

# **The Crisis of Care and the Future of Work in the Asia-Pacific Region**

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## **Abstract**

In our lifetimes we have seen old jobs disappear and new jobs come into being. We have seen dramatic changes due to computerisation and robotisation as well as the mechanisation of manufacturing, agriculture, mining and other industries. Some forms of work, however, are more resistant to change. The basic work involved in feeding and taking care of human bodies cannot easily be mechanised. It is possible to imagine various ways of ensuring that these basic physical needs are met – complete socialisation, complete marketisation or various combinations of paid, unpaid and volunteer labour. Even if we experiment with different forms of compensation for such work and different ways of allocating such work, though, it is ultimately human beings rather than machines that need to do the work of feeding, cleaning and caring. In this article I survey some of the ways in which societies have dealt with or are dealing with the need for housework, childcare and care work and consider what this means for the future of work in our region.

Keywords: aging, care work, housework, childcare, Asia-Pacific

## **Introduction**

In our lifetimes we have seen old jobs disappear (such as telegraph operator) and new jobs come into being (such as web designer). Computerisation, robotisation and mechanisation have brought dramatic changes. In advanced economies, there has been a shift from agriculture to manufacturing to a post-industrial economy focused on knowledge, information and services. Work in the post-industrial economy has been described as “immaterial labour” (Hardt and Negri 2004: xvi). Some forms of work, however, are more resistant to change. The very material labour involved in feeding and taking care of human bodies can not so easily be mechanised.

For much of modern history, the work of

cooking, cleaning, and caring for children, the ill, the aged and persons with disabilities has been carried out in a household or family unit. Such work has disproportionately been carried out by women, and this has been the basis of the modern gendered division between paid work and unpaid housework and care work.

There are various ways of ensuring that these basic physical needs are met – complete socialisation, complete marketisation or various combinations of paid, unpaid and volunteer labour. Even if we experiment with different ways of allocating such work and compensating workers, though, it is ultimately human beings rather than machines who need to do the work of feeding, cleaning and

caring.<sup>1</sup>

Depending on the demographics of a particular society, there will be a need for particular forms of care work. In Japan, for example, with the highest life expectancy in the world and the greatest proportion of the elderly, the overwhelming need is now for elder care. This contrasts with neighbouring countries like the Philippines, which has a relatively young population and a high birthrate (Mackie 2014: 278–296). In parts of Africa, high rates of HIV or other infections mean that care for the unwell is an overwhelming burden (Urdang 2006: 165–177).

Below, I provide some snapshots of how these issues have been dealt with in different parts of the world, using the names of relevant cities as a shorthand label for each model. I conclude with some thoughts on what this means for the future of work in our region.

### **The Tokyo model**

For much of the twentieth century, the need for housework, childcare and other forms of care work in Japan was dealt with through a gendered division of labour whereby men engaged in full-time paid work and women tended to withdraw from the full-time paid workforce when they married or bore children. There was only a brief period in the mid-twentieth century, though, when the majority of married women actually engaged in home duties full-time. From the 1980s, the number of married women in the paid work force has risen, but the increase has

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<sup>1</sup> While there have been advances in the use of robots for some tasks in hospitals and in elder care, such as lifting bodies or monitoring physical indicators (Hay 2015), most of the messy business of feeding, cleaning and caring for human bodies still needs to be done by similarly embodied human beings.

largely been in part-time or irregular positions, meaning that women have been the ones to juggle the demands of paid work, housework and care work.<sup>2</sup> During the post-Second World War baby boom and the secondary baby boom of the 1970s the main need was for housework and childcare (Osawa 2005: 111–130).

From the 1980s people have been marrying later or not marrying at all, having fewer children and having them later. The low birthrate, combined with high life expectancy, means that the most pressing need now is for the care of the aged, an issue we will return to below.

In Japan and other countries from the 1970s, feminists discussed how to change this gendered division of labour. In feminist-influenced households, individual family members discussed how to renegotiate the gendered division of labour and seek a balance between the demands of paid work, housework, childcare and care work. In some countries, such as Sweden, social policies were implemented in order to encourage a more equitable gendered division of labour.

### **The Stockholm model**

Sweden has had a generous paid parental leave scheme since 1974. Under the current system, Swedish parents receive a total of 480 days of leave per child, 390

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<sup>2</sup> Needless to say, this division of paid work and household work was not unique to Japan, and could also be seen in the USA, UK and Australia, for example. Nevertheless, Japan and South Korea have particularly high rates of women's withdrawal from the paid workforce on marriage and childbearing, resulting in an "M-shaped" labour participation graph, with peak labour participation rates in the twenties before childbearing and childrearing and again in the forties when childcare responsibilities have eased (Macnaughtan 2015 unpaginated).

days of which is paid at 80 per cent of salary (up to a maximum of \$162 a day). Two months of the leave is reserved for the man (in heterosexual couples), and the rest can be shared between the parents. As of 2012, Swedish men took 24 per cent of the leave, meaning that each on average stays home and looks after each baby or toddler for a little over three months (Orange 2014). A system like this allows for more equitable sharing of paid work, childcare and housework.

In addition, as reported by Brennan *et al.*, municipalities must provide a full-time childcare place for all children whose parents are working or studying, while children of unemployed parents and those whose parents are on leave are eligible for 15 hours of childcare per week (2012: 382).

In Sweden, a large proportion of elder care is funded by the government and provided by the government. In recent years, some taxpayer funds are being used to purchase care from non-profit or profit providers, but this marketisation has not progressed as far as it has, for example, in Britain or Australia (Brennan *et al.* 2012: 381).

In other places, such as the socialist societies of East Asia, complete socialisation of housework, childcare and other care work has been proposed as the solution.

### **The Pyongyang model**

In the early days of the Democratic People's Republic of Korea (North Korea), as in other socialist regimes, the government proclaimed gender equality and promoted the state provision of communal kitchens and the socialisation of childcare and housework. Propaganda magazines proclaimed that the

problem of the gendered division of labour had been solved by socialisation.

In practice, however, it is likely that even under socialised conditions, it was women who provided the actual labour of cooking, cleaning and childcare (Kim 2010: 765). It also seems likely that the provision of socialised cooking, housework and childcare was never as extensive as claimed. Rather, as in China and other socialist states, women who worked outside the home were likely to suffer from the double burden of housework and paid work. This is even more so with recent reforms in China and Vietnam where a greater welfare burden has been relegated to the family (Truong 2006: 169–188). In North Korea, the economic collapse of the country and several decades of famine mean that the state provision of welfare, goods and services has broken down (Kim 2015). The complete socialisation of childcare, housework and care work is an ideal which probably was never achieved.

In other societies, as we shall see below, the market is seen to provide solutions, through informal “grey” economy solutions, through capitalist enterprises which mediate between care workers and their employers, or by a combination of different forms of provision.

### **The Singapore model**

The problem of how to take care of the need for housework, childcare and other caring labour in some societies is dealt with by employing domestic workers, on a casual, daily or live-in basis. Where there is a relatively flat income distribution in a country, however, it is rarely feasible to employ domestic help. To employ a domestic worker, the family would need to have a combined income high enough to cover one other person's wages.

In Singapore, however, it is possible for middle-class working families to employ domestic workers due to economic disparities between Singapore and neighbouring countries. State policies regulate the employment of overseas contract workers, while agencies mediate between domestic workers and their employers, and make profit from these transactions.

When commentators compare Singapore with other parts of Asia, it is often in terms of “working women” employing domestic labour. It is more accurate, however, to state that *both men and women* are relieved of domestic labour if the family employs domestic workers.

The employment of immigrant workers to carry out housework, childcare and other forms of care work means that the provision of care work is now something which crosses national borders. This is closely regulated in Singapore, but happens in rather more informal and irregular ways elsewhere.

As is well-known, the economy of the Philippines is highly dependent on remittances from workers who travel overseas to work in various forms of care work (as well as construction and service industries). These movements are determined not only by economic disparities but by demographic disparities (Parreñas 2001). Workers move from poorer to richer countries – from “South” to “North” – while countries with an aging population will recruit workers from countries with a younger demographic.

### **The San Diego model**

In much of the USA, many middle-class families informally employ irregular

immigrants as domestic workers. This is strikingly apparent, for example, in San Diego at the border with Tijuana in Mexico. Every morning, people cross the border from Tijuana to San Diego where they work as domestic workers for relatively wealthy middle-class families. In the evenings they return to their own homes in Tijuana (Ley 2013). As in Singapore, the need for housework and care work is met by immigrant workers, but on a more informal and undocumented basis.

In various parts of Southeast Asia, too, there is regular informal border crossing for work, for example between border regions of Indonesia and Malaysia (Ford and Lyons 2007: 236–263).

### **The Kuala Lumpur model**

Above we have briefly surveyed countries which try to solve the problem of care work by redistributing the labour within national boundaries or, at times, by importing workers. Increasingly, however, the aged themselves are moving offshore in search of cheaper housing and more affordable care. Malaysia, for example, has recently drawn attention as a retirement destination (Malaysia a top retirement destination 2015).

The phenomenon of overseas retirement is a combination of individual decisions, the policies of governments in receiving countries which seek to attract retirees, and the policies of sending governments which may facilitate their retirees’ travel overseas.

Retirees will make choices about destinations according to their retirement income: Queensland or Western Australia for the relatively wealthy, Thailand or Malaysia for those with smaller retirement funds. It is possible for retirees to immigrate to Australia, for example, as long as they can demonstrate

that they have enough assets and retirement funds to ensure a livelihood.

No matter what the location or destination, however, the need for embodied human workers to take care of the bodily needs of other human beings does not go away.

### **A Glimpse of the Future?**

The models presented above may be thought of as ideal types, for in most societies these various forms of care work are provided by a “patchwork” of different methods (Leland 2015). Truong et al. remind us that care work is

both paid and unpaid, straddles the public and private realms, is subject to cash payments and service provision, and could be contractual or non-contractual. The care economy in a sense is a ‘mixed economy’ involving the state, market, household and voluntary sector (2006: xix–xx).

The involvement of the four sectors of the family, the community, the market and the state in providing care is sometimes referred to as the “care diamond” (Razavi 2007), although this schema fails to capture the transnational dimensions of care work in the contemporary world (Parreñas 2012: 273).

With reference to the aging populations in several countries in East Asia and Western Europe, and neoliberal policies which have led to cutbacks in state provision of welfare benefits and services, Truong et al. describe a “crisis in care systems worldwide” (2006: xxi), epitomised in the situation in contemporary Japan.

Until the mid- to late twentieth century, it seemed that Japanese governments had been successful in population management,

with good nutrition, a healthy population, low infant mortality, high educational levels, high life expectancy, low unemployment and high economic growth. This very “success”, however, is what has led to the current demographic crisis.

Japan now has over 60,000 centenarians; around 10 million people over 80 years old (7.9 per cent of the population); and just short of 34 million people over 65 (26.7 per cent of the population) (Japan’s centenarian population tops 60,000 for first time 2015; Japan increasingly gray as people 80 or over top 10 million, 2015). Of the aged population, 14.62 million are men (23.7 per cent of the total male population) and 19.2 million are women (29.5 per cent of the total female population). In other words, the aged population of Japan outnumbers the total population of Australia.

Japan’s total fertility rate – the average number of children born per woman aged between 15 and 49 – dropped continuously until the early 2000s: 2.16 in 1971, 1.29 in 2004, down to 1.26 in 2005, then inching up to 1.42 in recent years.

If we add up the population under 15 and the population over 65 and divide this by the productive population (those from 15 to 64) this produces a dependent population ratio of around 2:1. That is, the two-thirds of the population of productive age have to work to support the other third who are too old or too young to work. This ratio is expected to decline to 3:2 by 2025. This is a matter of economics (of paying for pensions, welfare and medical care from the taxes of a shrinking labour force), but also a matter of finding the labour power to deal with the physical care of the aged.

As noted above, for much of the twentieth century in Japan, the need for housework, childcare and other forms of care work was largely dealt with by married women withdrawing from the paid work force during the years when the demands for care work were the greatest and then returning to the paid work force on a casual, part-time or temporary basis. In the context of the current demographic crisis, however, the family can no longer meet the need for various forms of care work.

Government statistics show that bedridden elderly relatives are cared for by: husband (13.3 per cent), wife (28.4 per cent), son (13.3 per cent), daughter (16.6 per cent), daughter-in-law (23.8 per cent) and others (4.7 per cent). In around 70 per cent of cases, then, it will be a female who provides care (Sugimoto 2010: 170).

In the 1980s, conservative governments promoted a so-called “Japanese style welfare state”, where family-based care would be supplemented by volunteers. When it became apparent that the need for care work could not be met with family and volunteer labour alone, a Carers’ Insurance scheme was implemented.

Consider a married couple of the “baby boomer” generation where, according to the gender ideologies of mid-twentieth century Japan, the husband has been the primary breadwinner. They will have adult children, and possibly one or more grandchildren. It is likely that both partners’ parents will be alive and in their eighties. One or more of their grandparents might still be alive, too. Paid work will be juggled with caring for the needs of aging parents and parents-in-law who may or may not live close by. Carers’ insurance allows for casual or part-time

paid help, but the burden of managing the activities and timetabling of relatives, paid carers and volunteers falls disproportionately on women.

Care work in Japan has shifted from largely invisible unpaid work carried out by family members to a combination of family-based care, volunteer work, paid care and institutional care. Marketisation has been facilitated by the Carers’ Insurance scheme.

The market in care labour is now a transnational one, involving both documented and undocumented immigrant labour. The Japanese government has entered into Economic Partnership Agreements with Indonesia, the Philippines and Vietnam which allow for small numbers of workers to enter Japan to be trained as care workers. More recently, the government has promoted the entry of immigrant domestic workers as a way of encouraging women’s labour force participation. The idea that domestic work is *women’s* responsibility remains unchallenged. The numbers in these official programs are still small, however, while large numbers of care workers enter the country through informal channels (Piquero-Ballescás 2009: 127–38).

## Conclusions

While the aging of the population has not yet advanced to the extent it has in Japan, Australian society also faces issues related to the need for housework, childcare and other forms of care work.<sup>3</sup> Recent policy responses have included childcare subsidies, a paid maternity leave system and a disability insurance scheme.

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<sup>3</sup> 15.1 per cent of the Australian population is over 65, compared to 26.7 per cent in Japan.

In practice, the needs for housework, childcare and care work are met in Australia through the kind of patchwork of paid and unpaid, formal and informal, home-based and institutional, public and private forms of provision described elsewhere (Leland 2015; Truong et al. 2006: xix–xx). It has recently been reported, for example, that grandparents – largely grandmothers – provide most childcare in Australia, and that this sometimes conflicts with policies aimed at maximising the workforce participation of older Australians (Hamilton 2015). Similarly, it is women who provide most unpaid care work in Australia, and this is reflected in the different workforce participation rates for men and women, and in a greater proportion of women than men engaged in part-time work (Australian Human Rights Commission 2013), perhaps not so different from the “Tokyo model” described above.

In future years, Australians will need to decide what models to follow for the provision of care work. We can learn from the experiences of other countries, as outlined above. No matter what model is chosen as the “Canberra model”, the need for workers to look after the embodied needs of human beings will not go away. Attempts to address these issues will need to confront the persistent gendered division of housework, childcare and care work. It is also likely that the solutions to such problems will involve looking for lessons beyond the boundaries of the Australian nation-state.

### Acknowledgment

This article draws on research funded by Australian Research Council Future Fellowship Project FT0992328 “From Human Rights to Human Security: Changing Paradigms for Dealing with Inequality in the Asia-Pacific Region”.

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*Received: 13 October 2015*

*Accepted: 20 October 2015*



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