

***Reshaping and Reframing Gender, Care and Migration***

**—a Draft paper—**

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## **Introduction**

Care is a basic human activity. It involves the nurturing of children, acts of kindness towards loved ones, friends, neighbours and strangers, and assistance for disabled adults and the older people in our populations. In most societies, the bulk of care work has traditionally been performed unpaid by female family members, friends or neighbours. Since the 1990s, however, women's shift into paid labour has strained their capacity to perform socially assigned duties to care for their families while worldwide population ageing has led to increased demand for paid care workers. The resulting "care deficits" represent a challenge for individuals seeking to reconcile work and family as well as for national policymakers who must balance demands for care with those for equal opportunity for women, and for the full development and utilization of human capital. The need for care has also reinforced "global care chains" that draw women from poorer nations into employment as care workers in wealthier ones, creating not only care deficits but also a "care drain" in sending countries. This highlights the changing global context for care and migration, the new forms of gender and global inequalities, and critical roles that policies can play in reducing inequalities while providing essential care to those in need.

This paper is part of a larger research project that investigates the reorganization of care, and its implications for migration, gender equality, social development, and global governance. Focusing in particular care migration in Asia-Pacific context, this paper examines social, political and cultural factors that have shaped, and are reshaping, ideas and norms of care. Definitions of care determine what care is and should be, and who will provide it – family members, communities, and/or paid workers; native-born people or migrants – and the extent to which care may become commodified. How do these definitions shift and adapt as conditions change? How do migration regimes shift in response to changing demands for care workers?

Next section elaborates on why a reconceptualization of care and work is necessary. This is followed by section 3, which briefly reviews and synthesizes literature on care

and migration regimes. In the section 4, I discuss some of the key social, political, and cultural factors that are reshaping care and migration in the Asia-Pacific region. Finally, in the last section, I discuss some of the distinguishing features about care in Asia-Pacific context, and what this means in terms of the broader global care migration research and future research agenda in this area.

## **2. Reconceptualizing Care and Work**

Care is a socially and politically contested activity that is often not recognized as work. This is because it is closely bound up with human emotions, such as tenderness, kindness, and obligation; because it is often provided informally and without pay; because we have no clear social or political consensus on how to value care work; because it is often performed in domestic settings and involves the physical care of human bodies; and because it is largely performed by women. Because of the close association between care, women, and “natural” human emotions, the skills involved in this type of work are intangible and hard to quantify, and when it is paid, compensation is low.

Though often “naturalized”—seen as part of women’s familial responsibilities—*care as we have known it* in wealthy countries is largely a post-World War II construct, a product of the postwar social consensus premised on a gendered division of labour relegating women to the role of unpaid care providers within the family and community (Michel and Mahon 2002; Daly and Lewis 2000). This division of labour, however, no longer fits the 21<sup>st</sup>-century social and economic contexts. As women’s paid employment increases, and as more families become dependent on second or third wage earners, the option for housewives to stay home exclusively to provide unpaid care has become something of a luxury rather than a norm. Indeed, the male breadwinner household model is an anachronism in most advanced economies today: across the global north, and in most of the global south, the majority of the middle-class families are made up of adult workers, and increasingly family care is being subcontracted to non-family members.

Although the wealthy countries that receive the majority of migrant care workers share a general social consensus defining care as a female responsibility, cultural variations exist in terms of traditions and expectations. For example, while care has been

addressed by a mix of family, community and the market in Anglo-Saxon countries like Canada, the US, and Australia, it has been considered exclusively a family responsibility in many East Asian and Southern European countries. Not surprisingly, until very recently, almost no market or community provisions of care were available in countries such as Japan, South Korea, Taiwan, Italy and Spain (Peng 2002, 2011; Naldini 2003; Naldini and Jurado 2013). The rapid demographic ageing in these countries, however, has led to increased demand for care. In turn, this has led to a serious rethink about care in these places. In response to the ageing population and very low fertility, the governments in Japan, South Korea, and Spain have expanded public childcare and elder care services, and encouraged both private for- and not-for-profit sectors to provide care. In Japan and South Korea, a pervasive belief about the importance of maternal childcare for young infants makes employment of nannies unpopular; instead, more elder care has been outsourced in these countries rather than childcare. Even then, much of the outsourced care in Japan and South Korea is in public and semi-public forms—through long-term care insurance and institutional care services. In Italy, the extension of elder care allowance has enabled families to ‘purchase’ care through private market. This has led to a wide spread employment of migrant care workers, or what Bottio and her colleagues call “the migrant in the family” phenomenon (Bettio et al. 2006). In Taiwan where social care provisions are almost non-existent, a huge influx of foreign care workers have been brought in after the introduction of the Live-in-Care giver program was introduced in 1992. But here too, historical and political suspicions towards mainland Chinese has resulted in a preferential use of South East Asian care workers—Filipinas and Indonesians—over Chinese care workers. Policy reforms and cultural and ideational bias therefore have important impacts on not only how care is provided, but also how and where care workers are sourced.

Changing norms and ideas about care is not unique to Asia-Pacific. In Europe, although Nordic countries have had a long history of socializing childcare and elder care (Anttonen 1997; Ploug 2012); these countries also have come under increasing global political economic pressures to marketize care (Brennan et al 2012; Hobson et al 2012). In Sweden, even though about 80% of residential and home care services for the elderly are still financed and provided publicly, the New Local Government Act (1990) has

created incentives for local governments to outsource care through private market. In large municipalities such as Stockholm, over 50% of elder care services are now provided through private for-profit providers (Brennan et al 2012). Here too, the historical and cultural bias and discriminations shape the ideas and preferences of care consumers as to who should provide care—domestic or migrant workers, and if migrant workers, which national or ethnic groups—and how care should be provided (Williams and Gavanas 2008).

All these contexts tell us that ideas and expectations regarding care are changing, and that these changes are determined by social, cultural and political factors. While still a predominantly female activity, care and labour are now converging, and care market has become more global. Today care work constitutes a large and growing portion of paid labour, and individuals and family members are more willing to pay for care. Governments are also more willing to invest their fiscal and political capitals in care as the issues of demographic shifts, work-family reconciliation, women's economic participation, and social and economic inequality issues all point to care as a potential solution. To be sure, many governments have expanded social care and financial support for families to purchase care, partly as a social investment strategy—a way to invest in children and to mobilize women's human capital (Morel, Palier and Palme 2012; Jenson 2011; Peng 2011; Hobson et al 2012), partly to control rising age-related health care costs (Peng 2002; Kwon 2008), partly as a job creation tool and to promote greater gender equality, and partly simply to keep up with the rising care demands. These policy reforms, in turn, have increased demands for care workers in both public and private sectors, into which foreign care workers are increasingly drawn in.

The increased commodification of care is most evident in immigrant-receiving countries but has also caused a ripple effect in immigrant-sending countries. For migrant care workers, both the meanings and the practice of care have broadened to include their paid work and the unpaid care work they continue to perform for their own children through “transnational mothering” (Hondagneu-Sotelo and Avila 1997), or for other members via “caring across borders” (Baldassar et al. 2007). This includes a variety of strategies such as communicating with their children through the telephone, internet, and Skype, mobilizing family members and other personal social networks in the home

country to look after their children and elderly relatives, and in some cases hiring local caregivers (Ehrenreich and Hochschild 2003; Hochschild 2000; Lan 2003; Parreñas 2000).

The increased commodification of care and the globalization of care work thus necessitate a rethink of care, work, and migration. In order to fully understand and analyze the relationships between care, work, and migration, we need a more robust theory or a conceptual framework that will situate care and work of care in global context. Recent scholarships, particularly by feminist scholars, on care and migration regimes are a good starting point.

## **2. Care and Migration Regimes**

### *Care Regime*

Within the welfare state scholarship care regimes are most commonly approached from the perspectives of care diamond or familialism. While both frameworks share a common interest in understanding how care is shaped, claimed, provisioned and transacted through social, political, and institutional arrangements, they take slightly different approaches to explaining those processes and the variations in national outcomes.

The care diamond perspective builds on the concept of the mixed economy of welfare, which is premised on the idea of the interlocking relationships between the state, the market and the family in shaping welfare (Jenson and St-Martin 2006; Razavi 2007). Feminist scholars have added to the three constituent elements of the mixed economy of welfare a fourth element—voluntary/community sector—to analyze how care is being shaped and provisioned. Voluntary/community sector is an important element to consider because the welfare state restructuring in many OECD countries since the late-1980s had led to the scaling back of the public welfare provisions, and the shifting of welfare and care responsibilities to the family and the community. Although the voluntary/community sector has historically provided welfare and care—often in the form of charities—the new institutional role of voluntary/community sector as the social care provider contracted by the state breaks from its traditional past. Its new and enlarged role as an intermediary

institution between the state and the market in welfare and care provisions thus makes it an important fourth element in the mixed economy of care, or the care diamond.

Studies using care diamond perspective show clustering of care regimes that are more or less parallel to Esping-Andersen's welfare regimes. In the Nordic countries, like Sweden, Norway, Denmark, the state plays a prominent role in financing, regulating and providing care. Despite the increased pressures towards marketization, both childcare and elder care in these countries are still more socialized compared to other care regimes (Plough 2012; Kroger 2011; Brennan et al 2012). In these countries a significant proportion of care is subcontracted, but the public sector maintains a dominant role in financing and provisioning care services. In contrast, Liberal welfare states, such as US, UK, Canada and Australia, primarily rely on the family and the market for care. In these countries public provisions of care are strictly limited, but the markets for care are extensive and provide a wide range of options, from regulated to informal, and from very expensive to inexpensive services. Finally, East Asian and Southern European countries, characterized by their strong familialism, are most reliant on the family for care. In these countries, both the state and the market have played little or no role in financing or provisioning care—that is, until very recently.

Studies reveal that there have been significant institutional rearrangements within the care diamond since the 1990s. Although family remains the main care provider, there is an evident shift towards more outsourcing and subcontracting of care in most countries as a result of increased women's labour market participation, and in some cases—for example, in the East Asia and Southern Europe—rapid population ageing and fertility decline. The increased outsourcing of care, in turn, has affected the roles of other institutions within the care diamond. First, there has been a noticeable enlargement of the voluntary/community sector role in care provision. In the Nordic countries, increased marketization of care has led to the expansions of both the market and voluntary/community sectors in care provisions. The voluntary/community sector in many familialistic countries—particularly, Japan and South Korea—has also expanded because of the expansions of childcare and elder care. In these countries care services are often contracted out to NGOs and not-for-profit care providers. In Liberal welfare states,

voluntary/community sector is also playing a larger role because social welfare and care services are increasingly being downloaded to local and municipal governments and being contracted out. The market role in care provision has also increased in most countries as the increased outsourcing of care has promoted private for-profit care providers to enter into the care market. Research using care diamond perspective thus shows the reshaping of care through the institutional reconfiguration (see UNRISD project on social and political economy of care 2007-2010). These studies reveal that the welfare state restructuring since the 1980s has intensified the commodification of care. As such, care has been increasingly reframed as commodified services produced and delivered by public, private and market institutions.

In contrast to the care diamond, the familialism perspective directs its analytical lens on the extent to which welfare state policies oblige or free the family of the burden of providing care (McLaughlin and Glendinning 1994; Lister 1995; Leitner 2003). Leitner (2003) identifies four types of familialism, ranging from explicit familialism (e.g. Germany, Italy, Luxemburg) where strong policy support for the family's caring role is coupled with little or no alternatives to family care, to de-familialism (e.g. Sweden, Denmark) characterized by significant state and market provisions of care and strong policy support to minimize the family's care obligations.

Other studies based on familialism perspective have shown different clusters. For example, focusing specifically on childcare policies, Kroger (2011) found that policies in Nordic and Western European countries had the highest de-familizing (or de-domestication) impact, followed by the liberal regimes, while policies in the Central European countries had the lowest de-familizing impact. Tavora (2012) contends that even amongst Southern Mediterranean countries, Portugal is noticeably different from others in terms of its more generous childcare policies, parental benefits and other work-family reconciliation policies. She attributes this to Portugal's history of high female employment. Peng (2009, 2011) also found that East Asian countries like Japan and South Korea is shifting from explicit familialism to more implicit familialism as their governments expand social care provisions for children and the elderly. By focusing on the family, the familialism perspective offers a more direct insight to the interactions

between welfare state policies and family caring. It also highlights how the cultural and normative understandings about family can shape policies towards care, and how the unburdening of family's care obligations translates to outsourcing and commodification. The shortcoming of this perspective is that it cannot provide insight about how policies help the family outsource care, and the implications of outsourcing care for care work.

In sum, care regime literature offers important insights to the roles of the family, state, market and voluntary/community sectors in shaping, reshaping and provisioning care. Both the care diamond and familialism approaches suggest that care is becoming increasingly commodified as families outsource their care needs, and that welfare state policies are playing an increasingly important role in helping families outsource and subcontract care. The increased outsourcing and commodification of care has gone hand in hand with the increased use of migrant care workers in almost all cases. This is where care regime begins to intersect with migration regime.

### *Migration Regime*

Hitherto the traditional mainstream theories of migration paid little attention to the issue of gender or care. This is because until recently the majority of the migrant workers were men, and when women migrate, it was assumed that they were migrating as the spouses and dependents of the men. The recent increase in care migration, however, has brought the issue of women as migrant workers into research and policy limelight. Today, about half of the migrant workers are women (UNFPA 2006). Most of these female migrant workers work in service industries, and the majority of them are in domestic work (Caritas 2012). Feminist research on care migration has focused on both social and structural factors affecting the demand and supply care workers. Studies show that rapid demographic ageing, shifts from an industrial to a post-industrial and service-based economy, and changes related to family and gender have all contributed to a growing demand for paid care workers in immigrant-receiving countries (Hochschild 2000; Ehrenreich and Hochschild 2003; Fudge 2011; Lutz 2008; Yeates 2009; Michel and Peng 2012). Increasingly care is seen as a new vector that connects the global South to the

global North in the form of a “global care chain” that reflects complex networks of service production and supply, grounded in the shifting politics of resource needs and distribution (Hochschild 2000; Held 2006; Bakker and Silvey 2008; Mahon and Robinson 2010; Tronto 1992).

The increased demand for care in the global North is often complemented by sending country policies encouraging out-migration in the global South. In many countries, economic globalization and neoliberal economic policy reforms have pushed up unemployment and underemployment, creating a strong incentive for out-migration. For some countries, foreign care work has also become a significant part of the economy, an important source of foreign currency (Page and Plaza 2006). In the Philippines, for example, workers’ remittances make up over 10 percent of GDP (World Bank 2011). The governments of these countries and others are therefore motivated to develop institutions and programs that support mobilizing women and sending them to become paid care workers abroad. One stream of feminist research on gender migration thus focuses on the “international division of reproductive labour ” (Parreñas 2000) or the global political economy of care (Yeates 2005; Mahon and Robinson 2011; Bakker and Silvey 2008), highlighting how the structural underpinnings of developing and developed countries are creating new interdependencies between the global north and south global.

Another stream of gender migration research focuses on the impacts and implications of care migration for the families left behind in the sending countries. These studies highlight, benefits of remittances notwithstanding, significant personal costs borne by care workers and their families as a result of migration. Out-migration often leaves families left in the sending countries with care deficits. Children and older family members are often left in care of other family members, relatives, or paid caregivers. As well, these care work remains largely unpaid and provisional. Distance and physical absence also create tension, dislocation, and disconnections between mothers and children and amongst family members, although women’s remittances also provide the means for better educational and material support for the children and families remaining in the home countries (Hochschild 2000; Lan 2003; Parreñas 2000).

Another perspective on care migration that is gaining increasing research attention is the concept of global householding (Douglas 2006; Bergeron 2010; Peterson 2010;). The global householding perspective considers the family or household as the main unit of social reproduction and economic solidarity. As such, proponents of the global householding perspectives argue that migration decisions are often taken by the households, and sometimes even by the community, rather than by individuals. This perspective breaks from the traditional mainstream migration theories that assume migration decision as an outcome of individual rational economic calculation (Massey et al 1998). From the global householding perspective, international migration is a collective and intergenerational strategy the primary aim of which to support “the formation and sustenance of households” (Douglass 2006: 423). Global householding has become increasingly common and feasible today because:

The compression of time and space made possible by modern transportation and communications technologies also allows for the maintenance of spatially extensive householding over international space, perhaps with a father or mother working in one country and children being schooled or working in another or, conversely, the bringing of a foreign worker into the household as a domestic helper.

(Douglass 2006: 424)

This perspective is particularly relevant to the Asia-Pacific context where the family or household plays a central role in individual’s social and economic wellbeing. Care migration studies show that women migrate to work overseas largely to support their families back in the sending countries. The explicit or implicit family expectations, and the women’s own desires, to contribute to their families’ economic wellbeing through remittances thus necessitate us to focus on roles and functions of the household in international migration in the analysis of care and migration. The global householding perspective is not limited to care migration. In addition to care migration, marriage migration and education migration that are becoming increasingly common in Asia-Pacific can also be considered the various forms of global householding.

#### **4. Social, Political and Cultural Factors Shaping and Reshaping Care: Asia-Pacific context**

Ideas and norms about care have changed quite noticeably in Asia-Pacific over the last few decades as a result of social, cultural and political changes. Below, I outline how these factors have helped reshape the ideas and norms about care.

##### *Social and Cultural Transformations*

Significant changes in family structures and gender relations across Asia-Pacific have led to apparent weakening and modifications of the traditional Confucian practices, such as filial piety and gender role segregation, and increased acceptance towards outsourcing and socialization of care. First, the total fertility decline and de-familialization have resulted in growing care deficits, leading to a serious rethink of the family-based care in many traditionally familialistic countries. As shown in Table 1, total fertility rates have declined sharply across Asia-Pacific region. The rapid fertility decline comes in two waves, with Japan, and the newly industrialized Asian countries of South Korea, Singapore, Hong Kong and Taiwan—the Asian Tigers—experiencing rapid fertility decline in the 1980s and 1990s, followed by more *recent* fertility decline in the currently industrializing South East Asian countries of Indonesia, Lao, Philippines, Thailand and Vietnam. By the early-2000s, the wealthier Asia-Pacific countries of Japan and the Asian Tigers had what demographers refer to as the “very low fertility rate” (McDonald 2000).

- Table 1 here -

The low fertility rates have directly contributed to rapid population ageing across Asia-Pacific region. For example, the proportion of people over the age of 65 has risen in both North and South East Asia, but particularly in Japan and the Asian Tiger countries (Table 2). Demographic projections suggest that these countries will face further rapid ageing over the next couple of decades. It is projected that by 2035, over a quarter of populations in Japan, South Korea, Hong Kong, Singapore and Taiwan will be over the

age of 65, at 32.2, 27.1, 29.6, 23.0, and 27.3 per cent, respectively (UN-DESA 2013; Taiwan-CEPD 2013). The rapid population ageing, no doubt, has and will contribute to increasing demands for care in these countries.

-Table 2 here-

The multi-generational households are also on decline in many parts of Asia-Pacific. This is mainly a result of urbanization and the spread of middle-class western ideals and norms about nuclear family. For example, in Japan, 69.0 per cent of people over the age of 65 were living with their adult children in 1980; by 2010, this figure had dropped to 42.2 per cent. At the same time, the proportion of elderly people living only with their spouses increased from 19.6 to 37.2 per cent, and those living on their own doubled from 8.5 to 16.9 per cent during this period (Japan-Cabinet Office 2012). In 2011, only 15.4 per cent of Japanese elderly were living in three-generation households, as opposed to 50.1 per cent in 1980 (Japan-Cabinet Office 2012). In Korea, the proportion of elderly people living in three-generation households fell from 49.6 to 30.8 per cent within one decade between 1990 and 2000, while those living alone or only with their spouses increased from 16.9 to 28.7 per cent (Korea-National Statistics Office 2004, quoted in Cho 2005). Although not as dramatic as Japan and South Korea, in Taiwan, the percentage of elderly people living with their adult children also declined from 70.2 per cent in 1986 to 57.3 per cent in 2005, while those living on their own or only with their spouses rose from 25.6 per cent to 36.9 per cent (Wang 2011). These are only a few examples of progressive de-familialization that are taking place in Asia-Pacific region. While Japan and South Korea may be at the forefront of the familial changes in Asia-Pacific, other countries in the region—including the immigrant supplying countries in South East Asia—are also following a similar path.

The demand for care in many Asia-Pacific countries are therefore rising precisely at a time when the family's capacity to care for its members is waning. The three- and multiple-generation household arrangements have been traditionally an important

mechanism for intergenerational co-dependency and care exchanges in Asia: grandparents, during their young elderly phase, provide care for their grandchildren, and in return, receive care from their adult children and grandchildren when they become old and frail. These care arrangements are no longer practical or feasible today because most people do not live in three- or multiple generational households. The increased proportion of elderly people living only with their own spouses or alone has made elderly care more challenging for the family. Adding to this, the fertility decline—if not already have—will only further exacerbate the growing care deficits in the future because there will be even fewer adult children (daughters and daughters-in-law) available to provide care for the ageing parents and relatives.

There is some evidence that these societal changes have influenced individual ideas and expectations about family care. One of the most distinguishing features of Asian culture is the Confucian idea about filial piety and gender role segregation. Traditional Confucian teaching postulates that children will take care of their parents in old age; similarly, women are expected to devote themselves to the care of the family, while men work outside to ensure the family's economic wellbeing. Ideally, this system of intra-household cooperation and gender role complementarity would ensure adequate care provisions within the family. But these traditional Confucian norms and expectations are being modified.

Social surveys show fewer young people in Asia are adhering to the idea of taking primary responsibility for their ageing parents; at the same time, fewer people in the older generation expect to depend on their children in their old age. For example, the 2012 social survey conducted by the Korean Statistical Agency found that only 33.2 per cent of people surveyed thought that the family should be responsible for the support and care of their elderly parents, a dramatic turn around from 1998, when 89.9 per cent of people surveyed believed that should be the case (Statistics Korea 2013). More Koreans expect the government and society to provide care for the elderly. In 2002, a little less than a fifth (18.2 per cent) of people surveyed responded that “the family, government and society” should be all responsible for the care of elderly, while another 1.3 per cent thought that the “government and society” should be responsible for the care of the

elderly; in 2012, nearly half (48.7 per cent) believed that “the family, government and society” should be all responsible for the care of the elderly, while another 4.2 per cent responded that “government and society” should be responsible (Statistics Korea 2013; KWDI 2013).

Fewer Japanese people expect to live with their children or expect their children to take care of them in their old age. The 2008 survey by the Japanese Ministry of Health, Labor and Welfare found that only 18.0 per cent of people surveyed wanted to live with their children in their old age. Instead, 51.5 per cent claimed that they would prefer living separately or live near by their children in their old age. The same survey conducted in 1983 found 46.1 per cent of people wanted and expected to live with their children in their old age, and only 29.1 per cent prefer living separately or live near by their children (Japan-MOHLW 2009).

The 2009 World Youth Surveys, which surveyed opinions of people between the ages of 18 and 25 in Japan, South Korea, the US, Britain, and France, also found—much to the alarm of the Japanese government—that Japanese and South Korean youths were least affirmative about the idea that children should care for their aged parents. In the survey, only 28.3 and 35.2 per cent of Japanese and South Korean youths, respectively, agreed to the statement that they would “do everything possible to care for their ageing parents”, as compared to 63.5, 66.0 and 50.8 per cent of American, British, and French youths, respectively. A further analysis of Japanese data indicates no difference between men and women in terms of the opinions about the care of their ageing parents. The same survey also found that Japanese and South Korean youths were also less likely compared to their American, British and French counterparts to expect their own children to look after them when they become old (Japan-Cabinet Office 2010). These survey results suggest changes in Japanese and Korean attitudes towards elder care. People in these countries are less willing to accept the traditional Confucian ideas and expectations of filial piety, and are more willing to socialize the care of the elderly.

Gender role expectations also have changed in many Asian countries. Though still low compared to most western countries, total female employment rates in most Asia-Pacific countries have risen since 1980. The total female employment rates in Japan,

South Korea and China increased from 37 to 44 per cent, 32 to 43 per cent, and 49 to 56 per cent, respectively, between 1980 and 2000. Similarly, the total female employment rates in the Philippines, Indonesia, Malaysia and Singapore, also rose from 27 to 32, 28 to 39, 26 to 32 and 33 to 39 per cent, respectively (Quah 2003). The 2010 Pew Global Attitudes Survey on gender (2011) also found that 95 per cent of Chinese, 93 per cent of South Korean, 89 per cent of Japanese and 64 per cent of Indonesian men and women surveyed agreed that women should have equal rights to men. Furthermore, 97 per cent of Chinese, 96 per cent of South Korea, 96 per cent of Japanese and 88 per cent of Indonesians also agreed that women should be able to work outside the home.

Public opinion surveys in Japan, South Korea, and Taiwan show significant attitudinal changes in relation to family and gender in these countries. For example, a 2009 Japanese public opinion survey by the Cabinet Office found that 65.1 per cent of adults disagree with the statement that “men should work and women should stay home” while 41.3 per cent agreed. Though these figures may not seem impressive, it is nevertheless a significant change compared to 1980 when the same survey found that 72.6 per cent of adults agreed with the statement that “men should work and women should stay home” and 20.4 per cent disagreed (Japan-Cabinet Office Gender Equality Bureau 2011). Korean and Taiwanese social surveys also support similar attitudinal changes. The 2012 social survey found 45.3 per cent of Korean men and women claiming that housework should be shared equally between husband and wife; in 2002, only 30.7 thought so, and 58.7 per cent believed that housework should be done mainly by wives (KWDI 2013). The Taiwanese public opinion survey in 2011 found that 87 per cent of people believed that “men and women should share all the work equally”, and 77 per cent disagreed with the statement, “Man is the bread-winner in the family, while woman is the family-carer” (Taiwan-RDEC 2011). Finally, probably the most evident changes in social norms in relation to family and gender in South Korea is the decline and reversal of the ideas about son-preference. The sex ration at birth in Korea has dropped from 117 boys to 100 girls in 1990 to 106 in 2011 (KWDI 2013). Chung and Das Gupta (2007) contend that as much as 73 per cent of the decline in the son-preference in South Korea can be attributed to the changes in social norms about the family and gender resulting from women’s higher level of education and increased urbanization.

In sum, available data suggest noticeable changes in social norms about family and gender relations in Asia-Pacific countries. These changes have, in turn, influenced people's ideas and expectations about care. There are growing signs that the Confucian norms and expectations about inter-generational care obligations are weakening and being revised. As Wong and Chou (2006) note, with the weakening of the Confucian values, Asian families can no longer count on their children and women to provide care for their elderly members. One result of such cultural and normative changes is the outsourcing of care—or what Lan (2002) refers to as the phenomenon of “subcontracting filial piety”.

### *Political and Policy Changes*

In addition to the social and cultural changes, policy changes also have had important impacts on the redefinition of care in Asia-Pacific. The political democratizations of 1987/88 in Taiwan and South Korea had had positive impacts on welfare states in these countries (Wong 2004; McGuire 2010; Kwon 2005; Peng 2005; Peng and Wong 2008). In both cases, the lack of obvious left-right political divide had left welfare state expansion a key electoral issue in the post-democracy era. In both Taiwan and South Korea health and pension insurances were universalized immediately after the democratization, followed by incremental additions of social programs—including family and social care policies—in the subsequent decades.

In Japan, the electoral defeat of the conservative Liberal Democratic Party (LDP) in 1993 ended the LDP's nearly 40 years of political dominance. This, in turn, created openings for politicians, social bureaucrats and civil society groups to mobilize for social policy changes (see Eto 2005; Peng 2002). In response to the growing public anxieties over demographic ageing and low fertility, the successive coalition governments in Japan committed themselves to investing in social welfare and social care. The structural reform in the mid-1990s sought to “rebalance” the allocation of social security in favor of more social welfare (Japan-MOHW 1997), leading to the expansions of public childcare and elder care (Long-term Care Insurance in 2000), and the strengthening of the

maternity, parental, and family care leaves (Boling 2008; Peng 2002; Campbell and Ikegami 2000).

Following closely behind Japan, South Korean government also introduced very similar family reforms in the early 2000s. Childcare and elder care services were expanded, and maternity, parental, and family care leaves legislations were strengthened (Peng 2005, 2011; Chin et al 2012). The governments in Taiwan, Singapore and Hong Kong, took a different approach from Japan and South Korea. Rather than expanding socializing care through social care expansions, these governments opted for private route to strengthen the family's care capacity. Governments in these countries implemented public subsidies for childcare and elder care, and bolstered state support for maternity, parental and family care leaves (Sun 2009; Yeoh and Huan 2010; Wang 2011; Chan 2011), stopping short of providing social care. The policy preferences for family-based care rather than publicly provided care services in these three countries, however, does not mean that families in these countries were confined to their caring roles. Rather, as will be discussed in the next section, families in these countries increasingly opted for the use of paid care workers—often foreign care workers—to meet their care needs.

In summary, there have been rapid expansions of welfare state and increased policy focus on the family and care in many Asia-Pacific countries since the 1990s. Across the region, governments have become increasingly more attentive to the care needs of the family. This has led to social care expansion in Japan and South Korea and increased public subsidies to purchase care through the private market in Taiwan, Singapore and Hong Kong.

## **5. Reshaping and Reframing Care in Asia-Pacific: feature, implications, and future research agenda**

The above section discussed the changing norms and expectations about care in Asia-Pacific. Many traditional Confucian societies in Asia-Pacific are revising the traditional Confucian ideas and norms about filial piety and gender role segregation in response to population ageing, low fertility, progressive de-familialization, and growing awareness

towards gender equality. Evidence suggest that people in Asia-Pacific countries are less dependent and expectant of the family to provide care, particularly for the elderly, and are more willing to outsource and socialize care today. Whereas countries such as Japan and South Korea have introduced social care reforms making public childcare and elder care services more available, Taiwanese, Hong Kong and Singaporean governments have implemented government subsidies to help compensate the family to care or to purchase care.

Although there is a common pattern of increased commodification and outsourcing of care amongst Asia-Pacific countries, there are also some differences in how care is understood in different contexts within the region. In particular, there are four features that distinguish Asia-Pacific countries from Europe or North America, and in some cases from each other: 1) more outsourcing of elderly care than childcare; 2) pervasive norms about maternal care of young children in Japan and South Korea; 3) preferences for co-ethnic care workers in Japan and South Korea; and 4) continuing reliance on familialistic approaches to solving familial care problems.

#### 1. More outsourcing of the elderly care than childcare

Unlike Europe and North America—and quite contrary to the Confucian idea—in general there seem to be more outsourcing and socialization of elder care as compared to childcare in Asia-Pacific. This is most evident in Japan and South Korea, where long-term care of the elderly has been socialized through the universal mandatory long-term care insurance schemes since 2000 and 2008, respectively. Since the introductions of long-term insurance, the demands for public long-term care in these countries have grown substantially, consistently outpacing the supply. Public opinion surveys in both countries show overwhelming support for, and increasing public expectations on, the state to provide elder care. In Japan, the number of people receiving long-term care increased from 1.84 million to 3.77 million between 2000 and 2008. A 2010 national opinion survey on long-term care insurance found that a little over half (51.3 per cent) of people surveyed claimed that care situation has improved since the introduction of the long-term care insurance, while 28.8 per cent do not think so (Japan-Cabinet Office 2010). In a different opinion survey, conducted by the Ministry of Health, Labor and

Welfare, more people over between the ages of 40 and 65 claimed that the ideal way to care for their ageing parents is for the parents to use home helpers and other long-term care services in their own homes, rather than having children provide care for them (Japan-MOHLW 2010). These data suggest a significant support for socializing elder care in these countries. The overwhelming support for public elder care in Japan and South Korea is a stark contrast to the public ambivalence towards childcare. In both countries demands for childcare are less uniform: whereas the demand for the care of children aged 3 to 5 has increased, that for children 0 to 2 remains low.

In Taiwan, Singapore, and Hong Kong, where the governments have resisted from introducing public social insurance schemes, a good deal of elder care is nevertheless being outsourced to personal care workers and domestic help. Instead of expanding public elder care services, these governments have provided and raised financial support for the elderly and their families—often in forms of old age allowance and tax reductions—to help purchase care if the family is unable to provide adequate care. For example, in Singapore, the government has steadfastly maintained care as a private and family responsibility (Singapore-Interministerial Committee on Ageing 1999). The absolute lack of public elder care services has thus left families with little option but to turn to the market. To help families secure cheap care workers, the Singaporean government liberalized the regulations on sponsoring and hiring foreign domestic workers in the 1990s, and implemented tax reductions for families with elderly members to employ foreign care workers (Yeoh and Huang 2010). The policy reforms led to a sharp rise in the number of foreign domestic care workers in the country. In 2010, there were approximately 201,000 registered female domestic workers working in Singapore, a 144 per cent increase from 140,000 in 2002 (TWC2 2011). A 2012 national survey of Singaporeans aged 75 and over found approximately 50 per cent of these people were dependent on foreign care workers for their daily care (Ostbye et al 2013).

In Taiwan the government introduced Foreign Live-in-Caregiver program in 1992, allowing families easier access to foreign care workers. This was followed by the introductions of the Living Allowance for the Aged with mid- and low-income in 1993, Living Allowance for Old Farmers in 1995, and Living Allowance for the Aged—a basic

universal guaranteed income for all seniors—in 2008. As in the case of Singapore, the relaxation of immigration policy for foreign care workers, and the increased financial support for the elderly, have facilitated the use of foreign care workers in private homes, and accelerated the entry of foreign care workers to Taiwan. The number of registered foreign care workers in Taiwan shot up from 306 in 1991 to over 193,000 in 2013—about 95 per cent of whom were working in private homes, most of them caring for frail elderly (Wang 2011; Taiwan-CEPD 2013).

Like Taiwan and Singapore, Hong Kong government also saw elder care as a private issue to be dealt by the family rather than by the state. However, Hong Kong's history of NGO activism and community-based care services made it political difficult for the government to completely withdraw from social welfare provisioning. Moreover, active civil society and feminist mobilizations demanding policy changes in elder care in the 1990s led to expansion of elder care. Rather than expanding social care like Japan, however, policymakers in Hong Kong followed Britain's community care policy model by the contracting out of care services through voluntary and private sectors. The total social expenditure on elderly care rose from HK\$2.30 billion (0.0018% of GDP) to HK\$3.98 billion (0.0024%) between 1998/99 and 2009/10, with over 90 per cent of these expenditures directed to subsidizing and contracting out NGOs and private sectors care providers (Chan 2011). At the same time, like Singapore, the use of domestic servants has been common amongst wealthy families in Hong Kong. In the 1990s, with of the combination of strong economic growth, rising domestic wage, and the availability of foreign care workers, the option of using foreign domestic help became increasingly economically feasible even for the middle-class families. The number of foreign domestic helpers rose sharply. Between 1993 and 2012, the number of registered foreign domestic workers in Hong Kong increased by more than three-fold, from 98,400 to 312,400 (Hong Kong-Census and Statistics Department 1995, 2012). Foreign domestic workers in Hong Kong are, however, more likely to be taking care of children than caring for the elderly. The 1993 survey show that over 60 per cent of the foreign domestic workers were employed in households with children under the age of 12, while only 9.6 per cent were employed in households with people over the age of 65 (Hong Kong-Census and

Statistics Department 1995, 2012). This may have changed due to the changes in the demographics and significant increase in the total number of these workers.

There are several reasons why there is more outsourcing of elder care than childcare in these wealthier Asia-Pacific countries. First, the rapid population ageing makes outsourcing of elder care not just a necessity but an imperative. The sheer number of elderly people in need of care are simply too large to be left unattended, and the number continues to increase each year. Second, the elderly care is physically much more demanding on the family than childcare. Elder care involves heavy physical lifting and moving, not to mention emotional needs. As the same time, the majority of family carers caring for the elderly people in Asia-Pacific are middle-aged and older women. For example, in Japan nearly 90 per cent of co-residing family carers are over the age of 50, and about 70 per cent of them are women (Japan-MOH 2010b). The heavy physical burden of caring for elderly family members, and the ageing demographics of the carers, therefore make socialization and outsourcing of elder care politically and socially acceptable, even in the Confucian context.

Second, the extensive outsourcing of elder care in many Asia-Pacific countries is also a result of the shift in the family living arrangements. As more and more elderly people live apart from their adult children—partly due to the normalization of nuclear family model, and partly due to urban migration of young people—it has become physically much more difficult for adult children to provide care for their aged parents. With the implicit and explicit government support, outsourcing elder care through long-term care insurance or hiring foreign care workers has become an acceptable option for families. Third, policies such as the Live-in-Caregiver program and direct and indirect government subsidies to purchase elder care also make outsourcing and subcontracting of elder care feasible. The availability of foreign care workers willing to work for low wages also makes it increasingly economical for families to purchase care for the elderly. Finally, the politicization of elder care by civil society and women's groups in these countries has also helped frame elder care as a social and public policy issue, not just a family problem. Indeed, studies confirm that in Japan, South Korea, as well as Taiwan and Hong Kong, civil society and women's social and political mobilizations since the

1990s were critically important in raising public awareness about family's care burden and in constructing public discourses on about social policies in response to population ageing (Eto 2005; Peng 2002; Chan 2011; others).

## 2) Pervasive norms about maternal care of young children in Japan and South Korea

Unlike the care for the elderly, public discourse on extra-familial care of children remains contentious. In Japan and South Korea, there is still a pervasive norm about maternal care for very young infants. Consequently, the employment rates of women with young children, and the childcare service utilization rates for under 3-year olds in these two countries are very low. In Japan, despite women's high education level, the "three-year old myth" (*sansaiji shinwa*)—an Asian equivalent of Bowlby's attachment theory—continues to influence women's childrearing practices. Commonly known by the proverb, "*mitsugo no tamashii hyakumade*" ("what one learns before the age of three will remain until age 100"), the three-year old myth extolls the importance of *quality maternal care* for children up to the age of three. Consequently, mothers are expected to, and often do, invest intensely in private and personal care of their young infants. Similar myth about the importance of maternal care for small children is also prevalent in South Korea as well. Hence, despite the policy of guaranteed public childcare in Japan, and increased subsidies for childcare in South Korea, many mothers in these countries continue to resist using childcare services for their 0 to 2 year olds. Japanese public opinion surveys show strong preference for full-time mothering if the child is less than 1-year old, and part-time work if the child is between the age of two and three (Japan-MOHLW 2010). The proportion of children under the age of three in childcare in Japan and South Korea in 2008 were 28.3 and 37.7 per cent, significantly lower than the rates for 3 to 5 year olds, at 90.0 and 79.8 per cent, respectively (OECD 2013). In South Korea, only a very small proportion of children are being cared by nannies; in Japan, the use of nannies for childcare is almost non-existent.

Taiwan, Hong Kong and Singapore, on the other hand, do not share the three-year old myth with Japan and South Korea. Consequently, childcare in these countries has

been increasingly contracted out to care workers, particularly foreign domestic care workers. In Hong Kong the majority of foreign care workers are caring for children rather than for the elderly (Hong Kong-Census and Statistics Department 1995). Yu (2009) suggests that Taiwan and other Asian countries that share common Chinese heritage differ from Japan and South Korea in that the extended family system in the former group of countries allows the collectivization of childcare. In these countries, grand parents, aunts and female relatives often look after children of theirs and other family members, and as a result, mothers have traditionally relied on grandmothers and other relatives to look after their young children. Because of the tradition of collectivized childcare, the psychological barrier to outsourcing childcare to nannies in these countries is much lower than in Japan and South Korea. In sum, differences in cultural orientations toward elderly and childcare amongst Asia-Pacific countries determine differences in what kinds of care can and cannot be outsourced.

### 3) Japanese and Korean references for co-ethnic care workers

Japan and South Korea also differ from other Asia-Pacific countries in terms of their preference towards co-ethnic foreign care workers over other foreign care workers as an alternative to domestic care workers. Both Japan and South Korea have similar national narratives about their national ethnic and cultural homogeneity. These narratives have contributed to strong ideas about national ethnic identity, and antipathy towards the “foreigners”. The immigration policies in both countries therefore have been historically highly discriminatory and anti-immigration. In both countries temporary foreign workers visas have been used to restrict and control migrant workers from settling in their countries. The acute labour shortages in both countries since the 1990s, however, have led to the recruitment of co-ethnics from their diasporatic communities abroad. In Japan, Latin Americans of Japanese origin (*Nikkeijin*) were recruited as low-wage manual workers in the 1980s and 90s (Onuki 2011). The subsequent immigration reforms in the 1990s led to gradual lifting of job restrictions for the *Nikkeijins*, culminating to the right to permanent residency in Japan. The total number of *Nikkeijin* in Japan rose from approximately 160,000 in 1995 to 254,000 in 2005 (Japan-Statistics Bureau 2013). In

South Korea, demands for low-wage manual workers in the 1990s also led to the recruitment of Chinese of Korean origin (*Jeosenjok*). Like Japan, Korea also reformed the immigration policy in 2007, liberalizing the employment restrictions for *Jeosenjoks* and granted them long-term residency status (Michel and Peng 2012; others).

The ideas about the ethnic and cultural purity in Japan and South Korean are both informed by and reflected in public attitudes and preferences towards care. Public opinions surveys in Japan consistently show strong preference for domestic care workers, and antipathy towards foreign workers. The 2001 national survey found that 48.0 per cent of people were opposed to the idea of having foreign care workers provide long-term care, while another 42.8 per cent agreed. The oppositions to the use of foreign care workers were highest amongst the older people: 55.5 per cent of people in their 60s, and 54.0 per cent of those over the age of 70 were opposed the use of foreign care workers; while people in their 30s and the 40s were less resistant, with 41.9 and 43.1 per cent opposition, respectively (Japan-Cabinet Office 2001). The main reasons for opposing the use of the foreign care workers were, first, the assumption that foreign care workers will not be able to speak the language and hence not able to communicate with the elderly (69.5 per cent), and second, that foreign care workers will not have adequate understanding of and familiarity with Japanese society, culture, and other knowledge to serve as care workers (58.0 per cent). More recent surveys show slight decline in the level of opposition towards foreign care workers, but the concerns about the lack of language and cultural familiarities of the foreign care workers remain pervasive (Maekawa 2010).

A strong resistance towards foreign care workers in Japan is directly reflected in the Japanese policies towards foreign care workers. Despite the obvious shortage of care workers, the Japanese government has been unwilling to grant the temporary worker visa for foreign care workers. Instead, the government agreed to take up to 1000 care workers per year from the Philippines and Indonesia through the economic partnership agreements (EPA) with these countries (Michel and Peng 2012; Onuki 2011). Even so, the EPA agreement only came about after intense demands from the Philippines and Indonesia to open the entry for their care workers. The foreign care workers in Japan are

only allowed to work in nursing care institutions, and will be required to pass the Japanese licensing examinations for care workers within four years, or being sent back.

South Korean surveys also show similar resistance towards using foreign care workers (citation here). However, unlike Japan, the *Jeosenjoks*, are racially and culturally Koreans, and most of them speak Korean. They are, therefore, more easily assimilated into the South Korean society. Consequently, older *Jeosenjok* women are being increasingly recruited into elder care services in South Korea. Since the introduction of the new Working Visit System in 2007, a huge number of *Jeosenjok* women have entered South Korea. Between 2007 and 2013, the number of co-ethnic migrant workers working under the Working Visit System increased by more than three-fold, from 93,774 to 357,000 (Michel and Peng 2012; Um 2012). In Korea also, *Jeosenjok* women are working primarily in hospitals for the aged, not in the private homes.

#### 4) Continuing reliance on familialistic approaches to solving familial care problems

As the quintessential familialistic solution to family care problem, growing number of families in Asia-Pacific countries are securing familial care by incorporating women into the family through marriage. International marriages between men in rich Asia-Pacific countries and women from poorer Asia-Pacific countries have escalated since the 1990s. In South Korea, the international marriages as percentage of all marriages rose from 3.5 per cent in 2000 to 13.5 per cent in 2005, and then gradually declined to 11.0 per cent in 2008 (KWDI 2010); in the rural parts of South Korea, nearly a third of the new marriages are international (Lee 2008; Seol, Lee and Cho 2006). Similarly, the percentage of international marriages in Taiwan also rose from 16.4 per cent in 1998 to 24.2 per cent in 2004, and then gradually declined to 13.0 per cent in 2011, after the government cracked down on the cross-border marriage business and tightened the legislations on international marriages (Taiwan-National Statistics 2013). Though not as numerous, international marriages, particularly amongst rural men and other East and South East Asian women, also increased in Japan after 1990. In Japan, the number of foreign

spouses and children of Japanese nationals doubled from 104,000 in 1990 to 214,000 in 2004 (Japan-Statistical Agency 2013).

Data indicates that over 80 per cent of the international marriages in these rich Asia-Pacific countries are between male citizens and foreign bride from poorer Asia-Pacific countries. China, the Philippines, Vietnam and Indonesia are the four largest source countries of foreign brides to South Korea, Taiwan and Japan (Taiwan-National Statistics 2013; KWDI 2013). The rate of international marriages is also noticeably higher in rural areas due to large number of unmarried bachelor farmers looking for marriage partners. These rural bachelors are often helped by active local governments also interested in recruiting brides from overseas as a means to help ageing bachelors find marriage partners and to prevent depopulation (Korea Times 2013; Japan Times 2002). Studies have found that intermediary institutions such as marriage brokers also play a crucial role in sourcing and negotiating international marriages across Asia-Pacific (Wang and Chang 2002; Lu 2005; Belanger and Linh 2011). Korean studies show significantly larger age gap between husbands and wives, and higher co-residency rates with husbands' ageing parents in the case of international marriages as compared to domestic marriages, suggesting more likelihood of foreign brides having to provide care for their husbands and the husbands' elderly parents (citations here). In Taiwan, a large number of international marriages are between disabled Taiwanese men and foreign brides (Asato 2010). These studies suggest that international marriage constitutes a familialistic solution to securing familial care.

### **Conclusion: Reshaping and Reframing Care in Asia-Pacific Context**

This paper examined social, cultural and political factors that have affected the changes in the norms and expectations about care in Asia-Pacific. Like in Europe and North America, ideas about care in Asia-Pacific countries have changed dramatically since the 1990s. Traditionally considered an indisputable family responsibility, care in wealthier Asia-Pacific countries is increasingly being subcontracted and socialized, and the state is taking a greater role in facilitating the family to outsource care. In all cases, the increased

outsourcing of care has encouraged migration of women from less wealthy Asia-Pacific countries to wealthier ones to perform care. The intra-regional care migration has therefore made Asia-Pacific countries increasingly more interdependent on each other.

The increased care migration in Asia-Pacific region raises a number of conceptual issues and questions. First, it adds to the universal trend of increased commodification of care, and highlights the different ways in which care can be commodified. The increased commodification of care in Asia-Pacific reveals concurrent structural and ideational changes that are taking place globally, including demographic ageing, low fertility, de-familialization, and women's increased labour market participation. At the same time, it also reveals how care is being commodified varies depending on national social, cultural and political contexts. For examples, in Taiwan, Hong Kong and Singapore, much of care is being commodified through explicit purchase of care services, by hiring foreign care workers. This is so partly because of historical legacy of domestic services in the former three countries, and partly because of government policies emphasizing the private purchase of care services by families and liberalizing the entry of foreign care workers into the country. In Japan and South Korea, care is more likely to be commodified through collectivizing and socializing the purchase of services through long-term care insurance schemes or public childcare. Here cultural preferences for domestic care workers, and if not, co-ethnic care workers, limit the use of foreign care workers. In light of the increase in international marriages, we might also consider marriage migration as an implicit commodification of care.

Second, care migration in Asia-Pacific also reveals the difficulties of commodifying care. Because care involves close physical contact and intimate interactions between the provider and the recipient, it is highly dependent on personal subjectivities and preferences. This is particularly evident in Japan, where a strong—and nationalistic—belief about the purity of the Japanese race and culture has contributed to strong aversion to using foreign care workers. The sense of personal boundary and perceptions about foreigners in Japan thus makes socialization of care possible, but the use of foreign care workers extremely contentious. As a result, commodification of care in Japan is only possible within the domestic context. In South Korea the existence of Korean Chinese (*Jeosenjoks*) makes it easier to commodify elder care. This is because,

even though *Jeosenjoks* are “foreigners”, they are ethnic Koreans and they speak Korean and share common Korean cultural heritage. Even so, unlike in Taiwan and Singapore, most of these *Jeosenjok* women in South Korea work in elder care institutions rather than in private homes. These different levels of comfort to using extra-familial care workers shows how factors such as the sense of national identity and nationhood, and the ideas about personal boundary can determine the extent to which care can be commodified, and how it can be transacted.

Finally, the care migration in Asia-Pacific underscores the importance of reconceptualising care, work and migration. This paper has shown how changes in social, cultural and political contexts in Asia-Pacific have helped reshape the ideas and norms about care. In order to understand more fully the processes and consequences of reshaping and reframing of care it would be necessary to develop a more robust conceptual framework that will integrate care and migration regimes.

## Tables and Figures

**Table 1: Total Fertility Rates among Asia-Pacific Countries**

<b>countries/regions</b>	<b>1971</b>	<b>1991</b>	<b>2011</b>
East Asia and Pacific	5.6	2.6	1.8
Australia	2.7	1.9	2
Canada	2.2	1.7	1.7
China	5.5	2.3	1.6
Indonesia	5.5	3.1	2.1
Japan	2.1	1.6	1.4
Lao	6	6.2	2.7
Philippines	6.3	4.3	3.1
South Korea	4.5	1.6	1.4
Singapore	3.2	1.8	1.3
Taiwan	2.6	1.7	1.1
Thailand	5.6	2.1	1.6
Vietnam	7.4	3.6	1.8
Hong Kong	(1976) 2.5	1.3	0.9

Source: UN Data, <http://data.un.org/Data.aspx?d=SOWC&f=inID%3A127> (accessed 18/07/2013) / Hong Kong data from *Hong Kong Monthly Digest of Statistics: Analysis of the Changes in the Total Fertility Rate*, September 2005, Census and Statistics Dept., Hong Kong.

**Table 2: Ageing Population as Per Cent of Total Population**

<b>Countries</b>	<b>1990</b>	<b>2000</b>	<b>2010</b>
China	5.9	7	8.2
Hong Kong	8.7	11	12.7
Indonesia	3.8	4.6	5.6
Japan	11.9	17.2	22.7
Philippines	3.1	3.2	3.6
Singapore	5.6	7.4	9
South Korea	5	7.3	11.1
Taiwan	6.2	8.6	10.7
Thailand	4.6	6.9	8.9
Vietnam	5	5.6	6

Sources: UNESCAP. 2012. *Statistical Yearbook for Asia and the Pacific 2011*; Taiwan data: *Taiwan Statistical Data Book*, 2012.



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