

Who Cares? Reflections on an International Multidisciplinary Symposium on Care Economy

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Abstract

One of the targets under the Sustainable Development Goals (SDGs) aims to reduce and redistribute unpaid care work, which is mostly done by women, through the provision of public services and the promotion of shared responsibility. In February 2019, experts from academia and international organizations gathered at Okayama University for an international symposium focused on the issues around unpaid and paid care work in relation to gender equality and sustainable society. This paper will first briefly summarize the issues in care work, with a focus on childcare and elderly care in a Japanese context, followed by a discussion of the key points from the symposium related to care-centered economic and social policies.

Keywords: Care, aging, gender, Japan, SDGs

Introduction

Human care is central to our lives. From cradle to grave, humans cannot experience a high quality of life without someone's care. At the same time, we take care of others: siblings, children, sick persons, elderly individuals, and those living with disabilities. There is a large amount of labor involved in feeding, clothing, and developing a child's capacities and caring for the sick, disabled, and frail elderly. Care is essential for sustaining our societies and economies, yet much care work has been underrecognized for the following reasons. First, care by a family, relatives and friends within private sphere such as a home is not remunerated and not counted as part of the Gross Domestic Product (GDP); therefore, it is perceived to have no value and is statistically invisible. Second, the majority of caregivers are women, who are underrepresented in the social, economic, and political spheres. Across the world, this important yet invisible responsibility of caring for others has been pressed upon women by social norms to be their principal role at home and in society. They are expected to assume the important costs of producing and maintaining the labor force and social fabric without question, even if it means foregoing opportunities to develop their capabilities.

Japan is no exception here. In the path of post-war economic development, the Japanese corporate system as well as the nation's welfare policies have reinforced the gender division of

labor at home. Care of family members has typically been the work of a woman, who is assumed to be a housewife. However, over time, demographic, social, political, and economic trends have created opportunities for women to negotiate their socially ascribed role and to press pressure for changes in terms of provision of social care and a sharing of the care responsibility between the state, family, community, and the private sector (Makita, 2010).

In September 2015, the member states of the United Nations adopted a number of development agenda called the Sustainable Development Goals (SDGs). One of the targets under Goal 5, “Gender Equality and Women’s Empowerment,” is to “recognize and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household and the family” (United Nations, 2015). This target is based on Dr. Diane Elson’s 3Rs framework for recognition, reduction, and redistribution of the unevenly shared unpaid work burden of women, which sought to address and incorporate unpaid care work into the development agenda (Sida, 2012). Meeting SDG 5 requires a proper valuation of care work, whether unpaid or paid, and its vital contribution to the reproduction of our society and the growth of our economy. The sustainable development framework acknowledges that an “adequate level of care and other social reproduction activities are essential for the well-being of society and the sustainability of human development” (Sida, 2012). Achieving this target is essential not only for gender equality but also for achieving other goals.

The current Japanese administration, which promotes “womenomics”—i.e., women as a driver for economic growth—promised to increase the capacity of childcare and elderly care facilities so that women would be released from their care burden and could rejoin the labor force. At the same time, Japan started recruiting temporary migrant workers to handle care duties, mainly in the field of elderly care, first, through the Economic Partnership Agreements (EPAs) and later as labor policies.

Several key questions arise in response to these changes. First, have the recent changes in care policies and programs improved gender equality in Japan by empowering women? Second, how does the policy to increase migrant workers and trainees in the field of care aid in the sustainable development of Japan? Third, what kind of society and economy would we have if we recognized the importance of care in sustaining human lives and valued it accordingly?

Against this backdrop, I organized an international symposium entitled *Care Economy towards the Achievement of SDGs* in February 2019 at Okayama University and facilitated a panel discussion. Speakers consisted of researchers focusing on care issues in the fields of economics, sociology, and public administration as well as experts in law and health from international organizations. The event was open to the public, and approximately 50 people

participated, including researchers who traveled from other prefectures within Japan.

This paper consists of three sections. The following section elaborates on the background of care issues in the Japanese context. The care issues at play are vast, and this section focuses on a discussion of childcare and elderly care. The next section summarizes key discussion points in the symposium as well as recommendations made by the experts at the event.

Background of Care Issues in the Japanese Context

Japan is the world's leading super-aged society; in 2018, senior citizens age 65 and over accounted for 28% of the total population.⁽¹⁾ In the post-war economic development context, Japanese women were perceived as the main caregivers at home while men acted as breadwinners. Employers expected women to leave their job posts upon marriage or childbirth, leading them to discriminate against women in their hiring. Even after the Equal Employment Opportunity Law took effect in 1986, these employment practices continue. As a result, Japan has a persistently low female labor force participation rate and a persistent M-shaped female labor force participation rate by age, with women leaving the labor force during their childrearing years and reentering mainly as part-time workers as their children grow older (Ministry of Health, Labour and Welfare (MHLW), 2018).

As the society ages, women are expected to take care of their parents or parents-in-law as well. The government had proposed a series of public elderly care systems such as the 1989 Gold Plan and the 1994 New Gold Plan. However, they have proven inadequate for meeting the needs of society (Makita, 2010); consequently, women's unpaid care work burden remained. The needs for expansion of public care services had increased as the number of three-generational households declined over time while the number of households consisting solely of members age 65 and over increased. By 2015, elderly households made up more than 40% of the total 53.3 million households in Japan (Statistics Bureau, 2019a). In 2000, the government introduced the Long-Term Care Insurance (LTCI) scheme under the slogan "From Care by Family to Care by Society" (Makita, 2010). The LTCI was certainly an important first step toward universal elderly care. However, the number of care facilities and workers does not adequately meet the demands for elder care.

Although the working-age population of people ages 15–64 has been declining since 1995 (Statistics Bureau, 2019b), the labor shortage has been felt across industries only in recent years, as the economy had been stagnant for more than two decades after the bubble economy burst. Because Japan limited the number of migrant workers, if not immigrants, the only available reserve army of laborers are women and senior citizens. At the same time, women have caught up with men in terms of their educational attainment. Thus, in recent years, women's absence from

the labor force due to their household responsibilities has finally been recognized to signify the underutilization of highly educated women, and therefore, an economic loss to the society. Prime Minister Abe, who returned to the office in 2012, proclaimed one of his economic policies to be womenomics. As a means of bringing married women back to the labor force, he proposed increasing the number of eldercare as well as childcare facilities by allocating public funds for this purpose.

Lack of integrated care policies

Care is a cross-cutting issue across the fields of welfare, health care, education, labor, and gender. In Japan, each ministry operates vertically, without much cooperation across ministries or departments in terms of policymaking and budgeting. For example, kindergartens (*youchien*) that accept children ages 3–5 as well as elementary schools are classified as educational activities under the jurisdiction of the Ministry of Education, Culture, Sports, Science and Technology (hereafter, Ministry of Education). On the other hand, nursery schools (*hoikuen*) for infants and children ages 0–5 and after-school childcare (*gakudou hoiku*) for first-through sixth-graders of working parents are classified as welfare activities under the jurisdiction of the MHLW.

Kindergartens—about two-thirds of which are privately owned—generally close in the early afternoon, assuming the children’s mothers have no jobs or hold part-time jobs. Nursery schools and after-school childcare programs stay open until 5 p.m., with extended hours until around 7 p.m. They are often open on Saturdays as well. Fees for nursery schools varied by household income level; the higher the income, the higher the fees. As the number of working mothers has increased, the number of applications for nursery schools has increased in turn. A long waiting list of children for nursery schools has become a social and economic issue, as new mothers cannot return to work when their children are not enrolled in nursery school after the period of maternity or parental leave has ended.

The government had been deregulating childcare policies to assist in solving this problem. According to Maeda (2017), *hoikuen* were initially run by municipalities, and teachers had civil servant status. At that time, social welfare corporations and incorporated foundations were allowed to run nursery schools as well. Authorized nursery schools (*ninka hoikujo*) refer to public and private nursery schools that meet certain requirements such as minimum enrollments, teacher-student ratio, and total area of the school site. In turn, authorized nursery schools receive subsidies so that nursery school fees remain low.

In 2000, the entry regulations for authorized nursery schools were removed; private corporations, non-profit organizations, and school corporations then opened nursery schools (Maeda, 2017). Still, meeting the requirements is not easy, so many of the new nursery schools

were unauthorized (*ninkagai hoikujo*). Although the fees were not as low as those of authorized nursery schools, parents cannot enroll their children in authorized nursery schools have no choice but to leave them at unauthorized schools.

In 2006, authorized child institutions (*nintei kodomoen*) were established with the aim of reducing the number of children on the waiting list. Some kindergartens that had been operating below their full capacity were now able to perform certain nursery school functions such as extending operating hours or accepting infants and children of 0–2 years of age to fulfill the vacancies, if they were willing to do so. The initial idea was to remove the barrier between kindergartens and nursery schools to ensure no vacancies existed, thus ensuring no children remained on a waiting list; however, complete integration never occurred (Maeda, 2017).

In 2015, the government relaxed some of the requirements such as minimum enrollments and the area of the school site. In big cities where a number of children are on waiting lists, securing a new building for a new nursery proves challenging due to the high price of real estate. Thus, small-scale nurseries for infants and children ages 0–2 with a minimum 20 enrollments were allowed to operate in a room in a building, and a babysitter can look after a few children at her own home. The former led many private companies to establish a nursery in their office for employees' children, since the companies receive subsidies during the first five years that they accept some infants from the neighborhood into their nurseries.

The official survey revealed that the number of authorized nursery schools increased from 28,783 in 2015 to 36,345 in 2019 (MHLW, 2019a). However, the number of traditional nursery schools (*hoikuen*) has not changed much. About half of the increase stemmed from the establishment of authorized childcare institutions, and the other half consists of small-scale nurseries, home-based nurseries, and nurseries within the company office. In addition, as of 2019, 10,070 kindergartens were operating (Ministry of Education, 2019). The number of unauthorized nursery facilities has also increased, rising from 12,233 in 2017 to 14,035 in 2018, and much of the increase has stemmed from home-based nurseries and nurseries within company offices (MHLW, 2019b).

The MHLW also deals with other care issues such as elderly care and care for person with disabilities as well as medical and health issues. Caring for elderly people and those with disabilities involves medical, physical, and emotional care as well as the financial management of pensions, health insurance, or welfare. Moreover, the issue of “double care” has been emerging—today’s working-age population often needs to provide childcare and nursing care at the same time while also holding paid jobs. According to the 2015 survey, more than 250,000 persons (of whom, two-thirds were women) were double caregivers (NTT Data Institute of Management Consulting, 2016). However, the policies and operating systems pertaining to double-care or

long-term nursing care are not well harmonized within the MHLW. Since there is no single window for all relevant services, the parent of a child with a disability needs to visit various department counters, if not offices, to consult with them about the child's medical treatment, disability support, and education, for example. The vertical oversight of care services is convenient for government offices, but not for the users of services. Lack of cooperation and coordination in policies results in a long waiting list of children for nursery schools and of the elderly for nursing homes, along with a shortage of childcare and elderly care workers as well as social workers. Japan's public debt is two times that of the GDP. Effectively utilizing a limited budget for tackling the challenges of a declining birthrate and an aging society requires a comprehensive view of the care sector and integrated care policies.

To assist in elderly care, Japan started accepting migrant workers in the care sector in 2008 under the Economic Partnership Agreements (EPAs). Under the EPAs, workers from Indonesia, Philippines, and Viet Nam can work in Japan as trainees in nursing and elderly care. To stay in Japan beyond the training period, they have to pass the national exams and receive a license as a nurse or elderly care worker. As of August 2018, more than 5,600 persons came to Japan under this scheme,⁽²⁾ — far too few to fulfill the labor shortage in the elder care sector. Moreover, the number of trainees who pass the exams remains extremely small, as the exams are in Japanese. Nursing care was added to the technical trainee system (*ginou jisshu seido*) as a new occupation in 2017, allowing migrant trainees to work at a nursing home for up to five years. If they obtain the qualification to serve as a care worker, they can stay in Japan for longer.

The paid care service sectors have expanded over recent decades, yet still not enough to meet the demands for care. As a result, the care of children and adults continues to rely on unpaid care in the home. According to the time-use data of 2016, among married couples, women spent an average of nearly five hours per day delivering care while men spent 49 minutes per day on such tasks (Statistic Bureau, 2017). In nearly all countries, women spent two to three times more hours than men on unpaid work, but the gender gap in unpaid care work in Japan is much wider than in other advanced economies. Eleven percent of the surveyed women age 10 and over participated in childcare, and on average, they spent about three and a half hours per day on childcare, whereas only 4% of the surveyed men participated in childcare and spent about two hours per day on childcare on average. As for adult care, 4.6% of women and 1.6% of men were engaged in nursing care. Among this population, the average time that men spent on nursing care slightly exceeded that of women for the first time. In total, women's time spent on nursing care is still greater than men's, but men's participation in nursing care is becoming more significant over time.

The following section summarizes the key discussion points from the symposium from a multidisciplinary approach based on the following subthemes of care: care responsibility, quality care, intake of foreign care workers, gender and care as cross-cutting issues, and care-centered policies.

A Multidisciplinary Approach to Care

Who is responsible for care?

With rapid aging, a care system that depends on unpaid care work by women or families is no longer an option in modern societies. Dr. Hee-Kang Kim, professor of public administration at Korea University, South Korea, has responded to the issue of care responsibility from the perspective of care ethics. According to her, care ethics recognizes care as an important societal and public value for ourselves as well as the broader society and political community. Since all humans have vulnerability and dependency, care cannot just be done by a family or individual. It has to lie at the center of public policy so that we recognize the value of caring publicly and institutionally, embracing our shared collective responsibility for creating a better society.

Providing care for all who need it publicly makes sense as well from an economic perspective as well. Dr. Maria S. Floro, professor of economics at American University in the United States, explained in her keynote lecture that although care work is indispensable for social and economic development, when care is performed at home, the value of the unpaid care work has not been measured nor counted in conventional economic statistics such as the GDP. As a result, the issue of care responsibility has been neglected in economic analysis and policy discourse. Now, women's unpaid care work has been recognized in the SDGs. Understanding the care economy—the economic activities stemming from reducing and redistributing the burden of unpaid care work—is an important element in achieving SDGs, not only in terms of the goal of gender equality and women's empowerment but also other goals, according to Floro.

How to ensure quality care

In advanced economies, the urgent need for paid care work has already risen given the aging of population. Providing paid care services plays an important role in meeting this demand, but the care provided must be of a high quality. Dr. Floro raised concerns about the declining role of the government in care, given a decline in funding, resulting in the liberalization of the private care sector. Inadequate regulation of markets leads to lack of training and qualifications among care workers, and low salary and low staff morale are likely to lead to high staff turnover, which undermines the quality of care.

Dr. Ito Peng, professor of sociology at the University of Toronto, Canada, also agreed on the need to ensure that care workers are trained and paid appropriately. She pointed out that in Japan, only about 60% of those who have national certificates in care work are actually working as elderly care workers. The rest are not working in this sector because of low wages, poor working conditions, and low occupational status. The lack of native-born workers who are willing to work in the care sector has led to an increasing reliance on foreign care workers in many other countries. Peng explained that the Japanese policies intended to increase the intake of foreign care workers seem to follow the general global trend despite Japan's historical resistance to accepting the so-called "low-skilled" foreign workers. However, she elaborated on this point by asserting that care is indeed highly skilled, labor-intensive work. If we all want high-quality care for our children, our parents, and our families, we need to value the labor that goes into caring for them, she stated. As long as the market undervalues this care work, the care policy in effect is not sustainable.

Ms. Akiko Taguchi, director of the International Labour Organization (ILO) Office for Japan, referred to the prominence of low-income people among the elderly care workers in Japan and noted that three-quarters of these elderly care workers were women. The average income level of the elderly care workers is lower than the women's average income level across all industries, which is 30% lower than that of male. Narrowing the gender wage gap in Japan represents a step toward improving the working conditions of elderly care workers. Referring to the ILO's "Future of Work" initiative that situates people and their work at the core of economic, social, and business practices, Taguchi explained that one of the 10 recommendations is to ensure gender equality. It emphasizes the need for policies to foster the shared responsibility of men and women to perform unpaid care work in the home, as sharing this responsibility will help create gender equality at work. Strengthening the collective representation of women and eliminating gender discrimination as well as violence and harassment at work serve as preconditions for gender equality. Taguchi mentioned that the wages of elderly care workers in Japan do not simply depend on the supply and demand of workers; rather, they are set by the LTCI system. Continuous review of the long-term care reward system may aid in closing the gender gap, she maintained.

Are foreign workers a solution to the labor shortage in the care sector?

According to the estimates by Dr. Peng, based on the cases of other countries such as Canada and Taiwan, which already accept a number of foreign elderly care workers, the number of foreign care workers that Japan is considered—about 60,000 persons under the technical

trainee systems in the first five years—remains too low to meet the labor shortage in the care sector.

Taguchi noted that the acceptance of foreign care workers under the EPA, technical internship system, and resident status as care workers has been limited so far. Although the revised Immigration Control and Refugee Recognition Act would allow more foreigners to come to Japan as technical interns, currently no mechanisms such as a quota exist to adjust demand and supply of migrant workers based on a change in the demand for human resources. For example, a mechanism could to grant permission for hiring foreign technical interns only to companies that could not secure native-born workers. When such a mechanism does not exist, over-supply of technical interns may place downward pressure on the market wages of the care workers.

Gender and care as cross-cutting issues

In her keynote speech, Dr. Floro made clear linkages between the SDG target on care (Target 5.4) with other SDGs such as alleviating poverty (Goal 1), improving health and wellbeing (Goal 3), bolstering education (Goal 4), and increasing access to jobs (Goal 8). Dr. Rintaro Mori, regional advisor on population ageing and sustainable development at the United Nations Population Fund (UNFPA) Asia-Pacific office, explained the issues of population aging from a multidisciplinary perspective based on the life-cycle approach.

When we hear the word “aging,” we tend to focus on issues involving the elderly. In the aged community, however, different generations coexist. In order to avoid isolation of the senior citizens in a society, young people could be matched with elderly individuals to advance the social inclusion of elderly persons. The life-cycle approach also calls for more investment in the promotion of gender equality, and in the methods of changing how we work, because Japan’s low fertility rate, which is one of the determinants of aging, is affected by the working conditions of women. Public investment in women’s sexual and reproductive health as well as in infants’ and children’s health would assist healthy aging—which also underscores the importance of early investment in the sexual and reproductive rights of youth, fostering careful family planning.

Care-centered policies as systemic change

Placing care and caring at the center of analysis and policy discussions involves systemic change. In economics, for example, money and prices are at the center of analysis. When we reexamine current economic systems, global rules, or the process of globalization with an emphasis on the concept of caring—rather than money—how does an economy, society, and institution look and function?

Panelists at the symposium understood that a sustainable care-centered society would involve a revaluation of care work. By referring to Joan Tronto's book *Caring Democracy*, Kim stated that care is a democratic and political issue, meaning we need a forum in which to talk about care as a public issue, and the voices of care receivers and caregivers should have substantial political influence. When care receivers and caregivers are not socially marginalized or disadvantaged, members of society will take their voices seriously. In a care-centered society, care labor has a significant value for society, thus allowing care workers' voices to play a guiding role in formulating social systems and institutions.

Taguchi echoed Kim's statement. By referring to the ILO's 2018 report *Care Work and Care Jobs for the Future of Decent Work*, she explained that rewarding care workers by promoting decent work for them, guaranteeing care workers' representation, engaging in social dialogue on care work, and supporting collective bargaining rights represent key elements of policy proposals, in addition to the 3Rs of unpaid care work. A key message to aid in mobilizing people to work toward a care-centered society is that achieving gender equality not only plays a core role in realizing social justice but also leads to sustainable economic growth, she stated. Peng asserted that a practical, sustainable and meaningful care-centered policy should not only be focused on the provision of universal long-term care but should involve a revaluation of care work as a whole so that care workers receive higher pay, better working conditions, and more societal recognition for their importance and worth.

Panelists also discussed the limitation of quantification. Mori provided an example from the medical field, stating that like unpaid care work, health and happiness have an important value in our society and economy. At the same time, we tend to place too much focus on quantifiable measures such as survival rates rather than looking at quality of life, Mori asserted. How can we review the current academic and policy measures that focus too much on quantification? And how can we balance the important values produced between unpaid and paid spheres or quantitative and qualitative measures? We need to create our own value system and regularly reevaluate it, Mori stated.

At the end of the panel discussion, as they answered questions and comments from the audiences, the panelists argued on the issue of self-care in relation to caring for others. In Japan, overwork at the workplace poses a problem, and men's overtime work is one of the reasons why their spouses bear most of the burden of family care. Companies and institutions need to review their managerial policies so their employees will have the opportunity to care for themselves emotionally as well as others. A care-centered society reviews the working conditions of not only caregivers but also all workers through the lens of sustainability, while raising questions about what needs to change within the current money-driven society.

Concluding Remarks

Eight months have passed since the symposium, and in that time, nursery schools for children 3–5 years of age have become free, with reduced fees applying for infants and children 0–2 years of age as well as those at kindergartens and unauthorized nurseries. This free childcare policy was introduced as one of the countermeasures to the consumption tax hike on October 1, 2019, in order to ease the households' financial burdens. Since the nursery fees were determined by the household income level and the low-income households had been receiving fee waivers, high-income households benefit most from this change. As a result, the number of applications has increased, and more children are now on a waiting list to enroll in nurseries. Scholars had argued that the policy priority should be a salary hike and improved working conditions of childcare workers rather than a reduction of fees.⁽³⁾ In addition, most of the newly created childcare facilities are privately owned, and many of them are unauthorized facilities. This year alone, several cases of subsidy fraud and teachers' strikes at private nurseries have been reported to the relevant ministries to strengthen their monitoring of unauthorized childcare in order to avoid further fraud. The recent free childcare policy and deregulations in the childcare sector remind us that Japan is far from a "caring democracy." I hope this paper will assist in mobilizing people to raise their voices for a more care-centered society and economy.

In October 2019, Okayama University hosted a side event for the G20 Health Ministers' meeting entitled "Life-Cycle/ Course Approaches to Promote Healthy and Active Ageing, and Economic Implications," jointly with UNFPA, the Ministry of Foreign Affairs of Japan, and the World Health Organization, among others. Dr. Mori of UNFPA, who participated as one of the panelists at the symposium, approached Okayama University to jointly organize the side event. This international and multidisciplinary approach to population aging served as a much-needed follow-up to the symposium on care. Since care and gender equality are cross-cutting issues that apply to all countries, a care-centered society and economy are essential in this millennium. We must therefore continue our conversations on care beyond academic silos in order to develop integrated and coherent care policies and programs that promote a just society.

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Acknowledgements: The international symposium on the care economy was supported by the grant from the Gender Equality Office, Organization for Diversity Management of Okayama University. I wish to thank the speakers at the symposium as well as the staff at the Okayama University International Affairs Department and the student volunteers who assisted in the organization of the symposium.

(1) My calculation based on the data from the Statistics Bureau (2019a).

(2) See “Acceptance of foreign nurse/ care worker candidates from Indonesia, Philippines, and Viet Nam,” accessed on December 15, 2019):
https://www.mhlw.go.jp/stf/seisakunitsuite/bunya/koyou_roudou/koyou/gaikokujin/other22/index.html

(3) For example, see the analysis on issues of free childcare in the *Nikkei* newspaper on September 20, 23, and 24, 2019.