can be people who are defective in terms of the ability to care. Therefore, it seems that many care ethicists come to insist that the source of ability to care is based firmly on something like human nature. Secondly, there is the influence of the fact that care works have historically been engaged in by women, in other words, that care ethics has deep connections to feminism. For example, many care ethicists have continued to argue their care theory in *Sign* and *Hypatia* which are known as feminist journals, and so it is feminists in various fields who actively argue for care theory. Therefore, when they speak about their care theory, they tend to develop their argument in terms of a care perspective whose expression is easy to understand for feminists. But on the other hand, this makes it hard for dominant ethical theorists who continue to use male central words and thinking—Kantians and utilitarians--to understand such a care approach. Thirdly, I can point out that care theory is interdisciplinary across various fields. As I said in the introduction, many care theorists refer to care, because the concept of care is useful for describing various relationships in daily life. This is why many people refer to the concept of care, even though a consensus about the concept of care is conspicuously lacking. Of course, here I do not want to claim that it is wrong for people in various fields to speak about care. I want to emphasize that it is difficult to discuss care theory constructively unless we provide a clear sense to the term. For example, I think that we need to make clear in what sense the word of care is used—for example, focusing on the aspect of taking care of people, arguing about care as an ontological foundation, or dealing with care work and care labor as practical issues, and so on. Care has many senses and aspects. A significant task which remains for care ethicists is to clarify the various senses and aspects of care, and to provide an indication of how we ought to use the concept of care.

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Endnotes

[1] I want to thank Michael Campbell (JSPS postdoctoral research fellow) who has read and checked this paper and provided helpful and encouraging comments.

[2] This presentation is a part of research result used by the subvent of JSPS in 2014.

[3] It is well known that the pioneering research of care is On Caring written by Milton Mayeroff (Mayeroff 1971). This work gave great influence to many fields. For example, in field of nursing, see *The Primacy of Caring* (Benner & Wrubel 1989) and in field of education, see 'On Pedagogical Caring' (Hult 1979). But we need to keep in mid that Hult had adopted different approach Noddings did because he emphasized the role of care rather than caring itself.

[4] As for the assessment of Gilligan's *In a different Voice*, Professor Okano (Doshisha University) has given me an interesting comment as following: we can question whether this book had treated with care work directly, because her argument brought about the developmental psychology. So, this expression here may be too rough. I will want to consider this point in other opportunity.

[5] It is difficult to define an 'ethic of justice'. Some theorists like Kuhse (Kuhse 1997 p.136) think that ethic of justice involves only Kantianism. Others like Blum (Blum p.472) hold that both Kantianism and utilitarianism is involved in ethic of justice. In this paper, I regard both theories as ethics of justice. Gilligan challenged the developmental theory of morality suggested by Kohlberg and early care ethicists criticized moral action as appealing to moral principle.

[6] However, on the one hand, females had fallen into subordinary relations. We must keep in mind that Noddings does not intend to endorse the subordinary status and exploitation of women. Instinctive caring, natural caring and ethical caring 'should not be considered stages in moral development. Certainly natural caring has incorporated instinctive caring and, because it seems to have evolved from instinct, it represents a next step' (Noddings 2010 p.33). But as we saw in section 2.1, ethical caring is not necessarily better than natural caring. This is the same with instinctive caring.

[7] Barnett and Rivers discuss this and insist that it leads to a 'caring trap': women are forced to engage in care work again. That is why women in the present day often face a conflict between their career and care work. So, Noddings points out that we need to distinguish 'caring' applying to all moral life from 'caregiving' which is one important form of care work. Caregiving can be both forms, with caring or without caring (Noddings 2010 p.25).

[8] See as following:

Title and contents

http://www2.ipcku.kansai-u.ac.jp/~tsina/research.htm

Abstract

http://www2.ipcku.kansai-u.ac.jp/~tsina/AbWBJ.htm

Construction and Deconstruction of Maria Clara: History of an Imagined Care-Oriented Model of Gender in the Philippines

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"*The majority of feelings are traditions.*
We experience them because they came before us"
Napoléon Bonaparte

1. Introduction

In December 2011, the « *stock estimate* » of Overseas Filipino Workers abroad represented 10.455.788 people, that is, about one tenth of the country's population. Amongst them, a 59 % were women (C.F.O. 2013). Even if the Commission on Filipinos Overseas does not publish statistics about their occupation abroad, it can be affirmed that amongst those more than 6 million women, a lot are employed as nurses and domestic helpers (Parreñas 2003). If to some extent we could add here the category of spouse migrants[1], who were officially 206.278 from 2003 to 2012 and possibly far much more in reality, the Philippines is certainly the most involved country in the care activity in the widest sense of the expression.

Long time considered as belonging to women's "natural" competences and recently globalized through a transnational process of extraction, care activities are still associated in the collective imagination with psychological traits and qualities such as "patience", "mildness", "dedication", "loyalty". In the Philippines, all those qualities, as applied to women, do have a name: Maria Clara.

In order to illustrate the overwhelming diffusion of this local archetype, let us quote a non-scientific source, the Philippines issue of the series of books Cultural Shock! A survival guide to customs and etiquette (2006), in its opening chapter dedicated to People:

> "*Filipino women*
> *In a study of Psychopathology, Filipino psychiatrist Lourdes V. Lapus writes: 'The Filipino culture, for all the increasing signs and protests on the contrary, still has a large hangover from its ego-ideal for women of many bygone years. This is the so-called 'Maria Clara' image of a woman who is shy, demure, modest, self-effacing and loyal to the end*."

But who is Maria Clara?

The original bearer of this luminous name is the main female character of Noli me tangere

(1887), the Philippine National Hero José Rizal's first novel.

The researcher will hardly find a study related to women in the Philippines that will not mentioned Maria Clara as a model to refer to or as a bias to fight with. Nevertheless, the process of creation of this peculiar national model, myth, stereotype, paragon or whatever it might be called had not been yet the object of a specific study. Hence, in the restricted limits of this paper, we will modestly try to map the context of the historical and social construction of this crucial component of Philippine gendered national imagination, trying at the same time to take in consideration the whole parameters for a non-specialist public and to sketch out the new zones to be explored.

2. Mapping the origins

Obviously, this article does not aim at recounting the whole History of the evolution of women's status in the Philippines. Nevertheless, it appears necessary to set down the reflection on a long-term scale in order to fully understand the mutations that took place later. On the other hand, as we study an ideological phenomenon, we need to understand the origins of the different *topos* that will be mobilized in the debate about "the true identity of the Filipino Woman" in which Maria Clara will occupy a significant place.

The sources available to determine what could have been the status of women in the Philippine archipelago prior to the arrival of the Spaniards suffer not so much from scarcity than partiality. Most of them come from religious informers. They bore a specific agenda determined by the absolute necessity of transforming the social behaviors they observed in order to bring the population to the Catholic values and social patterns. Given those previous impassable limitations, those sources have been carefully studied among others by William Henry Scott (1968, 1994), Teresita Infante (1969) and more recently and specifically to our preoccupations regarding gender models, by Carolyn Brewer (2004).

In order to give an overall picture of the pre-European situation, we would like to emphasize four aspects of the place occupied by women in the native societies that will form in the future the group of the lowland Christian Filipinos (Phelan, 59).

First of all, while men monopolized the functions of warriors and political leaders, the execution of religious ceremonies and more generally the communication with supernatural forces was assumed by women called *babaylan*s in the Visayan region in the center of the archipelago and *katulunan*s around the Tagalog region in Luzon. The hold of women on spiritual matters was prestigious enough to lead some men to cross-dress in order to be able to occupy their functions (Garcia 1995, Brewer 1999).

Secondly those pre-Hispanic societies were based on a rather bilinear model of kinship, still observable today (Kikushi 1991, Dumont 1992, Cannell 1995) and more specifically on an interdependency system heavily based on the notions of contract, regardless of the gender of the

individual involved. As for the women, they could dissolve marriage without losing her rights to the child and her personal patrimony.

Thirdly, the sexual discipline seems to have been generally loose and unproblematic among pre-Hispanic Tagalog and Visayan societies. Virginity was not valuated and pre-nuptial deflowering was apparently common (Morga 1601). Visayan men used penis pins or rings (Carletti c. 1610) to maximize theirs partner's pleasure while adultery was common and ordinarily only sanctioned by a fine to the exterior offender and not to the husband or wife[2].

A final aspect to emphasize here, because of its linkage with the Care question, is the way the process of engagement between the groom and the bride was dealt with in the context of the bride-price system. Especially in the Visayan region, the norm was that the girl should first coldly refuse the proposal of the groom. Negotiations with the bride family, when the groom's family was not prominent, often implicated for the latter to work in his potential family-in-law house as a servant for several years. Therefore, we can say that, prior to the arrival of the Spaniards in the archipelago, domestic work was mostly among Tagalog and Visayan society a men's activity.

Without doubt, the societal beliefs and imagination as well as the concrete social system brought by the Spaniards in the 16th century deeply differed from the model formerly exposed. In 1565, date of the arrival of Lope de Legazpi at the shores of Cebu, Spain was involved in a defensive and offensive, external and internal policy of affirmation of the Catholic dogma. While the Council of Trent recently reaffirmed the model of the Virgin Mary and the sanctity of marriage as sacrament, Spain was sending warriors and missionaries to impose those truths all around the World, especially in those islands who beard the name of the Catholic King.

Consequently, the *babaylan*s would be the main blank of the missionaries, who would work hard to impose a new model of womanhood among the Natives. In this context, the perfect script, repeatedly exemplified by the Jesuit priest Francisco Combes (1667), would be the struggle with the native priestesses, discursively converted into witches, who, thanks to the compelling attraction of Ave Maria prayers, would be eventually touched by Grace and decide to retreat from society in order to expiate their sins in never-ending praying.

As C. Brewer (2004) put it in light, this frontal attack against women's spiritual and social power resulted in Northern Luzon in movements of opposition in which those priestesses took a great part in the last quarter of 17th century. More generally, the same priestesses, then converted in mere healers, were often involved in the uprising that punctuated 17th and 18th century local life. Still, we would argue that, beyond those unquestionable but punctual episodes of resistance, some native women intended to relocate themselves into the new categories proposed by the Catholic order in terms of feminine spiritual activity. Hence, the phenomenon of beatas or recogidas among native women who decided to seclude themselves from civil life and the insisting demand for the opening of lay religious congregations or beaterios (Santiago 2006, Cruz 2009) seem to have been part of an

authentic agency for numerous native women.

3. The 19th century turn

However, after the whirlwind of conversion passed, and apart from exceptional cases of women resistance, outrageous heterodoxy or on the contrary exceptional implication in Catholic life, the information available is scarce. The missionaries logically do not linger over the description of practices and behaviors that are supposed to be seen as perfectly orthodox. Generally, our knowledge about the transformation of feminine models in the Philippine society suffer from a critical lack, if not of data, at least of studies about the situation in the 18th and first 19th centuries.

Then, how could one determine to what extent the moral and behavioral transplant was effective and interiorized among Philippine society? More precisely, how could one evaluate the general success of subjugation of women under men's social authority as required by Catholic Mediterranean model of gender hierarchy?

In 1893, Isabelo De los Reyes published in the *Biblioteca de la Ilustración Filipina dedicada al bello sexo* an essay titled La mujer Filipina, The Filipino woman. The author's profile is particularly interesting here. De los Reyes was part of *La Solidaridad*, the association created by Rizal in Madrid in 1887. He is the first Filipino folklorist (*El folklore Filipino*, 1889), and he wrote about the ancient religion of the Filipinos. As a left wing militant, he founded the first labor union of the country and, in apparent total contradiction with the former stand, he is also the co-founder of the schismatic Filipino Independent Church in 1902, in which he will assume the functions of a bishop.

Indeed, De los Reyes emphasizes on the decency of Filipino women of all classes, an affirmation which he actually documents with quotes of Murillo Velarde, a 18th century Jesuit missionary, and the report of Sinibaldo de Mas (1842), underlining that this critical and rather racist Spanish author admited the noticeable reserve of women in the street, even amongst prostitutes. In fact, this reserve, rather than a behavioral integration of Catholic moral, could be better linked with the indigenous modalities of prenuptial behavior exposed above[3]. Besides, it does not exactly match the impression left on travelers like Guillaume Le Gentil (1779), Paul de la Gironière (1855) or even Father Joaquin Martinez de Zuñiga (Doran 1993)

But the importance of this essay lies in its first affirmation: "*it is a general opinion that the woman is superior to the man in the Philippines, morally speaking. She is more intelligent. That is why the husband is always seen as dominated*". Then, the author stands that the essential of the economic activity rely on women while "*the husband stay at home dealing with domestic tasks, proper to the woman*". Thus, the description of the supposed typical Filipina proposed by a Filipino at the end of the Spanish period still greatly defers from the model Maria Clara is supposed to exemplify.

And yet, the 19th century, especially in its second part with the opening of the Suez canal and the subsequent deeper integration of the island's economy in world economy, was a period of great changes regarding women's position within Philippine society. In the province, particularly in Luzon, the development of a capitalist export agriculture greatly contribute to develop, aside from the domestic work held at home, waged work among countryside women (Eviota 1992). In Manila, many women came from the Province in order to incorporate the exportation industry, particularly in the sector of tobacco where the *tabacaleras* formed a female proletariat quick to fight for its rights (Camagay 1986, 2010). Also, the advent of a local bourgeoisie who adopted patterns of consumption and behavior proper to its European counterpart draw to Manila downtown women proceeding from the surrounding suburbs and provinces (Camagay 1995, 2010a). Last but not least, even if it was certainly a marginal phenomenon in numerical terms, the prostitution, sometimes articulated with the previously mentioned women activities seems to have been a growing concern in the capital of the colony (Camagay 1988, Camara Dery 2006).

Anyway, if the values of women from the "popular class" in the Province and even in Manila during the 19th century remains difficult to determine, the ideological evolution of native, mestizo - mixed-blood - or *criollo* - white people born in the Philippines - upper class is rather unambiguous. The bourgeoisie tended clearly to adopt behavior pattern similar to European standards in the same period, that is, to withdraw women from the public sphere, to form them in order to comply and remain amongst the circle of a retrained domestic life (Eviota 1992).

This evolution implicated the diffusion of a model of feminine behavior of reserve and decency following the Spanish model of the manuales de urbanidad - manuals of urbanity -, particularly exemplified though the book *Ang Pagsusulatan ng Magkapatid na si Urbana at Felisa* by Filipino Priest Modesto de Castro, published in 1864 and certainly intended for the middle class. The book aimed at "civilizing" or colonizing (Quindoza Santiago 2007) women's body through the teaching of a strict pattern of good manners and etiquette focused on the reproduction of desirable behaviors such as religious devotion, motherhood and domesticity, chastity and virginity, perseverance and submission to men (De los Reyes 2012).

One year before, in 1863, the Decree on education launched the opening of public schools for boys and girls in every town on a sex segregation system which made necessary the training of *maestras*, women teachers, initially formed with their male colleagues by the Jesuits until the opening of a specific Superior normal School for Women in 1892. The examination, organized by a Commission in which the friar-curate of Binondo participated, consisted in questions in Spanish grammar, metric and decimal system, arithmetic's, but also on Christian doctrine, Religion and Moral, Sacred History, rules of urbanity, and duties of the female teacher (Camagay 2010a).

In the same time, a great campaign of hygiene implicated a struggle against the traditional midwives - c*omadronas* - and their doubtful practices involving abortion (Camagay 2010b). This women's activity was professionalized with the creation in 1879 in the Dominican University of Santo Tomas of a School of midwives (Camagay 2010a). In the same way, the book *Lagda cun suludnun sa tauong Visaya…*, written by the Jesuit priest Pedro de Estrada in 1734 and focused on a code of behavior and regulation of body care was republished in 1850, 1865 and 1893 (Zaide 1990, Bautista & Planta 2009).

Then, we can conclude that in the second half of the 19th century, a strong shift towards the shaping of a feminine identity and behavior largely determined by bourgeois values is on the move. This model is already the one that would be exemplified by Rizal's Maria Clara and was already descending to lower social classes.

This tendency neatly observable in the Philippines cannot be delinked from a wider movement stimulated from the very head of the Roman Catholic Church. Indeed, as a form of counterattack against the 19th century liberal and secular society and in order to halt the growing lack of interest of men for religious practices, especially in the working class, Rome tended to reevaluate the status of Woman in order to put her in the center of its strategy of reconquering society. Starting with the renewal of the cult to Mary with the proclamation of the Dogma of Immaculate Conception in 1843[4], it would continue in the 1870s, with a particular intensity in Spain as an answer to the six years long liberal experience – from 1868 to 1874 - through the launching of numerous Marian's reviews and associations of Catholic maidens, spouses and women workers. The objective was clearly expressed by father Ventura Raulica in a book title The Apostolate of the woman: "*to implant firmly Catholicism in her spirit and her heart, so that in front of the religious disaster which could pull down everything, the woman could conserve Catholicism at the end of the 19th century in Europe*" (Hibbs-Lisorgue 2007).

4. The invention of Maria Clara

This last consideration about European context in the late 19th century leads us naturally to José Rizal, the official inventor of Maria Clara. In her book Love, Passion and Patriotism, Raquel Reyes (2008), greatly contributed to break the direct assimilation between Maria Clara and an unquestioned and univocal Spanish origin. The subject of her work, the Propaganda generation, was a group of well-to-do young people who, in a typical Latin-American elite tradition, completed their education in Europe, and who reflected from and through their European experience about their country as well as their country's women.

Juan Luna, the painter, who killed his white (Filipino creole) wife and mother-in-law in Paris

out of jealousy, seemed to have been fascinated by late 19th century Madrid and Montmartre feminine fauna. In *La Mestiza en su tocador* (1887), he represented the mixed-blood Filipina in the guise of a tantalizing young woman gazing at herself in the mirror, in what we may call a Toulouse-Lautrec style. This canvass greatly defers from *La Bulaqueña* (the Woman from Bulacan, a Manila suburb), painted in 1895 in the Philippines, and which is actually often referred in the archipelago as Maria Clara, as it represents a mestiza woman standing humbly in a typical 19th century native upper-class dress.

The Propaganda movement, organized in 1887 around *La Solidaridad* group and newspaper, was aimed at promoting awareness in Spain about the faraway Asian colony. It also searched for responsibilities for the island's incapacity to progress. Obviously, the friars, as can be seen in José Rizal's *Noli me tangere* and in Marcelo del Pilar's *La Frailocracia Filipina*, had been the main blank of the critics. But for those young intellectuals, Filipino were also responsible for their enemy's hegemony, especially Filipino women, harshly criticized by Graciano Lopez Jaena for their collaborationism with the enemy through their bigotry, "processions and novenas", and even their shameful and dishonest compromises with friars sensuality (Reyes 2008).

However, at the same time, those men were intending to build a nation and, in fact, they were the first to use the term Filipino to refer to native *indios* and not to white creole as it was the case before them. Women had to be integrated in some way in this construction of the sons and daughters of Mother Filipinas, as Mother Spain had unfairly abandoned them.

And here comes José Rizal's contribution.

A first aspect of Rizal's production to consider here is his historical work, that is, his edition of Morga's *Sucesos de las islas Filipinas* (1890). In this study, Rizal deconstructed the 16th century Spanish point of view of the natives, in the same perspective of rehabilitation of the Filipinos he developed in the articles he published in *La Solidaridad*. Nevertheless, this work of rehabilitation, when it comes to native women described and criticized by the Spanish administrator, consisted not in a valorization of pre-Hispanic women's social power and freedom of the native women in front of the men but rather in a moralization of her image.

Regarding now the proper construction of Maria Clara, we will not retake here the fascinating developments of Reyes about Rizal's obliteration of women's sexuality and fascination for feminine hysteria, in the same time when Charcot-influenced nerves therapy arrived to Manila (Reyes 2012).

Maria Clara, which also appears in the Noli's sequel *El Filibusterismo* (1891), is supposed to incarnate the perfect equilibrium between the two races, as her mother got pregnant after being sexually solicited by the Spaniard Father Damaso, her hidden procreator and the main evil character of the novel. She had been waiting for her fiancée, Cristomo Ibarra, the hero of the book, during his stay in Europe. She is a "*pure soul*", modest, self-effacing, long-suffering, and would eventually enter a nunnery because she believed that her lover, persecuted by the friars for his reformist ideas, was dead. There, she would reproduce her mother's sad destiny and be abused by a young friar in her

convent.

Clearly, Maria Clara is a romantic figure, following a European literary model more than a Filipino tradition, and she is relatively close to characters like Colombian Jorge Isaacs' Maria for example. Even if we do not want to enter here in considerations about Rizal's private life influence on the construction of the character, she could effectively be, as a woman from the Philippines, the idealized teenage love of the author, bitterly regretted while confronted in Europe to other feminine realities.

But Maria Clara is not a native woman and, as a matter of fact, the real model of typical Filipina proposed in *Noli me tangere* is Sisa, a poor woman totally dedicated to her sons, to the extent she became mentally deranged when she lost them. More than an archetype of *filipinas*, the women, the *mestiza* Maria Clara might have been in Rizal's thinking and political novel an allegory of the very *Filipinas*, the country, born from native flesh and Spanish colonization, suffering patiently in her pristine innocence the loving reforms needed from her tutelary mother.

And yet, the author and future national hero had an agenda for Filipino women, clearly expressed in his Letter to the women of Malolos (1889). In this text, which he sent to his sister, he granted them the mission to educate the future Filipino citizen in the love of his motherland. Women were then supposed to maintain themselves in their suffering role of loving mothers, sisters and wives of the male heroes entitled with the virile mission of nation building. They were supposed to be inspirers, caring providers, not instigators and even less actors (Rafael 1984 and 1995, Roces 2002).

5. The United State agenda and its need of compromise

Without doubt, the question of determining the precise context and steps of the Maria Clara cliché is particularly uneasy, all the more so since, paradoxically, it was built in the very period when women are supposed to have been largely liberated from former limitations by the new political, educational and cultural American system. We do not pretend here to reconstruct completely and precisely a process whose intelligibility would require an exhaustive study of the political and administrative literature, the feminine and general press as well as the literary production of the period, especially in native languages. Nevertheless, we will intend here to give the reader a reasonably clear mapping of the issues and stakes brought into play in this matter.

First it musts be stressed that the United States entrance in the war against Spain in 1898 was deeply marked, as Kristin Hoganson (1998) argued with an emphasis on the Nation's maleness. This can be verified in the speeches, like the declaration of Indiana senator Albert Beveridge in 1900 (Barreto Velázquez 2010) as well as for the iconographic production (Halili 2006), particularly through the figure of Uncle Sam. Consequently, there had been a subsequent tendency to infantilize, castrate, and even feminize symbolically the newly occupied Philippines (Holt 2002).

The 1898 conflict and the further decision to remain in the archipelago made a large debate arouse between anti-colonialists and supporters of the exceptionalism of the United States. In all cases, the upholding in the islands needed to be justified by a double and contradictory stance. On the one hand, it needed to affirm and prove the incapacity of Filipinos to govern themselves. On the other hand, it necessitated the existence of a capacity to improve, the lack of which would make the benefits of the presence of the United States useless, or at least of a group of population in need of protection and support in its development, as could be the poor, the non-Christian tribes, or the women.

A large number of American suffragists condemned the American intervention and former project of colonization in the name of equality and in opposition to the maleness warlike policy of the country. However, some others defended on the contrary the American patronage in the name of Our Duty toward the Women of our New Possessions, title of the paper read by Garlin Spencer of Providence, Rhode Island, in the annual suffrage convention in 1899. In her speech that she concluded by a quote of the Kipling's poem The White Man's Burden, she assumed that "savage tribes can now be elevated chiefly through their women" (Holt 2002).

Even if the white women's burden bearers got somewhat deceived by the 1902 patriotic speech of the Filipina Clemencia López, this line of argumentation was maintained later. In her famous political essay The Isles of Fear, the truth about the Philippines (1925), Catherine Mayo, after recognizing that "the position of the Filipino woman is in many ways good", *affirmed that "women, it is generally held, show, on an average, stronger moral natures, greater moral courage and more stability of character than men, constituting the sounder element of the population*". Advocating the right to vote for women despite her deep conviction of Filipino incapacity for self-government, she quoted the declaration of Governor Wood, affirming: "*one of the strongest influences for building up interest in proper municipal and provincial government comes from the numerous women's clubs*".

Undeniable is the fact that American occupation of the Philippines brought an important number of new opportunities for women, especially for those from the upper class, the *Transpacific women* studied by Denise Cruz (2012). As previously mentioned, the clubs and associations of women, feminist or not, played a crucial role in the animation of the intellectual life of the country. Young women could graduate in the newly founded University of Philippines or in the United States, appropriating the use of English language and impose a women Filipino literature in English. In another register, they even saw their beauty acknowledged in the Manila Carnival / Miss Philippines event, founded in 1908. In this event, a lot of women's relatives of the Filipino political elite participated in "Maria Clara's dress" (Nuyda 1980), including Pura Villanueva Kalaw, President of the Ilonggo Feminist association (Kalaw Katikbak 1983) and daughter of one of the most prominent intellectual of the period.

In lower social levels as well the development of women education in a massive scale, the learning of a new language taught through the discovery of new realities, the access to a new press and particularly to a new feminine press, to new feminine products of consumption, to new employment possibilities in new forms of services, consistently modified the lives of many urbanized or semi-urbanized women. Amongst those changes, certainly the most interesting for our present topic is, in the context of an ambitious hygienic policy, the formation, starting in 1907, of young women in order to become nurses for the local needs but also to migrate to North America (Choy 2003). But in our point of view, this urge for creating new categories of care activities for Filipino women, as well as the demand for women and not men domestic helpers according to the American standard, contributed also to confirm the gender models of domesticity and care developed in the second half of the 19th century in Catholic Europe and Philippines.

Therefore, United States Policy regarding women in the Philippines cannot be seen exclusively as a unilateral liberation agenda.

First of all the white Anglo Saxon Protestant individuals in the Philippines kept their own bourgeois and puritan moral, which clearly appears in the testimony of American women, mostly teachers and soldiers wives, in their description of the Filipinos and the Filipinas. As a matter of example, one of them, Mary Helen Fee (1910) wrote:

> "*The result of general freedom of speech and the process of safeguarding a girl from its results is to make a Filipino girl regard her virtue as something foreign to herself, a property to be guarded by her relatives […] she feels herself free from responsibility in succumbing* […] *Among the lower classes there is no idea that a young girl can respect herself or take care of herself*.".

Here, the author clearly reproached the lack of personal internalization of the notion of responsibility and potential guilt, a decisive element in the protestant ethics. The same moral perspective can be seen in the multiple American books of urbanity and good manners circulating during that same period and, in some way, in the quick development of girl scouts (Hernandez 2000).

However, the affirmation of the protestant perspective quickly had to refrain itself while facing a double Catholic opposition: one in the homeland, which resulted in a "textbook war" that ended with the victory of the Catholic lobby (Raftery 1998), and another in the Philippines, due to the opposition of the population to Protestant missions in the dangerous context of the birth of the Philippine Independent Church (Schumacher 1981, Maggay 2011). Then, aside from a few missions in which Filipino women might have enjoyed profitable opportunities (Prieto 2014), the Catholic retained a great part of its monopoly on Filipino ethics.

On the other side and from the beginning, the United States critically needed to create a Filipino nationalism under its patronage in order to maintain its image of benevolent Empire. Hence, the figure of José Rizal logically appeared as the most convenient to be converted in "*the greatest man of the brown race"* (Craig 1909), for he was already being considered as a martyr (Ileto 1979) and opportunely enough, a martyr who was executed by the Spaniards before the start of the revolution of 1896. The American patronage agenda as well as, on the part of Filipinos, the need for "*relief to some of their patriotic emotions*" as Mrs. Dauncey wrote it (Quibuyen 1999) soon imposed Rizal statues, Rizal day and Rizal parks as the ubiquitous symbols of the new era. Then, logically, his main female character would also occupy a disproportioned space in the discursive landscape of the islands.

6. The polyphony of the woman question and the never-ending fight with Maria Clara

In the 1920s and 1930s, the debate around Filipino women was intense, and yet highly multifaceted.

On one side, in continuity with the first builders of "modern Filipino woman" such as Emma Sarepta Yule, Guadalupe Quintero de Joseph and M. P. de Veyra (Cruz 2012), who had to struggle at the same time against national and American biases regarding Filipino women, a second generation composed by women such as Sofia de Veyra[5], Asuncion Perez and Maria Paz Mendoza Guazon, author of *The development and progress of the Filipino women* (1928) and *My ideal Filipino girl* (1931), struggled in the battlefield of the women's vote fight, who was finally won in 1937. In their struggle, they received the help of male personalities such as Rafael Palma (*The woman and the right to vote*, 1919), Maximo Kalaw (*The Filipino Rebel*, 1930) or the somewhat surprising Hilario Moncado (Divinity of woman, 1926).

On the other side, an important sector of the masculine political class denounced the misleading evolution of women under the American regime. Young women students were denounced for their immoral behavior while women's vote possibility was discarded for it would destroy traditional feminine values. Then, as convincingly argued by Cruz, "*Elite Filipinos turned to Maria Clara, extracted her idealized traits, and transferred them to the barrio girl and the Malay woman*".

Unfortunately understudied, at the same period, in articulation with the continued process of national "canonization" of Rizal[6], were published literary works such as *Maria Clara, a play in two acts* (1927), and the short writings *A patriot and a mother* (1930), *Our hero's mother* (1939), *The widow of Rizal* (1939), *Rizal's Better half*, *Rizal's First Love* (c. 1930). This kind of production contributed greatly to the confusion between fiction and reality. In parallel, a Tagalog moral production, through cheap periodical publications like the *Dalaga* magazine and books such as *Ang malinis ng Susana* (*Susana the pure*, 1926) was emphasizing on the sane values of the good simple girls from the countryside.

Another element to be considered here is the evolution of women's dress in that same period

(Roces 2005). The traditional costume known as *traje de mestiza*, or mixed-blood woman dress, evolved to become the paragon of Filipino woman attire, and eventually be known as terno or Maria Clara dress. Interesting enough, the suffragist themselves strongly contributed to this move, as they adopted it systematically in their society meetings.

This last point illustrate fairly well the certain ambiguity of modern and even feminist women of the 1930s. Being part of the elite, they were moving in the same male social groups who were caricaturizing them and progressively forging the Maria Clara statue. This ambiguity is perfectly illustrated in *Lo que ellas dicen* (*What they say*), a compilation of interviews made by social columnist Marina, M. Luga de Ferrer, and published in *La Vanguardia* from 1934 to 1937. This late Spanish-speaking production, as long as we know, has not been studied so far. And yet, it shows the great contradictions of an upper class at the crossroad between its passed references and values and new standards of living and cultural wealth, with interviews of Mendoza-Guazon and De Veyra, some promoting divorce, and next to them titles like "*because of her weakness, woman cannot equal man*", or old ladies regretting that "*Rizal's Maria Clara already died in this civilization*".

And yet, she did not. On the contrary, from then on, Maria Clara's shadow has always been present in most speeches on Filipino women.

In the 1950s, from time to time, an article dedicated to Maria Clara would appear in the middle of a feminine or all-public magazine, for example, in June 22nd 1958 *Sunday Time*, a magazine whose covers mostly consist in representations of women. In this issue was published an article from Adrian Cristobal titled "*Maria Clara: The tragedy of innocence*" where it could be read the rather impacting formula: "*No man is an island. And in a corrupt and corrupting society, innocence is a virtue that cannot exist. But is true that Maria Clara existed*". Five years before, Salvador Lopez had written an article whose title was asking to the reader: *Maria Clara, Paragon or Caricature?* It declared:

> "*For decades since Maria Clara was created by the genius of the great patriot, we have heard the name of this heroine spoken, now in reverent whispers, now in a gush of romantic idealism. She has been celebrated in song and oratory as the paragon of Filipino womanhood. Whenever it seemed that the modern Filipino girl was becoming too vital, too progressive, or too daring, prophets of execration and doom were not lacking to hold up the figure of Maria Clara anew and to whisper her name as if it were an incantation to drive away an evil spirit*."

Next, the author develop the idea, retaken many times after him by many feminists in order to redeem the hero from his Maria Clara's sin, that Rizal created a satire of the weaknesses of the women of his time, "*as Cervantes used the character of Don Quixote to laugh the romantic knight out of court forever*".

Still, things changed with the firm installment of Ferdinand Marcos on the presidential seat. The first lady Imelda Marcos, who proceeded from the provincial upper class, recuperated and customized the traditional *terno* dress (whose respectability she finally ruined) while presenting herself as totally devoted to her husband's agenda. But still, in a period when prostitution was booming next to the US military bases in Luzon, she emphasized on a rather sensual form of expressing womanhood. In the same sense of a relative "de-maria-clarizing" tendency of the period, it has to be emphasized that the Marcos intended to develop a State planed policy of birth control (Rivera, Lopez, Osorio 1974) that arose a massive opposition on the part of the Catholic Church and its vision of women's sexuality. On their side, the women involved in the left wing resistance to this violent and dictatorial regime could integrate political activism and experience new forms of participation amongst society (Hilsdon 1995).

After the assassination of Senator Benigno Aquino in 1983, the Church started leading the opposition while US President Ronald Reagan was trying his best to take distance from his former friend. And here lies the ambiguity of the 1986 People's Power Revolution, with its world famous Filipino nuns facing the soldiers. It restored democracy, but certainly did not enhance the position of women amongst Filipino society (Roces 1998). The new president, the long-suffering and modest-looking widow Corazon Aquino, concretely installed as President by Cardinal of Manila Jaime Sin, would soon glorify the sacrifice of the *bagong bayani*, the new national heroes, as she called them in 1991 in her speech to domestic helpers in Hong Kong.

Without doubt, things changed since the beginning of the 1990s. Nevertheless, as we saw it, the course of Filipino women History, or better said, the History of their symbolical place in society, as the proper life of migrants who more and more exemplifies the contemporaneous Maria Clara, is submitted to movement of back and forth.

In *woman enough* (1999), the essayist Carmen Guerrero Napkil, which is ironically the sister of Leon Maria Guerrero, the translator of Rizal who, by systematically changing the word *mestiza* to *Filipina*, definitely assimilated Maria Clara to a general feminine model (Anderson 1998) wrote in a chapter titled Maria Clara:

> "*The greatest misfortune that has befallen Filipino women in the last one hundred years is Maria Clara. I mean this in a very real sense for, in trying to live up to the pattern set by Rizal's beautiful heroine, millions of Filipinas became something other than their real selves.*
> *They forced their persons into the narrow mold of Maria Clara's maidenly charms and became effete and exceedingly genteel caricatures. They affected modesty to an absurd degree and became martyrs to duty and familial love*".

But if Maria Clara is just a ghost, why insisting in recalling it?

Perhaps because Maria Clara edification as a powerful national myth displaced the late 19th century martyrdom model, so important in the psyche of the last country to perform real crucifixions, and consequently allowed them to occupy symbolically a paradoxical hegemonic position within the process of nation building.

7. Conclusion: Being Maria Clara today

As we have seen, the construction of Maria Clara archetype is the fruit of a long-term process. Yet, it is essentially a complex and ambivalent combination of circumstances at the beginning of the 20th century that put Rizal's heroine in the center of the national debate about Filipino women. And it still stands on that central place almost a century later. In this work, we essentially evoked debates, essays, literary works, that is, a sphere of considerations certainly located far away from Filipinos and Filipinas everyday' s preoccupations. Therefore, as a short conclusion, we would like to reorient our attention to the ordinary today.

What is, then, the present influence of the Maria Clara model in concrete ordinary women's life?

In the Sixth edition of the Philippine History and Government by Gregorio and Sonia Zaide (2004, republished since then), are included short chapters dedicated to establish a balance of the Spanish and American contributions to Filipino women's condition. Under Spain "*The position of women in society was improved*" as they were "*respected and honored by men*" and "*did not mix freely with men* […] *Many young women entered the nunnery and became nuns. The beautiful Maria Clara in the novels of Rizal is a good example of womanhood in Spanish times*". Under the American "*Filipino women made history* […] *The first Asian women to vote were the Filipinas*". But "*People prayed the rosary and the angelus less* […] *Young people could now go out without a chaperone*".

In a country that largely rejected its Spanish heritage, Peninsular contribution to the making of the perfect Filipina exemplified by Maria Clara is highlighted here. Moreover, this valorizing discourse is produced in contradiction with historical facts and even at the cost of renouncing to a nationally gratifying myth of Eden regarding the position of women in the pre-Hispanic origins. Then, it is certainly no coincidence if the only statue with a frontispiece written in Spanish in the Rizal Park is a 1912 creation dedicated *A la Madre Filipina*, *to the Filipina Mother*.

In addition, we conducted a very limited survey (10 women from 19 to 35 years old) in Visayan language that consisted in asking five words about Filipino women and their idea about Maria Clara. Interestingly enough, about half of them said they did not remember who Maria Clara was, and one of them, on hearing the name of José Rizal, said Maria Clara was his girlfriend. This shows fairly well how reality and fiction got mixed by the way the story had been made History. Of course, even without remembering who the "historical character" was, all of them knew and used Maria Clara as a common

name to refer to the attributes mentioned in our introduction. The five others said that she represented the faithful image of the traditional Filipina. Regarding their ideas about Filipino women, the answers were generally very conventional. The most repeated word were "*mabait*" (good in Tagalog), loyal, faithful, beautiful, modest, religious and conservative. Only one of them said "*isug*", meaning with strong character.

Finally, we made a quick research on a dating website between Filipinas and Foreigners, *Cebuanas.com*, which we are using as a fieldwork for almost 3 years. The first observation that we could evaluate, by comparing Filipinas with women from other Asian countries through the site *Asiandating.com*, was the abundance of profiles with the keywords caring, patient, conservative and even submissive, which does not indicate necessarily the personality of the person but the image she wants to give. Far more surprising, 16 of them even put the name of Maria Clara in their profile, knowing that there is little chance that a foreigner will understand the reference. By using the expression Maria Clara, they describe their physical aspect (one "*Maria Clara complexion*"), their clothing habits, but mostly their conservative behavior. One of them even chose as her announcing message: "*Maria Clara reaches out for Joe*"[7].

Finally, it seems that, largely due to a massive work of ideological conditioning, not necessarily effective in terms of concrete knowledge but rather efficient in terms of inculcation of general concepts, many working or middle class women seem to assimilate themselves with this fictitious and apparently backward model of womanhood. Backward, but also tactical in their search for a way-out from their country as care workers, domestic helpers or spouses for Western males who failed to find the right spouse amongst their emancipated western women counterpart.

And yet, the Maria Clara archetype doesn't fit very well with the lives of hundreds of thousands of women who, alone, leave their country to work abroad. In Singapore, Hong-Kong and particularly in countries where Filipinas presence is specially linked with the sex industry, like Japan[8], Filipina women's image can be significantly different. Apart from this exterior vision, the proper reality of many of those women, who are often single mothers, contradicts the virginal image of their supposed model. For whom then, is Maria Clara model today? Realistically, for only a few and increasingly fewer individuals. However, and unfortunately, in terms of prefixed behavior pattern which, if not fulfilled, becomes moral fault and social guilt, still for many Filipino women.

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Notes

1 By proposing to include the category of spouse migrants in the care activity, we do not negate affectivity or postulate a general duplicity amongst the women involved. Following authors like Pei-Chia Lan (2003), and based on our own fieldwork we observe a frequent continuity between different forms of departure agencies. Furthermore, the frequent difference of age between bride and groom and the specific agency of the latter in terms of care demands (So 2006, Chia Wen Lu 2012) seems to justify in some way this assertion.

2 This was still observed by Juan Alvarez Guerra at the end of 19th century in Bicol Province. In that case, the woman was losing her dowry in case of adultery.

3 Significantly, the word *kundiman*, the traditional Filipino love serenade means literally: "*if you don't want*".

4 The cult to the Virgin of Lourdes was officially recognized in 1862 and would quickly spread to the Philippines.

5 Sofia de Veyra (Ancheta & Beltran-Gonzales 1984), curiously not mentioned by Cruz, could be considered as the transitional figure: she was the cofounder of the first training center for nurses in 1907. She then married, studied in the United States, organized the Manila Women's Club in 1925, became one of the leader of the suffragist movement and wrote in 1932 a schoolbook about Character and Conduct, whose first page in a representation of Joan of Arc in armor.

6 As a sample of this disconcerting but interesting production, let's mention Manuel Lopez's *Si Rizal at ang mga Diwata* (1913), Rizal and the Spirits, a sacramental play (called by the author a zarzuela) consisting in a dialog between 14 years old Rizal and allegories such as envy, necessity, Minerva and the Philippines.

7 Joe is a common name to refer to Westerners in the Philippines.

8 During our stay in Kyoto, we saw no less than four Go Go bars signs adorned with the Philippine flag during a 10 minutes' walk in the Gion district entertainment zone.

Session B-3 Social Security and Elder Care

Depression and Social Support among Older Japanese in Long-term Care

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1. Introduction

1-1. Background

On average, Americans are living longer, and statistically, people in Hawaii are living longer than those in other states. After World War II, there was a spike in births from 1946 to 1964. This spike is now labeled as the "baby boomer" population. It has been predicted that by the year 2035, one out of three of individuals living in the State of Hawaii will be elderly (Executive Office on Aging, 2011). Additionally, it has been also found that among those who are older adults, the group of the oldest old, those who are age 85 and older, is expected to increase 12 times (1,157.5%) by 2035 due to aging population and longer life spans.

The largest older ethnic group is Japanese with 34.35% of adults over the age of 65, and 40% of adults over the age of 75, so my research will target this group (Hawaii Health Survey, 2010). However, there has not been much research on older Asian Americans, especially the older Japanese population in Hawaii. Consequently, although the focus of this study is older Japanese in Hawaii, the literature review will substitute studies from Japan about elderly Japanese or about elderly in general for variables to be studied that do not have literature directly related to the Japanese population in Hawaii.

Since the Hawaii baby boomer population in 2014 is now age 50-68, some are starting to enter the stages of needing more care and assistance with their tasks of daily living. A study by Kemper, Komisar, and Alecxih (2005) estimated that 79 percent of women and 58 percent of men over the age of 65 would need some type of long-term care assistance. With the growing needs of long-term care, the State of Hawaii initiated Act 224 to create a Long Term Care Commission in 2008 to find out what more needs to be done in Hawaii in preparation for the baby boomers.

The Hawaii Long Term Care Commission report (2012) concluded that Hawaii is not at all prepared for the future influx due to lack of long-term care supply and "catastrophic out-of-pocket costs" (p.14) for long-term care. Therefore, it is up to the State and community to find ways to finance and support long-term care in the next few years. Similarly, researchers in the field of gerontology should focus on community need and find out what works and what does not to develop and enhance long-term care programs to ensure a happy and healthy aging process.

So far, research shows that strong social support and morale are important to the aging population. Previous studies found that depression and lack of social support are linked to lower

quality of life, substance abuse, higher mortality rate, and high suicide rates (Wada et al., 2004; Culberson & Ziska, 2008; Takeshita et al., 2002; NPA, 2014). However, there have been few studies on depression among older adults in long-term-care in Hawaii.

Due to Hawaii's unique culture, population aging, and lack of data on this population, it is vital to discover factors associated with depression of older adults to aid in generation-appropriate, and culturally competent prevention and treatment. For these reasons listed above, I chose to focus this research study on depression and social support in older Japanese in long-term care in Hawaii.

1-2. Research Question

The research question for this study is "Is social support related to depression in older Japanese in long-term care?" The literature review will discuss what is known about the influence of Japanese culture on mental health stigma, negative consequences of depression, social support as a coping resource with older adults, and research already done in Hawaii related to the topic.

The data collected from this study examined the impact of social support on depression among older Japanese in long-term care using a questionnaire administered by surveyors. This study can assist social workers and other healthcare professionals in creating better programs to help older adults and their families by identifying the factors significant to well-being in the elderly population.

2. Literature Review

2-1. Japanese Culture and Mental Health Stigma

Culture is an important factor to consider when researching depression, because people of different cultures have varying levels of stigma towards mental health problems. Japan is one country that is known for their social stigma towards depression (Griffiths et al., 2006). Japan also has high elderly suicide rates related to depression. In 2013, 27,283 people committed suicide, with 11,034 of them age 60 or older (40.44%) (National Police Agency, 2014).

More than 60% of suicides in Japan were adults with a diagnosis of depression (Nakao & Takeuchi, 2006). To put this into perspective, the United States has an approximate rate of 12.03 suicides (American Foundation for Suicide Prevention, 2010) per 100,000 people (Central Intelligence Agency, 2014), while Japan has an approximate rate of 21.47 suicides (NPA, 2014) per 100,000 people (CIA, 2014).

A study was done comparing the values of Japanese elderly in Japan and Japanese American elderly and four values were common between both groups: "doryoku" - effort/exertion, "enryo" - caution/reserve, "gaman" - perseverance/patience, and "shikataganai" - It cannot be helped/Nothing can be done (Miyawaki, 2008). It is thought that the Japanese stigma towards mental health issues roots from the concept of "gaman", causing people to think of depression as a personal choice rather than something out of their control. "When Japanese experience depression, doctors say, they prefer

to imagine something is wrong with their character rather than their heads, and a cultural impulse known as "gaman," or the will to endure, takes precedence over medical care" (French, 2002).

Recently, Japan appears to have started "normalizing" depression as displayed by the Japanese government's recognition of suicide rates and approval of the use of SSRIs in mental health treatment (Vickery, 2006). After many years of mental health stigma, in 2003, when Japan's annual suicide rate hit 30,000 suicides per year, the Japanese Government officially recognized the problem and announced, “Suicide has become a national epidemic” (Goldsmith, 2003). From this time forward, studies of depression, suicide, and the elderly in Japan started to turn their focus more towards effective interventions, many of which included components of social support (Oyama et al., 2004; Oyama et al., 2006)

Although America and other western countries do not have as much stigma towards mental health illness such as depression, it is still an issue (Griffiths et al., 2006). Studies in the United States show that depressed adults believe that their diagnosis would negatively affect employment and insurance coverage due to stigma (Roeloffs et al., 2003). Reports from both countries appeared to show that the issue with talking about depression stemmed from the depressed themselves (self-stigma), rather than actual prejudice and discrimination from the community.

2-2. Depression and Cognitive Functioning

There are no specific study findings on depression and cognitive functioning for older Japanese in Japan or in the State of Hawaii. However, there have been several studies conducted in the mainland U.S. that discuss the correlation between cognitive functioning and depressive symptoms. Cognitive functioning is not only correlated with depression, but also can make depression difficult to diagnose in elderly populations.

According to Zastrow and Kirst-Ashman, depression is common in elderly – it is considered the “common cold of mental disorders for older persons” (Zastrow, Kirst-Ashman, 2013, p 648). Although it is a common problem, it is not something that should be swept under the rug. Unfortunately, depression is difficult to diagnose in older persons, especially those with degenerative cognitive or physical diseases or those on many medications. “Depression in the elderly is also frequently confused with the effects of multiple illnesses and the medicines used to treat them” (WebMD, 2012).

Those with degenerative diseases such as Alzheimer's or Parkinson's can also be difficult to assess due to physical and/or mental inabilities to ask for help or give clear answers to questions. “In the final stage of this disease (Alzheimer’s), individuals lose the ability to respond to their environment, to carry on a conversation and, eventually, to control movement” (Alzheimer’s Association, 2012). Most research on depression has been done with elderly with higher levels of cognitive functioning.

Byers and Yaffe (2011) summarized recent research in the area of depression and dementia, and found that data was inconsistent, although several longitudinal studies suggested depression as a risk

factor for the development of dementia in later life. The authors question whether or not depression alone causes dementia, or whether there are other factors involved in mental health that cause both depression and dementia. Another study from 2011 added that depressed elderly in long-term care with dementia physically declined more quickly than dementia patients without depression (Rapp et al., 2011). The results were unclear if the mental health condition of dementia or depression played more of a role in the physical decline.

2-3. Depression and Physical Functioning

Physical functioning can be measured in two ways – Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL). ADL are tasks essential for sustaining life such as the ability to walk, get dressed, or eat. IADL on the other hand are not essential for life, but are needed to be able to perform socially – i.e. managing money, arranging transportation, or using the telephone. Studies find that depression, ADL, and IADL are interrelated, although it is not clear if depression or disability comes first, as depression is a predictive factor for quicker physical decline in older adults. (Ormel et al., 2002; Wada et al., 2004; Luber, 2001),

A community-based study was conducted between 2000 and 2001 in four Japanese towns – Hokkaido, Shiga, Kyoto, and Mie Prefecture (Wada et al., 2004). This study had a high survey response rate of 75 percent, indicating the results should be a good representation of the population surveyed. 5,363 elderly (age 65+) completed the 65-item questionnaire, which measured ADL (activities of daily living), subjective QOL (quality of life), and GDS-15 (a depression questionnaire). Patients (subjectively) measured their perception on their independence in activities of daily living, quality of life, and depression on scales.

The study showed that 33.5% of community-dwelling older people had mild depression. These numbers were consistent across the four towns, showing that the depression seemed to be age-related as opposed to town-related. The questionnaire also revealed that ADL and QOL were related to depression. Those elderly who reported that they were depressed had lower ADL and QOL scores than those who were not depressed. Researchers concluded that it is important to identify and help community-dwelling elderly because of its relation to their ability to live in the community and quality of life.

Another large study conducted by Luber (2001), surveyed 3,481 elderly patients in New York. They found that elderly with depression had more frequent doctor visits, lab tests, scans, and consultations than those elderly without depression. It is likely that psychosomatic symptoms caused by depression decrease quality of life by giving elderly physical problems such as pain and digestive issues. These findings are significant for the elderly population because of physical functioning, and are also important for the general population, as this is likely one of the contributing factors to doctor’s office and emergency room overcrowding. It also stresses the importance of including mental health

as part of physical check-ups if possible, to prevent band-aiding more serious underlying problems.

Although results are inconclusive about the relationship between depression and disability, majority of research does suggest that depressive symptoms and suicide are very likely to increase soon after onset of a new disability or physical problem (Purcell et al., 1999; Ormel et al., 2002). It is plausible that the relationship between depression and physical functioning is cyclical, as physical disability causes depression, and depression causes further rapid decline. Overall, studies on physical functioning and depression all emphasize the importance of early intervention, which can be assisted via social support.

2-4. Social Support as a Coping Resource

There are a variety of coping strategies that people can use to deal with stressors in their lives. Social support is one of the most common strategies proven to benefit mental and physical health (Thoits, 2011; Umberson & Montez, 2010). Due to the epidemic of elderly depression and suicides in Japan, recent studies focus on causes and interventions to remedy the problem. One of the causes found for elderly depression and suicide was that elderly did not feel they were able to talk with others about their mental health issues (Ono et al., 2001).

To combat the problem of low social support for depressed elderly, many research studies and programs in Japan focus on social support as an intervention for depression in the elderly. Oyama et al. (2004) showed a dramatic decrease in elderly suicide rates in rural areas after hosting depression screenings, follow up therapy, and health education workshops for the community. Another longitudinal study done in an urban city of Japan observed the relationship between social support and depression and found it to be an important factor influencing depression development in later life (Koizumi et al., 2005).

Studies of older American also display the significant correlation between strong social support and lower levels of depression among older adults (Greenglass, 2006). A cross-cultural, cross-sectional study was conducted in 2002, comparing Japan and the United States to find the impact of different social support sources on depression in the elderly in both countries (Sugisawa et al., 2002). This study suggested that the spousal relationship had the largest impact on health of American elderly while the parental relationship was most influential for Japanese elderly.

Literature on family dynamics in Japanese and American elderly households differs in results. Some studies agree with Sugisawa (et al. 2002) in that social support from a spouse is the most influential relationship for good health because of the closeness of the spousal relationship (Okabayashi et al., 2004; Harris et al., 1998). Other studies disagree and find that the parental relationship between elderly and their children is the most significant to better health (Sugisawa et al., 2002). The relationship between generations can also be seen specifically in Hawaii as the state with the largest number of multigenerational homes in the United States (Lofquist, 2012).

A possible explanation for the difference in literature could be due to family structure differences. In the traditional Japanese role of a male, the father/husband figure is expected to be a breadwinner for the family while the mother/wife tends to the house and children (Williamson & Higo, 2007). In families with these roles, it is not unusual to find that men become depressed upon retirement as they do not fit into family life in the home since working was majority of their life (Sugihara et al., 2008). In fact, the highest suicide rates in Japan come from men of retirement age (NPA, 2014).

Many of the studies on family dynamic, social support, and depression have also discussed the currently changing value of family in Japanese culture. More frequently than before, children are moving out of parents' homes to live on their own (Sugisawa et al., 2002), and women are drifting away from the traditional housewife role by remaining single and not starting a family (Holloway, 2010). The culture of Japanese Americans in Hawaii cannot be described as entirely Japanese or entirely American, so impacts of the various sources of social support may or may not be different in Hawaii.

These studies described above show the cultural differences between Japan and the United States in terms of coping with depression and impacts of social support from the family structure. Healthcare providers should understand that not all families are the same, and that depression strategies that work for one group of people may not always work for another group or individual. Considering social support for Japanese elderly in Hawaii, it is important to look at long-term-care because the prior studies done on elderly and depression in Hawaii have excluded institutionalized persons. Social support within an institutionalized setting differs from the social support seniors would receive living independently or with family.

2-5. Research in Hawaii

Due to Hawaii’s unique culture, mainly a combination of American and Asian/Pacific cultures, it cannot be assumed that research from prior studies in places outside of Hawaii will have the same results in Hawaii. Therefore, more research needs to be done specific to Hawaii in the areas of depression and elderly population. There were a few studies published that covered the areas of depression and social support in the elderly in Hawaii.

In a study in Honolulu County published in 1999, researchers analyzed 96 elderly suicides that occurred between the years of 1987 and 1992 (Purcell et al., 1999). It was found that 46 percent of older adults who committed suicide had a current diagnosis of mental illness, the most prevalent of which was depression at 78 percent. The data also showed 78 percent of those who committed suicide had received a diagnosis of a new medical problem within 6 months of their suicide. Other studies outside of Hawaii note that most stressors elderly face are dealing with loss – physical, social, or economic (Manfredi, 1987). Therefore, it is imperative to research elderly in long-term care/healthcare settings in order to prevent depression and suicide after a new diagnosis of a medical problem.

Another study performed in 2006 by the Hawaii Behavioral Risk Factor Surveillance System, funded by the CDC (Salvail et al., 2007). The study was the first of its kind in Hawaii to measure anxiety and depression in the Hawaii population. Data was collected using interviewers trained to use the Computer Assisted Telephone Interview (CATI) program. The requirement to participate in the survey was to be 18 year or older, non-institutionalized, and have access to a landline phone. 5,840 people participated and completed the study. The questionnaire covered basic demographics, health, alcohol/smoking consumption, social/emotional support, and the PHQ-8 (depression screening) form.

There appear to be some issues with the way this study was conducted, due to the choice of sampling via landline phone in the year 2006. Additionally, the study claims that elderly are the "least depressed" "probably due in part to the fact that these adults have survived the challenges of living", which is an example of ageism in research. Although it is plausible to say that elderly are still around because they are 'survivors', elderly face a completely different set of problems than younger adults do and express stress/cope differently than younger adults (Manfredi, 1987).

The way the researchers sampled the population did not make for a good representation of the elderly population because it excluded those who live in institutional settings and grouped everyone 65+ into one group, when there should have been three separate groups from this population. There is also a question the soundness of the survey overall (not just elderly) because it limits the surveyed population to those who have a landline phone in 2006. It assumes that people with depression and anxiety would be willing to answer their phone, participate in a survey, and answer honestly about personal health issues.

Although there are many issues regarding validity of the survey for the older population, it was a good attempt to start research in this area in Hawaii. The researchers started off by stating that depression is a large problem in the United States and is considered a disability that affects people's ability to function and participate in the growth of the economy and social life of their communities. Depression is an important topic to research, and this study is a good base to work from to pursue further research.

A longitudinal study in 2002 focused on depressive symptoms and mortality in elderly Japanese-American men in Honolulu (Takeshita et al., 2002). This study started with pointing out that depression appears to come with aging, yet diagnosis and treatment of it is inadequate (at least in the United States). This research was significant because it was the first community-based study of an Asian population comparing depression and mortality. From 1991 to 1993, the Honolulu Heart Program collected depressive symptom data from 3,196 Japanese American men between the ages of 71-93 living in Hawaii. They also did two follow up studies to measure the mortality rates of those who were originally surveyed at three and six years after the original tests.

Participants in the survey filled out depressive symptom scales, wrote down their demographic data, brought in current medications, and took a few simple health tests. 9.9% (317 men) of the

participants were considered “depressed” according to the scale that they filled out. Overall between the two groups, the study found that participants with depressive symptoms had a higher mortality rate than those who were not. They also found that those who were depressed were most likely: not married, lower BMI, and lower blood pressure. They did not find any correlation with age, education, anti-depressant use, cancer, diabetes, etc.

This study was one of few pertaining to depression in older Japanese in Hawaii. Although it is only for the male population, it was a significant step towards further research in this area. What was especially good about this study was that they attempted to control for medications and health conditions, which is not very common in most research. Additionally, this study is continuing to produce more reports measuring longitudinal data of other variables in Hawaii's older adult population that may prove to be very useful for the baby boomer generation.

3. Research Methods

3-1. Study Design

This study aimed to examine the relationship between social support and depression among older Japanese in long-term care. The survey design was cross-sectional with mostly quantitative measures. The main independent variable (IV) measured was social support and the dependent variable (DV), depression. Other independent variables measured in this survey were: socio-demographic, cognitive ability, and physical functioning measured by ADL and IADL abilities.

3-2. Hypothesis

Based on previous literature, this study hypothesized that social support is significantly positively associated with depressive symptoms. Additionally, this study hypothesized that other factors such as cognitive and physical functioning may be related to social support and/or depression.

3-3. Sampling

Selection criteria for participants were Japanese, age 65+ and in long-term care. Participants for this cross-sectional survey were chosen through convenience sampling of long-term care. For the purposes of this study, long-term care was defined as: residential or day facility servicing anywhere from independent living through nursing level care, and willing to participate.

Independent living facilities are living communities in which older adults can live together (usually an apartment building type setting but with an age requirement). Some adults in independent living receive physical assistance and some do not, and most facilities offer activities for socialization. Care homes are usually smaller than assisted living/nursing facilities, but are similar in that the older adult lives at the care home, and receives physical assistance and opportunities for socialization.

Adult Day Health Care centers are similar to live-in facilities in that the elderly spend most of

their waking hours in a community setting receiving physical assistance. The difference is that those who participate in Adult Day Health Care go home every night, usually with family, and only attend the program in the day. Regardless of the differences between the programs and facilities surveyed, I believe that this study observing social support and depression should yield similar results across settings due to spending majority of time in a location with other non-related older adults in a social setting receiving physical care.

3-4. Survey Procedure

As stated earlier, there has not been much published research about long-term care in Hawaii. In the following sections on survey procedure, data analysis, and discussion, I will share some things learned about research in long-term care in Hawaii through the process of implementing the study. This new information about research procedures with elderly in long-term care can assist researchers in creating future studies with this population by identifying difficulties and improving upon them.

The study received original IRB approval in September 2013, and amendment approval to add on Adult Day Care and Day Health programs in January 2014. All survey materials including recruitment script, screening consent script, consent form, and survey scales (listed in Section 3.3) were translated from English into Japanese, back translated, and checked by students in the Social Work department to ensure appropriate language and word meaning. Since all forms were translated and checked for consistency, all participants who took the survey in Japanese received a uniform version of the interview rather than a rough translation (which could differ between surveyors).

Surveys were completed with the aid of trained surveyors. Surveyors were selected among BSW students at Myron B. Thompson School of Social Work There were 9 surveyors, 1 of which was bi-lingual in Japanese and English. Each was trained in either a group or individual session with the PI and adviser to go over the research study topic, process of administering the questionnaire, and some guidance for potential problems.

Long-term care facilities and programs on Oahu were contacted a minimum of two times each by phone and/or email in September 2013 through February 2014 using information from the Senior Information and Assistance Handbook 2012/2014 (Elderly Affairs Division, 2012) from the sections: Nursing Facilities (p.14-16), Retirement and Assisted Living Residences (p.17-18), and Adult Day Care and Day Health (p.34-37). ARCH (Adult Residential Care Homes) facilities with 20 or more beds were also contacted using the online list from the Office of Health Care Assurance (2014). Each facility received a copy of the thesis proposal, survey materials, and IRB approval prior to any surveying.

In total, the following were contacted on the island of Oahu: 27 nursing facilities, 9 retirement and assisted living residences, 25 adult day care and day health programs, and 8 ARCHes. The following participated: 5 nursing facilities, 3 retirement and assisted living residences, 2 Adult Day

Health Care programs, and 1 ARCH. Only 16% of facilities contacted participated in the study. Surveys were completed on-site at facilities between September 2013 and February 2014.

Each facility that participated was different in the process of contact, survey set up and execution. Some facilities required approval from a chain of command. Other facilities, usually the smaller ones, were able to give the go-ahead sooner after contact. Some facilities required family approval for each participant, while others did not as the participants were able to sign for themselves.

Approval and point persons at facilities ranged from social workers, administrators, directors of nursing, and activities coordinators. At some facilities, it was easier to have a pre-set schedule for the surveyors to come in, usually with the more independent participants. In other settings, it was more convenient to send in a surveyor for a set amount of time and meet with participants, as they were available, usually in more skilled nursing settings.

3-5. Measures

All willing participants were interviewed in person using a paper survey questionnaire in English or Japanese (whichever was most comfortable for the participant). There were 69 Japanese elderly interviewed. Each interview had 6 parts, consisting of 136 questions in total, and estimated time taken for each interview was about 30-45 minutes.

3-5-1. Depression

GDS-15 is commonly used to measure depression specifically for use with the elderly population. Depression can be shown in a variety of ways, from sleepiness to agitation, so many depression scales do not ask just about someone's perception of mood, but also about physical manifestations of mood issues. This scale consists of 15 yes/no questions, and is good for elderly, including those who have difficulty understanding complex questions such as Likert scales (Greenberg, 2012). Some statements are phrased positively, and some negatively, to prevent a tendency for participants to completely agree or disagree. The GDS-15 was accepted by many previous studies (Iwamasa, Hilliard, & Kost, 2008; Morimoto et al., 2003; Umegaki et al., 2008; Wada et al., 2004).

3-5-2. Social Support

MOSS-E is short for "Measurement of Social Support in the Elderly". This scale separates social support into three categories: instrumental support, emotional support, and providing support. Instrumental support comes from others assisting with physical needs such as cooking and cleaning. Emotional support assists emotions and mental health. There are also questions about providing support to others, as that is important in social support as well. The MOSS-E scale was tested and accepted by previous studies on the Japanese population (Harada et al., 2001; Sakihara et al., 2000; Shima et al., 1985; Takizawa et al., 2006).

3-5-3. Cognitive Function

Part two, the MMSE, measures cognitive functioning on a 30-point scale. Questions ask about orientation to time, person, and place. It also tests ability to follow-multi-step instructions, write, and memorize words. Lower points indicate dementia or some other type of cognitive disability (Kurlowicz & Wallace, 1999). The MMSE was specifically tested for validity in the Japanese elderly population by previous studies (Gondo et al., 2006; Ikeda et al., 2001; Maki et al., 2000; Naramura et al., 1999).

3-5-4. Physical Function

ADL stands for “Activities of Daily Living”. ADLs are physical abilities that are necessary for someone to do to sustain life. The Katz Index of Independence in ADLs is a 6-point questionnaire that asks about physical ability/independence in bathing, dressing, toileting, transferring, continence, and feeding. Previous studies on Japanese populations used Katz ADL and showed the scale was accepted (Ishizaki et al., 2006; Koyano et al., 1986; Miura et al., 1998).

IADL, not to be confused with ADL, stands for “Instrumental Activities of Daily Living”. IADLs are physical abilities that are not necessary for someone to sustain life, but are necessary for social functioning. Lawson’s IADL is an 8-point questionnaire that asks about ability to use the telephone, shop, cook, clean, launder clothing, use transportation, take medications, and handle finances. It was found that Lawson’s IADL was used in previous studies on the Japanese population (Fujiwara et al., 2003; Ishizaki et al., 2006; Koyano et al., 1988).

3-5-5. Socio-demographic Variables

The socio-demographic information started with gender (0=male, 1=female), age, and marital status (0=single/divorced/widowed/separated, 1=married). Then, it asked culture questions regarding percentage of Japanese ancestry, generation (0=1st generation/immigrant, 1=2nd generation, etc.), length of time living in Hawaii, and primary language. The third group of questions measured socio-economic status – highest level of education completed (0=less than high school, 1=high school, 2=college, 3=graduate), occupation prior to retirement, and current monthly income (including retirement, social security, etc.).

There was also a question about religious affiliation. Religion was the only qualitative measure in the study and was not used in the bivariate or multivariate analyses. Lastly, participants were asked about their length of stay in the current facility/program measured in months.

3-6. Analysis

Data was input from paper survey to Excel spreadsheet and checked to ensure proper data entry.

Then, the research data was analyzed for descriptive statistics, and bivariate and hierarchical regression analyses using STATA/SE for Mac version 12.1. The hierarchical regression analysis created four models introducing independent variables in the following steps: (1) socio-demographic, (2) cognitive, (3) physical, and (4) social support.

4. Results

This section displays the results of the three kind of analyses performed on the variables measured. The first portion will show the characteristics of the sampled population as well as data gathered from scales regarding mental and physical functioning, social support, and depression. Next will be a table of the bivariate analysis of the data between two variables. A section follows this on hierarchical regression analysis of the data, showing the relationship between multiple variables.

4-1. Descriptive Statistics

4-1-1. Characteristics of the Sample

A total of 69 older Japanese adults from the island of Oahu in long-term care participated in the study. Table 1 shows the demographic variables measured from the sample. The average age of participants was 87 years old with a standard deviation of 6.54, meaning majority of participants were in the old old (75-85) or oldest old (85+) category of age. Three out of four participants were female (75.36%). Seventy percent of participants were married while 30 percent were unmarried, widowed or divorced.

Income averaged to $2,800 per month with a large standard deviation of $3,106. The n for income was 29 out of 69 because the 32 stated that they did not know their monthly income, and 8 declined to answer or were not specific numerically. The larger portion of the sample had a high school diploma/GED (45.59%), or undergraduate degree (30.88%). Religious affiliation differed with majority associating with Christian/Protestant (37.5%), Buddhism/Shinto (32.81%), or no affiliation (20.31%). There was a large range of time spent in facility/program, as the average was approximately 3 years with a standard deviation of about 4 years, and a range of 1 month to 20 years. The high end of the range, 20 years, is feasible considering the sample age ranged from 68 to 103.

Table 1 Characteristics of the Sample

Variable	**N**	**Percentage**
Age	N=69	
Range	68-103	
Mean (SD)	86.57 (6.54)	
Youngest old (65-74)	3	4.35
Old old (75-84)	17	24.64

Oldest old (85+)	49	71.01
Gender	N=69	
Male	17	24.64
Female	52	75.36
Marital Status	N=69	
Single (unmarried, widowed, or divorced)	21	30.43
Married	48	69.57
Monthly Income	N=29	42.02
Don’t know	N=32	46.38
Declined answer/not specific	N=8	11.59
Range	0-14,000	
Mean (SD)	2,800 (3,106)	
Education	N=68	
Less than High School	7	10.29
High School diploma/GED	31	45.59
Undergraduate degree	21	30.88
Graduate degree	9	13.24
Religion	N=64	
No affiliation	13	20.31
Christian/Protestant	24	37.50
Catholic	2	3.13
Buddhism/Shinto	21	32.81
Mix Christian/Buddhist	4	6.25
Months in facility/program	N=62	
Range	1 mo – 20 yrs	
Mean (SD)	35 mo. (47.70)	

4-1-2. Cognitive Functioning

Cognitive functioning was measured using the MMSE. The range of scores on the MMSE was 10-30 out of a possible 30 points, and the mean was 25 with a standard deviation of 4.74 meaning majority of participants fell into the "normal" cognition range.

Table 2 Cognitive Functioning

Variable	**N**	**Percentage**
Cognitive Functioning (MMSE)	N=69	

Range	10-30
Mean (SD)	25 (4.74)

4-1-3. Physical Functioning

Two aspects of physical functioning were measured using the Katz ADL and Lawson IADL scales. The results of ADL are listed in Table 3 below, with the detailed data from each scale arranged in order of least able to most able. The Activities of Daily Living mean was 5.22 (maximum score of 6) with a standard deviation of 1.48, indicating that most participants had high physical functioning. Feeding was the only ADL that all participants indicated ability to do (mean = 1, SD = 0).

IADL was reported in Table 4 below, with abilities ordered from least to most able to do. Instrumental Activities of Daily Living averaged 5.45 (out of 8) with a standard deviation of 2.42, indicating that there was a wide range of IADL in the population sampled. There was no IADL variable measured that all participants were able or unable to do.

Table 3 Physical Functioning – Activities of Daily Living (ADL)

Variable	**N**	**Percentage**
Katz Activities of Daily Living (ADL)	N=69	
Range	1-6	
Mean (SD)	5.22 (1.48)	
Bathing		
Range	0-1	
Mean (SD)	0.78 (0.42)	
Transferring		
Range	0-1	
Mean (SD)	0.81 (0.39)	
Toileting		
Range	0-1	
Mean (SD)	0.84 (0.37)	
Dressing		
Range	0-1	
Mean (SD)	0.85 (0.35)	
Continence		
Range	0-1	
Mean (SD)	0.93 (0.39)	

Feeding	
Range	0-1
Mean (SD)	1 (0)

Table 4 Physical Functioning – Instrumental Activities of Daily Living (IADL)

Variable	**N**	**Percentage**
Lawson Instrumental Activities of Daily Living (IADL)	N=69	
Range	0-8	
Mean (SD)	5.45 (2.42)	
Food preparation		
Range	0-1	
Mean (SD)	0.42 (0.50)	
Laundry		
Range	0-1	
Mean (SD)	0.52 (0.50)	
Shopping		
Range	0-1	
Mean (SD)	0.54 (0.50)	
Housekeeping		
Range	0-1	
Mean (SD)	0.67 (0.47)	
Responsibility for medications		
Range	0-1	
Mean (SD)	0.72 (0.45)	
Ability to handle finances		
Range	0-1	
Mean (SD)	0.75 (0.43)	
Mode of transportation		
Range	0-1	
Mean (SD)	0.90 (0.30)	
Ability to use telephone		
Range	0-1	
Mean (SD)	0.93 (0.26)	

4-1-4. Social Support

The Measurement of Social Support in the Elderly (MOSS-E) scale measures social support in three categories: instrumental support, emotional support, and providing support. Table 5 shows the results of the ten questions asked, broken down by type of social support. Overall social support was moderate with a mean of 7.68 out of 10 points. Social support is highest in the category of emotional support with a mean of 2.72 out of possible 3 points, and lowest for providing support with a mean of 1.53 out of 3 points. Specific questions are listed under each category of social support, listed from least to most support.

Table 5 Social Support

Variable	**N**	**Percentage**
Total Support (IS + ES + PS)	N=68	
Range	0-10	
Mean (SD)	7.68 (2.28)	
Instrumental Support (IS)	N=68	
Range	0-3	
Mean (SD)	2.72 (0.83)	
Someone to help with cooking and shopping		
Range	0-1	
Mean (SD)	0.90 (0.31)	
Someone to help with gardening, cleaning, washing		
Range	0-1	
Mean (SD)	0.91 (0.29)	
Someone to help with other chores		
Range	0-1	
Mean (SD)	0.91 (0.29)	
Emotional Support (ES)	N=68	
Range	0-4	
Mean (SD)	3.43 (1.07)	
Someone who cares for you when you are in difficulty		
Range	0-1	
Mean (SD)	0.81 (0.40)	
Someone to talk to when you are worried		
Range	0-1	
Mean (SD)	0.87 (0.29)	
Someone who encourages you when you feel depressed		
Range	0-1	

Mean (SD)	0.82 (0.38)
Someone concerned about your welfare	
Range	0-1
Mean (SD)	0.93 (0.26)
Providing Support (PS)	N=68
Range	0-3
Mean (SD)	1.53 (1.17)
Someone you help or do housework for	
Range	0-1
Mean (SD)	0.54 (0.50)
Someone you shop for or help	
Range	0-1
Mean (SD)	0.51 (0.50)
When your friend is sick, do you care for them	
Range	0-1
Mean (SD)	0.46 (0.50)

4-1-5. Depression

Depression was measured using the GDS-15 questionnaire. Majority (75%) of the elderly surveyed did not have depression, as the mean score of 2.97 falls into the “normal”, no depression category. However, approximately one of every four people surveyed showed signs of at least mild depression (24.64%). In Table 6, the results from each of the GDS questions are ranked according to prevalence of depressive symptom (0=not depressive, 1=depressive).

Table 6 Depression

Variable	**N**	**Percentage**
Depression	N=69	
Range	0-14	
Mean (SD)	2.97 (3.13)	
Normal (0-4)	52	75.36
Mild depression (5-8)	11	15.94
Moderate depression (9-11)	5	7.25
Severe depression (12-15)	1	1.45
Do you prefer to stay at home, rather than go out?		
Range	0-1	

Mean (SD)	0.42 (0.50)
Have you dropped many of your activities/interests?	
Range	0-1
Mean (SD)	0.35 (0.28)
Do you feel full of energy?	
Range	0-1
Mean (SD)	0.28 (0.45)
Do you feel that your life is empty?	
Range	0-1
Mean (SD)	0.25 (0.43)
Do you feel worthless the way you are now?	
Range	0-1
Mean (SD)	0.25 (0.43)
Do you think most people are better off than you are?	
Range	0-1
Mean (SD)	0.23 (0.43)
Do you often get bored?	
Range	0-1
Mean (SD)	0.20 (0.41)
Do you feel helpless?	
Range	0-1
Mean (SD)	0.20 (0.41)
Do you feel you have more memory problems than most?	
Range	0-1
Mean (SD)	0.17 (0.38)
Are you in good spirits most of the time?	
Range	0-1
Mean (SD)	0.14 (0.35)
Are you afraid something bad will happen to you?	
Range	0-1
Mean (SD)	0.13 (0.34)
Do you feel that your situation is hopeless?	
Range	0-1
Mean (SD)	0.12 (0.32)
Do you think it is wonderful to be alive now?	
Range	0-1

Mean (SD)	0.10 (0.31)
Do you feel happy most of the time?	
Range	0-1
Mean (SD)	0.08 (0.26)
Are you basically satisfied with your life?	
Range	0-1
Mean (SD)	0.07 (0.26)

4-2. Bivariate Analyses

Table 6 displays a bivariate analysis between the variables measured in this study using STATA/SE 12.1. The bivariate analysis shows the relationship between two variables. Looking at the main variables studied, social support and depression were negatively correlated and significant with a p value of less than .05. This means that the less social support a person has, the more depressive symptoms they reported.

Other factors very significantly correlated with depression (p value <.01) were: education, cognitive functioning (MMSE), ADL, and IADL. Meaning, those with higher education, higher cognitive functioning, and higher physical functioning from ADL and IADLs were less likely to be depressed. Additionally, the qualities of individuals most likely to have higher social support were: more educated ($p<0.01$), younger ($p<0.05$), higher cognitive functioning ($p<0.05$), and higher physical functioning in ADL and IADLs ($p<0.05$).

There were several other factors shown to be significantly correlated that were not related to social support and depression in this analysis. Younger age and higher education, younger age and higher cognitive functioning (MMSE), younger age and increased IADL ability, higher education and higher cognitive functioning (MMSE), and higher ADL and higher IADL were all very significantly correlated (p value <.01). Gender (maleness) and higher income as well as higher cognitive functioning (MMSE) and higher ADL were also correlated (p value <.05).

Table 7 Bivariate Analysis (N=69)

	1	2	3	4	5	6	7	8	9	10
1. Age	1									
2. Gender	0.0757									
3. Marital status	0.0964	0.0604								

4. Income	-0.2947	-0.4064*	0.1113							
5. Ed	-0.3440**	-0.1827	0.0331	0.2744						
6. Mo @ Prog.	-0.0783	-0.1715	-0.0110	0.1660	0.0442					
7. MMSE	-0.3759**	0.1573	0.0670	0.2544	0.5593**	-0.0391				
8. ADL	-0.2083	0.0615	-0.0307	0.1841	0.0755	-0.0287	0.2510*			
9. IADL	-0.3216**	-0.0051	0.0974	0.2925	0.1728	0.1178	0.1165	0.7251**		
10. Total SS	-0.2561*	0.0226	0.1016	-0.0899	0.3441**	-0.1986	0.2452*	0.2784*	0.2439*	
11. GDS	0.0777	-0.0270	-0.0264	-0.3582	-0.4657**	0.0161	-0.5109**	-0.3216**	-0.4114**	-0.2590*

$p<0.05$ * $p<0.01$**

4-3. Hierarchical Regression Analysis

A hierarchical regression analysis was performed to observe the effects of social support and other independent variables on depression. The hierarchical regression analysis shows the effects of multiple independent variables on the dependent variable. All variables were tested for multicollinearity. Variables that explain depressive symptoms in older Japanese in long-term care were evaluated in four steps: (1) Socio-demographic, (2) cognitive, (3) physical, and (4) social support. The analysis found social support to be significantly correlated with depression.

In Model 1, depression was the dependent variable and independent variables were socio-demographic variables: gender, age, marital status, generation, and months at facility/program. The socio-demographic variables measured in Model 1 accounted for 4% of the total variance. In this model, no variables were found to be statistically significant. Model 2 added the cognitive functioning MMSE variable, adding 21% to the explained variance. Model 2 suggested that cognitive functioning (β =-0.49, $p<0.01$) was significantly correlated with depression.

Model 3 added physical functioning through the physical ADL and IADL scales, adding another 6% of explained variance. Cognitive functioning (β=-0.37, p<0.01) remained significant. Lastly, Model 4 included the MOSS-E scale totals to represent social support, adding an additional 6% to explained variance. Model 4, including socio-demographic, cognitive, physical, and social support variables explained a total of 36% (p<0.01) of the variance in depressive symptoms. Cognitive functioning (β=-0.30, p<0.05), IADL (β=-0.41, p<0.05), and social support (β=-0.27, p<0.05) were all correlated with depressive symptoms. This affirms the hypothesis that social support and other variables correlate with depression.

Table 8 Hierarchical Regression: Correlation of Variables with Depression (N=59)

Variable		Model 1		Model 2	
		Beta (B)	T-value	Beta (B)	T-value
Socio-demographic variables	Gender	0.13(.87)	0.97	0.18(1.19)	1.48
	Age	0.03(.01)	0.19	-0.14(-.06)	-1.05
	Marital Status	-0.10(-.62)	-0.13	0.02(-.15)	-0.20
	Generation	-0.09(-.44)	-0.63	-0.07(-.37)	-0.59
	Mo. at facility	-0.06(-.00)	-0.42	-0.04(-.00)	-0.35
Cognitive	MMSE			-0.49(-.33)	-3.80**
Physical	ADL				
	IADL				
Social Support	MOSS-E Totals				
Model Fit Index	Constant	2.82	1.71	8.60	4.05
	R^2 (Adj.R^2)	0.04		0.25(.21)	
	F	F(5/54)=0.44		F(6/53)=2.87*	

p<0.05* p<0.01**

(Continued) Table 8 Hierarchical Regression: Correlation of Variables with Depression (N=59)

Variable		Model 3		Model 4	
		Beta (B)	T-value	Beta (B)	T-value
Socio-demographic variables	Gender	0.15(.99)	1.23	0.10(.68)	0.88
	Age	-0.18(-.08)	-1.36	-0.25(-.12)	-1.97

	Marital Status	-0.01(-.03)	-0.04	-0.02(-.11)	-0.15
	Generation	-0.11(-.55)	-0.89	-0.11(-.53)	-0.89
	Mo. at facility	0.02(.00)	0.14	-0.02(-.00)	-0.16
Cognitive	MMSE	-0.37(-.25)	-2.70**	-0.30(-.21)	-2.25*
Physical	ADL	0.20(.42)	1.11	0.28(.62)	1.63
	IADL	-0.39(-.47)	-1.99	-0.41(-.50)	-2.15*
Social Support	MOSS-E Totals			-0.27(-.40)	-2.24*
Model Fit Index	Constant	8.77	3.46	11.46	4.10
	R^2 (Adj.R^2)	0.30(.06)		0.36(.06)	
	F	F(8/51)=2.76*		F(9/49)=3.12**	

$p<0.05$* $p<0.01$**

5. Discussion and Implications

The goal of this study was to observe the effects of social support on depression in elderly Japanese in long-term care in Hawaii. As anticipated, social support and depression were found to correlate significantly in both the bivariate ($p<0.05$) and multivariate ($p<0.05$) analyses. Additionally, the multivariate analysis showed that taking into account socio-demographic, cognitive, physical, and social support variables, that cognitive functioning, physical functioning (IADL) and social support were all correlated with depressive symptoms.

This discussion section will further analyze the relationship between these three variables and depression, explore possible reasons for the results, identify how it relates to the previous literature in this research area, and discuss the implications for long-term care. Since this study surveyed those in long-term care, the focus of the implications of the results will be directed towards the long-term care setting.

5-1. Social Support and Depression

The bivariate analysis between social support and depression showed a negative relationship with $p<0.05$, indicating significance. The multivariate analysis also showed a negative relationship and $p<0.05$. This means that social support and depression are significantly correlated, and those with more social support are likely to have less depressive symptoms. Looking more in depth at the social support variable, scores were high for the categories of instrumental support and emotional support, but low for providing support. This suggests that the group of elderly surveyed could get emotional and instrumental support when needed, but had difficulty in providing assistance to others.

The results of the GDS-15 depression questionnaire add to the importance of thinking about providing support. Four of the five most common depression statements were: 42 percent "preferred to stay at home, rather than go out," 35 percent "dropped many of their activities/interests," 25 percent

"felt their life was empty," and 25 percent "felt worthless the way they are now". These four depression questionnaire statements demonstrate that older adults in long-term care under the “depressed” category may be depressed because they do not feel self-worth.

One cultural aspect to consider when thinking about self-worth, social support, and depression in older adults is the implication of retirement. In both Japanese and American cultures, work is central to life up until retirement age, upon which some individuals struggle to find purpose in life after work (Muslin, 2013; Sugihara et al., 2008). For those older adults with low social support and low participation in social and group activities, it is understandable that they may feel little self-worth.

To add to this issue, long-term care can have an alienating effect on older adults from their family and friends. Long-term care is linked to decreased autonomy (heteronomy) because the environment is most beneficial to healthcare, but not always to social and emotional care (Agich, 2003; Kane, 2001). Studies on the long-term care setting emphasize that facilities should attempt to create a home-like feeling rather than a hospital if possible by adopting more holistic approaches to care in providing things like activities and customizable living space (Cooney, 2010).

When transitioning to long-term care from home, many older adults need assistance adjusting to the new setting away from friends and family and having more limited options than before (Castle, 2001; Chao et al., 2008). Due to this change in social support, physical incapability, and heteronomy, long-term care participants are at an increased risk of depression than those living in community settings (Jongenelis, et al., 2004). Although support from outside friends and family is beneficial, support can also come from staff and other older adults in long-term care (Fessman & Lester, 2000), which shows the importance of a proactive transition experience and group activities.

These findings about social support and depression concur with previous research that suggests social support in long-term care is beneficial to mental health. Additionally, the findings support that social activities have more impact than solitary activities on depressive symptoms and overall physical well-being in older adults (Menec, 2002). Therefore, long-term care programs should attempt to provide social contact through group activities rather than individual solitary activities if possible, and take a holistic approach to providing care. Future studies should also focus on the sources of social support in older adults to identify the key relationships that influence depressive symptoms in long-term care.

5-2. IADL and Depression

The bivariate analysis between IADL and depression were strongly negatively correlated ($p<0.01$). The multivariate yielded similar results with a negative correlation and $p<0.05$. This suggests that those with higher IADL functioning have lower levels of depression. The descriptive statistics of IADL showed a large range of ability: 0-8 on a scale of 8, with a mean of 5.45 and SD of 2.42. The large range shows that some older adults were able to do all IADLs while others could not

do any.

The data collected on Instrumental Activities of Daily Living may be related to the low score of providing support and depression questionnaire statements discussed in the previous section, as older adults choose not to or are unable to perform social tasks such as providing support to others. Most participants had high physical functioning as shown by the average score of 5.22 out of 6 on the Activities of Daily Living scale, but Instrumental Activities of Daily Living was only an average of 5.48 on a scale of 8. If an adult has high levels of physical functioning, they should be able to do IADLs such as using the telephone or light housekeeping. However, this sample shows that although most participants had the ability to function physically, they were unable to perform some social activities.

The data implies there could be another variable impacting the sampled elderly population's perceived ability or motivation to perform socially, as they have proven they can perform general physical tasks. One possible explanation is that long-term care is not conducive to older adults providing support to others and being active participants in a community. Future studies should research if there are differences between elderly in institutional or program settings and those who live independently in the community to see if living situation has an impact on social performance, and if providing support and social performance influences depressive symptoms.

The results found regarding the negative relationship between IADL and depression agrees with previous literature (Kiosses & Alexopoulos, 2005). A study from 2002 found that the relationship between physical function and depression was cyclical with IADL/ADL influencing depression more than depression influencing ADL/IADL (Ormel et al., 2002). Considering the results found in this study that suggest a relationship between IADL and depression with the study on the cyclical relationship, it is key to maximize physical function in the long-term care setting to prevent or lessen the effects of depression.

5-3. Cognitive Functioning and Depression

Lastly, cognitive functioning and depression were negatively correlated in both the bivariate and multivariate analyses. The bivariate analysis displayed a significance of $p<0.01$ and multivariate of $p<0.05$. Majority of participants fell into the "normal" cognition range on the MMSE questionnaire with a mean score of 25 and SD of 4.74. The negative relationship between cognition and depression indicates that those with higher cognitive functioning have less symptoms of depression.

One possible reason for this correlation is the cyclical relationship that appears between physical and cognitive functioning with depressive symptoms. As described earlier, many older adults deal with loss, and loss of any function can cause depressive symptoms, in turn causing further decline. In order to prevent the cycle from causing further harm to older adults, long-term care programs and members of the older person's social network should attempt to provide support and encouragement

during times of difficulty.

This ties into the self-worth concept discussed in the social support and IADL sections because depressed elderly may become complacent with the heteronomous lifestyle provided in long-term care, and stop trying to take on new challenges. Research has identified that older adults need to continue "training" their brains in order to prevent dementia and cognitive decline, which includes participation in social activities such as playing board games and learning new skills (Verghese, et al., 2003; Winningham, 2011). Therefore, if elderly do not participate in social activities or challenge themselves mentally, they are at risk of cognitive decline and depressive symptoms.

Not much previous research has been done specifically in the area of cognitive function and depression in older adults, as shown in Section 2.2 of this paper. However, the results found in this study are similar to those found in Byers and Yaffe (2011) and Rapp et al. (2011) in that a correlation was found when looking at cognitive functioning and depression. These two studies both suggest that depression causes mental and physical decline, implying that depression should be prevented to promote better quality of life. Future studies should attempt to identify if this casual relationship found in previous studies applies to older adults in Hawaii and in long-term care.

6. Limitations and Recommendations

One of the limitations to this study was the difficulty that came along with surveying elderly participants in a long-term care setting. As stated earlier in the paper, each facility and program was contacted a minimum of two times by phone and/or email, but only 16 percent agreed to participate in the study. Many of the facilities and programs contacted did not return phone calls and/or emails. However, the few that did respond but chose not to participate gave at least one of the following reasons: do not have any participants that qualify due to advanced dementia, already involved in other research studies, and/or could not obtain approval from facility for participation.

Nearly every program that participated in the study had similar remarks about the participant qualifications. Many would say something as: "Japanese and elderly, no problem, but dementia..." This explains why even though 11 programs participated, there were only 69 participants. Although this study was low risk and majority of the scales were actually created to be able to work with elderly with some degree of cognitive decline, elderly with dementia were excluded from this study because it would be unethical to survey adults who may not understand what they are agreeing to with participation. Future studies that include elderly in the long-term care setting should think about ways to encourage participation from facilities and how to deal with the high percentage of adults with a diagnosis of dementia or other cognitive and physical restrictions.

It should also be noted that there was a possibility of selection bias caused by facilities and participants. Facilities had the choice of who to ask to participate, that was not completely regulated. Although it was requested to interview all participants over the age of 65, Japanese, and without severe

disability, it was ultimately up to the facility in how to approach residents with the proposed survey. It is possible that facilities could have excluded those with depression and/or only reached out to those who regularly participate in activities. Potential participants may have also biased the data, as those who declined participation may have done so due to the topic being research in the study.

Another limitation of this study was that there was no control for medications, substances, and diagnoses other than dementia. Many elderly, especially those in the long-term care setting, take a handful or more of pills each day for a variety of diagnoses. This issue will become more important in future studies as literature suggests that the baby boomer generation is even more likely than the current elderly to use prescription medications or alcohol to solve their problems (Gfroerer et al., 2003). Although it is difficult to measure or control for the effects of medications, substances, and diagnoses, future studies should take this into consideration when surveying elderly.

Another limitation associated with elderly in long-term care is the measurement of "income" or other socio-economic-status (SES) variables. A little under a half of participants (29/69) were able to answer the question regarding monthly income. The survey interviewers documented that participants (32 out of 69) who did not answer the question of monthly income on the survey did not due to the fact that they did not know.

I speculate from my experience working with elderly in Hawaii that income or SES are not easy variables to measure because of the complexity of financial factors in old age. Elderly, especially those in long-term care can have a variety of income, benefit, and welfare sources including retirement, investments, Medicaid, Medicare, Social Security Disability Insurance, private long-term care insurance and more. Additionally, some share resources and income with their children – the elderly could pay for their children's needs, or the children could pay for the elderly's needs.

On the opposite end of income, elderly also have many costs to cover such as medications and physical care services. The Long Term Care Commission report (2012) gives a detailed explanation of the costs of growing older in Hawaii, one of the most costly being long-term care at an average of $11,071 per month for nursing home services. If a senior in long-term care is on Medicaid due to low savings, their entire income goes to payment for their care each month and they keep only $50 per month for personal expenses like clothes. So, if a senior is on Medicaid, is their "income" the income that they normally receive that goes entirely to long-term care or is it the $50 per month stipend they collect from Medicaid? This gives one possible explanation why older adults may not have been sure how to answer the question about income. In the future, surveyor training should include education on the Medicaid system to be able to clarify this question for participants.

A further example of the difficulty of measuring socio-economic status is: an elderly person in long-term care could be low income and qualify for Medicaid to cover long-term care costs, but their children still provide items like new clothing, cable T.V. service, phone service, etc. that the elderly could not afford on their own $50 per month. Therefore, they do not truly live a "low-income" lifestyle.

As seen in these examples, when someone asks an older adult what their income or perceived SES is, it seems understandable that they may not be able to provide a definite answer. Future studies should attempt to find a proper measure for income/SES in the elderly population, especially in areas such as Hawaii where multi-generational households and sharing assets/income are commonly accepted practices.

Lastly, this study topic could be improved upon by making it longitudinal and larger scale. By expanding the population to include "Asian Americans" in Hawaii or including Japanese American elderly in the mainland, the results may be clearer than what was found in this study, since it had a small sample size. Additionally, because this study was cross-sectional, results show correlation, but not causation. This research topic could benefit from longitudinal study design.

7. Conclusion

Despite some limitations, this study showed that social support is correlated with depressive symptoms in older Japanese in long-term care. Other factors also related to depression were cognitive functioning (MMSE), and IADL. This study was also able to document the difficulties of surveying elderly in long-term care in Hawaii as well as provide guidance for areas that need continued study, in order to support researchers planning to survey similar populations in the future.

Due to the study findings, long-term care should emphasize social support in their programs by promoting group activities, and attempt to maximize IADL and cognitive functioning. Generally, the purpose of long-term care is to attend to the physical needs of older adults, but many programs and facilities already provide additional services such as activities and counseling for the elderly to care for their social and emotional aspects as well. The research findings from this exploratory study advocate that social and emotional supports are an essential part to good health and well-being in all long-term care settings. The focus of long-term care facilities should be to help older adults love life, and not just to live it.

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Diverse Types of the Earner-Carer Model – Proposing a New Theoretical Framework for Comparative Family Policy.

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1. Introduction

The rapid increase in women's employment and the emergence of new social needs and risks has been moving family policy to the centre stage of welfare policy debate. Against this backdrop, Earner-Carer (E-C) societies, where both women and men are encouraged to combine employment and caring activities, have widely been accepted as a normative direction within the European Union (EU) since the idea was put forward in the late 1990s. Among academics, the E-C model has also been popular. However, despite its prevalence as a conceptual term, some weaknesses remain when used as an analytical tool for comparative family policy research.

As will be reviewed below, Sainsbury (1999) and Gornick and Meyers (2008) have developed a blueprint for the E-C model in the light of institutional arrangements across several policy areas. But neither of them presented more than one type of policy package that could realise such a society. This provokes the question, is this an only and universal policy package, which can or should be applied to any countries that seek to move towards becoming an E-C society?

Given this question as a point of departure, this article argues for potentially diverse types of policy packages that would attain E-C model. The next section provides a brief overview of the definition of the E-C model and theoretical developments about it, with particular emphasis on the model as an analytical tool for comparative policy research. In section 3, a new theoretical framework is proposed, along with three ideal types of policy packages: 'continuous career/public care', 'intermittent career/family care' and 'flexible career/mixed care'. Afterwards, in section 4, the framework is applied to an empirical study of comparative family policy in the European context. Six countries – Finland, France, Germany, the Netherlands, Sweden and the UK[1] – are the focus of the analysis. Based on the results, section 5 explores the validity of the framework, focusing on the relationship between policy and outcome. Finally, in section 6, some additional values to suggesting the diverse types of E-C model are highlighted, which leads to the conclusion.

2. Theoretical framework

First, the definition of the E-C model needs to be clarified. Drawing largely on the literature, here I define it as institutional arrangements or policy packages that would enable both women and men to combine employment and caregiving activities. In one of the earliest works on the E-C society, Nancy Fraser (1994)[2] discussed it as a normative model for postindustrial welfare states, although in

a purely theoretical and political manner, stating that it was a sort of ‘utopia’. Even so, the distinctive characteristics of the E-C model were articulated: (i) it considers not only women but also men as important agents with a view to gender equality; (ii) it underscores the importance of sharing and reconciling care work between various actors in civil society; and hence (iii) this model could transcend the long-established binary opposition between ‘equality as sameness’ and ‘equality as difference’.

In the subsequent academic research, the E-C model has mainly been discussed in terms of the following three approaches. First, it has been used merely as a conceptual term. In this approach, the E-C model is often used to describe Scandinavian social and family policies (Ellingsæter 2014; Ellingsæter and Leira 2006; Eydal and Rostgaard 2011). Second, it is also used as a theoretical framework for empirical comparative study of single policies, including cross-national comparisons of parental leave or childcare services (Ciccia and Bleijenbergh 2014; Ciccia and Verloo 2012). Third, the E-C model has been discussed in relation to policy package. This is a more holistic approach that draws attention to policy designs across several policy areas, such as tax and social security systems, parental leave, childcare services and labour market policies, and goes on to specify a policy package that would realise the E-C model (Sainsbury 1999; Gornick and Meyers 2003, 2008). This third approach has contributed significantly to the development of the E-C model in two ways. First, these works clarified that the E-C society could not be attained by a single policy. Second, the purely theoretical concept of the E-C model was made more concrete by presenting a blueprint for an E-C policy package. We shall now look at the above two works more closely.

Within the rising tide of feminist critiques of mainstream welfare state research, Sainsbury (1999) developed an analytical framework to unveil gender regimes in social policy. The three ideal types – ‘male breadwinner’, ‘separate gender roles’ and ‘individual earner-carer’ regimes – were specified and applied to compare the policy arrangements of four Nordic countries (Denmark, Finland, Norway and Sweden) around 1980. As a result, some key features of policy arrangements that would support the individual earner-carer regime were identified: (i) individual based tax and social security systems; (ii) entitlements based on citizenship or residence (both sexes are entitled to work-related and care-related benefits); (iii) state responsibility for caring tasks in a society; and (iv) gender equality in access to paid work.

Gornick and Meyers (2003) also illustrated institutional arrangements that would support the ‘dual-earner/dual-caregiver’ society. Subsequently, a more concrete blueprint for a policy package was presented, drawing on six European countries (Denmark, Finland, Norway, Sweden, Belgium and France) as exemplars. The suggested policy package includes: (i) generous paid family leaves with individual entitlements given to each parent; (ii) regulations in the labour market to limit long full-time working hours and to improve availability and fairness of part-time work; and (iii) publicly financed, affordable and high-quality Early Childhood Education and Care (ECEC) services with

universal entitlements for all children (Gornick and Meyers 2008).

These works are certainly valuable as comprehensive discussions in terms of the E-C model and concrete policies have been surprisingly limited. However, this article claims that there is a significant drawback common to these works. In both Sainsbury (1999) and Gornick and Meyers (2008), only one ideal type of the E-C model is presented; therefore, potentially diverse ways of approaching the E-C model have not been sufficiently explored. This has twofold disadvantages, especially when applied to empirical research.

Firstly, an empirical comparative study based on one ideal type would result in a 'league table' of countries. In other words, some countries would be seen as 'leaders' and others as 'laggards'. Some East Asian countries, with strong 'familism' traditions, would always be seen as 'laggards' when compared with Nordic countries, for example. This stems largely from viewing the path towards the E-C model as a linear continuum. In consequence, most countries would fall somewhere between the two ends of the spectrum: what Morgan terms a 'partial transformation' (Morgan 2008). These types of analyses may serve the purpose of measuring *the degree* of each country's policy development, but gives little account of *the potential qualitative variations* in policy arrangement as a way of approaching the E-C society.

The same holds for empirical studies based on the concept of 'defamilialisation' (Esping-Andersen 1999), or on more recently proposed frameworks such as 'individualisation – familisation' (Daly 2011) and 'degenderisation – genderisation' (Saxonberg 2012), as these also tend to place policies or countries in a dichotomy.

Secondly, having only one ideal type of E-C model fails to take 'path dependence' (Pierson 1994) into account. The policy designs suggested by Sainsbury (1999) and Gornick and Meyers (2003, 2008) are largely inspired by Nordic experiences (particularly those of Sweden). However, it is highly questionable whether this can or should be received as a universal model, precisely because it may not be feasible in other countries in specific time, socio-political and cultural contexts (Bonoli 2007). And even if it were feasible, whether people in those countries desire it is another question. For example, expanding full-time public childcare facilities may not necessarily raise the enrolment rate of children in some countries since it is more or less affected by circumstances such as socio-cultural norms, historical legacies and labour market conditions.

In order to overcome these drawbacks, this article proposes a new theoretical framework, with a view to comparative family policy analysis. This framework is underpinned by the following speculations: there would be no singular universal route towards the E-C model; policy choices made in each country would be more or less prescribed by its 'path-dependence'; while bound by path dependence to some extent, each country should seek ways in which family policy arrangements help society move closer to the E-C model. The salient feature of this approach is, therefore, constructing an analytical framework to examine cross-national variations in policy arrangements as a way of

approaching the E-C society.

3. A new framework – the three ideal types

3-1. Policies to promote earning and caring roles of parents

Against this background, the three ideal types of the E-C model shall be presented here in a new framework [Table 1]. First of all, I chose five policy areas that consist of different policy packages, drawing on insights from literature on feminist social policy research. These are: (i) tax and social security systems; (ii) ECEC services; (iii) cash provisions for childcare; (iv) parental leave (including maternity, paternity, parental and extended leaves); and (v) labour market policies.

Each policy area has certain implications for promoting the earning and caring roles of parents. For example, individualised tax and social security systems are prerequisites for incentivising labour market participation of the second earner in the household (the mother in most cases). Affordable and good-quality ECEC services are also an essential support for parents to go into work. It is crucial that there should be no gap between the end of parental leave and the start of ECEC services (legal entitlements for children). Thus, these policy areas are to promote the earning role of parents (especially the mother).

On the other hand, parental leave gives parents an opportunity to get involved in the first developmental stages of the child and hence help the parent-child intimate relationship grow. Guaranteeing a right to return to the same (or equivalent) job and have adequate compensation are essential, as these enable parents to engage with caring activities without facing severe financial or career hardships. In addition, some labour market policies, such as adjusting working patterns/hours, allow parents to balance work and family by distributing their time from workplace to home. To ensure fairness in the labour market, equal treatment for such diverse working patterns is absolutely necessary. In sum, these policy areas are to promote the caring roles of parents while keeping them attached to the labour market. It is particularly important that these policies are also directed at fathers in order to encourage their caring role.

Finally, cash provisions for childcare are important as a means of sharing the costs of childcare broadly in a society. But this policy instrument has a dual function. Both the earning and caring roles of parents can be promoted, depending on whether the provisions are aimed at purchasing out-of-home-care services or providing home-care by parents themselves.

All of these five policy areas are thus crucial for the achievement of the E-C model. Nevertheless, the weight and instruments that each policy area carries can be diverse, which would distinguish one ideal type from another. In the following, we shall take a closer look at the diverse ways in which these five policy areas contribute to policy packages for the three ideal types.

3-2. Type 1: Continuous career/public care

The first ideal type is what I have named the ‘continuous career/public care’ model. This model resembles what has been presented by the literature, as reviewed in the previous section. This model, in principle, supports both mother and father in continuing to work full-time after having a child. Therefore, publicly-funded, affordable and good-quality ECEC services, which guarantee a place for all children after parental leave, play a significant role. Both parents are individually entitled to a medium length parental leave (about 6 months each).

In this model, while substantial ECEC services enable parents to return to the labour market, working full-time may not give them enough time to meet the demands of caring tasks at home. In cases where such needs are not met, labour market policies including working time adjustment would help them balance work and family life to some extent, especially while the child is young. Overall, the distinctive characteristic of this ideal type can be described as a state-service-oriented model of the E-C policy package.

3-3. Type 2: Intermittent career/family care

The second ideal type is the ‘intermittent career/family care’ model. In this, parents are allowed a longer respite from the labour market for family caregiving activities, and eventually return to full-time work again. Therefore, extended parental leave is the most distinctive policy of this model. It allows parents to look after the child by themselves (mostly until the child turns three) with some cash allowance. But publicly-funded, affordable and good-quality ECEC services, which guarantee a place for all children from the end of parental leave (and before the start of extended leave) are equally important. Creating no gap between parental leave and ECEC, thus, offers parents a real choice between out-of-home-care and home-care for children.

What needs to be emphasised here is that ‘family care’ means having the choice of a temporal withdrawal from the labour market, ensuring parents a ‘right to care’ and children a ‘right to be cared for’ by parents (Knijn and Kremer 1999), rather than having no alternative but to do so. However, in order for an intermittent career to be a prevailing career pattern, some ingenuity in policy design would be of key importance. This would include guaranteeing that jobs can be returned to and a substantial level of allowance, as will be discussed more in detail in section 6.

In sum, this ideal type can be described as a state-service-plus-cash-provision model of the E-C policy package, which enables the ability to shift one’s centre of life from employment towards caring activities for a certain period of a long working life.

3-4. Type 3: Flexible career/mixed care

I have named the third ideal type the ‘flexible career/mixed care’ model. This model encourages both mother and father to stay in the labour market while being involved in caregiving activities.

Substantial labour market policies enable this model. For example, a working hour adjustment that is aimed at all workers and ensures the employee's right to both decrease and increase working hours would give parents greater autonomy in the ways in which work and family responsibilities are reconciled. For such a system to function well in the labour market, it would be essential for diverse working patterns to be treated equally and to be included in the social security system.

Parental leave can be short as long as it is flexibly combined with employment and the use of ECEC services. Moreover, in this model, the ECEC services are financed by public-private collective contributions. The market-based provision of ECEC is more prevalent, and the role played by employers in terms of financial support for parents to purchase care services is also more significant, compared with the other two models.

Hence, the characteristic of this ideal type can be described as model of the E-C package where various actors share contributions. This means that meeting the care needs in a society is neither only the state's responsibility nor the family's (individual's); the government, employers and family (individuals) function to supplement one another with the aim of reconciling earning and caring activities.

4. Comparative analysis of six European countries

In this section, the new framework presented above is applied to an empirical study within the European context. Based on this framework, comparative policy analysis of six countries at the present time (around 2012/13) is conducted. Finland, France, Germany, the Netherlands, Sweden and the UK were the focus of analysis, which broadly covers the three welfare regime types classified by Esping-Andersen (1999): social democratic, conservative, and liberal countries. The detailed results are shown in Table 2.

4-1. Continuous career/public care: Sweden

Sweden is the only country among the six that is classified as having a 'continuous career/public care' type. In Sweden, the tax and social security system was mostly individualised as early as the 1970s. Medium length parental leave and publicly-funded ECEC services, with no gap between them, support parents' employment. Whereas one part of parental leave is exclusively entitled to the individual (in the form of 'quotas'), the other part of the parental leave is entitled to the family. Even though, a 'gender equality bonus' gives parents an incentive to share the transferable part of the leave equally with an additional cash benefit[3]. In addition, Swedish parents can reduce their working hours until the child turns eight or completes the first grade of school. In spite of the strong rationale of gender equality behind the Swedish social and family policy, a cash provision for child home-care has been very controversial (Earles 2011; Hiilamo and Kangas 2009). Since 2008, the decision as to whether to implement this scheme or not has been left up to municipalities.

4-2. Intermittent career/family care: Finland, Germany and France

The most typical country classified as having the 'intermittent career/family care' type is Finland. Germany and France also fit this type. In Finland, individualisation of tax and social security systems started somewhat later than in Sweden, but at present they are largely individualised. In contrast to Sweden, Finland has an extended parental leave (‘child home-care leave’), which allows a parent to look after the child (and siblings) at home until the child turns three. This scheme was introduced in 1985, but still enjoys a good deal of popularity, despite its low flat-rate allowances[4]. All children are entitled to the publicly-funded ECEC from the end of parental leave. On top of that, there is also a ‘private day-care allowance’ that provides financial support to parents who use childcare services other than municipal day-care. Finnish parents are also able to reduce their working hours until the child completes the second grade of school. In sum, Finnish parents are offered a variety of options in terms of the way in which the child is taken care of.

Germany and France have had similar policy arrangements. Tax and social security systems are yet to be individualised completely, particularly the tax system. ECEC services are publicly-funded or subsidised in both countries. Parental leave is three years for both, with a flat-rate benefit for three years in France[5] and an earning-related benefit for one year in Germany[6]. The attributes of French family policy have a fairly long history, dating back to the 1970s and 1980s. However, in terms of family policy, the recent German transformation is striking.

In 2013, legal entitlement to ECEC was extended to all one-year-old children (previously it started from the age of three). At the same time, a ‘child home-care allowance’ was introduced for parents who wish to look after their child at home. This is exactly what happened in Finland in 1985. Thus from these changes, Germany can be said to be transforming closer towards the ideal type of intermittent career/family care. Interestingly, however, all workers in Germany (not strictly limited to parents with caring responsibilities) have gained a right to reduce their working hours since 2001. Therefore in Germany, a facet of flexible career/mixed care can be seen as well.

4-3. Flexible career/mixed care: the Netherlands and the UK

The Netherlands is the most typical example of a country classified as having the 'flexible career/mixed care' type. The UK also uses with this model. There are some common characteristics in these countries: tax and social security systems have recently become more and more individualised; ECEC services are provided in the mixed economy with strong emphasis on market-based childcare provisions; cash provisions for childcare purchase; and promotion of flexible work. Although these policy instruments are similar, there is a considerable degree of differences in policy settings in these countries.

For example, though it is mandatory for Dutch employers to share the costs (equally with the

government and parents) for childcare purchase, it is optional for British employers. The Dutch parental leave scheme is fully individualised and gender neutral, whereas the UK offers the longest maternity leave among the EU member states (52 weeks, although only 6 weeks are well-paid), and only short paternity leave for fathers with a flat-rate benefit. In the Netherlands, all workers have gained the right to change full-time jobs to part-time, and vise versa since 2000. However, in the UK workers with caring responsibilities are only entitled to a 'right to request' a reduction in their working hours[7].

5. Validity of the framework – policy and outcome

Now, we shall turn our attention from policies to outcomes, in order to demonstrate the validity of the new framework. By referring to the Gender Equality Index (GEI), I shall attempt to illustrate how close each county has come towards the E-C society in effect. GEI is an index developed by the European Institute for Gender Equality (EIGE) for a systematic and consistent measurement of gender equality at the EU member states level (EIGE 2013). GEI has eight domains which make up the multidimensional index for gender equality, but in this article only three of them are taken into consideration, those which are the most relevant in terms of the E-C model: work, money and time[8].

Figure 1 shows the GEI score of the six countries. The higher the score is, the greater gender equality is achieved in each domain. Thus, the larger and more balanced the triangle is, the closer the country is to the E-C model. Clear differences in the size of the triangles, that is to say 'the distance to the E-C model', can be seen even among the countries that were grouped together as the same type in the above empirical analysis. Finland, closest to the ideal type of intermittent career/family care model, shows a much larger triangle than Germany or France, for example. The triangle of the Netherlands, using the flexible career/mixed care model, is also larger than that of the UK. More importantly, however, all of the three representative countries of each ideal type – Sweden, Finland and the Netherlands – show similarly well-balanced triangles, despite the fact that the policy packages for each ideal type have considerable differences, as shown above. This makes a good case for more than one type of E-C model existing.

Moreover, Finland's score for the domain of work (82.0) is striking, as it is the highest among the EU-27 countries. A large proportion of Finnish women working full-time can partly account for this. Interestingly, on one of the indicators in the domain of work, namely 'workers having undergone training paid for or provided by their employer', Finnish women also show the highest proportion (54.8%) in the EU-27. The figure is outstanding compared with Finnish men (47.4%) or women in Sweden and the Netherlands (48.8% and 48% respectively) (EIGE 2013). It indicates that ensuring adequate support for returning to the former career track could mitigate the potential risk attached to the intermittent career pattern.

In addition, the Netherlands scoring best among the EU-27 countries in the domain of time

(71.3) does seem to reflect its substantial labour market policies. On top of that, the score for the domain of money (82.5) is the second best, and also higher than Sweden and Finland. It shows that the risk of being exposed to great financial hardship is relatively low in the Netherlands despite the fact that part-time work is predominantly popular among women.

As the GEI illustrates, at present, an E-C society is still an unmet goal for all these countries. Also, the relationship between policy and outcome is not so straightforward, and further in-depth examinations will be required. Nevertheless, these figures are convincing enough to confirm the validity of diverse types of the E-C model. Not only that, these figures are thought-provoking as they implicate potential compatibility between traditionally female career patterns – intermittent career and flexible career – and gender equality in the domains of work, money and time, which form the kernel of the E-C model.

6. Added value of the new framework

The new framework proposed in this article overcomes the drawbacks of the E-C model presented in previous research. In particular, this framework with three ideal types of E-C models enables comparative policy analyses to capture qualitative variations in policy arrangement as a way of approaching an E-C society, avoiding a plain league-table result.

However, I acknowledge that there would be some concerned voices regarding certain aspects of the ideal types, particularly of the intermittent career/family care and flexible career/mixed care models. For example, some feminists have adopted a critical stance towards extended parental leave (‘child home-care leave’), primarily concerned with its gendered utilisation and potential harm to women’s career development (Daly 2011; Earles 2011; Mahon 2002; Morgan 2008; Morgan and Zippel 2003). Other feminists have shown skepticism about the promotion of flexible work, arguing that it would only help women’s work-family-balance and hence would lock them into the sphere of care (Bergmann 2008; Morgan 2008). In addition, as far as mixed care is concerned, some misgivings have been expressed about the cost and quality of childcare provided by the private sector (Lloyd and Penn 2009).

Such concerns interpret part of the present situation accurately. Surprisingly, though, most literature only criticises; very few possible measures to improve the situation are discussed. This article therefore will attempt to consider possible solutions addressing such concerns, and then underline the noteworthy added value in claiming diverse types of the E-C model.

Solutions involving intermittent and flexible careers have a twofold direction. The first direction is to minimise the detrimental effect on the role of earner potentially caused by such career patterns. Specifically, with respect to extended parental leave, more attention should be devoted to support of all kinds that can be provided to people returning to work. This includes the strong legislative measures to ensure a right to return to the same (or equivalent) position after leave and to

eliminate all forms of unfavourable treatment and discrimination. Expanding access to training programmes can also be of great consequence, as seen above in the case of Finland.

As far as flexible work is concerned, ensuring 'decency' in diverse forms of working patterns would be the key. That is to say, not only should equal treatment in every aspect of work, such as wage, benefits and career opportunities be ensured, but also diverse working patterns should be included in the social security systems, such as pension schemes. Moreover, it is essential for employees (not employers) to have greater autonomy in adjusting working patterns. In this context, entitling employees to a right to adjust working patterns (not a right to 'request' it) and a right to increase as well as decrease hours is a crucial measure.

The second direction is to promote transformation of men's behavior in terms of obtaining such diverse career patterns. As discussed above, minimisnig the potential risk would support men in choosing such career patterns in some degree, but further ingenuity in policy settings may encourage more active engagement of fathers in caring activities. For example, to grant additional financial incentives for a more gender-equal utilisation of extended parental leave is an option. Changing the allowance level depending on the degree of gender equilibrium in utilisation would meet this aim. With respect to flexible work, on the other hand, a right to choose such working patterns should not be given only to parents with caring responsibilities but to all employees across various industries and occupations. Transforming flexible careers into a normative working pattern for men as well as women can be facilitated by such policy settings.

As far as the potential risk attached to mixed care is concerned, the ways in which the cost and quality of ECEC are managed would be the focal point. For example, the approximate proportion of the costs borne by parents and the quality standard of care should be regulated and monitored by an authoritative body. Demand-side subsidies for parents to cover childcare costs, in the form of cash benefits, vouchers or tax relief, are also necessary in order to ease the burden on the family. Given this perspective, we can see that mixed care does not necessarily eliminate the government's responsibility towards caring tasks in society. Rather, the role of the government shifts from the provider of care service as such, to that of supervisor and supporter with the cooperation of other actors.

Furthermore, it is equally important to be aware of the inherent ambiguity at the heart of 'quality of ECEC service provision'. Although basic quality standards such as child-staff ratio and the level of staff qualifications can be regulated, not noticing that there are many more aspects in the quality of care which are mostly unmeasurable would be a significant oversight. As Folbre (2009: 113) argues, care services are 'often "co-produced" by care providers and care recipients'. In the case of childcare, for example, it is extremely difficult to determine to what extent out-of-home-care services, whether funded or provided by the public or private sector, have affected the child's development or well-being.

Against the backdrop of the above argument, three points need to be highlighted as the added value of the new framework. Firstly, approving diverse career patterns as a respectable form of paid

work would potentially *de-centre the long-standing norm of the male career pattern*. Having only one ideal type with the continuous career model cannot fully embody the core meaning of the E-C concept, which is not only to encourage and support women to work as men do, but also for men to be able to provide care as women do (Fraser 1994).

Secondly, the framework puts more recognition and value on *caring as an indispensable activity in our society*. If we regard care as a 'universal human need' (Nussbaum 1999), the efforts to 'defamilialise' care to the utmost extent, as seen in recent trends, should be called into question. It would be more relevant to seek ways in which more actors get involved in supporting caring activities in society. By clarifying the rationale for cooperative contributions to caring tasks, the issue of high public expenditures can be overcome as well. Revenue shortages are a particularly urgent and crucial issue in this 'age of austerity' (Pierson 2011). Also, in some countries where public expenditure for families with children has historically been low, the dramatic expansion of public spending is difficult to justify.

Thirdly, this framework takes path dependence more seriously, which attaches a significant added value to it. The ultimate goal of constructing a new framework is not to classify countries according to typologies, but to establish a platform for further research on more dynamic paths chosen by each country. This addresses questions of how each country has been or is transforming or persisting; and what creates such variations in policy arrangements. Typology as a methodological approach is not equipped as such to answer these questions directly, but this framework can be a cornerstone for comparative policy analyses that shed light on the dynamism behind the diverse types of the E-C model. Even when focusing on case studies of individual countries, a common framework is necessary for more refined comparative family policy research.

7. Conclusion

This article has argued for a new theoretical framework of the E-C model, proposing three ideal types: continuous career/public care, intermittent career/family care, and flexible career/mixed care. In conclusion, I will refer to the two main tasks ahead. First, as mentioned above, more in-depth case studies are required to unravel dynamic paths towards the E-C model. Obtaining a better understanding of the motivations and processes in each country would make an important contribution towards making the E-C model even more concrete and attainable. Second, the relationship between policy and outcome needs to be elaborated on further. How do we measure the progress of the E-C model? This article referred to the Gender Equality Index, as I think this is the most relevant outcome index as it now stands. However, whether it gains a broad consensus and is applicable to other geographical contexts is open to debate.

Although a great majority of discussion in this article focused on families with childcare responsibilities, the linchpin of my argument could easily be applied to broader 'caring activities'. The

need for care in a society will only increase from now on, with the rapid growth of an aging population. Such circumstances will increasingly call for a more prevailing norm of the E-C model in our society, where caring is valued as an indispensable human activity and not a burden to gainful employment. Pursuing diverse and attainable ways of working towards an E-C society, therefore, will continue to be an overarching mission for comparative family policy research.

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Notes

[1] In this article, the UK mainly refers to England.
[2] Although Fraser (1994) calls it ‘universal caregiver model’, it is synonymous with ‘earner-carer model’.
[3] Parents get a 50 SEK (€6) daily bonus. It is worth a maximum of SEK 13,500 (€1,573) when parents share the leave equally (Duvander and Haas 2013).
[4] The basic allowance is €336.67 a month, with supplements for siblings (Salmi and Lammi-Taskula 2013).
[5] This is only paid for six month for parents with only one child (Fagnani, Boyer and Théveron 2013).
[6] The benefit may be spread over two years with a halved level of the monthly benefit (Blum and Erler 2013). In addition, some periods (while the child is 15 – 36 months old) can be covered by the CHCA introduced in 2013 (European Commission/EACEA/Eurydice/Eurostat 2014).
[7] This has expended to all workers since 2014.
[8] The each domain has some sub-domains. ‘Work’ consists of participation, plus segregation and quality of work. ‘Money’ consists of financial resources and economic situation. ‘Time’ consists of care activities and social activities (see EIGE 2013, for the details).

		Continuous career /public care	Intermittent career /family care	Flexible career /mixed care
Promoting earning role	**Tax and social security**			
	Base of obligations and rights	Individual	Individual	Individual
	ECEC services			
	Starting age of legal entitlement	When parental leave ends	When parental leave ends	When parental leave ends
	Finance	Public	Public	Public and Private
	Time coverage	Full-time	Full-time	Full/Part-time
	Formal childcare cost (on parents)	Low	Low	Low/Moderate
	Quality management	○	○	○
↕	**Cash provision for childcare**			
	For purchase out-of-home-care	×	○	○
	For parental home-care	×	○	×
	Parental leave			
Promoting caring role	Job protection	○	○	○
	Duration	Medium	Long	Short
	Entitlement	Individual	Individual	Individual
	Compensation	High	High/Moderate	High
	Labour market policy			
	Working hour regulation	○	○	○
	Protection of part-time workers	○	○	○
	Working hour adjustment	Moderate	Moderate	High

[Table 1: The three ideal types]

*The shaded are the most distinctive policy areas in each ideal type.

[Table 2: Policy packages of six European countries in 2012/13]

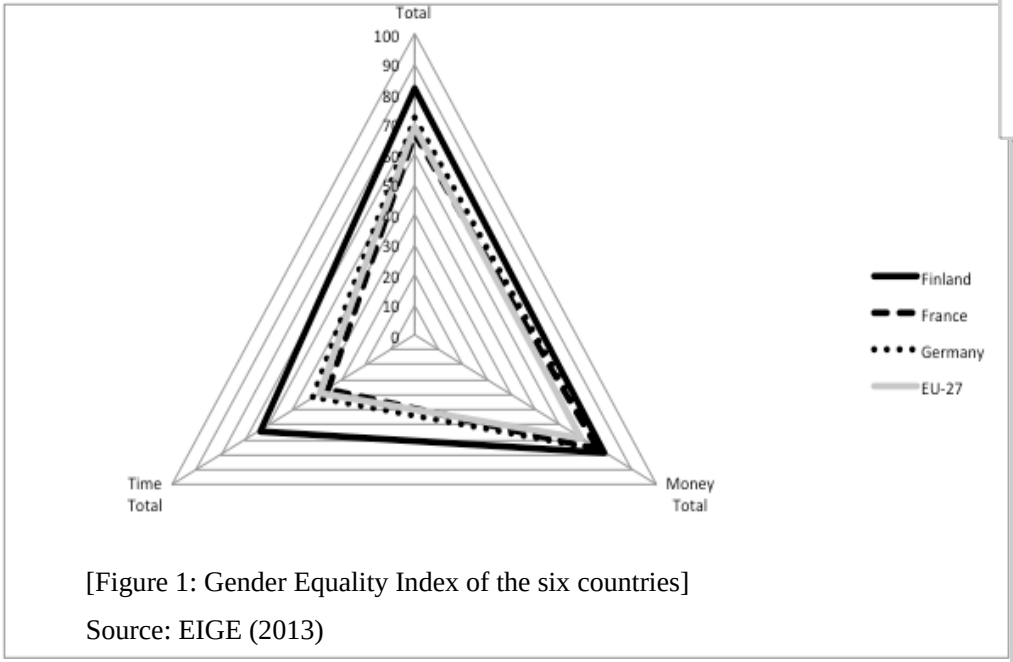
*Formal childcare costs (on parents): Low: less than 30%, Moderate: 30~40%, High: more than 40%.

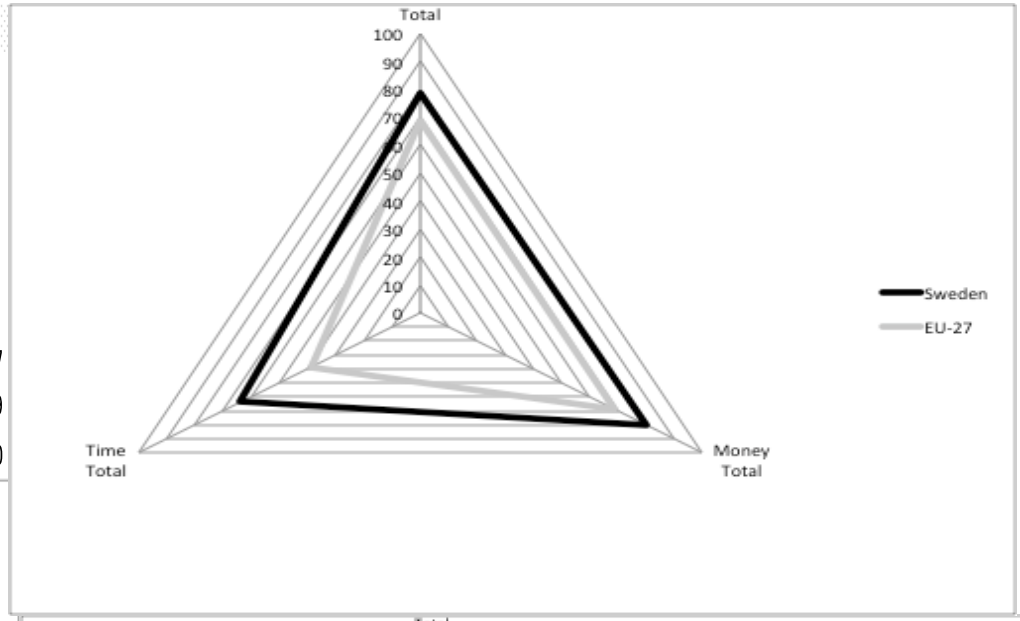
*Compensation: Low: more than 66% of previous earnings for less than 4 months + flat-rate benefit or unpaid, Moderate: more than 66% of previous earnings for 4-5 months, High: more than 66% for over 6 months.

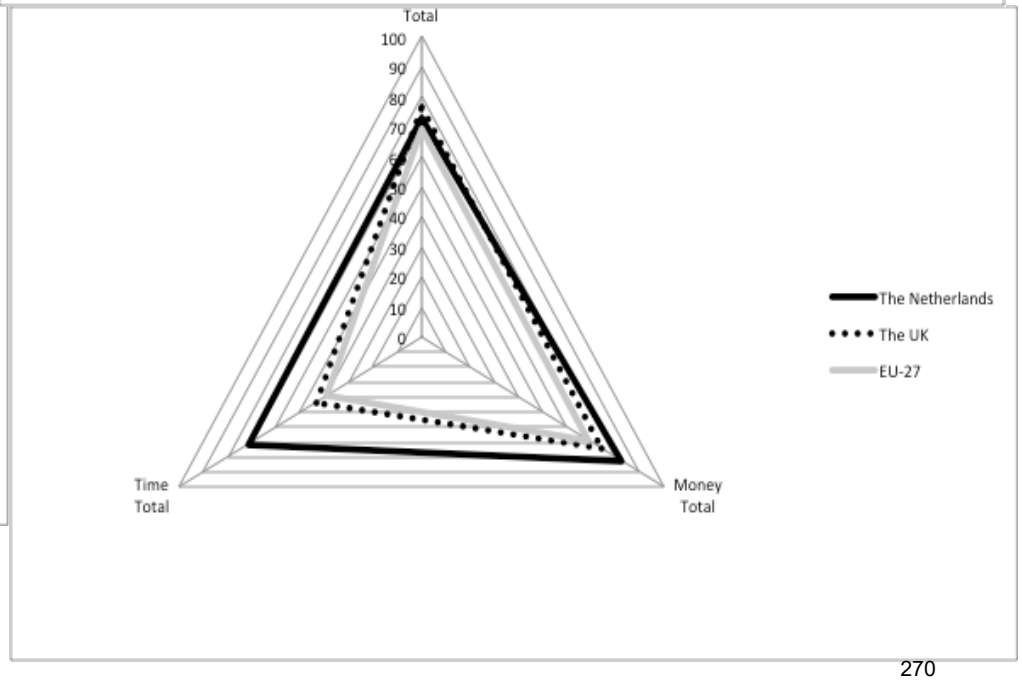
*Working hour adjustment: Low: a right to ‘request’ adjust working hours, Moderate: Restricted to parents with caring responsibilities only, High: Avaliable to all employees + a right to ‘decrease’ and ‘increase’ working hours.

Sources: Burri and Aune (2013); European Commission/EACEA/Eurydice/Eurostat (2014); Lindeboom and Buiskool (2013); Moss (ed.) (2013); OECD (2013); Social Security Programs Throughout the World (2012), Europe; Asia and the Pacific.

Work									
								7	58.7
The UK	76.6	79.7	73.7	74.3	72.7	76.0	43.2	56.6	32.9
EU−27	69.0	76.6	62.2	68.9	59.5	79.6	38.8	45.5	33.0







[Figure 1: Gender Equality Index of the six countries]

Source: EIGE (2013)

Session B-4 Transnational Care

Transnational Eldercare: Filipino Caregivers Caring for Elderly Migrants in the Philippines

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1. Introduction

Filipino nurses and caregivers are not new to the phenomenon of transnational care. Choy's *Empire of Care* (2003) documents the earliest migration of Filipino nurses to the United States at the beginning of the 20th century and emphasises the movement of health professionals across borders to perform care work to individuals in more developed countries. Transnational caring, for Filipino nurses in particular, has been a familiar phenomenon, one that has been promoted by the state and the nursing profession in the Philippines. Meanwhile, Parrenas (2003) explores aspects of a global care chain through her analysis of migrant domestic workers and nannies in Italy and California, mostly migrant Filipino women who perform 3D (difficult, dirty, dangerous) jobs, while leaving a care deficit in their families in their country of origin. This chain has come to include not only those who perform domestic work, but also those whose work involves the production and (re)production of care (Yeates 2011), and that involves health professionals and caregivers.

Understanding transnational care involves looking at the many layers and intersecting spheres of the intimate and the public, of the national and the international. In analyzing the concept of care work, it should be contextualised within the larger perspective of state policies, globalization, and economics, which reflect a multitude of factors that contribute to how care work is facilitated between and across countries, and between individuals. It goes beyond the direct contact between care-giver and care-receiver, and invites one to see the other factors that govern and shape the caregiving landscape in the global context. This study looks at the phenomenon of transnational caring using three different layers: *macro* (globalization, labor migration, global care chain), *meso* (state-sponsored migration policies, care markets), and *micro* (individual caregiving and care receiving experiences). However, this paper focuses on the micro layer and delves into the human stories of individual actors with direct experience of transnational caregiving, that is the Filipino nurses and caregivers.

Another important highlight of this study is on elderly migration. The case of elderly migrants moving into the Philippines (and other countries in Southeast Asia) to receive care reflects a reversal of the dominant trend where movement usually involves care-providers from developing countries migrating to developed ones. Using data gathered from interviews of Filipino nurses and caregivers in a local nursing home caring for foreign elderly migrants, this study answers the following questions: What are the eldercare values and caregiving practices of Filipino nurses and caregivers? How do they

adjust to the differences in the culture, language and care expectations with their foreign elderly care recipients? What are the stresses experienced by Filipino nurses and caregivers and how do they adapt? Does it really prepare Filipino nurses and caregivers for transnational eldercare work?

2. The globalisation of care

The concept of global care chain (Hochschild 2001; Parrenas 2003) was first used to depict a series of care deficits and transfers, that involve individuals, mostly women, from developing countries who migrate to developed countries and perform domestic and care work for richer families. The resulting absence in caring for the migrant individual's family is taken up by another individual, usually by another woman—paid or unpaid—and replaces the care deficit left behind by the migrant individual.

The idea of the transnationalization of care is emphasised by Yeates (2011) as having "backward and forward linkages," unlike in internationalisation which merely involves the geographical dispersion of practices across borders. She defines care transnationalization as the "processes of heightened connectivity revolving around consciousness, identities, ideas, relations and practices of care which link people, institutions and places across state borders" (1113).

Caring as a form of work embodies "activities and orientations to promote the physical and social (re)productions of 'beings' and the solidary-affective bonds between them" (1111). Eldercare as a form of care work is more specific to the physiological, emotional, and psychological care of elderly individuals, and also includes the whole range of highly intimate and less intimate activities. [2]

This paper argues that the idea of global care chain (Hochschild 2001) extends to the case of Filipino caregivers who care for foreign elderly migrants in Philippine nursing homes. However, it represents a significant shift in the movement of care providers and recipients, but continues to perpetuate the series of care chains that is inherent in the global care chain framework. The creation of eldercare markets in the Philippines does not impede the outflow of care workers, but temporarily keeps them while waiting for opportunities to migrate and work outside of the country. These markets serve as temporary pockets of care work where caregivers and nurses acquire skills needed for transnational caregiving, but will eventually migrate to developing countries.

This study agrees with Huang, Leng & Toyota's proposition that the idea of global care chains should be viewed, not only as a "single productive chain," but as "multiple and intersecting" (2012, 131). In international retirement migration, it is the elderly migrants who cross national borders, and are cared for by Filipino caregivers, who need not leave their country, while being able to provide care for a culturally and racially different set of care-recipients.

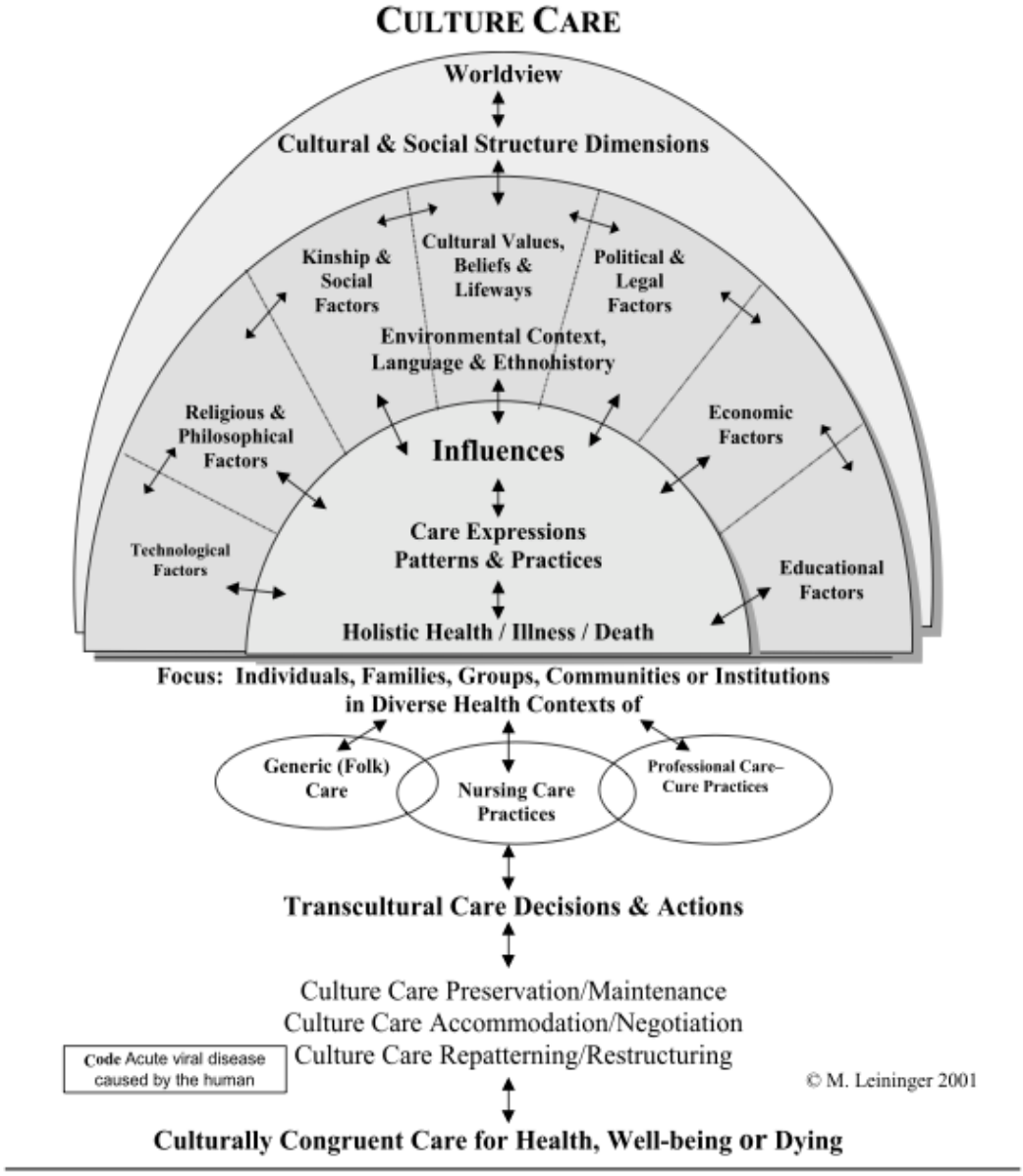
3. Cultural care universality and diversity: Understanding care from the nursing perspective

How does nursing, both as a science and as a profession, view transnational care? There is one nursing theory that has looked at the aspect of care across cultures. Madeleine Leininger's culture care universality and diversity theory looks at the convergence of care and culture in understanding and providing culturally congruent health and care practices (2006, xi). It begins with the recognition that the concept and practice of care differs across cultures, and that a nurse must be able to recognise this distinction in order for her to adjust to and provide a culturally appropriate care. More importantly, the theory views care and care practices within the continuum of life (that is, from conception to death). The theory also recognises that there are aspects of care that may be similar across cultures (universality) and also differing depending on the socio-cultural milieu (diversity).

Culturally congruent care refers to the appropriate caregiving that is based on an understanding of the cultural, social, economic, political, and religious/philosophical, familial, technological, and educational factors that influence the health belief and practices of an individual. These factors shape an individual's meanings of health, illness, wellbeing, and thus influence his/her concept and expectations of care. Moreover, these concepts and expectations translate into the actual process of care practices. Thus, a Filipino caregiver and a Japanese elderly, for instance, may have differing conceptions of care, which is based on their individual exposure to their cultural and social norms. The convergence of these factors is the point where transnational care, or eldercare, becomes visible.

The figure below shows the factors identified by Leininger as influencing health and care beliefs and practices.

[Figure 1. Leininger's Sunrise Model that shows the dimensions of Culture Care Universality and Diversity.]



Source: Leininger, Madeleine. 2002, 191.

Drawing from this framework, this paper focuses on the experiences of care held by the Filipino nurses and caregivers, that translate to the caregiving practices in the care of the elderly. Through interviews and participant observation, this study aims to understand the Filipino nurse and caregiver's concepts, meanings, and practices of transnational caregiving. Furthermore, this mindset of caring has also been included in the nursing curriculum in the Philippines, and to a significant extent, influences the concepts of care developed in nursing students and practicing nurses in the country.

However, this study is limited in providing only one perspective: that of the caregivers. A more holistic understanding of the human aspect of transnational care should include the perspective of care recipients, something which could be looked into future researches and studies on the topic.

4. Methodology

The author conducted participant observation and key interviews of Filipino nurses and caregivers in a private nursing home in Quezon City, Metro Manila. There are a total number of 16 nurses and caregivers, but interviews were made among the 5 nurses and caregivers (one male, four females) who had direct care experience with the foreign elderly migrants in the nursing home. Observations and interviews were conducted over a period of one month. Informed consent from the nursing home owner and interviewees was sought prior to the beginning of the interviews and participant observation.

The nursing home is situated within Quezon City, in a private and secluded residential area. It currently houses a total of 14 elderly individuals, with four (4) foreign elderly migrants (3 Chinese, 1 American). In the previous year, it had 2 Japanese elderly migrants, but one of them had gone back to Japan in July 2013, and the other had died within the same year. Data collection were gathered in June 2013 and updates were taken in October 2014.

5. Research findings and discussion

The five (5) interviewees' ages range from 23-25 years, all unmarried. Most of them have 1-3 years of care work experience in the same nursing home, and have this as their first professional caregiving experience. The interviews were open-ended and the questions asked were about their ideas of eldercare and transnational care, difficulties and challenges in transnational eldercare, stresses in carework, satisfaction in carework, and future plans. The common themes that came out of their responses are identified:

- respect and treatment of the elderly migrant as a family member
- patience and communication as important aspects of eldercare
- physical and emotional stresses of eldercare
- low economic value assigned to caregiving work
- caregiving work as temporary and as a transition to hospital work or working abroad

5-1. Respect and treatment of the elderly migrant as a family member

One of the most prominent aspects of the responses include the interviewees' familial treatment of the elderly individuals they care for, both local and migrant. Two female nurses share,

> I see them not only as patients, but similar to a kin. Of course, since they are old, they have no family and relatives to accompany them, and we serve as their "second family" here in the (nursing) home.
>
> Caring includes emotions because we have come to be with them longer, we begin to think of them as we would our own grandparents.

One male nurse expresses respect of the elderly as paramount to his responsibility in eldercare, and shares an important Filipino insight on growing old:

> On eldercare, it involves taking responsibility of the patient and respecting the elderly. Our main learning here is the value of life. We have a different culture compared to them, and usually, Filipinos take care of their own family members, while in foreign cultures, it is common to bring them to nursing homes. This makes me think if I become old, do I suffer the same fate?

Another female nurse adds,

> Because we tend to be with them most of the time, I am bound to think of my own family and what happens if I, or my parents, reach that age…I am beginning to realise the possibilities when they age someday.

This may seem to indicate an overlapping of the familial and professional spheres when it comes to caregiving, but it is also important to note that filial piety is an important tradition in Filipino culture.

A traditional Filipino household includes the nuclear family, but also commonly includes grandparents and other kin, thus becoming an extended family living under one roof. Caring for the elderly members of the family is considered a familial responsibility, and it was only in 1987 that elderly welfare as a state responsibility was first stipulated in the Philippine Constitution (Natividad 2000). Given this expectation on the family, many Filipinos tend to provide care for their elderly parents and grandparents by accommodating them in their own houses. They either hire a live-in caregiver, or provide the care themselves, depending on their ability to do so. The idea of nursing homes is still in the process of becoming accepted in the country as an alternative form of eldercare due to the reluctance of some elderly individuals based on images and stories of abandonment and lack of care. In addition, the cost of care in institutional or nursing homes is relatively expensive

(average monthly cost is Php30,000-40,000, roughly US$665-890) and only those families who can afford to pay are able to send elderly family members in nursing home care.

The elderly migrants in the home care tend to stay for years, as some are to be cared for until their death. Hence, the caregivers spend a long time with them, and with the daily interaction with the elderly, it is inevitable to develop some degree of close bonds with them. One respondent relates how she has come to treat some patients as "grandmother" or "grandfather" and accords him/her the kind of concern and care she would normally give to a family member. However, she emphasises that she remains conscious of her role as a nurse, and although she becomes attached in some degree to her patient, she is able to perform her nursing duties. She states,

> We have to be firm, and cannot give in to all their demands. We have to explain the reasons for our caring rules, and establish our authority as nurses—as those who know what is good for their health. Age no longer becomes an issue, that despite being younger than them, they have to follow our advise. I can maintain my authority over them. Sometimes, they test the lines, but I have to be firm by repeating the rules for them and establishing boundaries.

The sense of respect and responsibility to care was particularly evident and common among the responses of the interviewees. This was also cited in Sprangler's study of the care values of Fil-American nurses in the United States. Sprangler (1992) revealed an "obligation to care" sentiment among her respondents that was reflected in the nurses' expressed dedication to work, attentiveness to giving physical care as comfort, and respect and patience to their patients.

5-2. Patience and communication as important aspects of eldercare

All the respondents agree that the nature of their work involves providing holistic care to the elderly migrants—care ranging from assistance to daily living, providing companionship, listening to personal stories, relating to the demands of the family, ensuring provision of medical care and needs. They emphasise the value of communication as part of the care. One of them shares,

> Having long patience is important, as patients tend to be testy; also to have love for them, as similar to your love of the family. Talking with patients is an important aspect of caregiving.

> We talk with them on a daily basis. Some are not responsive, that is the problem, but you still have to communicate them, you orient them everyday.

Communication is important in maintaining the caregiver-care receiver relationship. The interviewees share that initially, language is a barrier. Some of the patients can no longer respond verbally with coherence, and they have to resort to nonverbal communication to assess how the patient feels. In the case of the Japanese elderly resident who lived there last year, one of the caregivers can speak Nihongo and she was assigned to care for that one patient. When she is not on shift, the other caregivers communicate by using pen and board, hand gestures and other nonverbal signs, and by learning a few basic Nihongo words for body parts.

In the case of transnational eldercare, care becomes the language of communication. Because some of the patients cannot verbally express themselves, or have differences in language, the caregivers had to adapt by knowing their patients' nonverbal expressions and cues. Touching and other nonverbal cues become a way of expressing care to the elderly despite the differences in language to overcome the barriers of communication.

5-3. Stresses of eldercare

On the stresses of eldercare work, the interviewees have differing responses, as some find physical work more tiring than others, while some find emotional care more stressful. These are the responses from four of the five interviewees:

> At the beginning, physical tasks are hard, but you tend to develop the techniques for doing these easily. Like turning patients, especially those who are big and heavy. Now I am used to it, and am able to do them with ease.

> It is physically stressful, especially when a patient becomes agitated and they hit you sometimes, you still have to be affectionate to them…one needs to be more understanding.

> I had to learn how to provide physical caregiving, since we have to do all kinds of care for our patients, we have to adjust physically. It is especially tiring, but since we do this for the care of the patient we have to do it anyway.

> The work requires seldom idleness and rest, we have to always see that the patient is okay.

Aside from the physical and emotional stresses of care work, relating to the elderly individual's family and relatives also adds to the care burden. An interviewee shares,

> It is challenging, most of them have attitude problems, one would easily see that. But as you meet them longer, you come to understand their attitudes and you learn to adjust. You are now able to relate to them and talk about the patient's condition. Some of them visit patients every week, some every month, while others, every year.

One nurse noted that they knew it was the lack of available family members who could provide care to their elderly members, that they are being sent to nursing homes to be cared for. Hence, most elderly migrants being cared for in the nursing homes are those who can afford to pay for professional eldercare services, because of unavailable caregivers in the family and at home. Those who do so usually have family members who are living or have migrated abroad and the elderly member is transferred in the Philippines to be cared for. Most of the elderly migrants in the nursing home are being cared for until they expire. The terms of their care require palliative care in the event that their conditions worsen and death is inevitable. One nurse shares,

> Some relatives say they can't handle the care. Some have no time, so they depend on nursing home.

In a way, some of the nurses feel that they "fill in" the family roles for these individuals, since visitation of relatives are not constant and frequent. Furthermore, they become exposed to their individual stories, and their pains as they continue to stay in the nursing home. Since most of the elderly patients being cared for stay in the nursing home for years, the respondents are able to build lasting relationships with them.

One of the recurrent stresses of care work is the unexpected change in attitude in their patients. They all emphasise how important patience is in the nature of care work, since most of their patients exhibit signs of senility, some even have Alzheimer's and dementia. There are times when a patient becomes agitated, and it takes a whole lot of energy and attention to this one patient, while they delegate or delay the accomplishment of other routine work.

Building a routine helps, instead of burdens, care work. Because of the multifaceted nature of providing physiological, social, and emotional care, establishing a routine helps in managing the caregiver's time. They work for a 12-hour shift, and because they typically handle 6-8 patients daily on rotation, following a structure of tasks and activities allows them to accomplish the important ones immediately. Nature of care work in the morning includes bathing, feeding, medication intake, and taking of vital signs (consciousness, temperature, pulse rate, breathing pattern, blood pressure). All these take up the first 3 hours, with a window time between 10am-12nn, after which it is again time for lunch feeding. The most "restive" period is between 2pm to 4pm when the patients take a rest or

nap, or watch TV. During this time, the caregiver has enough time to do paperwork and document the activities and patients' conditions for the day.

Management of caregiving-induced stresses involves the use of different stress-relieving techniques. However, all interviewees agree that good relationships with the other staff members makes the work lighter, and they are able to share stories and woes with each other. The following are some of their experiences:

> When I go home, I leave all the stress in the workplace. I play with my dogs, which help me take my mind off. I also have a boyfriend, and we both attend church activities as members of Singles for Christ.

> I distance myself or do many things to keep my mind off the stress. I just enjoy the work, when work is done, we keep it out of mind, and do other things. I also psyche myself at the beginning of the day by thinking happy thoughts…I also don't bear too much burden for a long time, I can easily dismiss my emotions.

> Upon going home, I establish communication with my mom. We exchange stories about my day at work, my patients, unique situations, etc.

> Our schedules are open and flexible, we maximise our days off. We go out together with other members of the staff.

> We are able to balance (work and life) since we have days off. We really have to find time…My stress at work is confined here, I don't bring it at home, I leave them here.

Social relationships at work and at home become important avenues or outlets for the caregivers and nurses to release work-related burdens and stresses. Filipinos are generally known for being friendly and perhaps this adds to their ability to handle stress relatively easily.

5-3-1. On gender and caregiving roles

One respondent was a male nurse, who has been working in the nursing home for 2.5 years. He states that performing intimate care to a patient is an important task and that which calls for professionalism at work. He relates his experience of providing intimate care—it is easier to perform intimate care on male patients, than on female patients, who needs more sensitivity and care. He said that since he has no choice but to do the work, he has learned to adopt a professional stance on every thing he does at caregiving, and sees these as part of the care he provides his patients. He states,

> When you accept the nature of this work, you are able to adjust. For me it is easier to care for male patients, compared to female patients. First there is an initial discomfort. However, there is no issue, no malice, when we think of everything as purely work, as a sign of respect also. When we begin to show malice, the patient will become uncomfortable.

He also does not perceive an inherent difference in the effectiveness in caregiving between male and female caregivers. Instead, he thinks that long experience in caregiving contributes to efficiency, since one develops mastery of the activities needed in eldercare.

There are only 3 males on the whole staff of the nursing home, factors concerning why there is a low number of male staff has not been explored. However, factors which could be considered may include the low volume of male applicants, and the availability of slots upon their application, that could probably influence the gender of employed caregiving personnel.

5-4. Low economic value assigned to caregiving work in the Philippines

In the Philippines, the Bureau of Local Employment under the Department of Labor and Employment pegs the average monthly basic salary of an entry-level caregiver at Php10,000-12,000. This is relatively higher compared to the salary of entry-level nurses working in private and public hospitals (Php5,522 and Php9,939, respectively)[3].

In the case of the nurses and caregivers in the nursing home, they all entered as volunteers paid with a daily allowance of Php100/day (~US$5), while promotion to regular status normally depends on the availability of slots. Due to a significant lack of available hospital work opportunities for newly-passed nurses and caregivers, most of them strive to work as volunteers in the nursing home despite the meagre allowance. Most of them worked for a year as volunteers before they were promoted as regular volunteer staff, which received a base salary without benefits, and whose contract is a no-work-no-pay basis.

When asked about their economic satisfaction in their work, the respondents express an initial hesitation to discuss their salary, but afterwards, they all seem to share the sentiment that as long as they are making good with what they earn, they are happy. Four of the interviewees state,

> I don’t know why I stay (in caregiving), at first I did not like it, I preferred to work in a bank. But as I go on, I came to love the profession, what I do. I think I have acceptance now, that this is what I am really meant for.

> (My salary) is always just right for my monthly needs. I still enjoy what I am doing right now. Besides if I do not do this, I will not be doing anything since hospital work is not available for us right now.
>
> As long as the salary is not so low, or that we have enough to get by, that is okay with me. I even started as a volunteer, being paid with Php100/day, so we value our position now as regular staff.
>
> We make ends meet, unlike when we were beginning—we were only paid Php100/day. I worked just to be able to do something. After boards, it took me a year without work, just staying at home. This work has become my way to escape from the pressures at home, where my mom pushes me to work abroad.

This reflects the low perception about care work, despite the commodification of care. Yeates (2011, 1110) explains that care work is "essentially oriented to the reproduction of beings and do not necessarily 'add value'," which are commonly performed by most women in families and in the domestic sphere. This important feminine idea about care work diminishes its value, hence in the economic ladder, it is regarded as a low-paying job.

Despite the low economic value of care work, some of the interviewees tried to look beyond the financial aspect of their work and see non-material rewards as a means of satisfaction in their work. One male nurse states,

> I am satisfied in a way that it feels different knowing you can help others, somehow. Especially when you have a testy patient thanking you later on, that is something. So we really just enjoy what we do.

5-5. Caregiving work as temporary and as a transition to hospital work or working abroad

However, the lure of better economic prospects abroad continue to be a promising factor for them. All five interviewees have expressed plans to work abroad in the future either as caregivers or hospital nurses, because of the inherently higher pay. When asked how long they continue to see themselves in eldercare in the Philippines, their responses varied from 1 to 3 years.

Because of this state, most of them have been working in the nursing home for the last 2-3 years, and when asked whether they see themselves staying long in eldercare, some have voiced varying sentiments:

> I have plans to work abroad if I find a chance. Hopefully in Dubai, because some of my family members are there.
>
> I also plan to go abroad someday, maybe work in New Zealand, if there is a chance. Initially, I was planning to work in Saudi Arabia, but the news (about working there) has not been very positive. Maybe I'll try in Canada (someday).

Most of them also voice out maximising their opportunities to learn about nursing procedures they can perform in the nursing home, such as insertion of nasogastric tube, giving of intravenous medications, catheterization, feeding through PEG, cleaning of ostomy, among others, while waiting for opportunities for hospital work to become available.

For some, they view eldercare as a valuable training ground and experience needed for care work abroad. Most of them have plans to work abroad, but they all know that they need at least 3 years of hospital or caregiving experience in order to qualify, hence, they think that being in eldercare is better than not acquiring any work experience at all. One nurse has just resigned from the nursing home and will be leaving for Canada this December to work in the live-in caregiver program.

6. The realities and challenges of transnational eldercare: Perspectives of the Filipino caregiver

These narratives provide an important glimpse into the personal experiences of Filipino nurses and caregivers on transnational eldercare in the Philippines. Their experiences of caring for elderly migrants show that the meanings and practices of care are influenced by the cultural and social background of the caregiver. The tradition of filial piety and respect for the elderly are the most prominent cultural meanings of care held by the Filipino nurses and caregivers in the care of elderly migrants. Although differences in language proved to be an initial challenge, they were able to make use of other modalities to communicate, and use care as a language to communicate their response to the needs of the elderly migrants. Gender issues at work did not seem a prominent issue in this case, but in care work, professionalism is important in providing efficient care.

The physical and emotional stresses experienced by the Filipino nurses and caregivers in eldercare are perceived as manageable because of the good social relations they have with their co-workers and with their families. Although other stressors like relatives add to the challenge of eldercare, they accept it as part of the holistic care that they should render to the elderly migrants.

An important finding is on the low economic valuation of caregiving in the Philippines, which perpetuates the perception that it "does not necessarily 'add value'" (Yeates 2011, 1110). Because of the inherently low pay scale given to nurses and caregivers, care work is seen as a transition to work abroad—where they can gain caregiving experience while looking for opportunities to migrate and work outside the Philippines.

As this paper argues, the creation of care markets in the Philippines perpetuates the series of care deficit in the global care chain. International retirement migration changes the dynamics by making a significant shift in the dominant trend—where movement involves care-providers moving from developing countries to developed countries—and creates new areas for research that explore the impact of elderly migrants being cared for in developing countries, such as in the case of the Philippines.

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Notes

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[2] Yeates makes a distinction between the two as: highly intimate work involves personal, social, health and sexual care; while less intimate work involves cooking, cleaning, ironing and general maintenance work (2011, 1111).

[3] Data taken from the Department of Labor and Employment, 2004.

Transnational Landscapes of Care: Elderly within Sri Lankan-Australian Transnational Families and their Care Networks

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1. Introduction

Recent scholarship on migration has given attention to the integral part international mobility plays in understanding modern society especially from within the realm of the family, and the impact of migration on individuals and their families has become a central focus of transnational family literature over the past decade (Bryceson and Vuorela, 2002; Chiang, 2008; Baldassar and Merla, 2014). Although the predominant focus has been on children and spouses of transnational migrants (Asis et al, 2004; Parreñas, 2008; Yeoh et al, 2013), there is an increasing recognition that elderly parents are equally important recipients of transnational care (Baldassar and Baldock, 2000; Baldassar et al, 2007; Zechner, 2008; Merla, 2012). European transnational families are the predominant focus within this transnational eldercare literature (Baldassar and Baldock, 2000; Zechner, 2008), while the existing work on Asian forms of transnational eldercare is largely based on the experiences of unskilled migrants (Kodwo-Nyameazea and Nguyen, 2008; Adhikari et al, 2011). Wong et al (2003) observe that the transnational family structure and care strategies of unskilled and skilled migrants differ based on their access to resources and the varying circumstances of migration. Therefore, addressing this less explored aspect of transnational eldercare, the paper focuses on the narratives of middle to high-income elderly parents of skilled permanent migrants who left Sri Lanka for Australia.

The existing scholarship on transnational eldercare is largely based on the migrant's experiences in providing eldercare across transnational space (Baldock, 2000; Izuhara and Shibata, 2002; Zechner, 2008), with few studies incorporating the experiences of the care-receivers (see Baldassar et al, 2007). Since elderly parents are not solely dependent on the migrant for care but may receive care from several locally-based adult-children and have access to other forms of care, I argue that the transnational care scenario differs from that of children or spouses whose primary care-giver is the migrant. Therefore, through the perspectives of 35 elderly parents this paper first examines how eldercare is impacted by the migration of traditional care-givers, and how multiple agents of care address this care gap to varying degrees. Second, I aim to highlight the manner in which gendered notions of care and power relations shape the elderly parents' care choices.

Thus, I amalgamate the concepts of the care diamond (as proposed by Razavi (2007)) and landscapes of care (as proposed by Milligan and Wiles' (2010)) to highlight the agency that elderly parents' exert within these transnational eldercare relations. I argue that the elderly care-receiver's capacity to self-care impacts upon the care contributions made by the family, state, market and community. As such, I propose the care pentagon, which adds the 'self' as another agent of care to

the conventional care diamond, and map a transnational landscape of care that changes both temporally and spatially as the elderly parents evolve from being healthy and independent to frail and dependent.

The paper draws from dual-sited qualitative interviews that were conducted in Colombo, Sri Lanka and Sydney and Melbourne in Australia in 2010 as part of a Masters thesis research project. Although, the paper only refers to the care experiences of elderly parents, in the broader project I conducted semi-structured interviews with elderly parents, their migrant adult-children and their main care-giving adult-child in Sri Lanka to form 30 transnational family case studies. As a prelude to my argument, the following section will briefly review literature pertaining to transnational eldercare while emphasising on its gendered aspects.

2. Transnational and Gendered Aspects of Eldercare

The predominant focus within the transnational eldercare scholarship has been on the migrants' manner of providing care across borders and the issues they face in the process such as the tensions due to the distance between their family members and the limits to their ability to provide care (Izuhara and Shibata, 2002; Baldassar et al, 2007; Zechner, 2008; Merla, 2012). Transnational care-giving has many parallels to the localised forms of care where women conduct the majority of the care responsibilities, and exemplifies that gendered notions of eldercare giving are replicated across transnational space (Zontini, 2004; Huang et al, 2008). Studies also note that men tend to perform care through financial support and maintenance tasks, while women mainly provide care by addressing health and emotional issues (Baldassar and Baldock, 2000; Baldock, 2000).

Despite the emphasis on the care-giver's perspective, the existing work illuminates the issues faced by elderly. Research on elderly relatives of migrants from poor households reveals that migration reduces the financial strain on the family and promises economic and social benefits; nevertheless the migration decision also creates strained relations between the parents and the migrant which is later negotiated in order to maintain contact (Kodwo-Nyameazea and Nguyen, 2008; Adhikari et al, 2011). Ageing parents who prefer to live in the home-country despite the option to reside with their skilled migrant child usually place greater importance on companionship and support from members of their own community, while language barriers and cultural differences are added reasons for elderly parents to avoid migration (Baldassar and Baldock, 2000; Lamb, 2007). The tendency for the elderly not wishing to be a burden is a strong sentiment that has also been observed (Baldassar and Baldock, 2000; Izuhara and Shibata, 2002). A few studies have noted that parents of skilled migrants do travel frequently to visit and care for their children in the host country until ill-health restricts their ability to travel (Treas and Mazumdar, 2004; Baldassar et al, 2007).

These transnational eldercare relations alone are not adequate to fulfill elderly parents' care needs. Research on transnational eldercare observes that home-based kin such as siblings, cousins

and other relatives provide physical care while the migrant engages in emotional, practical and financial forms of care (Baldassar et al, 2007; Zechner, 2008). In addition, alternative caregivers in the form of community care-services and market initiatives generally enhance the quality of care provided within the household and on certain occasions replace the care roles of family members, e.g. Lamb (2007) notes that in India, there is a growing number of elders' homes that cater for parents of transnationals. According to Milligan (2009), elderly care-receivers' tendency to accept these alternative care options is shaped by their past gender socialization. For instance, since women are perceived to maintain stronger social connections with family and friends, it is considered they would require less formal care. Additionally, studies on formal care often assume that the transition from the home to residential care is easier for men (as care-receivers) since their experiences in military service accustoms them to communal living (Milligan, 2009).

Notably, few studies consider how the eldercare gap created by the migration of adult-children shapes care-receivers' reliance on other forms of care and the level of agency they exert within these care negotiations. Thus, I proceed to explain the theoretical framing of the paper, which aims to analyse care-networks while recognizing the care-receivers' impact on its formation.

3. Mapping a Transnational Landscape of Care

Milligan and Wiles' (2010) concept of 'landscapes of care' provides a useful starting point to examining transnational eldercare relations. As an analytical framework, it engages with a broad range of care issues since it recognizes that:

> landscapes of care are multilayered in that they are shaped by issues of responsibility, ethics and morals, and by the social, emotional, symbolic, physical and material aspects of caring [...] This includes the support, services and the spatial politics of care […] It incorporates the human and spatial relationships of care, the norms, values and relationships often inherent within care networks (Milligan and Wiles, 2010:740).

While 'landscapes of care' provides the overall framing of the paper, I turn to the concept of the care diamond to narrow the analysis of eldercare within the scale of the transnational family. The care diamond allows for a focus on how other care providers interact with the care-receiver and on the care networks between four specific agents of care that emerged from my empirical work. The care diamond is a model of the welfare mix in care services which represents the family, community, market and state (Razavi, 2007; Ochiai, 2009). Both the landscapes of care and the care diamond acknowledge that care networks are formed by the inter-relations among multiple care-givers.

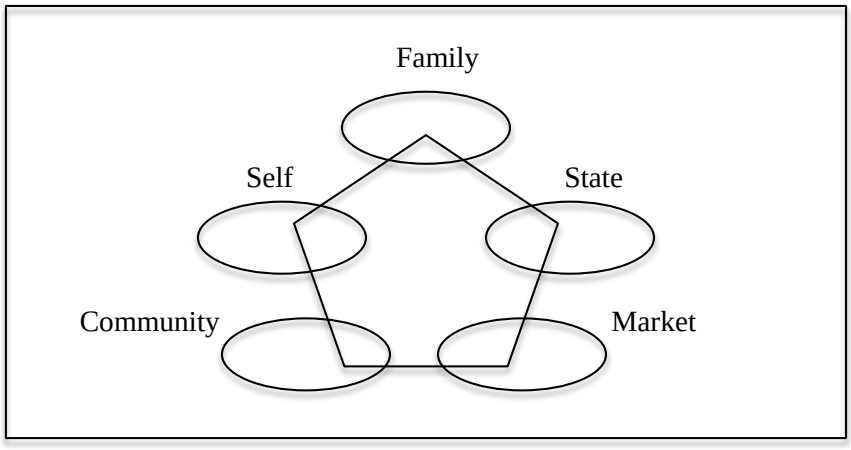
As defined by Razavi (2007: 21) the care diamond is "the architecture through which care is provided, especially for those with intense care needs such as young children, the frail elderly, the chronically ill and people with physical and mental disabilities". However, the literature's concentration on intense care scenarios tends to homogenise elderly as helpless (Ochiai, 2012; Abe, 2010), while overlooking the care needs of the relatively healthy elderly. Indeed, work on 'positive ageing' and 'ageing-in-place' from Western countries highlight the potential for elderly to remain independent until latter stages of their lives (Bowling, 2008, Stenner et al, 2011), while even during frailty mechanisms such as telecare are provided to help elderly maintain autonomy (Milligan et al, 2011). Thus, I argue that the care diamond should be extended to the analysis of care scenarios where elderly have the ability to exert agency, in varying degrees.

However, the care diamond scholarship gives lesser attention to the perspective of the care-receiver. Although, Ochiai (2009) acknowledges the care-receiving individual (both children and elderly) within discussions, the emphasis is on whether the care diamond accurately reflects the care-receivers' experience, e.g. representing the state and market as supplementary care agents. Within the debate on how caring for love and money raises issues about quality of care, Razavi (2007:16) notes that for the elderly "family care can engender a humiliating sense of being dependent and a burden". While Razavi states this concern to be beyond the scope of her discussion of the care diamond, I take issue of this point to argue that elderly strive to reduce their dependency on family care and form alternative care relations with other care agents.

Focusing on the care dyad between the care-giver and the care-receiver, Milligan and Wiles' (2010:740) brings attention to the "embodied and situated personal and identity politics" of care-receiving (and care-giving) by emphasizing that ideals of care-receiving (and care-giving) are shaped by the availability of care arrangements and "situated institutions such as culture, home and family." Indeed, Tronto (1993:109) propounds that "[c]are-receivers might have different ideas about their needs than do the care-givers[...]Care-receivers may want to direct, rather than simply be passive recipients, of care-giving that they receive". Thus, I contend that a discussion on care should bring care-receiver's expectations of care into conversation with their care-givers' contributions. I argue that recognizing the care-receiver's care needs as articulated by them problematizes culturally-informed notions of eldercare and intergenerational reciprocity, and questions the extent to which modernization and changing family patterns have led to an reinterpretation of these care norms by the care-receiver. Therefore, I bring attention to the care-receiver's care-giving potential and forward the notion of a 'self-caring care-receiver'. I posit that care-receivers' self-caring initiatives do impact upon the contributions made by care agents at various stages of their life course and at varying degrees.

3-1. The Care Pentagon

As such, I propose the care pentagon as a framework that incorporates the care-receiver or the 'self' into the care diamond as another care agent whose contributions, similar to the others vary (see Figure 1). I forward the care pentagon as a recognition of the changing demographic and care contexts, where elderly enjoy greater longevity and good health, and are capable of caring for themselves for longer periods of time. This situation overlaps with the changing care regimes where most Asian societies are shifting from a purely familistic regime to one that is gradually incorporating more liberal aspects (Ochiai, 2009; 2012).



[Figure 1: The Care Pentagon]

By recognizing the care-receiver as a 'self-caring care-receiver' I highlight the agency exerted by care-receivers in determining their care needs and negotiating their care, which is overlooked within care diamond analyses since it concentrates on the care balance between the four agents. Since care-receivers' agency does fluctuate according to their age and level of health, I do not place the care-receiver at the centre of a care diamond, indicating that they maintain control within care-relationships at all times. Similar to occasions when certain care agents have little impact on the care mix, e.g. limited state contribution towards eldercare in Thailand (Ochiai, 2009), I assert that eldercare is an evolving process where a healthy and independent elderly person may require phases of acute care due to a fall or a cardiovascular problem, or may reach a stage of frailty where their self-caring capacity would gradually diminish. Next, I explicate two more facets of the care pentagon.

3-2. Adopting a Scalar View

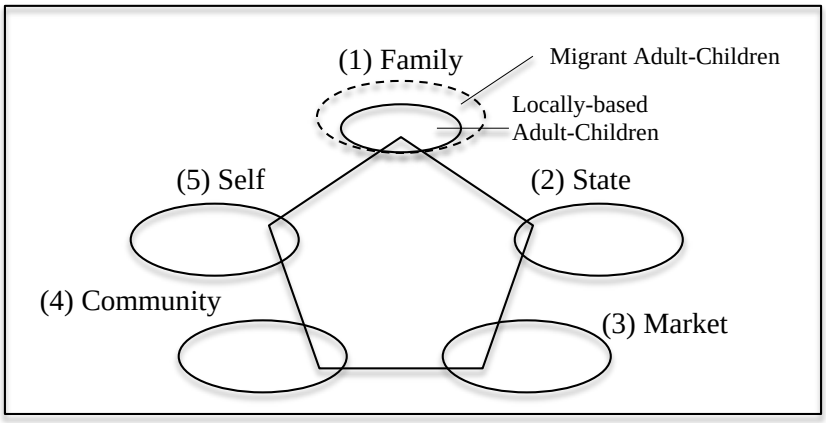
Although the care diamond is largely understood as an aspatial concept, Raghuram (2012) emphasises that the care agents can be analysed as sites of care and the relationship between these

sites and institutional arrangements also need to be incorporated to better understand care arrangements. Indeed, geographers have observed how sites of care influence the elderly persons' agency and their ability to care for themselves, e.g. receiving care within the home provides the elderly with greater levels of independence (Milligan, 2006; Wiles et al, 2009). Within the context of transnational migration where care-receivers cross international borders, the nature of the agency exerted by the care-receiver also varies according to the country they reside in. Further, through the scalar view I assert that each care agent may represent both local and transnational forms of care, e.g. family care may include emotional care provided by migrant children and physical care by locally-based adult-children (see Figure 2). Thus, by considering the landscapes of care, which emphasises that care can be achieved in both distance and proximity, I expand the focus of the care pentagon from the local to the transnational scale.

3-3. Tiers of Care-givers

According to the care diamond, the care-receiver accepts care from multiple care-givers who complement each other (Ochiai, 2009). Milligan and Wiles (2010:737) argue that caring "is 'necessarily relational' in that it involves on-going responsibility and commitment to an object (or subject) of care". Bridging these two notions and extending it further, I contend that from the care-receiver's perspective the family, community, market and state form a network of care-givers that is structured according to a hierarchy of preference. Thus, based on the care-receivers' expectations of care and notions of relationality the manner in which they seek care from these agents forms a tiered network of care-givers, e.g. the self would be the first preference for care, while the second option may be a domestic worker and thirdly a family member. I represent the care-receiver's preference within the care pentagon by numbering the care-providers from the first to the fifth (see Figure 2). The tiers within the care pentagon are not fixed, but vacillate according to the circumstances of both the care-receivers and their care-givers, e.g. the migrant with generally a limited ability to care, during home visits may become the main care-giver. However, the preference is not reflective of the proportions of care given by each provider, e.g. although an elderly parent's first care preference during frailty would still be self-care, the largest proportion of care maybe provided by the family.

In doing so, I highlight the negotiations that occur at a micro-level within care relations, which is not emphasised within macro-analyses that focus on institutional arrangements and care regimes (Razavi, 2007; Ochiai, 2009). Thus, while the care diamond's emphasis on care networks remains within the care pentagon, by engaging with care-receiving ideals and emotions I provide an analysis that extends to the intimate scale. Next, I briefly explain the migration context in Sri Lanka and subsequently the factors and trends that has lead the present landscape of care in Sri Lanka.



[Figure 2: Depiction of Care Preferences and Transnational-Local Forms of Care within the Care Pentagon]

4. Study Context

International migration has been a dominant trend in Sri Lanka for the past thirty years, and has developed along the two trajectories of labour migration and skilled permanent migration. Australia has been a favoured immigration destination for Sri Lankans due to its proximity to Sri Lanka in comparison to other developed nations and the relative ease of gaining work and study opportunities and eventually Australian citizenship. Therefore in 2011, the Sri Lankan-Australian population stood at approximately 110,000 (0.5% of the total Australian population), the majority of whom entered Australia under the skilled-worker category (Australian Government-DFAT, 2011: 60). Most professional migrants have achieved upward economic mobility and lead more luxurious lives than they would in Sri Lanka. Although there are no statistics to directly relate migration of Sri Lankan professionals to a decline in family-based eldercare of their parents, the implication of professional migration on the care of elderly is evident. Generally, the earliest age that Sri Lankans would obtain their academic qualifications and migrate as professionals would be in the late 20s to early 30s, while their parents are likely to be in their 50s. Next, I define the scope of the five care agents within the care pentagon while highlighting the manner they have transformed due to increased transnational migration in Sri Lanka. Further, I focus on the case of affluent, urban elderly instead of providing a broad discussion of the landscape of care available in Sri Lanka.

4-1. Family

The tendency to consider adult-children as the primary care-givers of elderly persons stems from culturally embedded values of reciprocating care that was provided by parents, while societal expectation and sanctions also create pressure to care for ones' parents. Recent studies on eldercare

reveal an increased strain on intergenerational relations and difficulties in maintaining family care due to the formation of nuclear families, decreased number of adult-children per family, increased labour force participation of women, separation of family members due to migration and the loss of adult-children due to the 30 year civil war in Sri Lanka (Silva, 2004; World Bank, 2008). As a result, there is a gradual increase in elderly living alone, or with their spouses, or seeking alternative living arrangements.

4-2. State

Despite the decline in family care, the state's approach towards eldercare is largely familistic. However, the state's provision of fully subsidised health care to all Sri Lankans and the concessional rates of pharmaceutical drugs for elderly in government hospitals do benefit these affluent elderly. Notably, most migrants preferred their parents be attended to in private hospitals, which allowed them to contribute in greater amounts monetarily. However, the elderly sought fully-subsidised care from the state hospitals since the doctors were deemed to provide better services and were not exploitative. Though not directly linked to care provision, I highlight that state provided social security in the form of pensions is vital for the middle to high-income elderly to afford care.

4-3. Market

Market care is available mainly in three forms: local domestic workers, home care nursing services and 'paying elders' homes', with local domestic workers being the most common type (Silva, 2004). The affluent classes of Sri Lanka have had a tradition of keeping domestic workers to conduct household and childcare activities and were not hired exclusively for eldercare. These domestic workers were employed through personal contacts and recommendations and were largely live-in workers. Recently, due to the difficulty of finding domestic workers through personal networks, 'house-maid agencies' have become more common, where domestic workers visit houses on a daily basis. Nevertheless, live-in domestic workers are still preferred due to the lack of trust of domestic workers referred by agencies and the fear of being robbed.

The past decade has also seen a gradual growth of home-care nursing services. 'Paying elders' homes' managed by religious institutions offer modest living arrangements such as separate rooms with shared toilets. Recently, the private sector has also established many luxurious paid accommodations with nursing services. These accommodations, generally charge in foreign currency and cater for affluent elderly such as parents of permanent migrants and foreigners who chose to retire in Sri Lanka.

4-4. Community

The community as an agent of care in Sri Lanka caters largely for the needs of destitute elderly, through fully-subsidised elders' homes and day centres. Although middle and high-income elderly can benefit from such services, due to media representations of its residents as objects of pity many avoid utilizing them (Sunday Times-Sri Lanka, 07/08/2011). Thus, neighbours are generally the community form of support available to the more affluent elderly. Limited studies have considered the importance of neighbours and extended family members as primary or supportive care-givers (Waxler-Morrison, 2004). However, research on Sri Lankan elders' living arrangements has observed instances where extended family members such as siblings or cousins care for their elderly relatives (Silva, 2004). Further, it is common for extended family members to live within the same neighbourhood due to ancestral land division practices. Similar to Razavi's (2007:21) assertion that 'community' is a "the heterogeneous cluster of care providers", within the study I define community care as the availability of informal support networks, which includes a wide range of people who offer various types of care at varying degrees.

4-5. Self

The urban, affluent elderly parents' tendency to rely on themselves for care is an amalgamation of several factors. The parents I spoke with are economically independent, with 83% of the respondents receiving state-provided pensions. Given the elderly parents' social background and that several (34%) of them had themselves worked abroad, these parents' notions of receiving eldercare exemplified their desire for autonomy from their children and to be provided with care only when they require it. As elaborated by Omala (female/58/widowed):

> I don't want to be a burden to anyone, especially to my children. I have made arrangements for my retirement. I have enough money in the bank in case I get sick.

Recognition of the disproportionate distribution of eldercare duties among adult-children also influence parents to care for themselves. A significant proportion of care-receivers (37%) chose to live alone or with their spouse in order to ensure that their children, both migrant and locally-based, are treated equally. Therefore, while concern for adult-children motivates self-care, a sense of selfhood is also a significant factor, especially since these parents possess the resources that are essential for care.

Within the study, I apply Sri Lanka's definition of 'elderly' as persons above the age of 60 years. I define 'healthy elderly' as those who are both physical and mentally able; although they may require medical attention for illnesses such as diabetes or cardiovascular problems, these ailments do not impede their ability to care for themselves. 'Frail elderly' denotes persons who are critically

ill and/or require assistance in activities of daily living. None of the 35 elderly respondents were disabled or required intense care-giving at the point of the interviews, although 13 of them had experienced health crises due to heart attacks, falls and other forms of sudden acute illnesses. However, I use the labels of being 'healthy' or 'frail' as convenient terms purely for analytical purposes. In addition, the majority of respondents referred to care strategies that took place during their deceased spouse's or parent's illness; therefore, these experiences have been incorporated into the analysis.

The following section focuses on three transnational landscapes of care elderly parents of Sri Lankan migrants experience as they reside in both the Sri Lanka and Australia, and as their level of health and agency reduce over time. Through the discussion I will explicate on how the gendered notions of care shape these elderly parents' care expectations and relations.

5. Care in Sri Lanka when Healthy and Independent

During the early stages of migration when the majority of elderly parents are relatively healthy and independent, within the family the exchange of emotional care takes precedence as a form of transnational care-giving. This "technological management of distance" (Parreñas, 2001:130) through phone calls, text-messages, and Skype enable migrants to convey their love and concern for their elderly parents. However, the transfer of emotional care reflected gendered distinctions of caring where unlike their female counterparts, most of the male respondents failed to comprehend the emotional significance of frequent communication and tended to be satisfied with helping their parents when in financial need. Since the majority of the healthy elderly parents do not require financial support, their sons' failure to understand their emotional needs lead to discontentment as shared by Omala (female/58/widowed):

> If I tell my son that I am sick he will ask how much does it cost to see a consultant and will send the money immediately. But I have the money; what I want is just to talk about my problems with him.

During this phase, locally-based adult-children's caring patterns did not vary significantly from their migrant siblings. They too provide emotional support and company, while occasionally offered practical care by providing their parents with transportation and help with home maintenance. Notably, despite the care-givers' gendered ways of caring, the elderly parents' expectations of care during this stage is gender-neutral where they expect mainly emotional support from both sons and daughters.

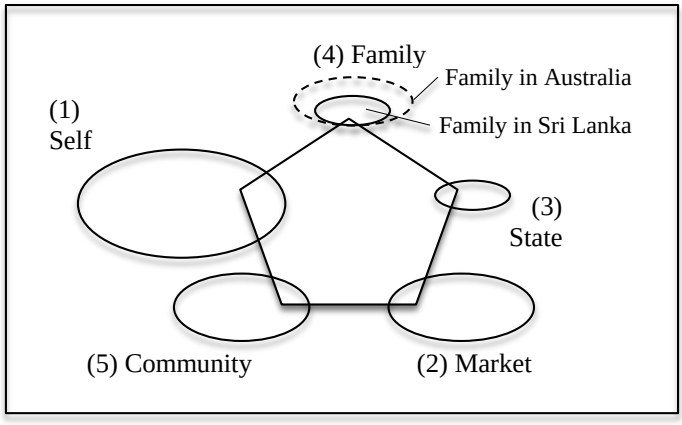
Though being self-reliant for physical care, most of these elderly employed live-in domestic workers to assist them with the general running of the household. As detailed by Nelun

(female/89/widowed) a live-in domestic worker also provides these elderly companionship and a sense of security of having a person to appeal to in an emergency:

> I have known Soma since she was a child, since she has been in the family she knows who are the trusted people, who to call in an emergency. It's much better than a daily [domestic worker]. You can't leave the house when they come in, they might rob you.

Further, the presence of supportive kin in the form of siblings, extended family and fictive kin such as neighbours reduced the care-receivers' dependency on their adult-children, while they were a crucial form of assistance for parents without any adult-children in Sri Lanka. For instance, Lalani (female/69/widowed) whose only child resides in Australia, depends on her two younger sisters who are both doctors to advise her on health issues and they take turns to accompanying her on monthly visits to the doctor. A tri-wheeler driver fulfills her transportation needs, while also providing her with other services such as posting letters, accompanying her to various places such as the bank and market. In the night, Lalani's neighbour's domestic worker and the worker's husband sleep in a room allocated to them to keep her company in case of an emergency. State provided care at this stage was not significant since the elderly parents' have few ailments or chose to receive private health care since their complaints were not very serious or costly.

Considering these elderly respondents' transnational landscapes of care illustrated though the care pentagon (see Figure 3), the elderly parents' first preferred to fulfill their care needs by themselves and second through market care, mainly domestic workers. Both migrant and locally-based adult-children played a vital role in providing emotional care during this stage.



[Figure 3: The Transnational Landscape of Care when Care-receivers are Healthy and Independent in Sri Lanka]

In addition, practical and emotional care provided by extended family and neighbours were important for the parents' to maintain their autonomy. Thus, contrary to the Asian family care model

(Hu and Chou, 2000), the care expectations of these affluent elderly were not centred on the adult-children but were distributed among agents that represented the community and market. However, this landscape of care differs greatly when these healthy and financially-independent elderly parents visit their transnational care-givers in Australia.

6. Care in Australia during Visits

Transnational eldercare conveys the notion that migrants and their elderly parents are perpetually apart, with episodic moments when they exchange proximate care; such episodic moments are also recognized as a vital aspect of the transnational eldercare (Baldassar et al, 2007). Thus, I shift the focus to proximate forms of care exchanged between the relatively healthy and mobile care-receiver and their migrant children, when the former resides in Australia. The majority of 35 elderly parents (69%) had made multiple visits to Australia by the point of the interviews, while several of them (16%) travelled annually to reside for a period of three to six months.

The sentiment around organizing the parents' visits to Australia is triggered by the migrants' desire to show their parent that they 'care about' them. Since the elderly parents were generally healthy, care was expressed largely by taking them on trips, and going out for dinners, which as voiced by Swarna (female/85/widowed) are translated to emotional care:

> Because I am keen to go to the temple... every month they go to the temple… we even went on a long trip for 14 days. Anyway once a week they take me out to see various places. They take enough care [of me].

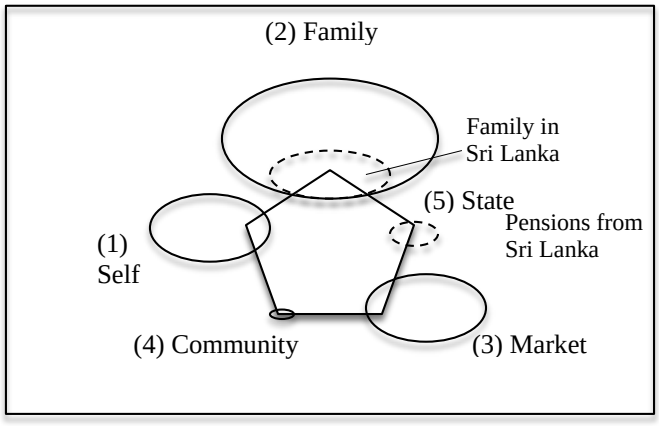
However, as observed in studies on elderly migrants living in host-countries, these elderly faced difficulties in adjusting to the foreign environment which places them in a vulnerable position of great dependence on their children for food, mobility and entertainment (Izuhara and Shibata 2002; Lamb, 2007).

Indeed, as visitors to Australia the elderly parents could not access formal community care facilities and had to depend on market care, while their adult-children had to pay large sums of money for their medical insurance. Most elderly respondents drew parallels with the sense of community they felt in Sri Lanka and how its absence in Australia and their lack of familiarity with Australian norms of living limited the agency they were able to assert in their day-to-day activities and mobility, which in turn placed them in a position of greater vulnerability and dependency with regard to care. For instance, although Lalani (female/69/widowed) is capable of taking walks alone, she explained that the streets are empty and if she should fall she is afraid that no one would hear her calls for help, and an injury would be an added burden on her daughter. While most elderly mothers' found the unfamiliar neighbourhoods restrictive to their mobility, in comparison, elderly

fathers were more mobile, e.g. taking walks or accompanying their grandchildren to school or for extra-curricular activities. However, they too emphasised that the ability to rely on friends and neighbours as informal care-givers is not available to them in Australia due to cultural inhibitions and racism as elaborated by Rahula (male/75/married):

> Australia is not good place for dark-skinned Sri Lankans like me; I guess we stand out as different. I go out for walks everyday, and the maximum I will get is a nod.

Although, the elderly parents' ability to physically care for themselves remained consistent in Australia, their landscape of care extended only to the family and occasionally the market because they were taken for medical check ups by their migrant adult-child (see Figure 4). Notably, adult-children in Sri Lanka continued to provide emotional care while their parents were in Australia. Since the Australian migration policies consider the migrants as the custodian of their elderly parents, the state has no impact on the care they receive during their visits. The state care represented in the care pentagon is elderly parents' pensions that they receive in Sri Lanka. Although it is a small contributor to the care, it did contribute to the elderly parents' sense of self. The formation of community networks were limited due to racial differences, the respondents' lack of confidence in the foreign environment and the their immigrant status which made them ineligible to access community care. Thus in comparison to the care scenario in Sri Lanka, the landscapes of care in Australia offers limited options and tends to thwart the elderly parents' agency.



[Figure 4: The Transnational Landscape of Care when Care-receivers are Healthy and Independent in Australia]

7. Care in Sri Lanka when Frail and Dependent

Eldercare is an evolving process where the initially healthy parent may face deteriorating health and declining financial strength. These elderly parents' increasing frailty did not result in an immediate shift to family care, but a gradual one where they realize their reducing capacity to self-care and attempt to maintain autonomy by engaging in other forms of care. Among them domestic workers were the most frequently opted source of care. Four parents who lived in paying elders'

homes explained that moving into these homes was precipitated by the need for independence and personal space, since they faced difficulties in maintaining a household and also considered it a caution against possible family tensions, which in turn highlighted the gendered notions of ideal care-givers. In Kamala's (female/79/widowed) words:

> My sons actually called me to [move to] Sydney, but I said no. If I had a daughter I would have considered. So I thought of coming here [to the paying elders' home]. At the moment I have no problems with my daughter-in-law, but that's because we are apart. It's when you have to live together that the problems start.

Further, the structure of the paid accommodations allowed the parents to maintain personal autonomy. The care-receivers' movements were not restricted by the management and they were allowed to have personal domestic workers who would share the room with them. This arrangement enabled the elderly parents to bring in care-givers who are familiar with their care needs into the more formal care setting. Notably, all three of these respondents only had sons and had to rely on their daughter-in-laws for intimate care-giving either in Australia or Sri Lanka. In contrast, Erandathi (female/77/widowed) who had a daughter residing in Sri Lanka opted to relocate to her daughter's house when faced with greater frailty.

Indeed, the majority of parents' decision to reside with their daughter instead of their son during frailty, not only expressed the common assumption that women are better suited for care-giving (Zhan and Montgomery, 2003; Wong, 2009) but also the significance of (non)family ties when receiving care. As voiced by Swarna (female/85/widowed),

> My son is there [in Australia] he will look after me alright, but that is a son and a daughter-in-law. But I want to be looked after by my daughter. I mean how can you be naked in front of your daughter-in-law but you can be that in front of your daughter. You can't ask your daughter-in-law to wash you.

Thus it is not only the gender of their care-givers, but also the kinship and intimacy shared between the care-receiver and care-giver (Long et al, 2009; Wong, 2009) that impact whom the elderly intend to rely on for intense care-giving. Nearly all elderly mothers differentiated between the (emotional and physical) care received from a daughter and a daughter-in-law: a daughters' care is an expression of love, while a daughter-in-law would care as an obligation.

With the parents' increasing age and greater medical needs, their income becomes insufficient and they rely more on their adult-children for financial support. For most parents, financial support was readily given by the transnational care-giver as reflected in Malini's (female/81/ widowed)

experiences:

> When I needed to have a heart surgery, my children here [in Sri Lanka] told her about the situation, [and] she sent money immediately. So we had no problems on that front. In fact she insisted that I be put in a private hospital.

Despite the importance of the migrant child's remittances for the parent during ill health, the majority of parents expressed that it was not an adequate expression of care. Similar to Dimanthi (female/83/widowed), as parents become frailer and their social networking becomes more restricted, they relied more on their adult-child for emotional support.

> We are all growing old now, most of my friends are dead and gone, or are too sick. Who do I have to turn to now other than my own children? It takes very little to upset me nowadays, and at that time I need to talk to my daughter. Just hearing her voice is enough to soothe me.

The gendered patterns of emotional support expected – and received – during the parents' frailty did not vary much from when they were healthy; daughters were more diligent than sons in keeping contact with their parents. In addition, the failed expectations of emotional care by the migrant during the early stages of migration impacted whom the parent chose to turn to when faced with greater vulnerability. Relating to the emotional stress she felt when she fractured her hip, Vijitha (female/81/widowed) explained:

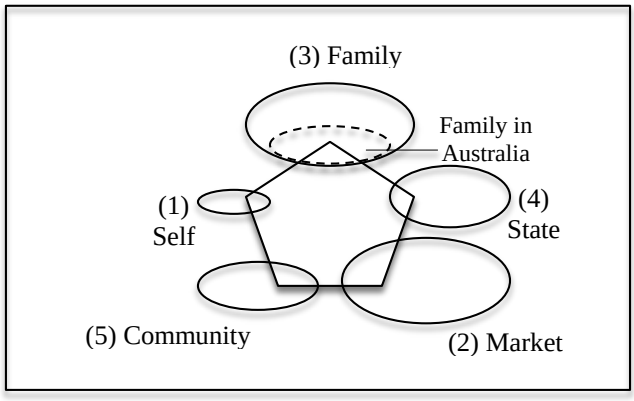
> Well he never really called that much from the beginning [of the migration], so why should I bother him with my troubles? Anyway my youngest daughter and grandson are here with me. It's to them that I turn to when something worries me.

Although family care was the option for the majority of elderly parents during these phases of ill-health, a few care-receivers explained that extended family members such as siblings, nieces and nephews, neighbours and acquaintances provided them with a wider network of care givers. Rahula's (male/75/married) experience during his heart attack illustrates that the network of local care-givers the respondents can appeal to for help during a crisis is extensive:

> The very minute I told my wife to call an ambulance, she called my daughter but also my son-in-law's sister [whose office was near the hospital and has previously helped during emergencies]. She came immediately to the hospital straight from work and had

made the initial hospital payment as well.

Contrary to studies which posit that family would be the first option of care while the market is the least preferred form of care, in the study, despite the presence of locally-based adult-children several elderly parents chose to rely on market care in the form of domestic workers and paid elderly homes. Thus, I contend that the dependency patterns of affluent care-receivers form a tiered pattern, where commercial forms of care are first preference since it enables the elderly to maintain their independence, while closer familial ties to the care-giver convey reducing autonomy for the care-receivers (see Figure 5). As such, when elderly respondents experience greater frailty, their landscapes of care expand to all four tiers of care, while the care provided is less emotional and more physical.



[Figure 5: The Transnational Landscape of Care when Care-receivers are Frail and Dependent in Sri Lanka]

7. Conclusion

Study of the care exchanges between migrants and their elderly parents discloses the manner in which transnational migration has transformed conventional notions of care. Through the care pentagon, I emphasised that the care-receivers' tendency to accept care from various agents is based on their notions of relationality and expectations of care, which in turn creates a tiered network of caregivers. In response to changing family norms, ageing parents seek to maintain their autonomy until they reach a stage where they require long-term care. Meanwhile, elderly parents engage in 'self-care', believing that by caring for themselves, they would be reducing the care burden on their familial care-givers. Family consistently plays a significant role in the elderly parents' care landscape, however the type of care they initially provide is largely emotional while as the parents' level of frailty increases it expands to physical care. However, the variations between the three transnational landscapes of care in Sri Lanka and Australia emphasises that the elderly parents' autonomy is tied to their access to other care-givers. Indeed, this group of affluent elderly highlight

that market care is a preferred form of care despite the presence of family. In comparison, community care is largely supplementary to family and market care. State care is greatly appreciated but less utilised due to the elderly parents' access to private health care.

These transnational landscapes of care are also shaped by the elderly parents' gendered ideals and experiences of care-receiving. First, discontentment could be identified along gendered lines, where elderly respondents complained that sons failed to understand the significance of phone calls and considered money a substitute for care, while daughters provided emotional support through frequent communication. While these negative care experiences initially motivate parents to maintain greater autonomy regarding their care, it also creates a complex interlocking of gender and power relations as the parents reach frailty. Nearly all respondents preferred to receive care from daughters, this partiality was influenced by notions of both gender and intimacy. The preference for women over men as care-givers perpetuates the gendered understanding of women as natural care-givers and emphasised the tendency to expect intense care-giving from them (Isaksen, 2005). Further, I argue that the elderly respondents' preference for daughters over daughter-in-laws when receiving physical care associated with the naked body reveals their notions of insider/outsider when it comes to intimate care. Notably, the tendency for a domestic worker to provide intimate care over a daughter-in-law emphasises the elderly respondents' opinion that first, despite both being outsiders, the ability to pay the domestic worker for their care is preferred instead of accepting obligatory care from the daughter-in-law and second that they wield greater power within care negotiations with paid care-givers than with familial care-givers.

Thus, by including the 'self' as another agent of care to the care diamond, I focused on the changes that take place at an individual level within care relations, which does not get highlighted within more macro-analyses that focus on care pluralism. Further, through the paper I intended to emphasise on the dynamic nature of eldercare and offer a framework that can capture both its temporal and spatial variations.

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Role of the State on the Care of Low-Income Migrant Workers in Qatar

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1. Introduction

International Labor Organization (ILO) classifies the international migration for employment into 2 majors; *settlement migration* and *contract migration*. Settlement migration is the one that migrant workers are involved to secure jobs and settle there. This migration is from underdeveloped economies to developed countries and identified as the "brain drain of the high skilled people" in underdeveloped countries. In the type of contract migration, migrant workers are granted permission to enter a country and a contract is issued on their behalf or between them and their employer. According to ILO, contract migration has outnumbered the settlement migration (Zachariah and Rajan, 2004). In the case of Qatar, contract migration is dominant in which migrant workers need an entrance visa and an employer's permission in order to work in Qatar.

Qatar is a country that rapidly grows in global history in terms of urbanization, citizen wealth and its integration to global economy. Migrant workers who have immigrated to Qatar through a contract and a sponsorship relationship are incorporated into economic structure of Qatar, but excluded from the social structure. This paper seeks to analyze the role of the State of Qatar on the management of low-income migrant workers. It will be argued that international labor migration to Qatar and Qatar's responses for managing the migrant workers cannot be understood only within the economic and demographic context such as revenues, investments, small population size and low labor force of Qatar. Rather, the political and cultural structure of Qatar must be taken into consideration to understand the management practices of Qatar institutions.

As well as the economic factors including the stability of the economy, trade, foreign investment, and the income distribution effects of migration, non-economic factors such as cultures, values, human capital, political affiliation, social integration, and neighborhood safety play decisive role on the migration management policies of Qatar. Throughout the years, Qatar government could not be able to stop the migration flows to their countries since there is a reciprocal dependency between them due to the construction projects of the state. Policies and practices of the Qatar government are actually based on minimizing the impact of foreign workers on local culture, values, traditions, and customs since the cultural integrity and homogeneity of Qatar has been seen as crucial for the survival of the state and considered as being challenged and threated by the migrant flows (Babar, 2011).

2. History of the Labor Migration in Qatar

In Qatar today number of migrant workers has outnumbered the Qatari citizens by more than nine to one (Gardner, et all., 2014). In order to understand the immigration flows to Qatar, pre-oil era and post-oil era need to be differentiated from each other. As Gulf Cooperation Countries (Bahrain, Kuwait, Oman, Qatar, Saudi Arabia and UAE) share many similarities in terms of the development of their socio-economic and political structures, immigration issues have caused similar effects on their economy and policy decisions. After the discovery of oil in the GCC countries, their economies have been identified as petrodollar economies and prosperity level of those countries rapidly rose (Khaalaf and Saad Alkobaisi, 1999).

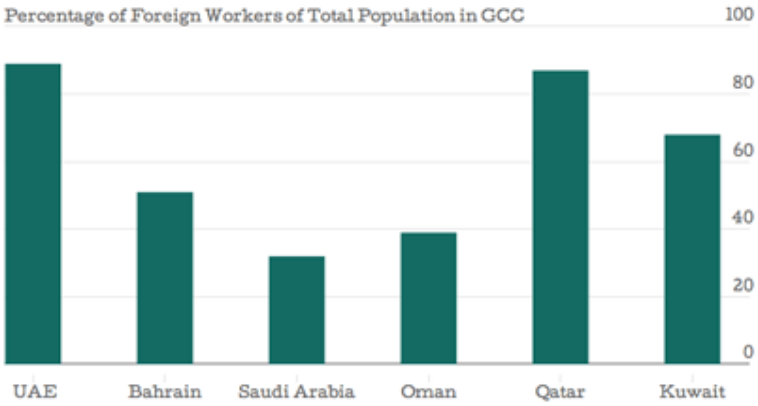

Figure 1: Percentage of Foreign Workers of Total Population in GCC (Source: Kuwait Diplomatic Institute-2011).

History of migration to the GCC countries expanded upon by the British colonial apparatus and then expanded further by the discovery of oil wealth (Gardner, et all., 2014). The discovery of petroleum wealth had a transformative impact on GCC countries' economies. A flush of oil income rapidly paved the way for modernization and changed the region's sheikdoms into modern nation states (Gardner, et. all, 2013). As rapid modernization had a significant effect on the material aspects of life, it has brought the need of the importation of labor in all level of skills. Qatar with its small population size and low level of labor participation had to seek alternative sources of labor. Since the local population is small and historically lacked the technical skills needed for modernizing their traditional societies, importation of labor at all levels of skills has been adopted as state policy (Khaalaf and Saad Alkobaisi, 1999).

On the other hand, pre-oil economy of the Gulf Sheikhdoms were described with their vulnerability since pearling industry was the only income source of the Gulf that determined the political, cultural and social institutions of the Gulf region (Niblock, 1980). The tribal structure of the region also shaped the conduct of those economic activities based on trust, loyalty and discipline. This economic structure of the region was followed by the economic dependency on the oil sources which produced importance of capital and manpower, extensive social services and a new life style of the Gulf societies. Afterwards, oil and natural gas provide a fundemental source of capital for Qatar that developed its economy rapidly and required labor forces with the rise of oil prices in 1973-74 and in 1978-1979. This development resulted in large transfers of capital from oil importing countries to oil exporting countries (Birks and Sinclair, 1982). Expansion in demand for labor and exhaustion of traditional labor supplies forced labor importers to look for additional supplies, especially in the Indian sub-continent (Schuurman and Raouf Samir, 1990).

With the 'oil boom' in 1973, the GCC countries that had been the major oil-exporting countries had to deal with a dilemma regarding investing their vast revenues. Consequently, they decided on three major economic and social fields in which to invest. The first field was the development of infrastructure, governmental ministries and services. The second field was the development of the industrial and agricultural sectors with the aim to diversify their economies. The third field was the substantial improvement in the health care and education systems as well as other social services (Winckler, 1997). Those infrastructural developments and economic growth in the twentieth century paved the way for the formation of migration industry in GCC countries and allowed them to expand their respective foreign labor forces (Gardner, et. all, 2014).

In early 1980s, labor migration had transformed the workforces of GCC countries. It rose up to 70% in Kuwait, 40% in Bahrain, 85% UAE, % Saudi Arabia and 81% Qatar (Humprey, 1993). After 1982 with the end of the oil decade (1973-1982), substantial change occurred in those countries. In 1981, the World Bank stated that migrant workers were consuming too much water, fuel, food and electricity which was costly for governments to provide wages and subsidizing public services for migrant workers (Winckler, 1997). Authorities began a rigid control over the admission of migrant workers because of the slowing down of economic development after 1982 and increase in unemployment. In 1990, the Iraq invasion of Kuwait resulted in dramatic demographic changes; for example, especially departures of migrant workers in Kuwait and Saudi Arabia rapidly increased while other GCC countries and Qatar remained the same.

In terms of the conservative and traditional form of its socio-cultural and political organizations, Qatar as a small oil exporting society is different from developed capitalist industrial societies. “Dialectical

paradox" is the term that can be used to explain this difference. Wealth and prosperity which came through the oil resources, have paved the way for the dual characteristic of rapid economic modernization. Prosperity level of the country has increased but traditional elements in the political-legal and cultural branches have remained. This affects how society react the scopes of international labor migration (Khaalaf and Saad Alkobaisi, 1999). Therefore, Qatar as a city state (Halliday, 1977) which has a few sources apart from the oil and gas has experienced the deepest impact of the migration with the Kuwait and UAE. Due to the dual characteristics of rapid economic development, since the 1970s, skilled and professional migrant workers have increased but the foreign labor force is still dominated by workers who are employed in the construction sector (Seshan, 2012).

3. Kafala System and Governance of Labor Migration in Qatar

Kafala system is the central institution in Qatar that defines the rights and obligations of the migrant workers. This system also creates a structural dependence by rooting the migrant workers to the employer rather than the state. Qatar authorities prefer individual, informal policies to broader legal policy and consider workers as economic and contract matters rather than of civil and political rights (Mednicoff, 2012). Migrant workers required to obtain their current employer's permission before changing jobs (known as a 'no objection certificate'), they are required to have their employer's permission before leaving the country (exit permit), they are not allowed to form or join trade unions and they are excluded of certain categories of workers, including domestic workers, from the protections of the Labor Law meaning that under Qatari law there are no limits on their working hours, they cannot complain to the Ministry of Labor if their rights are being breached. Moreover, the "kefeel" has ability to hold migrant's passport and tremendous power in the hands of initial sponsor (Amnesty International, 2013). In the case of GCC countries, foreign workers are employed with local contracts and they are not maintained on their home country social system (Sandrine, 2012). Throughout the time, those practices and attitudes towards the migrant workers have been normalized in the socio-cultural context of Qatar and other GCC countries (Gardner, 2014). This fact shapes the long standing norms concerning the relations between the migrant workers and employers.

The Kafala system recently has come under criticism by human rights groups, who characterize it as a modern slavery. The migration governance system of Qatar has mostly been described with its injustice practices about the migrant workers' rights. In January, *the Guardian* published a Human Rights Watch Report and described the 2022 World Cup which is the most ambitious project of Qatar as "a crucible of exploration and misery" (Gaith, 2013). This report has shifted attention to the issue of migrant workers in Qatar. Their living and working conditions have started to be investigated in terms of human

rights principles. The Qatari government has started to be criticized for exploiting migrant workers due to its infrastructure projects.

Ministry of Interior and the Ministry of Foreign Affairs are the official institutions who are responsible for the governance of the expatriates in Qatar. For the governance of the labor, the central authority that has primary responsibility is Qatar's Ministry of Labor (MOL). It implements policies for the use of labor, settles labor disputes in accordance with the Labor Law of Qatar, develop career programs and develop programs to increase the number of Qatar nationals in the workforce (Qatar Ministry of Labor). In addition, the Department of Labor Relations of the Ministry of Labor and Labor Court are two legal institutions that migrant workers can apply when they are exposed to any problems related to their employer and workplace.

Since civil society in Qatar is extremely limited, there are quasi-governmental organizations such as The Doha International Family Institute (DIFI), Qatar Foundation for Education, Science, and Community Development that are engaging with the labor migration and addressing the migrants' rights and workers' rights in Qatar (Babar, 2011). Qatar Foundation for Combatting Human Trafficking (QFCHT) is another organization deals with the victims of human trafficking. The Qatar National Human Rights Committee (NHRC) can be seen as the prominent quasi-governmental organization which was established in 2002 in order to demonstrate Qatar's commitment to prioritizing rights for all residents, and to engage with human rights as a good global citizen (Babar, 2011). The NHRC is mainly engaged with assisting the complainants and preparing annual reports every year.

All of these initiatives can be interpreted as responses for the increasing international scrutiny against Qatar regarding the conditions of migrant workers. Due to the 2022 FIFA World Cup, much attention has been drawn to the implementation of the labor law and the kafala system (Babar, 2011). Human Rights Watch, Amnesty International, and the International Trade Union Confederation regarding the treatment and conditions for workers can be seen as the institutions that showed their condemnation to the labor law implementations in Qatar. As a response to these condemnations of the human rights organizations, the Qatar 2022 Supreme Committee has started preparing a 'migrant worker charter', which has been announced to be implemented for all World Cup-related infrastructure projects (Babar, 2011). The stance of Qatar 2022 Supreme Committee can be considered as a commitment to ensure the safety, health and dignity of all workers and their welfare and rights (Babar, 2011).

In the GCC countries, the segmentation and polarization of the labor force has been drawing sharp divisions between the national workers and foreign workers (Malecki and Michael C. Ewers, 2007). The vast majority of national workers are employed in governmental jobs and do not prefer to work in private companies. Similarly, private companies tend to recruit foreign workers because they accept working in

flexible hours with a lower salary than the nationals demand. In recent years, governments have attempted to implement some strategies such as bringing quotas for the companies to make them to recruit national workers for the nationalization of the labor force. These strategies are actually named as Saudization, Omanization, Bahreinization, Emiratization, Kuwaitization and Qatarization.

As stated in Qatar's National Vision 2030 plan, rapid economic and population growth causes serious problems in every aspects of life in Qatar. Recruiting that large number of migrant workers motivated the Qatari government to take steps to weigh up the potential consequences of migrant labor. Therefore, Qatar like other GCC countries, avoided seeing itself as a destination for permanent settlement, and aimed to build a citizen workforce by alleviating ongoing dependency on foreign labor (Babar, 2011). Despite the labor nationalization strategies of the Gulf countries, national labor market is currently dominated by the foreign workers. Therefore, the kafala system can be interpreted as a process to manage the large numbers of migrant workers that are an essential component of the national labor market. Kafala system and restrictive migration management policies of Qatar reflect the fear of loss of the national identity and also as a result of the great demographic imbalance in the fabric of Qatar society and in the national labor environment.

4. Disintegration of Low-Income Migrant Workers to Qatar Society

According to Human Rights Watch Report (2012), Nepalese has the largest proportion with 39% of the low-income migrants in Qatar. Indians are 29%, Sri Lanka and Bangladesh are 9%, Philippines are 5%, Pakistan and Egypt are 3% and other nationalities account 2% of the low-income migrant workers' population. In the labor force of Qatar, nationals are mainly work in public sector and highly skilled migrant workers dominate the private sector technical jobs while less skilled migrant workers dominate the construction and domestic works. Since Qatar economy is lack of a free labor market, there is a high dependency on imports (labor, capital goods and know-how) and there is no national capital accumulation process because of the lack of national market (Schuurman and Raouf, 1990). Importing migrant workers brings costs beside benefits for supporting its development projects. As migrant workers can be brought easier and quickly for project-basis jobs and can be sent back to their country when there is no more need, cultural and political costs of the migrant workers are seen as potential threats to Qatar society which declares itself as conservative and family-oriented. Migrant workers are considered as threats to national heritage of Qatar and cultural values of Qatar and even to political stability of Qatar (Kamrava and Babar, 2012).

According to Human Rights Watch Report (2012), the most serious issues relating to the treatment of construction workers in Qatar are stated as: poor living and working conditions, low wages and failure to pay wages on time or in full, high fees charged by recruiting agents in the labor sending countries, false promises to workers about the salary, benefits and nature of the work to be performed. The life conditions of the low skilled migrant workers should be underlined in order to understand the implications of the kafala system on the migrant labor in Qatar. According to a research that was conducted with the low-income migrant workers in Qatar, the workers recorded that 40% of them was located in dormitory-style camps, followed by 25% in villa camps, apartment flats 16%, port cabins 7%, private homes 5%, and other types of accommodations 7%. Most of them share their accommodation with over six people. Moreover, the supplies of electricity, water, and the provision of air conditioning are provided in very limited standards for them (Gardner, et. all, 2013).

Low-income migrants in Qatar are mostly exploited and deprived of their main economic and social rights. Migrant workers are entering the Qatar through a sponsorship agreement and in most of the cases the contract that had offered to them does not match with the conditions such as the amount of the salary and the type of job that they encounter with in their workplace. However, workers are forced to accept those conditions because they are entering the Qatar through contacting with a labor brokerage in their sending country and if they go back to their country they need to pay those labor brokerages. In addition, they need their sponsor's authorization to leave Qatar which makes the process more challenging for them.

The separation between the higher-skilled and high income migrant workers and low-income, lower-skill workers need to be emphasized as an important aspect of the labor migration issue in Qatar. Although the cultural treats of the high skilled foreign workers towards the fabric of Qatar society are not being neglected, their supposed threat is not considered as a direct threat to the states' security. The threat of the high skilled predominantly Western foreign workers is associated with the advancement of locals within the job market. Since the Gulf countries are lack of human capital, high skilled foreign workers compete in getting the jobs which would appeal to Gulf nationals. In contrast, low skilled foreign workers who are predominantly from Asian and African countries are perceived as posing greater threat to the state security. According to the 2009 "Inter-Arab Labor Mobility Report", low skilled migrant workers tend to engage in crimes, potential to spread communicable diseases, and civic disruption through migrants' violent protest (Babar, 2011). As for the Arab workers who share the similar linguistic and cultural affinities with the Gulf countries, they have been perceived as the segments that have a politically destabilizing influence in Qatar. This perception of Qatar and other Gulf countries as well towards the

Arab migrant workers such as Egyptians, Syrians can be viewed as a traditional threat perception which has been based on the idea that they tend to disperse political ideas and ideologies threatening to the state and the status quo. While the Westerners, Asians and Africans are viewed as posing cultural threat to the fabric of Qatar society, Arab workers are considered as posing political threat to the status quo in Qatar.

Many of them are in a situation that could be described as forced labor under international law, and even quasi-slavery in some cases, particularly in the domestic sector (Molitor, 2014). The new building sites for the World Cup and the abuses that are taking place in the cases of low-income migrant workers have drawn the attention of the global media. Although the problems facing low-income migrants in the Gulf are not new, NGOs and international organizations like Human Rights Watch, Amnesty International and the International Trade Union Confederation (ITUC) have documented many reports which enlighten the situation of the workers.

As in most of the GCC countries, in Qatar migrant workers are defined as potential threats to the state security, social stability, demographic balance, and their propensity to crime and a challenge to the civic order. Since migrant workers are remained out of structured political movements, their threat to the political stability is considered as less important than the cultural and security threats. Their contribution to the state economy and development readily has been neglected by the state of Qatar. According to Babar, these threat perceptions of Qatar towards the non-nationals are part of the public mind-set around the discourse of labor migration in the Gulf (Babar, 2011). This kind of discourse has a potential for a negative treat of the state and society towards the non-nationals and migrant workers.

The result of the migration management of the Gulf countries and Qatar is the engagement of the state in problematizing migration and placing it in securitized debates. This attitude of Qatar can be explained by the political structure of the Gulf monarchies. Internal threat perception has highly dominated the state ideology and policy towards the non-Qatari segments of the society. It should be kept in mind that Qatar is not a democratic regime and participation is limited with the ruling elite. In that sense, state of Qatar's security mission dominates the discourse of the migration management as well as the social stratification based on the ethnicity and class.

5. Conclusion

Qatar as a rapidly growing economy in the Arab world has much more to do in order to cope with labor migration issue and ensure the low-income migrant workers' rights. The main reform that Qatar needs to implement is the kafala system which restricts migrant workers' life conditions. Migrant workers must be provided the right to change their jobs without the permission of their current employer and also to leave the country without the permission of their current employer. The fact that they do not have a

right to complain and change their jobs if they face with the problems in their workplace paves the way for the employees to maintain unofficial regulations.

The kafala system has been implemented at the junction between law and custom, and reinforced by legal contracts between the migrant worker and his employer (Gardner, et. all, 2013). In recent years due to the international criticism for the management of migrant labor issue in Qatar, the kafala system has been the focal point of discussions about the global human rights. Qatar as the other GCC states has long been trying to alter the aspects of this system in response to these human rights-based critiques. The critiques are mainly concerning the passport confiscation, lack of documentation, job switching, salary withholding, and problems related to labor camps and living conditions common to low-income foreign workers in Qatar and the neighboring states (Babar, 2011).

Growing migrant population in Qatar makes the management of the labor migration central point for the policy making. Beside the role of economic forces and actors in the management of migration, political factors cannot be underestimated for their role in shaping and developing migration policy of Qatar. Migration policy in Qatar is mainly identified in a broader state discourse and the anxiety of the government because of the 'demographic imbalance' present in the national labor markets and population structure (Sharon, 2006).

It can be emphasized that in recent years the GCC states have begun to take a more proactive role in addressing the issue as a bloc, although they have not succeed in harmonizing their policies regarding the migration management. The GCC states are facing similar concerns around migration and they are at the center of the international criticism for their policies related to the migrant workers. As long as the GCC countries continue to be lack of human capital in their national labor market, population growth of nationals will continue to provide a growing number of entrants to the labor force (Shah, 2012). At this point, policies that the GCC governments implement to manage the labor migration issue, remains as an important element. While they are trying to encourage the national workers to engage in labor force especially in the private sector where the foreign workers are mainly employed, they should improve the foreign workers' rights and take steps to alter the kafala agreement.

Last but not least, it is an inevitable fact that Qatar will continue facing up to the reality of labor in the following years and spatial boundaries between the nationals and non-national workers will be more crystalized. Despite of the fact that Qatar as well as the other GCC countries has been exposed an international migration flow which is not faced by any other country in the world, the constructive steps that Qatar will take in order to regulate the migrant workers' labor rights and also positive steps to diminish

the concerns of the Qatari nationals about the national identity, state security and cultural conflicts will determine the Qatar's place as a rapidly developing country in the world context.

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