



# Experiences of Japanese women simultaneously caring for children and older people: An ethnographic study

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## ABSTRACT

**Background:** Japan has experienced a rapid decline in birth rate and an aging population, coupled with women choosing to delay having children. Family carers are therefore increasingly expected to accept simultaneous responsibilities for both children and parents. This responsibility often falls on women in Japan, but little is known about their views. This study aimed to understand how Japanese women who are simultaneously responsible for caring for children and older people perceive their experiences.

**Methods:** This was an ethnographic study conducted in central Japan. Over a period of 3 years and 5 months, we observed 19 people active in a peer support group for people with both childcare and caregiving responsibilities. We also carried out individual interviews with 14 Japanese women who were raising children and caring for parents or parents-in-law.

**Results:** Five key themes emerged. These were “Accepting both childcare and caregiving as my role,” “Inability to fulfill the role of mother,” “Being supported by children and grandparents,” “Unable to talk to anyone about the pressures of caregiving,” and “Realizing that caregiving is not the only way to live.”

**Conclusions:** Japanese women who provided care to both children and older people were influenced by traditional Japanese values. However, they had a sense of mission and accepted the role of providing for their families. They felt guilty about not being able to fulfill their role as mothers, and were lonely, with no one to understand or advise them. If the burden of caregiving is concentrated on women, there is an increased risk that their children will become involved in providing some of the care for older people. It may therefore be necessary to develop a support system for female carers, and to increase understanding of the potential harm of placing caregiving responsibility solely on women.

## 1. Introduction

Japan has rapidly transitioned to a super-aged society, and currently has the highest proportion of older people in the world. It is expected that the percentage of the population aged 65 years and over will rise to 35.6% by 2065, and further aging is predicted [1]. There is also a trend toward delaying having children, because more women are entering the workforce [2]. This suggests that women

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are more likely to be responsible for caring for both children and older people at the same time [3].

This risk of having overlapping caring responsibilities has been reported in several countries, including the U.S. [4], U.K. [5], Ireland [6], Italy [7], and China [8].

Individuals who experience the conflicting demands of caring for children and caring for aging parents are known as the “sandwich generation” [9,10] and tend to be between 40 and 65 years old [9,11].

Previous studies on the sandwich generation have shown that it is associated with health-related factors in both men and women. In Japan, for example, middle-aged men in the sandwich generation smoke less and experience fewer health problems. However, middle-aged women in the sandwich generation engage in less exercise and have fewer health checkups, and women with multiple roles generally have worse health [12]. International studies have reported that people with dual caring responsibilities experience imbalances in caregiving roles within the family [13] and feel stressed about balancing caring for their parents and their other roles [14]. Women who care for both children and older people report a higher rate of subjective feelings of ill health [15]. Those with children under 15 years old are at higher risk of developing depression [7]. The sandwich generation is therefore a group at high risk of having poor physical and mental health.

Studies on the experiences of adult daughters with children who also provide care for their parents also report worrying results. Caregivers report having too little time in the day [16] and limited time for work and leisure activities [17]. Caregiving also changes the roles of parents and children [16]. The burden of caring for older people affects carers’ relationships with their children and spouses [17].

Studies from several countries have demonstrated that the sociocultural background of carers is strongly related to gender issues. A 1992 meta-analysis of gender differences in caregiving found that women tended to provide more personal care, carried out more household tasks, and experienced higher levels of subjective burden than men [18]. A 2021 Canadian study also reported that women are more likely to be the primary caregivers for multiple family members [19]. In Japan, until 1947, there was a formal family-based system of inheritance, which reinforced strong gender role divisions. Husbands were traditionally expected to work outside the home, and wives to do the housework [20]. The 2023 Global Gender Gap Report [21] states that Japan still has a lower proportion of women in managerial positions and a lower labor force participation rate for women than many other countries. In addition, the concept of filial piety (respect for parents), which is a tenet of Confucianism, is an important and deeply rooted value in Japan and emphasizes family responsibility to care for aging parents. Children in Japan recognize that they have a duty to reciprocate the parental care they have received by caring for their parents in older age [22]. Furthermore, it is commonly expected that daughters-in-law (usually the wives of eldest sons) will undertake caregiving roles [23].

Sociocultural influences are also apparent in the experiences of Japanese women when they have their first child. A recent qualitative study found that Japanese primiparas experienced pressure from not being able to escape child-rearing, clung to the image of the ideal mother, and felt conflicting feelings when comparing themselves with other mothers [24].

Japanese women who simultaneously care for children and older family members therefore experience two caregiving roles: one as a daughter or daughter-in-law and one as a mother. The above-mentioned previous studies have investigated the experiences of Japanese women in one or other of these roles, but the experiences of Japanese women who simultaneously care for children and older people remain to be clarified. Understanding the values and beliefs of women who are simultaneously responsible for raising children and caring for their parents could help to deepen our understanding of their experiences. The purpose of this study was to understand how Japanese women who simultaneously care for children and older parents perceive their experiences.

## 2. Methods

### 2.1. Research approach

To better understand the experiences of Japanese women caring for both children and older parents we conducted a qualitative study based on ethnographic principles [25,26]. We chose this research method because ethnography permits deeper insights into a phenomenon through a process of participatory observation. Throughout this process, the researcher shifts back and forth between emic (insider) and etic (outsider) perspectives. This approach incorporates a range of methods to study individuals in a real-world setting, including direct observation, video recordings, and analysis of documents and artifacts. The aim of an ethnographic approach is to describe the patterns of behavior of individuals or groups living within a particular social and cultural setting. Culture encompasses assumptions about the nature of reality and specific information related to that reality [27]. By applying ethnography, we hoped to identify common attitudes and behavioral patterns among women in Japan who are simultaneously responsible for providing care to children and parents. These insights should help us to understand how such women live in multiple relationships.

In Japan, a long-term care insurance system was implemented in 2000. The system ensures that people in all parts of the country receive the same level of long-term nursing care services as part of universal health coverage.

After World War II, a large proportion of the population in Japan moved from rural to urban areas, and the number of nuclear family households increased. Despite these patterns, in some regions of the country it is still common for three generations to live in the same household or nearby, and to support each other in childcare and nursing care. The process of urbanization in Japan has meant that many cities contain a mix of nuclear families and three-generation households. To ensure that participants were drawn from typical Japanese cities, central Japan was chosen as the study area.

In recent years, peer support activities for women who are simultaneously raising children and caring for older people have been initiated in several areas of Japan. In 2018, a peer support organization was established in the Chubu region to bring together people who have experience caring for both children and parents at the same time. The organization that conducts peer support activities was

founded by people caring for both children and older people in central Japan. The main activity of the peer support organization is the Carers' Café, where people share their concerns with their peers. The organization also disseminates information to the community to promote understanding of the challenges faced by carers with multiple responsibilities. The Carers' Café is held once every 2–3 months. It moves between venues in central Japan and was also held online after the start of the COVID-19 pandemic. The group usually includes approximately 10 caregivers in their 30s–50s.

It is helpful for researchers to attend meetings and social events to help them to understand research subjects more fully [28]. The first author started the research by engaging in fieldwork on peer support activities, to help them to understand the research subject. The fieldwork was initiated with the permission of the "gatekeeper," the group representative. The first author participated in Carers' Cafés and activity meetings (face-to-face or online chat) as an observer. The first author observed 19 different individuals over the study period.

We also interviewed women in central Japan who were simultaneously raising children and providing care for their parents or parents-in-law. The first author conducted semi-structured interviews with five female carers whom we met through peer support activities and nine female carers who did not participate in the Carers' Café. Three of the fourteen interviewees were also included in the observation sessions. The nine additional participants were recruited through snowball sampling, and asked to participate in the study by members of the peer support organization or staff at the Community Comprehensive Support Center.

The criteria for participation in this study were having experience of caring for children under 18 years of age and providing care for parents or parents-in-law at the same time. Providing care for older people was defined as caring for someone who has been certified as requiring nursing care under Japan's Long-Term Care Insurance Law. We excluded individuals who provided care for a disabled child or spouse, and single mothers.

## 2.2. Data collection

We conducted this ethnographic research in central Japan over a 3-year, 5-month period from 2019 to 2022. Data were collected from observations of participants in peer support activities (such as Carers' Cafés), interviews, and from handbooks and training materials prepared by peer support group members. The fieldwork data collection was not videotaped or audio-recorded, but after each participant observation session, the first author immediately transcribed the collected data into field notes. Over the study period, the first author conducted 51 fieldwork sessions, amounting to a total of 108 non-consecutive hours. The main focus of the fieldwork observations were the experiences and backgrounds of female caregivers, how they perceived their experiences, and patterns of repeated experiences. In addition, the first author carefully observed which issues were mentioned by people who had the same experiences and their reactions to these issues.

After 10 months of fieldwork, we interviewed women in central Japan who were simultaneously raising children and providing care for their parents or parents-in-law. Interviews were conducted in Japanese using an interview guide that had previously been pilot-tested. The interview focused on the experiences of mothers, daughters (daughters-in-law), and wives. Interviewees recalled episodes that occurred while simultaneously raising children and providing nursing care, and freely talked about what they felt from their respective perspectives. The interviews were held in a private meeting room where participants' privacy was protected. The conference room where the interviews were conducted was chosen to be outside the areas where the study participants lived, but easily accessible. The interviews were audio-recorded and transcribed verbatim afterwards. Each interview included just two people, the study participant and the first author. Each participant was interviewed once, and the length of interviews ranged from 69 to 178 min, with an average of 115.9 min. Three participants asked to conduct their interviews online because of the risk of COVID-19. The online interviews were also audio-recorded. The first author explained that to ensure participants' privacy during online interviews, the interview locations and times should be chosen so that no family members were present. None of the peer support group members or community support center staff declined the interview request. However, one woman changed her mind before the interview because

**Table 1**  
Participant demographic characteristics and background in childcare and caregiving.

Case	Age (years)	Number of years of simultaneous childcare and parental care	Number of children	Relationship with older parent needing care	Lives with older parent needing care	Job outside the home
A	46	17	2	Own mother	No	Yes
B	50	13	2	Mother-in-law	Yes	No
C	39	6	2	Own mother	Yes	Yes
D	35	1	2	Own mother	No	Yes
E	52	7	2	Own parents	No	Yes
F	42	6	3	Grandmother-in-law (Her husband's foster parents )	Yes	Yes
G	52	2	1	Own father	No	Yes
H	35	4	2	Own mother	No	No
J	51	5	2	Mother-in-law	Yes	Yes
K	51	17	3	Own mother	Yes	Yes
L	49	10	2	Mother-in-law	Yes	Yes
M	53	5	4	Own mother	Yes	Yes
N	49	17	2	Parents-in-law	Yes	Yes
O	59	8	5	Mother-in-law	Yes	Yes

of the risk of infection. Table 1 summarizes the demographic characteristics of the interviewed participants and their involvement in childcare and nursing care.

### 2.3. Data analysis

Hammersley and Atkinson [29] stated that data analysis in ethnography should be carried out throughout the research process and requires a flexible approach to the phenomenon. We therefore transcribed verbatim words and phrases used to show the typical patterns, rules, and behaviors seen during participant observations, or obtained from informal conversations, materials, and interview data. During the study, the first author read the data repeatedly, and repeatedly discussed possible meanings with the other authors. This enabled us to gain a better understanding of the experiences, values, and beliefs of the participants. All data were analyzed using the thematic analysis procedure [30]. The analysis procedure consisted of reading the field notes and interview transcripts multiple times, identifying frequent recurring themes and patterns, and performing initial coding of phrases that described the caregiver experiences (by the first author). The coding was manually performed using NVivo 12 (QSR International Pty Ltd.) and the data were also managed using this software. The codes were grouped into meaningful units by all authors, integrated into subthemes, and assigned overarching themes. In the analytical process, we used the constant comparative method [31], which is widely used in grounded theory. The constant comparative method is an effective way to obtain deeper analytical insight from observations of actions and other data. The data associated with each code are repeatedly compared to help generate a more reflexive understanding of the observations. Using this method, variations, similarities, and differences in the data were examined repeatedly by all authors and themes were identified. To ensure the accuracy of data interpretation, we also used triangulation to examine the similarities between different types of data from multiple sources (participant observations, interviews, and documents (i.e., handbooks and training materials)) and to assess the validity of the analysis. The themes and subthemes were translated from Japanese to English by a translator familiar with this field. The accuracy of the translated content was checked by all authors.

### 2.4. Reflexivity

This study was conducted by female Japanese researchers with experience in childcare and caring for older people, including parents. The investigators' influence on data collection and analysis was checked using reflection diaries kept by the first author and discussions with collaborators. The first author continually and critically checked for empirical bias throughout the research process through these reflective journals and ongoing discussions with co-authors.

### 2.5. Ethical considerations

This study was approved by the Kanazawa University Medical Ethics Review Board (919–1, 919–2). Permission for the researchers' participant observation was discussed among the representatives, vice representatives, and members of the peer support group, and was obtained with their consent. The first author orally explained the observation to the Carers' Café participants, including the reason for conducting the research, and orally confirmed their consent. The first author also obtained written consent for the interviews from the study participants.

## 3. Results

The researchers collected data through participant observation and interviews with women who were simultaneously caring for children and older people. Some of the women cared for parents who lived with them, whereas the care recipients of others lived separately. The care provided varied but included physical care, support for daily living, and helping the other parent to provide care.

The peer support organization did not limit its activities to women. However, only women attended the Carers' Café, and all the carers active in the peer support group were women. Most of the women who participated in the Carers' Café were in their 30s and 40s, with a small number in their 50s. Most were housewives or worked part-time. These women attended the Carers' Café to talk to others

**Table 2**  
Themes and subthemes of the experiences of Japanese women simultaneously raising children and caring for parents.

Themes	Subthemes
Accepting both childcare and caregiving as my role	Being expected to follow "unspoken rules" at home
Inability to fulfill the role of mother	Being concerned about their reputation with neighbors
Being supported by children and grandparents	Children and parents needing care at the same time
Unable to talk to anyone about the pressures of caregiving	Being unable to prioritize children
Realizing that caregiving is not the only way to live	Worrying about children's psychological well-being
	Being helped by their children to care for their parents
	A synergistic effect is created between children and grandparents
	Having a limited number of people to talk to about experiences
	Being unable to talk easily to their husbands about caring
	Feeling uncomfortable with the "wear and tear" of the responsibilities of caring for older people
	Working provides a release from the responsibilities of caring for parents

who could relate to their experiences. Several said they had difficulty finding people with similar experiences on social media because they could not find relevant search terms. Most of them reported that it had taken them a considerable time to find information about the Carers' Café. In contrast, the study participants who did not attend the Carers' Café were all either part-time or full-time workers.

Interviews were conducted with 14 women (mean age 47.3 years, range 35–59 years). Some of these women were not currently caring for children and older people, but had previously done so.

The ideas that emerged from the research were grouped into 11 subthemes, and then into five themes. Table 2 shows the themes and subthemes, which were as follows: "Accepting both childcare and caregiving as my role," "Inability to fulfill the role of mother," "Being supported by children and grandparents," "Unable to talk to anyone about the pressures of caregiving," and "Realizing that caregiving is not the only way to live."

### 3.1. Accepting both childcare and caregiving as my role

The theme of "Accepting both childcare and caregiving as my role" was linked to two subthemes: women being expected to follow "unspoken rules" at home and being concerned about their reputation with neighbors. Many of the women saw caring for both children and older people as their role. Some had expected to do this since childhood, when they had seen their mothers taking care of their grandparents.

*"My mother took care of my bedridden grandmother at home for about 10 years. From my earliest childhood, I had always seen my mother taking care of my grandmother. Because of that background, I felt like I also had to take care of my mother. Without seeing that, I might have given up on taking care of my mother." (Ms. K)*

The women who cared for their own parents reported wanting to do so as part of their role as daughters. They almost had a sense of mission to support their parents' lives.

*"I don't want to feel regret when my mother dies. That's why I want to do what I can for her." (Ms. C)*

One woman who only had sons was considering relying on her son's wife for her own care in the future. She did not expect her son to take care of her.

*"If I had a daughter, I could depend on her. I only have a son, so if I need care in the future, I will have to rely on my son's wife ..." (Ms. N)*

The relationship between the women and their care recipients influenced their acceptance of the caregiving role. In particular, daughters-in-law felt they could not refuse to provide care for their parents-in-law.

*"Both my mother and mother-in-law needed care at the same time. There were no women in either household. At that time, I was not feeling well. I had to take care of my children and my parents. ... My sister-in-law, who lives a long way away, called me and asked me to take care of her mother-in-law. I wanted to tell my sister-in-law, 'I'm having a hard time, too,' but I was worried that would hurt the relationship. I didn't know what to do." (Ms. O)*

When older people living with the family needed care, the women had naturally assumed the caregiving role without any family discussion. This was particularly true if the woman was already a housewife.

*"We never discussed dividing caregiving responsibilities within the family, but I had a feeling that I would be the one responsible for all of it." (Ms. F)*

Both the women and their relatives were aware of how provision of care for older people was viewed by their neighbors. In Japan, even when a family member provides the majority of the care, using specialized care services may be interpreted by neighbors as abandoning or neglecting the parent. One woman wanted to use nursing care services to reduce the burden of nursing her parents. However, she was opposed by her relatives, who were concerned about her reputation in the neighborhood.

*"My sister and I use a meal delivery service for our mother, but when a neighbor saw the delivery staff, they asked my cousin, 'Who is cooking for you?' Our family had different opinions about the service, and I think the neighbor might have said, 'The daughters in that house don't even cook for their mother.'" (Ms. H)*

### 3.2. Inability to fulfill the role of mother

The theme of "Inability to fulfill the role of mother" included subthemes such as children and parents needing care at the same time, being unable to prioritize children, and worrying about children's psychological well-being. However, this was almost never discussed in depth at the Carers' Café. One problem was that children and older people tend to have the same mealtimes, toilet times, bath times, and sleep times, which inevitably makes caring for both more difficult. In particular, women found it hard to prioritize either group at any given time.

*"I think it comes down to prioritizing what to do when needs overlap. Mealtimes, bath times, and bedtimes are usually the same for both children and parents. It is difficult to manage when both need care." (Ms. B)*

The women reported that their children were affected by the cognitive symptoms and psychological instability of their grandparents. The women felt the need to be involved with both their children and their parents, because the situation created negative interactions between the two groups. This was a difficult problem to solve.

*“It was difficult for me to improve the relationship between my son and his grandmother. My son now has complicated emotions about his grandmother, and when she sees his attitude, she becomes aggressive, leading to an emotional discussion. It was difficult because both sides had their own position.” (Ms. K)*

As a result of their belief that they could not prioritize their children, many of the women were troubled by what they saw as their inability to fulfill the role of mother. When they prioritized care of their parents over childcare, some also experienced worry about [their] children’s psychological well-being.

*“Being at my mother’s house means I can’t spend time with my children. My daughter says to me, ‘Why are you always taking care of my grandmother?’ My mother complains all the time and says she wants to die. Seeing her like that, my daughter said, ‘I don’t want to go to Grandma’s house anymore.’ I wish I could explain it to my kids, but I don’t know how. It is difficult.” (Ms. H)*

*“When my daughter was younger, she had a severe injury to her arm because I wasn’t paying attention to her while I was cleaning up my step-grandmother’s fecal incontinence. I still want to do something about my daughter’s wound. I asked her, ‘Don’t you care about the scars on your arms?’ She replied, ‘It doesn’t bother me that much.’ But I believe she is bothered about it.” (Ms. F)*

### 3.3. Being supported by children and grandparents

The women talked about their experiences of being helped by their children to care for their parents. Some noted that a synergistic effect was created between children and grandparents. In a participant observation, one woman said, *“Caring for a child and an older parent at the same time is hard, but there are happy moments.”*

The women described situations where they had seen their children accepting their grandparents without resistance. They also described times where the children had acted to dissolve a tense atmosphere in the household.

*“When my eldest son and grandmother were arguing, my second son came in and said, ‘Grandma, let’s go to your room and sleep’ and took her out of the room. My second son really helped me out in that situation.” (Ms. K)*

The synergistic effect created between children and grandparents was a positive influence produced as a result of interaction between the child and the grandparent. This experience was an emotional support for the women.

*“My daughter wrote in her (care-requiring) grandmother’s birthday card, ‘Don’t worry even if you get scolded by Grandpa and Mom.’ My father and I burst out laughing but also felt remorse. Children always take their grandmother’s side. My father and I are always shocked by my daughter’s words, [but they make us] reflect on ourselves, and then we are able to tone down our anger a bit. My mother is also greatly helped by my daughter, and I’m grateful for that. Because of my mother, my child is growing up to be kind. It’s a mutually beneficial relationship.” (Ms. C)*

### 3.4. Unable to talk to anyone about the pressures of caregiving

The experiences women described under the theme “Unable to talk to anyone about the pressures of caregiving” included having a limited number of people to talk to about their lives. Many of the women mentioned being unable to talk easily to their husbands about caring. One subtheme was “Having a limited number of people to talk to about experiences.” The women reported having many family members and friends around them, but not being able to talk to anyone about the pressures of providing care to their older parents. This was because many had become estranged from people with whom they had previously been involved because of their caregiving responsibilities. Therefore, they were no longer able to consult with these people. In Japan, separate support is generally provided for people caring for children and for older people, so women found it more difficult to obtain support that took both requirements into account. Carers who were providing both types of care did not receive adequate support.

*“The hardest part of balancing childcare and housework was that even when seeking advice on caring for older people, the counselor would say, ‘You need to spend more time listening to your mother-in-law.’ But I have a child to take care of ... When I mentioned this, the counselor didn’t know what to say. When caring for both a child and a parent at the same time, I couldn’t get any appropriate advice. There was no real help available. Despite my best efforts, it felt like there was no reward for my hard work.” (Ms. B)*

Few of the who women had friends had any experience of caring for older people. The women felt that friends who had not experienced providing care could not understand the emotional pain they felt and their circumstances, and did not expect them to be able to do so.

*“If you can’t get sympathy from your friends, there’s no point in talking about it. Empathy can reduce stress and make you feel like your story has been received by the other person. I am happy to have a friend who has had a similar experience of caring for a parent. Those who have never cared for a parent cannot fully understand the feelings of those who have.” (Ms. D)*

At the Carers’ Café, first-time visitors were looking for peers who could empathize with them. One woman said that talking about

her experiences with her peers “*made me feel better*” and it was good to “*know I’m not the only one suffering*.”

Several women reported being unable to consult even their husbands on caring for their parents or parents-in-law. One woman thought that caring for her parents was “*an issue within family I was born and raised in and has nothing to do with my husband*.” The women were afraid that if they talked to their husbands about their concerns about caring for their parents-in-law, their husbands would perceive it as criticizing their in-laws. This made them unwilling to consult their husbands. Several women commented that their husbands often did not cooperate with their requests about housework and childcare support. The women therefore did not expect the men to understand the pressures on them.

*“My husband doesn’t do chores right away when I ask him to, so I end up doing all the chores. I don’t ask him to do anything. I did all the preparations for the camp the other day by myself because I knew my husband was sleeping in the other room. But when my child said, ‘Daddy, help Mom,’ my husband helped me. I usually don’t ask him to help me with anything.” (Ms. C)*

### 3.5. Realizing that caregiving is not the only way to live

Under the theme of “Realizing that caregiving is not the only way to live,” the women discussed experiences of feeling uncomfortable with the “wear and tear” of the responsibilities of caring for older people. Several also said that working provides a release from their caring responsibilities. This experience was seen in carers who were full-time housewives. It was a way of coping for women who were overwhelmed by their caring role and at risk of losing sight of themselves.

*“What am I? Am I only a wife to my husband, a parent to my children, a daughter to my parents? Sometimes I don’t know who I am. But I try my best to focus on what is in front of me. The only time I feel like I can catch my breath is when I am alone in the car. Because there I am not disturbed by anyone.” (Ms. O)*

The women tended to feel that they had no time for themselves because of their caring responsibilities. However, having a job outside the home temporarily freed them from these responsibilities and allowed them to connect with society. For these women, the workplace became the only place where they could be their true selves.

*“Working allows us to have contact with society. The workplace becomes a place where you can exist as yourself, not as a mother or daughter. You can talk to people outside your family, and you can contribute to the company by working. It’s a positive thing for me, and I think it’s really wonderful.” (Ms. C)*

## 4. Discussion

This study explored the experiences of Japanese women who simultaneously care for both their children and their parents. We identified five themes. The originality of this study is that it elucidates the experiences of women who are simultaneously responsible for caring for children and older parents. A strength of this study is that we used multiple sources of information (participant observation, interviews, and document analysis) and analyzed the data using triangulation to assess the validity of the data.

### 4.1. The influence of traditional Japanese values

Underlying the fact that female caregivers take for granted that it is their role to provide care is a deep-rooted division of gender roles in Japan [32]. The women in this study did not feel uncomfortable with the idea that it was their role to take care of their parents. Instead, the gender roles of men as the workers and women as devoting themselves to housework and childcare were taken for granted.

Even today, although the traditional Japanese family system has been abolished, its remnants remain. The Japanese government reported in 2019 that 63.4% of women in their 40s who are likely to be caring for both children and older people do not believe roles should be dictated by gender [33]. However, even in this age group, in most households, women are responsible for housework and childcare. This shows that there is an unconscious assumption in Japanese society that it is normal for women to manage childcare and housework. Japan ranks 125th out of 146 countries in the 2023 Gender Gap Index from the World Economic Forum [21], and is especially low in terms of women’s economic and political participation [21]. Donath [34] stated that women put themselves aside in a variety of situations and serve others. Women in this study who were full-time housewives experienced feeling uncomfortable with the “wear and tear” of caring responsibilities. We conclude that Japan has a male-dominated social structure, and that married women are still bound by caregiving roles and unable to make active choices about their lives and responsibilities.

### 4.2. Providing care for both children and older people

In Japan, in addition to the rapid aging of the population, the trend toward having children later [2] is likely to increase the risk of women being required to provide care for both children and older people at the same time. Participants in this study ranged in age from their mid-30s to late 50s and cared for both children and older parents. Therefore, they can be considered part of the sandwich generation [9–11]. Participants accepted their roles of caring for children and older relatives and tended to feel that they had no time for themselves because of their responsibilities. In addition, they worried that they would not be able to satisfactorily fulfill their role as mothers, and experienced difficulties talking to others about the pressures of caregiving. These reported problems, and the fact that

they are part of the sandwich generation, makes it likely that participants are at risk for physical and mental health problems. Previous studies have shown that female carers' role overload in caregiving affects their relationships with their children [17]. In this study, women described the dilemma of being unable to fulfill their role as a mother. They were also unable to talk to anyone about the pressures of caregiving. It is possible that these women feel guilty that they cannot fulfill all their roles. Guilt is defined as "the dysphoric feeling associated with the recognition that one has violated a personally relevant moral or social standard" [35], p.318]. In other words, women experienced being unable to fulfill the role of mother as a sense of guilt toward their children. However, we suggest that this sense of guilt arose from traditional societal perceptions of women's roles.

The women also experienced being unable to talk to anyone about the pressures of caregiving. This may be because they were worried that expressing concerns would suggest that they could not fulfill the roles assigned them by social norms and that their husbands and friends would not understand their situation. The women seemed to experience microaggressions, or negative expressions with hostile intent that made them feel undervalued, through words and actions in everyday situations. The women coped by not consulting anyone to avoid these microaggressions. However, this coping strategy could further isolate them. One woman said, "Only someone who has been through the same thing can relate." This narrative means that most women in this study felt that they had nobody who understood their position, and they were therefore more likely to be isolated.

A survey in Canada found that husbands of women providing care for children and older people can greatly reduce the burden on their wives by empathizing with their wives' efforts and helping with nursing care [17]. We found that the husbands of the women in our study rarely showed empathy or participated in caregiving for children or parents. The women felt that they did not receive adequate support from their husbands and were left to provide all the care on their own.

Some of the women reported being supported by children and grandparents. This was a good experience for these women, because their children were involved in caring for their grandparents. However, it is possible that part of the caregiving role may shift to the child if their participation in caregiving becomes permanent. In other words, if the caregiving role becomes too much for their mothers, there is a risk that children will become young carers to support them.

#### 4.3. Effective support measures

Policies such as flexible working systems and the development of childcare and older care services accessible to all are important to address the challenges experienced by Japanese women who simultaneously care for children and older parents. However, these policies alone are not sufficient. This is because Japanese society has an underlying value system in which it is taken for granted that women are responsible for housework, even within the family, and there is a lack of family understanding of women's use of care support services.

In Japan, the Long-Term Care Insurance Law was enacted to provide an alternative to family-dependent nursing care, and to socialize the process of providing this care. However, there are few services to promote the welfare of caregivers, and caregivers do not have the same rights as those receiving care [36]. We found that women who are balancing care for children and older people in Japan do not receive sufficient support. To ensure that support services are more accessible to Japanese women who are simultaneously responsible for childcare and parent care, there needs to be greater understanding in society of the negative effects on women of accepting all caregiving responsibilities. Greater social understanding would make it easier for women who care for both children and older parents to access services.

In addition to providing social services, creating opportunities for caregivers with similar experiences to talk to each other could help them to express their feelings of guilt and feel less isolated. The establishment of nationwide Carer's Cafés, which provide an opportunity for caregivers who simultaneously care for children and older people to meet, is increasing in Japan, but these are not always permanently located in places accessible to carers. Alternatives such as online cafés, social networking chat rooms, and other resources could help caregivers who cannot find in-person support to connect with other carers more frequently. Creating opportunities for caregivers who have had similar experiences to establish contact could help to reduce the emotional burden of this population.

Those providing support to people caring for either children or older people need to carefully gather information to ensure that these carers do not have overlapping caregiving roles within their family. Women providing care to older people can be difficult to identify because some do not live with their care recipients and others help their other parent to provide care. In addition, most consultation centers for childcare and older people in Japan are held in separate locations, and such support systems do not provide adequate support to carers. To make it easier for women to obtain help with care for both their parents and their children, it may be useful to set up "one-stop shops" to provide childcare and nursing care support in the community. This may require new staff roles to coordinate services to meet the needs of the target audience.

Japan faces the challenge of a shrinking labor force with a further decline expected in birth rates and an aging population. Women need to participate in the workforce to maintain the social security system. However, in a society where it is taken for granted that women are responsible for caring for children and older people, women may find it harder to participate actively in society because of caring responsibilities. To shift to a society in which everyone can live as they wish, policymakers need to foster the momentum to enable both men and women to work while raising children and caring for older people.

## 5. Limitations

In this study, a qualitative approach was used to explore the experiences of women who are simultaneously caring for children and parents. The research was conducted in central Japan, but may be applicable to other regions or countries where women tend to be the



main caregivers.

One potential limitation of the study was that only the first author collected the data. This may have affected the validity of the data.

The women interviewed included those who no longer provided care for both children and parents. One limitation of this study is that we cannot fully understand the trajectory of female caregivers until they have completed caregiving. In addition, the caregiving situation may change in future because the number of dual-earner households has been increasing among the younger generation in recent years. Future generations may have different values, and the gender divide in caregiving may also change.

In future, it is necessary to quantitatively investigate the real-world situation of women who are responsible for caring for children and older people at the same time, including the support available to them and issues within the support system.

## 6. Conclusions

This study explored the experiences of women in Japan who are simultaneously responsible for providing care for children and older people. Our results show that these women were influenced by traditional Japanese values, but also accepted the role of caregiver with a sense of mission. The women felt guilty about not being able to fulfill their role as mothers, and were often lonely with no one to understand or advise them. If the burden of caregiving is concentrated on women, there is an increased risk that some of the responsibility for caring for older people will be shifted to children. There is a need to develop a support system for female carers.

### Author contribution statement

Kimi Sugiyama: Conceptualization, Methodology, Formal analysis, Investigation, Writing - original draft, Visualization, Project administration, Funding acquisition. Shizuko Omote: Conceptualization, Methodology, Formal analysis, Writing - review & editing, Supervision. Rie Okamoto: Conceptualization, Methodology, Formal analysis, Writing - review & editing, Supervision.

### Data availability statement

Data included in article/supp. material/referenced in article.

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### Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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### Appendix A. Supplementary data

Supplementary data to this article can be found online at <https://doi.org/10.1016/j.heliyon.2023.e20375>.

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