Re-imagined Intimate Relations:

Elderly and Child Care Policy Reforms in Japan since the 1990s

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1. Introduction

Japan's experience of reforming elderly care and child care policies has attracted attention from scholars in the fields of comparative welfare states, varieties of capitalism, and social and family policies (e.g. Boling 1998, 2003; Eto 2001a, 2001b; Peng 2002, 2004; Rosenbluth ed. 2007). Compared with other OECD countries, where the neo-liberal restructuring or retrenchment of welfare states has promoted the privatization of care, Japan seems to be a exceptional case in which socialization of care has been promoted in addressing an aging population and the rapidly declining birthrate.   While an expansion of social care transforms the gendered division of care for the elderly and children, redistribution of care within a society can cause a new social differentiation among people who provide and need care depending on their social positioning constituted by gender, race, class, sexuality, age and nationality.   In this essay, I try to examine what kinds of social reorganization - in terms of gender, race, class among others - have been facilitated by the redistribution of care in Japanese society.

In investigating policy-making processes and issues of controversy in care policies, I pay attention to ways in which three currents of political discourses - i.e., neo-liberalism, gender mainstreaming, and familialism - have effected and shaped the socialization of care.   Since the 1990s, these discourses have both competed and cooperated with each other in redefining gender relations and reorganizing production and social reproduction through care policy reforms.

By comparing elderly care with child care policies, I argue that the redistribution of care has been accompanied by the re-imagination of intimate relations, especially family relations.   It will be illustrated that, in the process of reforming elderly and care policies, the relationship between elder parents and their adult children is considered somewhat cumbersome, and care for the elderly has become labeled as a 'burden' for family caregivers, which needs to be re-distributed in society.   In contrast, while people are being encouraged to have children by the state, (young) parents' relations with children are emphasized, which leads to the assumption that child care provisioning by the state or the market is a supplementary role to child care by parents.

This essay is composed of two parts.   Firstly, I set up an analytical framework to examine the case of Japanese care policy reforms, drawing on the literature on social care and feminist political economy.   Secondly, I describe the processes of social care policy reforms and analyze their implications in the reorganization of society in Japan.

2. The Literature on Care and an Analytical Framework

2.1 Social Care as an Analytical Tool

As Mary Daly and Jane Lewis (2000) have argued, the concept of social care enables us to look at the variation, development and transformation of welfare states.   By investigating the division of care (in terms of labour, cost, and responsibility), norms of care, and power relations implicated in the division, we can examine qualitative changes of welfare states in a way which exposes engagement of the state in gendered, racialized, and classed social organization and subject formations.   This also sheds light on the re-organization of production and social reproduction through which divisions between the private and the public, formal and informal, paid and unpaid, and provision in the form of cash and services (Daly and Lewis 2000:282) are

institutionalized, as illustrated by the various examples of neo-liberal restructuring of the state and society (Pierson 2001).

As many scholars suggest, care has multiple dimensions.   Drawing on the arguments of Daly and Lewis (2000) and Joan Tronto (1993), I summarize the dimensions of care to be considered in analyzing the transformation of social care provisioning in welfare states.   It is important to notice that particular organizations and norms of care are socially constructed and contingent on time and place.   Firstly, care concerns recipients of care, i.e., those who are cared for. Although all human beings (and other beings such as animals and some plants) need care to survive, most of the present welfare states recognize children, elder people and ill/disabled people as being in need of care.   Secondly, care is composed of several attitudes, mentalities, and activities.   While Tronto finds four dimensions of care – i.e., caring about, taking care of, care-giving and care-receiving (1993:106-107), Daly and Lewis identify three dimensions; labour, cost, and responsibility (2000:285).   Thirdly, care provisioning in terms of cost, labour and responsibility is distributed between the state, market, family and community, and the distribution implicates social relations of gender, class, and race.   Finally, since care is based on social relations, it produces and reproduces power, privileges, identities and subjectivities of those who engage in care (Tronto 1993:114).   These multiple dimensions of care are summarized in Figure 1.

Table 1.   Multiple Dimensions of Care (created by author, drawing on Daly and Lewis 2000 and Tronto 1993)

Who needs care?	Children, Elderly people, Ill/disabled people	
What is care?	(Daly and Lewis) Labour Cost Responsibility	(Tronto) Caring about Taking care of Care-giving Care-receiving
Who cares?	State, Market, Family, Community Implicating gendered, racialized, and classed distribution	
What does care create?	Power, Privileges, Identities, and Subjectivities	

2-2. Gender Mainstreaming, Neo-liberalism, and Familialism and the Re-organization of Production and Social Reproduction

As summarized in the previous section, care has multiple dimensions whose particular organizations are socially constructed and contingent on time and place.   Then, what facilitates the re-organization or transformation of these multiple dimensions of care?   With regard to elderly and child care policy reforms in Japan, I argue that the three currents of political discourses – i.e., gender mainstreaming, neo-liberalism, and familialism – have influenced the re-organization of social care.   In this section, I reflect on the relationships between these three political discourses and the re-organization of social care, and what they mean to the re-organization of production and social reproduction in the states situated in the global political economy.

Social Reproduction and Care
The concept of social reproduction was introduced by socialist feminists and feminist economists who took over the Marxist feminists' debates on dual systems theories (Laslette and Brenner 1989; Ferguson 1999; Bakker and Gill eds. 2003).   Socialist feminists have employed the term 'social reproduction' strategically in order to problematize economics as a discipline, arguing that economics focuses on the production of goods and the market activity and fails to acknowledge the importance of other activities which are necessary for daily and generational reproduction (Ferguson 1999:5-6).   Socialist feminists have argued that social reproductive activities support the maintenance and reproduction of the society.   Laslett and Brenner (1989) define social reproduction as "the activities and attitudes, behaviour and emotions, responsibilities and relationships directly involved in the maintenance of life on a daily basis, and intergenerationally.   Among other things, social reproduction includes how food, clothing, and shelter are made available for immediate consumption, the ways in which the care and socialization of children are provided, the care of the infirm and elderly, and the social organization of sexuality" (282-383).

The potential risk in the feminist theories employing the concept of social reproduction lies in that they might reinforce the dichotomy between production and social reproduction, and locate social reproduction in a subordinate position to production.   In order to avoid the risk of consolidating the duality of production and social reproduction and to build a theory comprehending integrated mechanisms within which production and social reproduction take place, it is necessary to look at the processes of division between production and social reproduction in the capitalist economy as gendering and racializing processes.   Joan Acker summarizes these processes as follows;

> gender and race are built into capitalism and its class processes through the long history of racial and gender segregation of paid labour and through the images and actions of white men who dominate and lead central capitalist endeavors.   Underlying these processes is the subordination to production and the market of nurturing and caring for human beings, and the assignment of these responsibilities to women as unpaid work (Acker 2006:85).

Care is the core feature of social reproductive activities.   Though some activities of care such as

education and training have been delivered through the market, care includes dimensions which do not fit the principle of capitalist mode of production.   For example, the concept of 'productivity' in terms of producing more by labouring less does not fit the nature of care. Likewise, it is not clear what are produced and consumed in care provisioning.   In order to explore the re-organization of production and social reproduction in the current context of neo-liberal restructuring of welfare states, it is useful to pay attention to the redistribution of care in society.   The redistribution of care occurs in accordance with the redefinition of gender, race, and class relations and social stratification processes.

Care, Intimacy and Family
Care, intimacy and family are connected with each other conceptually and practically.   Firstly, care is conceptualized and delivered in relation to the social connectedness.   Conceptually, care challenges the liberal assumption of autonomous, independent individuals who do not need care to survive.   Practically, the quality of care depends on the relationship between caregivers and care receivers (Barker 2005:2198).   It is expected that intimate relationships would increase the quality of care since caregivers are familiar with the needs of the cared for, though it is not necessary true as exemplified by such cases as abuses of children and the elderly.   Secondly, while the definition and range of family vary with time and place, a family is often imagined as being composed of intimate relations between members who share resources and spaces, and keep emotional engagement between them (Levy 2005).   While it is problematic to confine care to family because it consolidates the public/private distinction and assigns care to the private sphere, in most societies a family is imagined as a site where certain kinds of care are delivered and received.

Because of the conceptual and practical connectedness between care, intimacy and family, the redefinition and the redistribution of care are often accompanied by the re-imagination of intimate relations and the restructuring of family.   In order to change the social organization for care provisioning, the welfare state must take into consideration the people's expectations and actualities of intimate relations and family.

Gender Mainstreaming, Neo-liberalism, and Familialism
Gender mainstreaming is the political and administrative practices of integrating the perspective of gender equality into all areas of policy-making processes and assessments, which have been adopted by many international organizations, development agencies, and governments in more than one hundred countries (True 2003:371).[1]   Since the origin of gender mainstreaming lies in the WID and the GAD programmes in development agencies such as the World Bank, the relationship between gender mainstreaming and neo-liberalism has been discussed by feminist scholars.[2]   Gender mainstreaming could promote an equal participation of women and men in the labour force and facilitate the political representation of women, but it might produce new hierarchal relationship between subjects differently situated in class and race relationships, by employing the discourse of neo-liberalism which favors women's participation in the market economy and devaluates social reproductive work.

Though neo-liberalism has tended to ignore the role of social reproductive activities to maintain and reproduce the capitalist economy, it sometimes notices the devastating effects of its ignorance.   For example, the World Bank tries to recover the social reproductive function in a

way which does not contradict the philosophy of neo-liberalism, by re-creating (hetero-sexual) families as sites for social reproduction and/or delegating care to the racialized labor force of immigrants (Bedford 2005).

Familialism can be variously related to the discourses of gender mainstreaming and neo-liberalism.   Following the argument by Sigrid Leitner (2003), I define familialism as the ideology which asserts that care should be primarily provided by family members.   In terms of gender equality, familialism in principle could work for either promoting or disturbing the equal engagement of men and women in caring.   However, familialism often accuses gender mainstreaming of destroying families by promoting women's participation into the public sphere. Although familialism proclaims the virtues of familial care provisioning in stating that family care can maintain familial ties which are blessed with love and mutual assistance, the particular organization of care provisioning in the family could take various forms, depending on other social organizations such as the gendered nature of labour market, norms on marriage, and family compositions.   In the meantime, while in some cases familialism could play a supplemental role to neo-liberalism by promoting the privatization of care, in other cases familialism might blame neo-liberalism that it has destroyed the traditional form of Japanese family, and require the state to take measures for protecting families.   In addition, it is to be noted again that the definition and range of family varies with time and places.   As I argued above, since the family is situated at the intersection of intimacy and care in most societies, changes in the definition and range of family, in other words, the re-imagination of intimate relations, lead to the transformation of norms on who should care whom.   This re-imagination of family and intimate relations can be affected by other political discourses, including neo-liberalism and gender equality.

On another matter, familialism often implicates nationalist discourses.   As argued by Fiona Williams (1995), the concept of nation is the basis on which welfare states have been developed. The concept of nation and citizenship are developed historically in interrelated ways, and the development of nation-states was the process of differentiating people depending on race, in the context of the development of the global capitalist economy (Hobsbawm 1990).   In sum, the articulation of the concept of nation has been accompanied by the racialized organization of territory (homeland) and 'the people,' which also have facilitated the hierarchization of the labour force in favour of the development of the capitalist political economy (Sharma 2005). Familialism allies with nationalism by arguing that it is important to educate children within a family and make them inherit the traditional value and virtues, through which new generations of national labour force can be brought up.

In sum, it depends on contexts and politics between social forces whether these three political discourses collaborate with or compete with each other.   Therefore, we have to look at the particular contexts in which the political discourses operate, and in which the perceptions of social reality are expressed by these discourses.   In order to investigate Japanese case in this respect, I would suggest it useful to examine the arguments on forms of social care provisioning, in which the provisioning of cash is contrasted with that of services.

2-3. Cash and/or Services

The issue of cash or services concerns the dimension of care as labour, cost, and responsibility.

Tronto suggests that "[m]oney does not solve human needs, though it provides the resources by which human needs can be satisfied" (1993:107).   It also implicates the division of care among sectors (i.e., the state, market, family and community) and among social subjects who are socially constructed as gendered, racialized, and classed beings.   A gendered division of care between women who provide care labour and men who take care of the cost (i.e., money) is one such example.

Informed by this distinction between money and actual care giving, Leitner (2003) conceptualizes familialism as the degree that the state facilitates care giving within a family;

> Familialistic policies not only oblige (and at the same time: enable) the family to meet the care needs of its members, they also enforce the dependence of people in need of care on their family (Leitner 2003:358).

Leitner argues that familialistic policies guarantee family caregivers "(1) time rights (such as parental leave and care leave), (2) direct and indirect transfers for caring (such as cash benefits and tax reductions) and (3) social rights attached to care giving like individual pension rights or the (partial) inclusion in other social security schemes or derived rights for non-employed wives (husbands)" (*Ibid.*).   In contrast, de-familializing policies "aim at unburdening the family in its caring function, like the public provision of child care and/or social services or the (public subsidy of) care provision through the market" (*Ibid.*).   In other words, while familialistic policies provide family caregivers mainly with economic assistance, de-familializing policies build the care infrastructure through which care labour are delivered by people other than family members.   Theoretically, countries are classified into four categories by the degrees of familalization and de-familialization; (1) optional familialism in which people can choose family care or social care, (2) explicit familialism in which people are induced to depend on family care giving, (3) implicit familialism in which people do not have any other choice than caring in a family due to the lack of care services as well as the lack of financial support, (4) de-familialism in which people leave care to other than family members since there is no economic assistance to family care giving but the public or commercialized care services are abundant (Leitner 2003:358, see Table 2 below).   In sum, the issue of cash and/or services in care policies is critical in determining the ways in which the state and society regulate care provisioning, and it also implicates how the state and society connect family with care.

Table 2. Combination of strong/weak familialization and strong/weak de-familialization (Leitner 2003:358).

Familalization	De-familalization	
	Strong	Weak
Strong	Optional familialism	Explicit Familialism
Weak	De-familialism	Implicit Familialism

Although the three political discourses – i.e., neo-liberalism, gender equality, and familialism - can position themselves in various ways in relation to the issue of cash and/or services in

principle, there seem to be a general tendency.   Firstly, gender mainstreaming prefers services to cash provision, since it thinks service provisioning is important for women to obtain the access to employment.   Secondly, since neo-liberalism favors constraining the increase of social expenditure, it prefers care provisioning through certain kinds of market mechanism such as the commercialization of care.   Thirdly, familialism prefers cash provisioning to service provisioning because it thinks as important that care is provided and received between family members.   Thus, examining the point of controversy on the issue of cash and/or services will make clear the ways in which gender mainstreaming, neo-liberalism, and familialism influence the processes of re-organization of production and social reproduction, and ways in which intimate relations are re-imagined.

3. Case Study

3-1. Elderly and Child Care Policy Reforms in Japan since the 1990s

Observers of Japanese social policies would notice that certain kinds of ideological and normative changes have occurred in Japan since the 1990s in terms of the distributive and redistributive logic of labour and the costs of care.   Policy changes in various welfare programs are identified as a shift from the principle of social welfare system (*sochi seido* or the welfare placement system) to the social insurance system, or to the contractual system.   As summarized by Ito Peng, "[t]he 1990s was an important decade of social care expansion in Japan.   Moving away from its earlier policies of welfare retrenchment, the Japanese welfare state introduced the compulsory public long-term care insurance scheme, expanded public child care, brought in new legislation on parental leave and family leaves, and put in place a host of other support services for workers with family responsibilities" (2002:412).   The Long-Term Care Insurance scheme, which aim to "shift[] care provisions for the elderly from a means-tested public welfare program to one based on the principle of social right" (Peng 2004:401) was enacted in 1997 and implemented in 2000.   Paid parental leave started in 1995, when the income replacement rate during leave was initially set at 25 percent of salary and increased to 40 percent in 2000.   The 'Angel Plan' and the 'New Angel Plan,' which aimed to increase the number and variety of child care centers and services, were designed in 1994 and in 1999 respectively.   Observers agree that these expansions of social care have come as a result of demographic changes, transformation of gender relations, and openings of the political opportunity structure toward new actors because of the political realignment in Japan (Boling 1998, 2003; Eto 2001a, 2001b; Peng 2002, 2004).

However, it is too simplistic to consider these policy reforms a coherent, unidirectional, and unanimous change.   Firstly, there has been a shift of emphasis of the public concern from elderly care to child care in 15 years since 1994.   In the middle of 1990s, the 'socialization of care' meant the socialization of labour and costs of elderly care which are carried out mainly by family and women.   At that time, child care was supposed to be delivered by parents, especially by mothers, and public services and assistance were assigned only supplementary roles to private (i.e., familialized) child care provisioning.   The disputes on the elderly care reforms have gradually cooled down since the law of the LTCI was passed in the Diet in 1997, and along with it, discussion on measures for reversing low birthrate have heated up.   Around 2002, the term of the 'socialization of *child* care' appeared (Yomiuri Shinbun 26 Sep. 2002).   Secondly, actors who have participated in the policy-making are not monolithic.   Diverse actors try to

incorporate contradicting ideologies and values regarding gender, family, and economy into the new measures and policies.   Roughly speaking, I observe the three currents of political discourses competing and cooperating in the policy-making processes, gender mainstreaming, neo-liberalism, and familialism.   Thirdly, a new program or measure is sometimes revised after it is implemented.   For example, the LTCI was revised in 2005, and new political and societal environments have affected the revision.   In the process of revision, competing ideologies, values, and interests have been claimed by rival political forces trying to obtain their favorable outcomes.

In order to understand the trends of the three political discourses which I suggest important, it is useful to look at briefly the Japanese politics since the 1990s.   Since the economic 'bubble' popped in the early 1990s, the Japanese government, being caught in a decade-old economic slump, switched back and forth between the temporary expansion of expenditure to spur the economy, and the fiscal restraint policy to reduce the national budget deficits.   With regard to the party politics, the 1990s was the era of the successive coalition governments.   After the Liberal Democratic Party went into opposition in 1993 for the first time since its establishment in 1955, several new and old parties took power under the temporal coalitions.   In order to build a coalition with the Social Democratic Party of Japan (SDPJ) (1996-1998) and with the Kōmei Party (Clean Government Party) (1999-), which position in the left or the center respectively, the LDP accepted some of these parties' demands for more progressive programs aiming at the social and economic redistribution.   At the same time, gender mainstreaming has been promoted after the Fourth World Conference on Women in Beijing in 1995, in which the concept of gender mainstreaming was formally featured by the UN.   Gender mainstreaming got started in Japan in 1994 when the LDP agreed with its coalition partners, the SDPJ and the New Party *Sakigake*, that the Japanese government would attempt to promote gender equality in the society.   In 1997, the Council for Gender Equality was established and it launched discussion on enacting 'the Basic Law for a Gender-Equal Society,' which was passed in the Diet in June 1999.   Under such circumstances, the legislature and administration adopted various policies to increase the fertility rate and to alleviate anxiety among people about the future care burdens in aging Japan.   In this process, the shift of emphasis on social care within the overall welfare state policies occurred. The expansion of social care seems to have been accompanied by the retrenchment of income security programs such as employment insurance and livelihood protection (Peng 2004:406-407). This shift of emphasis implicates the shift of recipients of social welfare from the lower class to the middle and upper class, which will be argued in detail.

The general direction toward socializing care has not changed in the twenty-first century. However, signs of restructuring of social care have been observed since 2000.   One of the important changes comes from the inauguration of Prime Minister Jun'ichirō Koizumi in 2001, who proposed the neo-liberal restructuring of the state as his top priority.   He put a cap on deficit government bonds, and forced domestic banks to proceed with the disposal of nonperforming loans, one of the main causes of the prolonged Japanese economic stagnation. In addition, he directed the abolishment, merger, and the privatization of several public corporations and the decentralization of administrative and financial authority and responsibility to local governments.   Under such circumstances, social care has come under the redistribution between the state, market, family, and community.

Meanwhile, Koizumi showed his commitment to the goal of gender equality in his first general policy speech at the opening session of the Diet in 2001.   He appointed five female ministers in his first cabinet, and recruited a lot of female political candidates in the 2005 national election. However, although it is distant from Koizumi's stance on gender equality, so-called 'gender-free-bashing' has been raised by some conservative politicians since 2003, who accuse gender mainstreaming of disturbing femininity and masculinity and of rejecting a traditional marriage (Itō and Sakurai 2006).

In sum, child care and elderly care policies have been situated in several political currents, i.e., neo-liberalism, gender mainstreaming, as well as opposition forces, such as conservatives opposing gender equality and 'established interest groups' resisting the neo-liberal restructuring of the state and society.   In what follows, I trace the discussion on elderly care and child care policies, paying attention to (1) the distinct phases of transformation of the hegemonic political discourses and (2) points of contention in providing cash and/or services.

3-2. Elderly Care: Introduction and Revision of the Public Long-Term Care Insurance

Three Phases of LTCI system
The idea of the public long-term care insurance (LTCI) has been proposed in December 1994 by the Ministry of Health and Welfare (which merged with Minstry of Labour in 2001 and was renamed the Ministry of Health, Labour and Welfare, MHLW).   The origin of the idea comes from the introduction of long-term care insurance in Germany in 1994.   There have been many arguments about whether and how to establish the long-term care insurance in Japan, until the bill was approved in the Diet in 1997 and finally implemented in 2000.   Advocates of the LTCI disseminated widely the slogan of the 'socialization of care,' which meant that the society should share labour and the cost of elderly care (Tsutsui and Muramatsu 2005:522).   Before the new system, the main providers of the elderly care were family members, mostly women.   In the traditional Japanese-style patriarchal system (*ie* system), it was taken for granted that a daughter-in-law (the oldest son's wife) cared for the frail elder parents-in-law (Long & Harris 2000:30).   The outline of the LTCI can be summarized into three points: (1) The expansion of the coverage of beneficiaries and public care services, (2) the change of the financial resources, and (3) the participation of new care providers.   Firstly, the LTCI expanded the potential care beneficiaries from low-income seniors lacking family support to the overall population aged 65 years old and over, and increased the quantity and variety of public care services, such as visiting nurse, day care, short stay and housekeeping services, aiming to alleviate burdens of family caregivers and enable elder people to keep living in their home with these aids.   Secondly, in terms of the financial resource, while the previous social security for the elderly was based on the government spending, the LTCI is financed by social insurance contribution from both people aged 40 years old or over and government expenditure on halves.   In addition, elderly people who receive care services in the LTCI have to pay 10 percent of the prices of services, which are officially determined by the Ministry of Health, Labour and Welfare.   This official prices of elderly care services determine wages that care workers receive from the insurers (i.e., local governments).   Finally, it was expected that the introduction of the LTCI would facilitate the participation of private businesses into the care provisioning market, though in fact it is not the private market but the quasi-market in which prices, wages, contents and quality of care services are regulated by the central and local governments.   Still, along with the introduction of the LTCI, regulations of care business were relaxed to a certain degree.

The processes of introduction, implementation and revision of the LTCI can be divided into the three stages.   The first stage is between around 1994 and 1997, from when the Ministry of Health and Welfare began discussion on the new system to when the Long-term Care Insurance Law was passed in December 1997.   Since the beginning of the 1990s, the Ministry of Health and Welfare has taken an initiative of discussion on the introduction of LTCI system, and the introduction of LTCI in Germany in 1994 gave a momentum to realization of it in Japan. Citizens, women's groups, local governments, and the Japanese Trade Union Confederation, (RENGO), expressed their concern of socializing care and the approval of the introduction of the public care insurance system in the early stage of policy-making.   It was revealed by several surveys that families caring the elderly had experienced feelings of 'hates' and even physical and emotional abuses to the cared for elderly (Yomiuri Shinbun 26 Feb. 1995).   Among citizens' involvement, it was impressive that women's groups actively participated in and contributed to the realization of the LTCI.[3]   Allied with progressive parties – i.e., Social Democratic Party of Japan and New Party *Sakigake*, the LDP coalition government provided these groups and trade unions with access to policy-making processes.   In contrast, the representatives of business, such as Japan Federation of Employers' Association (NIKKEIREN), raised a voice against the social insurance system in respect that employers were expected to pay the half of insurance contribution of their employees (Yomiuri Shinbun 15 May 1996).   Since the Advisory Council on the Elder's Health and Welfare was composed of the representatives of the medical and nursing associations, welfare agencies, business and labour, local administrators, and feminist scholars, there were many points of contention among members of the Council.   Especially, the representatives of local administrations repeatedly expressed their worry about the growth of fiscal and administrative burdens of the local government.   Nevertheless, as public opinions clearly showed the big expectation among citizens for the introduction of new public elderly care system, the arguments in the MHW was never off the bottom line on the introduction of the universal elderly care system based on social insurance.

The second is the phase of implementation and adjustment from 1998 to 2003, in which the national and local governments negotiated with each other and with the civil society in various issues.   For example, such issues as provision of a cash allowance to family caregivers, financial and service differences between rich and poor regions, and needs of special provision for the low-income people, showed up around the implementation of the LTCI in 2000, of which I will argue later in detail.   Since the LDP government changed its coalition partners to the Liberal Party and the Kōmei Party after its 1998 defeat in the national election, new voices against the LTCI obtained access to the policy-making process, which seem to have led to the partial revision of the system, before and after its implementation.   Among others, differences in the capacity of financial and service provisioning between rich and poor local governments received attention, and the Ministry of Health and Welfare agreed with the governing parties that the national government would provide local governments with financial assistance for the introduction of the LTCI (MHW 1999).

In addition, the political representation of women has been paid attention in accordance with the promotion of gender mainstreaming in this phase.   Four women became the governors of prefecture between 2000 and 2003, including Fusae Ōta who was the first female governor of prefecture in Japan.   This salience of political representation of women is affected by the active

political participation of women's group in discussion on the LTCI system, through which the 'political elites' noted that it is necessary to incorporate 'women's eyes and voices' to policy-making processes, especially but not necessarily, of care.[4]

The third phase started in 2003, when the national government began to discuss the revision of LTCI, in which the emphasis was placed on the necessity to constrain the growth of government expense for the LTCI.   The system was supposed to be revised after five years of its implementation, and the revision of the LTCI Law in 2005 introduced the new concept of 'care prevention' or 'preventive approach to care' (*Kaigo Yobō*), which reflected the government's intention to constrain expenditure by preventing symptoms of the elderly from worsening. Having reviewed the elder's uses of the LTCI for four years, the MHLW found that the ratio of the elders who was certified as being in a mild degree of care needs was rapidly increasing, and it boosted up the overall growth of the national expense for the LTCI (MHLW 2004).   Options such as the strength training and nutrition improvement have been incorporated into the LTCI services for elder people with mild degree of symptoms.   This new trend in the LTCI parallels the neo-liberal restructuring of the state and society promoted by Prime Minister Koizumi, in addition to the shift of public concern from elderly care to child care policies in around 2002 and 2003.

Cash vs. Services and Gender, Race, Class and Regions
After the enactment of LTCI in December 1997, local and national governments started to institutionalize the LTCI system, and in the processes they have found various practical problems. The one controversial issue which has been repeatedly come up on the agenda is whether to provide a cash allowance to family caregivers.   The cash allowance is included in the options in the German LTCI system and a lot of family caregivers choose that option.   As Webb points out, the difference between German and Japanese LTCI system reflects the contexts in which the new systems were introduced.   That is to say, "[w]hile the German LTCI Law, by introducing a cash allowance, effectively endorses a family-based model of long-term care, the Japanese LTCI Law represents an attempt to *break away* from this model" (Webb 2003:47).

On the one hand, since the employment opportunity of women, especially middle-aged women, is restricted in Japan and family care giving has been carried out mostly by women, it is expected that including a cash allowance as an option would consolidate the gendered division of care labour and disturb the socialization of care (in the aspect of labour).   Feminist scholars and activists strongly opposed incorporating a cash allowance in the LTCI.   Keiko Higuchi, a feminist who was a member of the Advisory Council on Elder's Health and Welfare as well as a chair of the Women's Association for Improving an Ageing Society, proposed the statement against a cash allowance to family caregivers in the LTCI, arguing that paying money would slow down the institutionalization of the public care services in communities, that the family care without social intervention might impair the quality of care, that family caregivers themselves become in need of care in the future, and that a cash payment would facilitate the concentration of care labour on a particular member in family, especially women, and it contradicts the goal of gender equality (Higuchi 1999).

On the other hand, since paying family caregivers can be interpreted as a recognition of the value of unpaid care labour, it could reward emotionally and financially women who have already

engaged in family care giving for a long time.   The representatives of the Association of Family Caregivers Calling for Cash Provisioning insist that "it is unreasonable that children who care for their parents are not paid but helpers, i.e., others, are paid," and "single-income families caring the elderly could be relieved financially by payment" (Yamazaki and Matsui 2002).   Comparing the statement of Higuchi with that of the Association of Family Caregivers, the point of contention seems to lie in their different emphasis between care as labour and care as the cost. While Higuchi prioritizes redistributing care labour in society, the Association requires rewarding unpaid care labour by paying due remuneration to family caregivers, mostly women.

At the end of the day, since the numbers of care providers, nurses, and helpers are strictly lacking in local communities with dwindling populations and it happens that people in these areas can not use care services even if they pay social insurance contribution, a cash allowance was recognized under the strict conditions in these areas.[5]   In addition, outside the LTCI system, many local governments are maintaining cash benefits to the low-income families caring the elderly.

This issue of cash or services concerns the second issue of the LTCI system, that is, differences between care receivers depending on class, race, and regions.   Firstly, the introduction of the LTCI changed the concept of public care from the stigmatized residual assistance for low-income elderly to the universal rights for all.   At the same time, not only the social insurance system may produce uninsured people who can not pay the premiums due to the low and unstable income, but also the 10 percent co-payment for care services brings pressure on household budgets in the lower strata.   In sum, the LTCI provides a benefit to the middle- and upper-class, but not to the lower-strata (Tsutsui and Muramatsu 2005:525).   Secondly, since the LTCI imagines the 'typical and common' elder in need of care, it tends to ignore the diversity of care needs depending not only on diseases, but also on race and family relations of care receivers. For example, the elderly with dementia who can move by themselves but have trouble with perception, or elderly non-Japanese, especially elderly Korean people who have lived in Japan for a long time, have distinct care needs (Yomiuri Shinbun 3 Oct. 2005).   In addition, the regional conditions for providing public care, which depend on size, population, transportation, local customs among others, make it difficult for the national government to define the universal care provisioning.

3-3. Child Care: Support to Child Raising or Countermeasures to the Falling Birthrate?

Three Phases of Child Care Policy Reforms
Next, I outline the general trend of child care policy reforms since the 1990s, dividing it roughly into three phases; the first phase is from 1990 to 1997 in which the existing supplementary child care services were expanded: the second phase is from 1998 to 2001, in which the discourse of gender equality gained momentum and affected the contents of child care policy reforms: the third phase is from 2002 to the present, in which the neo-liberal restructuring of the state and society have got into full swing and measures for increasing birthrate have been discussed within and in relation to the neo-liberal discourse.

After the Japanese media reported in 1990 that the total fertility rate of the previous year was 1.57, the issue of the declining birthrate appeared as the political agenda.   However, in the first phase of child care policy reforms from around 1990 to 1997, the falling birthrate was considered

as a temporary phenomenon which resulted from the tendency of women to marry later because of their rising participation into the workplace (MHW 1991 part3, chap.1, sec.4; Cabinet Office 2004, part1, chap. 5, sec.1).   It can be said that the analysis of the declining birthrate focused on 'women' but not on 'gender,' and it led to taking measures to encourage women to have children. Based on this analysis, the government implemented two policies, which are the family-work harmonization policies and the expansion of child care support.   While paid parental leave was legislated and implemented in 1995, the 'Angel Plan' was enacted in 1994, in which the government aimed to increase numbers and variety of child care services, including nursery schools and after-school care of children.   However, as exemplified in the language of the 'Angel Plan,' norms of child care in this phase was such that child care should be delivered primarily within a family, and the state and society provide the supplementary support to the family-based child care (Minister of Education et al. 1994; Cabinet Office 2004, part1, chap.5, sec.1).   This idea of family-based child care is based on the gendered division of labour within a family, which presumes a mother as a primary caregiver even if she has a full-time employment. This gendered assumption of child care provision is evident when looking at the paid parental leave implemented in 1995, in which the income replacement rate was settled at only 25 percent of the salary, which makes difficult for a primary earner in a family (mostly father) to take one-year parental leave.   The replacement rate was increased to 40 percent in 2001, but it is still low in considering the rather big gender pay gap in Japan (32.0%) compared with the OECD average (18.5%) (OECD 2007).

The second phase of child care policy reforms started in 1998.   This phase is characterized by the development of gender mainstreaming in Japan.   Along with the institutionalization of gender mainstreaming, measures for increasing birthrate was considered to be linked to the promotion of gender equality.   The 1998 Annual Report on Health and Welfare required fathers' participation in child-rearing by claiming that promoting gender equality could realize the society in which people can dream having and rearing children (MHW 1998, vol.1, part1, introduction, sec.3 and part1, chap.1, sec.3).   The Council of Advisers to the prime minister, which was chaired by a feminist scholar, recommended in the 1998 report that realizing gender equality was indispensable for the Japanese society to address the aging and 'few child' phenomena.

In this phase, not only the government but also the business circles and trade unions actively discussed this issue.   Japan Association of Corporate Executives, Japan Federation of Employers' Association, and Tokyo Chamber of Commerce and Industry one after another issued the statements on their efforts of effecting measures for increasing birthrate.   In 1999, Japan Federation of Employers' Association (NIKKEIREN) cooperated with the Japanese Trade Union Confederation (JTUC, RENGO) to construct a joint declaration on their commitment to taking measures against the declining birthrate.   The joint declaration admits that it is necessary to "alleviate burdens of women in terms of childbirth, child rearing, and housekeeping and to have men share domestic responsibility," "the principle of application and treatment of human resources should depend not on sex differences but on individuals," and it also promises that both labour and management try to promote the employment of women with children, introduce flexible working styles such as flex-time and teleworking, and reduce working hours (NIKKEIREN and RENGO 2000).   In sum, the state, business and labour accepted the concept of gender equality in terms of the employment and domestic responsibility.

In the third phase, the word of 'structural reform' came into fashion.   The prime minister Koizumi repeatedly proposed the 'structural reform without a sanctuary,' including the privatization of the public postal service and social security system, whose legitimizing logic was influenced by the neo-liberal discourse.   In March 2002, Heizō Takenaka, the State Minister in Charge of Economic and Fiscal Policy, insisted that the structural reform of working environment is indispensable in respect that the existing norms and institutions based on the male breadwinner model have produced problems such as the long working hours and the discrimination against women and the elderly in employment, and have made it difficult for family members to choose various life styles (Cabinet Office 2002a).   In the same month, the Prime Minister Koizumi stated that it was important to pursue the structural reform of life, by expanding public support to child raising and building care houses for the elderly (Yomiuri Shinbun 28 Mar. 2002).

Public support to child raising has become argued in the context of neo-liberalistic structural reform of the state and society.   While the term 'socialization of child raising' has appeared in the public discourse (Yomiuri Shinbun 21 Sep. 2002), the social support to child raising has become perceived as an 'investment for the future' (Yomiuri Shinbun 3 Jun. 2002).   The 'investment for the future' has been concretized by the government's attempt to shift the emphasis of the social welfare spending from that for the elderly to that for children and child raising.[6]   For example, supporting child raising in the public pension systems has been argued in the MHLW since 2002.[7]   Although there is a considerable resistance to this idea since the pension's purpose is to support the retired people, the crisis of pension system due to the demographic change in the near future has legitimized this idea for the purpose of having younger generation believe in the utility and sustainability of the public pension system.   The socialization of care in this phase, meaning sharing the cost of child raising between the state, market, family and community, has in fact facilitated the de-regulation of child care market,[8] and also pushed the delegation of child care planning to local government, promoted in accordance with the decentralization of power to the local government.

The amount and variety of child care services and public support to parents with children have expanded considerably in this phase, aiming at promoting gender equality in child rearing.   At the same time, however, the public support to child raising is motivated by the logic of production which perceives children as a resource for a nation to maintain the capitalist economic system.   It came to be obvious in January 2007, when Hakuo Yanagisawa, the Minister of Health, Labour and Welfare under the new prime minister Shinzō Abe, stated that "since the number of women, that is, the numbers of 'producing machines' (of children) (*Umu Kikai*) is limited, it is important to encourage people who can bear children to have many children," meaning improving the productivity of each machine.   He apologized for using the term 'machine' in a moment, so the problem is not so much in the term itself as in the fact that his perspective was totally based on the logic of production – i.e., the relationship between the amount of production, productivity, and investment.

In sum, allied with the popular discourse of neo-liberalism, gender mainstreaming has obtained the legitimacy and realized the expansion of the public support to working women with children. At the same time, this alliance had the risk of being subordinate to and exploited by the logic of

neo-liberalism, as exemplified by the destabilization of employment in the every sector. Another thing to worth noticing in this phase is that dissonant voices have been expressed intermittently from the conservative camp which tends to oppose both the neo-liberal restructuring and gender equality.   Since 2003, some conservative politicians and commentators have attacked the word 'gender-free.'   The 'gender-free' is a Japanese-English, and conservatives attacked and deleted it from the official documents by re-interpreting it as a denial of the 'favorable nature of Japanese femininity and masculinity.'   Some LDP members singled out cases such as the 'radical sexuality education,' and a case in which male and female students changed into gym clothes in the same room, as illustrations of the harmful effects of gender mainstreaming.[9]   Even the term 'gender' has been under attack in that the definition of it is unclear and causes misunderstanding (Yomiuri Shinbun 16 Dec. 2005).

In June 2004, the Project Team for Changing Constitutional Law in the Liberal Democratic Party proposed a draft of new constitution.   It emphasizes the family as the 'bases of the public' as well as the constitutional unit of society, and argues for constitutionalizing the citizen's obligation of taking care of family members.   It also requires the reexamination of the article 24, which stipulates the equality between sexes in marriage and family, from a perspective of emphasizing the value of family and community.   Although this part of draft was criticized widely as it aims at overturning the goal of gender equality, the emphasis on family in the LDP is increasing as evidenced by the creation of a new national holiday named 'the family day.' These criticisms of gender equality and the emphasis on family implicate that some consider that the declining birthrate is caused by the selfishness of young women who are imagined to decline marriage and child raising, in preferring a rich, independent lifestyle to family responsibility.[10]

Cash or Services
The Advisory Panel on the Promotion of Measures for Reversing the Declining Birthrate in 2005 and 2006 has intensely discussed the issue of cash and/or services, i.e., the issue of emphasis between economic support, public/private child care services, and work-life balance.   The Panel was composed of experts in gender, employment, family relations and child raising who come from the academia, business, labour and local governments.   Most of experts repeatedly emphasized that economic assistance, especially a cash allowance for child raising, could not be effective without changing working styles and improving child-raising environment of communities through working time reduction, work-family balance measures, and various child care support.   They argued that without these structural changes in the labour market, workplaces and communities, the economic assistance to family would lead to fixing the existing system in which only women take care of children and men can not participate in child raising (Cabinet Office 2006a).

However, "the Proposal on New Measures for Increasing Birthrate," which was submitted to the Council of Fiscal and Economic Policy by Kuniko Inoguchi, the Minister in Charge of Dealing with the Declining Birthrate, only three days after the final report of the Advisory Panel, incorporated the economic assistance such as provision of cost-free childbirth, a cash allowance to children under 3 years old, and a tax reduction for family with children (Cabinet Office 2006b). The experts of the Advisory Panel lodged a protest over this new proposal by stating that it did not reflect the discussion in the Advisory Panel which was chaired by the Minister Inoguchi herself (Yomiuri Shinbun 23 May 2006).   Inoguch insisted that citizens' demand for the

economic assistance was strong and this proposal did not ignore the importance of changing working environment and providing care services.

Furthermore, this proposal was also influenced by the familialistic discourses.   It suggests that "creating a society in which every young couple naturally wants to get married and have children" is important for increasing children (Cabinet Office 2006b).   The proposal incorporated the suggestion by the Project Team for Rebirthing the Ties of Family and Community, which was established in 2006 by vice-ministers in the government, referring to the support for three-generation residents, a tax reduction for family, and the promotion of child adoption.

3-4. Re-Imagined Intimate Relations: Comparing Elderly Care with Child Care

Comparing processes of elderly care with child care policy reforms, there are differences in problem recognition, framework for discussion, points of contention, and solutions between them. I summarize them by referring to (1) a shift of emphasis from elderly care to child care, and (2) the re-imagination of intimate relations of family in terms of the elderly and children.

Firstly, an emphasis in public discussion on social policy has moved from elderly care to child care around 2000 to 2002.   In the late 1990s, the LTCI invited various participants to engage in discussing its policy design.   Since the LTCI was implemented in April 2000, several adjustment and modification have been added on the LTCI system, but they do not disturb the basic idea of socialization of care for the elderly and do not attract so much attention as before 2000.   In contrast, before 2002, measures for reversing the declining birthrate had been just an expansion of the existing policies for supporting child-raising families.   However, around 2001, it is pointed out that Japanese social expenditure for children and child raising is extremely low compared with its social expenditure for the elderly, in OECD countries.   In considering disproportion in social expenditure between elderly care and child care, and in facing the continuous declining birthrate, the Japanese government and society have become aware that they need large-scale measures to improve the social conditions for bearing and rearing children. While the national and local governments are expanding the number and variety of child care services and economic assistance, big companies have begun to adopt devices which promote the employment of women with children (Yomiuri Shinbun 27 Dec. 2006), although the situation of men who work long hours has not changed.[11]   Assisting younger generations by the pension fund is a noticeable example of this shift of emphasis in social policy.

This shift of emphasis from elderly care to child care is influenced by the prevalence of neo-liberal political discourses since the augmentation of Prime Minister Koizumi in 2001. Children, who are the labour force in the future, are the indispensable resources for a nation to maintain the capitalist economy.   In other words, the state has come to recognize it necessary to intervene into social reproductive activities, in order to maintain the growth of production.   Not only the state but also the business circles have made proposals for building a society where people hope to have children, but they do so without challenging the neo-liberal reorganization of the state and society, in which the deregulation and flexibilization of economy and the market has been promoted.

The neo-liberal discourses have partly allied with the advocates of familialism in very subtle

ways.   Although not eye-catching, policies for improving the image of family and child raising have been incorporated into the measures for increasing birthrate.   The LDP government launched in 2003 the Program for Promotion of Interaction and Communication of Students, in which students in junior high and high schools are encouraged to study, see, and care babies in communities.   The White Paper on the Society with Few Children states that "In (elementary and secondly) education, it is important for students to learn the basics to become a member of family and society and become a parent in the future, and to understand further the importance of making a family" (Cabinet Office 2006c:140).   The state tries to construct students as subjects who would 'naturally' desire to make a family and have children.   At the same time, the familialism implicated in such texts does not necessarily contradict the goal of neo-liberal restructuring of the state and society.   In Japan, parents are expected to be responsible for their children's education and they are praised or blamed for their children's educational performance or misbehaviour.   Without help from husbands working outside until the midnight, mothers who spend all day with their babies sometimes fall into the emotional breakdown or even abuse their children.[12]   Parents, especially mothers in Japan, are constructed as neo-liberal subjects who take all responsibility for raising their children 'rightly' or 'normally' (*matomo*).   This neo-liberal subject formation of parents might be illustrated by the fact that many Japanese women choose abortion when they do not think they can raise children 'rightly' due to the economic or other difficulties, under the conditions where institutions and practices of adoption are not developed and there are emotional and normative obstacles to adoption.

Secondly, elderly care and child care policy reforms seem to have been accompanied by the re-imagination of intimate relations of family.   While elder care has been recognized as painful, burdensome labour for family members as exemplified by the word 'nursing hell,' child care seems to be expected as enjoyable, happy experiences for parents, at least ideally, though problems of caring children only by mothers have been pointed out.   In terms of the relationship between elder parents and their adult children, people come more and more to think that children (and daughters-in-law) do not necessarily take care of their elder parents.[13]   It does not mean that the elderly come to detach themselves from their children, but that people do not want to charge so heavy burdens on their own children.   It is interesting that, while the quality of care often depends on the relationship between a caregiver and a care receiver, an intimate relationship between the elder and their children does not necessarily contribute to the improvement of quality of life of, not only caring children, but also the cared elder themselves. Which care is better for whom in what respect, between the caring based on intimacy and the caring based on professional skills and knowledge, is a difficult question.

According to Leitner's classification of social care policies by the degrees of familialism and de-familialims, Japanese child care can be categorized as the 'explicit familialism' in respect that the paid parental leave are institutionalized and the coverage of formal care services are relatively narrow.[14]   In contrast, elderly care in Japan is in an ambiguous position between the principle and practice.   There is no cash payment for the care of elder people in the LTCI with rare exceptions, but quite a few local communities keep providing a cash allowance to family caregivers.   At the same time, numbers of home help services are still insufficient and the coverage of elderly is lower than that in Northern European countries.[15]   It seems that the Japanese elderly care is orienting 'de-familialism,' (i.e., no cash and a wide range of care services) in principle, but in practice remains in the state of 'implicit' or 'explicit familialism'

(i.e., no care provisions outside family, with or without financial assistance for family care giving).

The re-imagination of intimate relations, the familialization of child care and somewhat de-femilialized elderly care result from, to a certain degree, different strategies of different groups of women, - i.e., middle-aged women who have actively participated in public discussion and younger generation of women who do not have any other choice than opting-out of marriage and childbirth to resolve the difficult task of balancing work and family (Boling 2003). Although focusing only on women in considering the declining birthrate is problematic, the issue of political representation of women should be examined carefully in the analyses of care policy reforms (Suzuki 1995; Schoppa 2006a, 2006b).

4. Concluding Remarks

Care is a rich concept which has been attracted various theoretical and empirical engagement from different perspectives, being situated at the intersection between diverse study fields and social organizations, such as, medicine, nursing, psychology, economics, political science, sociology and others.   I would suggest that the study of social care can link the macro social organizations like the welfare state regime to the micro social organizations such as intimate relations between people and the construction of identities and subjectivities within them, all of which are gendered, racialized, and classed processes.

In this essay, I traced the arguments on the introduction and implementation of the LTCI and the expansion of public support to child raising, by taking a close look at the issue of provisioning cash and/or services.   I argued that the three currents of political discourses have influenced the perceptions and discussions of problems about an aging population combined with the diminishing number of children, and shaped the processes of reforming the social care in Japan. Through these processes, intimate relations, especially relations of family, have been re-imagined, which led to the different reorganizations of social care provisioning between elderly care and child care.

In the study of comparative welfare states, Japan's case is an interesting one, along with other East Asian countries, in that it shows a different trajectory of development as well as transformation of the welfare state, partly due to the different timing and speed of the population aging and the decreasing number of children.   At the same time, Japan and other East Asian countries, being situated in the global political economy, seem to have come under the common international or transnational influence of neo-liberalism and gender mainstreaming, along with other countries.   It would be productive to study comparatively these aspects in the reorganization of social care.

Notes

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[1] For the examination of gender mainstreaming in EU, see contributions in *Social Politics*, vol.12, issue 3 (2005).   For the comparative study of gender mainstreaming, see contributions in *International Feminist Journal of Politics*, vol.7, issue 4 in 2005.

[2] The history of gender mainstreaming is preceded by an approach called the 'women in development' (WID), employed by state institutions and international agencies trying to promote gender equality in the development policies in the 1970s, and then the WID was developed into the 'gender and development' (GAD) paradigm in the 1980s by following feminist argument that the "WID strategies of 'integration' tended to incorporate women into the existing framework of institutions and policies without changing them, whereas the GAD paradigm incorporated a gender perspective that aimed to transform the broader social and institutional context that produces gender injustice and unequal outcomes" (True 2003:37).

[3] The most prominent women's group was Women's Association for Improving an Ageing Society, established in 1983 in order to send messages and proposals based on women's experiences concerning the elderly care and the aging society.   According to Eto (2001b), of approximately 1500 members of the association in 1998, "most of the members are in their fifties and sixties, with the great majority being non-working married women, although women with social influence such as journalists, university professors, critics, Diet members and members of local assemblies have also joined" (21).   Mostly middle-class non-working married women in their middle-age were, or were expected to be soon, in the midst of caring for old parents-in-law. "The strong sense of crisis they felt often transformed ordinary housewives into feminists" (Eto 2001b:21).   Women's Association actively made policy recommendations about the LTCI system to the government, while advocating the introduction of LTCI in the mass media.

[4] For example, a female vice-governor was appointed in Fukuoka prefecture for the first time in March 25th, 1998.   She was a physician having a long career in the field of health administration and her appointment was based on "the governor's intent to incorporate women's view about the implementation of the LTCI and measures addressing aging society" (Yomiuri Shinbun 25 Mar. 1998).

[5] The amount of cash allowance proposed by conservative politicians in the Liberal Democratic Party was extremely low and it did not cover the accident and pension insurance that are covered in the German system.   In sum, while in Germany "caring for the elderly is genuinely viewed as 'work' and the cash allowance as 'pay'" (Webb 2003:49), a cash allowance in Japan was interpreted as a token payment expressing a gratitude for women providing care in the household.

[6] The ratio of the public expenditure for children and child raising has been far lower than that for the elderly in Japan from a comparative perspective.   This might be related to the issue of political representation of the elderly, and children and younger generation (Yomiuri shinbun 9 Jul. 2004).

[7] As of the 2005 pension reform, an exemption from payment of pension premium for employees taking parental leave has been expanded to employees with children less than three years old.   In addition, employees working short time due to the child-rearing responsibility have become supported by the pension system, by calculating their amount of pension contribution during short-time period based on the wages they used to earn when they were full-time workers.

[8] After the deregulation of requirements for child care centers to be licensed by the MHLW, the

number of private centers has been increasing and that of public centers has been decreasing.
[9] The latter case is a result of the insufficient facilities in Japanese schools which often lack enough numbers of dress rooms.

[10] The word 'parasite single' has become popular since 1999 when a scholar in sociology of family published a book titled 'the parasite single,' which points out that certain amount of Japanese younger generation keep living with their parents, and argues leads to the late-marriage and the falling birthrate.   Due to the combined effect of demographic structure, rapid economic growth until the 1980s, and the establishment of a family model composed of salaried employee husband and a full-time (or part-time) housewife, most of the parent generation (in their fifties and sixties) are propertied and can provide their adult children with domestic care.   For children in their twenties and thirties, going out of their grown-up family means the decrease of life standards because of the increased precariousness of employment and the high cost of housing, and because they lose daily care provision by mothers.   Although the ratio of men living with parents does not differ from women, the image of 'parasite single' is strongly gendered.   That is, young women are accused of declining marriage and child bearing since when women get married, they have to carry out more care labour than men.

[11] According to a survey conducted in 2004, the average of total working time in June 2004 was 198.9 hours (men 205.4 hours, women 185.7hours), and the average of overtime work was 31.6 (men 36.9 hours, women 20.8 hours).   Furthermore, the average time worked without pay was 16.6 (men 18.9 hours, women12.1 hours) (JILPT 2005).

[12] According to an opinion poll, the ratio of respondents who answered 'yes' to the question that "do you feel or expect child-raising pleasant more often than painful?" was 42.9 percent (Cabinet Office 2002b).

[13] In the 2003 opinion poll, the ratio of respondents were as follows; (1) 12.1 percent of respondents want to be cared for only by family members (25 percent in 1995), (2) 41.8 percent want family-care with help from others (such as home care aids), (42.6 percent in 1995), (3) 31.5 percent want care from others with help from family members (21.5 percent in 1995), and (4) 6.8 percent want only care from other than family members (3.4 percent in 1995) (Cabinet Office 2003).

[14] Japan institutionalized the paid parental leave, and the ratio of children under 3 in formal care services is 15.2 percent (OECD 2007).

[15] The percentage of elderly over 65 receiving home help services is about 10 percent (calculated by author based on the information in MHLW 2005).   The percentages are 24 in Finland, 22 in Denmark, and 16 in Sweden (Leitner 2003: 364).

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