Late-in-life childbearing (Kōrei Shussan) in contemporary Japan

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Introduction

This paper reports data from a larger ethnographic research on intimacy and reproduction in Japan; a nation facing a ‘crisis of ultra-low fertility rates’ (Jones, Straughan, and Chan 2009). In 2014, children under 15 comprise 12.8 percent of the total population, ‘the lowest ratio among 30 nations with populations of at least 40 million’ (Takahashi 2014). However, although the fertility rates have dropped in general, they have rose among women aged between 15 and 19, and 35 or over (Ministry of Health Labor and Welfare 2014).

‘Late-in-life-marriage’ (*bankon*) complicates matters further. The mean age of brides at first marriage has been rising since 1975, and it was already 30.9 and 29.3 years of age for men and women, respectively, in 2013. Likewise, childbirth has been postponed and the mean age of mothers for the first child was 30.4 in 2013 (Ministry of Health Labor and Welfare 2014).

‘Late-in-life-childbearing’ (*kōrei shussan*) is a rather inaccurate construct, that the Japanese Ministry of Health Labour and Welfare (MHLW) defines as a woman who has her first delivery at 35 years of age or over, which accounts for 27 per cent of the national rate of new-born babies in 2013 (Ministry of Health Labor and Welfare 2014). The construct largely stresses a ‘biological mismatch’ underpinned by the concept of ‘life cycle’ which is ‘borrowed from natural science and implies a series of set rigid states that humans move through their lives’ (Barry and Yuill 2008, 218). Consequently, a late-in-life pregnancy is most likely thought of as a ‘condition’ that implies a number of ‘risks’ associated with medically problematic pregnancies, complicated deliveries and foetal chromosomal abnormalities (Saitō 2012).

A recurrent sociological explanation to delayed marriage and late-in-life-childbearing has been the increasing number of women accessing tertiary education and their growing participation in the labour market (Jones 2012). The official Japanese response has largely revolved around pronatalist policies which largely include improving child-care facilities, easing parental leave from work and providing support for working mothers (Roberts 2002), because maternity has to occur at the ‘right’ time in life. Recent controversies involve the production and potential distribution of the booklet called *Women’s organiser (josei techō)* (Naikaku fu 2013) to provide information about the ‘advantages’ of having ‘babies at a young age’ (The Asahi Shimbun 2013a), because childbirth is a matter of ‘life planning’ and ought to be ‘scheduled’ in accordance with the cycle of life (Saitō and Shirakawa 2012). Contenders argue that initiatives such as the distribution of the organiser enlarge gender inequality and sexism by insisting that childbearing is in the hands of women and disregarding the role of men in pregnancy related processes (J-cast news 2013).

Moreover, late-in-life-childbearing is largely a consequence of the ARTs industry that offers ‘treatments ... attempt to make up for where nature may have failed, or when ill-health or accidents prevent successful pregnancy’ (Weeks 2011, 159-60). ARTs entail a form of knowledge that encompasses ‘a curious mixture of social practice, folk beliefs and medical advice’ (Seaman 2011, 157) and chiefly suggests that Japanese women are able to conceive as long as they are not menopausal (Aera 2012).

Japanese ARTs generally encompass natural and holistic treatments (NHT) – beverages, food, clothing even good-luck charms to enhance fertility –, traditional Chinese herbal medicine (TCHM) (*kanpō igaku*) and the timing method (TA) (*taimingu hō*) – based on women’s

ovulation times to calculate ‘infertile and fertile periods in the human female’ (Coleman 1983, 30). Notwithstanding, delayed marriage and late-in-life-childbearing has resulted in an ever-growing demand for biomedical interventions: artificial insemination (AI) (*jinkō jusei*), In-vitro fertilisation (IVF) (*taigai jusei*) and Intra-cytoplasmic sperm injection (ICSI) (*kenbi jusei*).

The Japanese government has established ‘Centres offering specialised counselling for infertility’ (*funin senmon sōdan sentā*) and created a special scheme of financial support for infertility treatments (*tokutei funinchiryōhi josei jigyō*), because IVF and ICSI have ‘already become indispensable treatments for infertility’ (Yanagida 2009, 29). The actual number of couples who have accessed ARTs is unknown. However, MHLW reports that subsidised treatments for IVF and ICSI increased from 161,980 to 242,161 in 2007 and 2010, respectively. Treatments for women aged 40 or older, in particular, increased from 31.2 per cent to 35.7 per cent in 2007 and 2010, respectively (Ministry of Health Labour and Welfare 2013).

Against this background, this paper is concerned with the daily life experiences of 27 ‘late-in-life-childbirth mothers’. In particular the paper aims to answer the following question: What are the social process underpinning late-in-life-childbearing from the viewpoint of a group of Japanese mothers? To answer this question the paper includes a review of the social imagery concerning the subjectivity of Japanese women, the study’s methodological stance and the discussion of how three forms of pressure, namely biological, homosocial and work impinge on the experiences and subjectivities of the interviewees.

Methodology

In understanding reproduction and intimacy in Japan, this paper aims to rehabilitate symbolic interactionism (Jackson and Scott 2010a), and explore current trends to late-in-life-childbearing from the daily interactions of a group of mothers which permits a theorizing grounded on 'ordinary lives' (Jackson and Scott 2010b, 22-23). Following Gagnon and Simon (2005), late-in-life childbirth is analysed through three interrelated dimensions of scripting: the intrapsychic, the interpersonal and the cultural which means that the subjectivities of a group of mothers are explored vis-à-vis their interpersonal relationships and subjectivity embedded in Japanese culture.

The concept of subjectivity refers to the personal sense of the self together with its inner thoughts and desires which are equally restricted or enabled by structures, cultural sources as well as social interactions in everyday life (Jackson and Scott 2010b). Looking at the ways the 'late-in-life-childbearing mother' has been scripted and is produced through daily interactions helps disentangle how practice and subjectivity relates to wider social and cultural contexts, and allows a reading of human agency without reaching a level of unexplained voluntarism (Jackson and Scott 2010a, 821). The agency of the late-in-life-childbearing mother located in social context suggests that motherhood is still culturally and structurally produced to 'normalise' the subjectivity of Japanese women. In other words, women are still compared, differentiated, hierarchized, homogenized and excluded (Foucault 1995, 182-3) based on their capacity for childbirth.

'The asymmetrical stratification of the sexes in relation to the historically varying institutions of patriarchal heterosexuality' (Ingraham 1996, 169) is conspicuous. Thus contemporary gender relations are seen as hierarchically constructed as power relations that permeate the daily interactions of Japanese men and women. Masculinity and femininity, however, are seen as

‘opposites in coalition’ (Holland et al. 1998). They both conflate to produce a regime of ‘normality’ that enlarges the power of patriarchy. Liberation and oppression are, therefore, not uniform or contradictory processes, but their implications become apparent through ‘the actual contradictions of women’s [and men’s] lives’ (Ramazanoglu 1989, 4).

Aged between 35 and 45, participants in this study were 27 married Japanese mothers from Tokyo and Kanagawa, who were recruited through snowball sampling. The seed for snowballing was a mother introduced by a Japanese acquaintance of the principal investigator. There were no particular criteria in the selection process and a firm intention to include mothers from different backgrounds existed; nonetheless the profiles of the participants appeared rather similar. This could be a major limitation of snowballing sampling, which definitively impacts on the quality and quantity of data collected. All the mothers have accessed NHT, TCHM and TM, 20 have used AI, and 15 and seven of them have accessed IVF and ICSI, respectively. Twenty-two of them hold a university degree, four completed a two or three-year junior college (*tanki daigaku*) and one was a graduate student. Seven were full-time employees and although the rest said that they were full-time housewives, 13 did part-time jobs. Nineteen of them relinquished their full-time positions after getting pregnant.

The recruitment method included a complete explanation of research objectives and methods as well as the assurance that all information granted would be treated confidentially and included only as data in published academic manuscripts. The mothers knew that information that could cause personal identification would be deleted or changed in any research report; they did not have to disclose their real name. Data were collected through individual, semi-structured, in-depth interviews that lasted approximately 60 minutes each. All participants were interviewed

twice. Upon the agreement of the participant, interviews were fully recorded, conducted in Japanese and topics included: childbearing, gender, sexuality and ARTs, which were not presented in a fixed order but were introduced when appropriate in the course of conversation.

A middle-aged male scholar who has conducted research on sexuality related matters for about 20 years conducted the interviews during the summers of 2011 and 2012. The interviews took place quiet areas of coffee shops where the mothers felt at ease and their privacy could be protected. One thousand Japanese yen was offered as financial incentive, which did not compromise respondents' right to terminate participation at any stage or to skip any question that could create discomfort. In the event the interviews themselves became highly disquieting or emotionally charged, the mother was allowed to define how far certain experiences should be talked about, at which point the interviewer would suggest sources of information and support when they seemed appropriate. This report does not include the accounts of ten mothers who decided to terminate participation.

Every spoken word was transcribed, with pauses, interruptions and hesitations noted but not measured. Data were scrutinised for support, or the lack of it, of the initial concepts, and for those generated during this process. A series of themes and ideas were produced and sorted into key and subsidiary codes. These codes were attached to the transcripts. After that, systemic networks for text analysis – a linguistic technique (Bliss, Monk, and Ogborn 1983) – was employed. The networks generated categories through an interactive process of induction and deduction. However, rather than regarding the interview transcripts as direct representations of reality, they were seen as ‘reality narratives’ or pieces of informants’ life history (Plummer 1995).

Results

Biological pressure

The master narrative to explaining the subjectivity of Japanese men and women revolves around the idea: men are to perform a productive role by becoming breadwinners who protect and support the household, while women play a reproductive role in the family. This implies labour market restrictions for women because they are to become household managers and child-raisers and their sexual behaviour is supposedly constrained to the preservation of lineage and kinship relationships, which obviously helps maintain a patriarchal gender regime.

Nevertheless, academics and journalists have challenged the ‘homogenising’ view of the master narrative and stressed that women are not necessarily ‘victims of patriarchy’ who struggle with deep-rooted structural discrimination, because ‘interpretations of women’s lives are as *diverse* as their lives themselves’ (Okano 2009, 5, emphasis added). The subjectivity of younger women, in particular, has been scrutinized as part of the ‘*gender panic* in twentieth-century Japan’ (Kinsella 2012, 72, original emphasis). Conservatives have identified young women’s attitudes as ‘unpatriotic and selfish’ (Holloway 2010) because they do not embrace pronatalism and tend to neglect homemaking and childrearing. They postpone marriage, have few children, remain single or childless and are rather tolerant towards divorce and premarital sex (Muta 2008). Media and academic surveys insist that they are *even* more sexually active than the former generation (Kinsella 2012).

However, late-in-life-childbearing suggests that marriage and childbirth are still relevant elements in the subjectivity of Japanese women. They delayed or rejected marriage because they

could not find a husband with the three-H's – high education, high income, height (*kōgakureki*, *kōshyūnyū*, *kōshinchō*) – during the 1970s and 1980s (Nemoto 2008). Nowadays, women wait for the 'appropriate person' whilst working (Nakano 2011). A man with the three Cs – comfortable income, communicative and cooperative with housework, childcare (*kaiteki na*, *rikai shiaeru*, *kyōchōteki na*) (Ogura 2003) is desirable. Mathews (2014, 77) indicates that Japan has effectively changed due to 'women's increasing role in the workplace and wives' increasing desire for their husband's emotional commitment and communication as well as paycheck'.

Since the 1960s Feminism has helped debunk 'biological essentialism' that roots social behaviour in the genetic differences between men and women (Ramazanoglu 1989). Likewise, Japanese feminists and female social activists have striven to dismantle what is meant to be the 'motherly nature' (*bosei gensō*) of women (Borovoy 2005, 171) and the understanding of 'motherhood' (*bosei*), which seems to be a force intrinsic to women's subjectivity that triggers an irresistible desire to become a mother (Gurūpu Bosei Kaidoku Kōza 1991, Amano et al. 2009, Mackie 2003, Dales 2009). The notion of maternal instinct or the 'uncontrollable desire' for childbearing has ignited heated debates showing that instincts are socially constructed to reduce women's subjectivity to reproduction. Nonetheless, the analysis of interviews with this group of mothers elicited a recurrent appeal to instinctual (*honnō*) behaviour for explaining the circumstances of late-in-life-childbearing mothers. The notion of instinctual behaviour was overall linked to the idea that one of main goals in life for women is to have children.

I think that all women have this mission in life (*shimei*).

What is that?

They somehow want to leave descendants (*kodomo ga nokoshitai*)...

Is that true?

Yes, I think so.

How do you know that mission exists?

I don't know how to explain it... but if you ask around, most women would say that they want to have children because they want to leave descendants (aged 38, mother of two children, tried NHT, CHM, TM, AI, IVF).

Some of the mothers implied that the uncontrollable desire to have children is an inheritable factor. Willing to become a mother is supposedly located in women's genetic material and thus unavoidable. This is clearly a form of biological determinism affecting women, but not men. Some men might experience a 'paternal instinct' but a woman unwilling to have children is rather 'unexpected'. Therefore, the subjectivity of a 'normal' woman largely circulates around maternity.

I think that the will to have children is in women's genes.

What does that mean?

It means that... somehow all women want to have children because it is genetically determined (*idenshi no meirei*).

What about men?

I think that some men want to have children too, but it is not like women... hmm
... this could be a difference between men and women, maybe.

What about women who don't want to have children?

Hmm... I think there are some but it is a bit unusual (*igai*). ... I don't think it a common thing.

What makes you think so?

I don't know... it is just like this... women willing to have children is just normal
(aged 42, mother of one child, tried NHT, CHM, TM, AI, IVF, ICSI).

Sooner or later the instinct arises, so the will to have children is just a matter of time (*taimingu*).
Some of the mothers referred to the notion of the 'biological clock' that is mirrored in current popular expressions to suggest that women's desire to have children is an integral element of their life cycle. The desire usually appears at certain age, and when it reaches its highest point, it becomes uncontrollable. This partly explains current tendencies of single women 'desperately' willing to marry to have children.

Do you know the expression *arasā*?

No. What does that mean?

It means around 30. It has become quite popular ... I believe that it applies mainly to women.

I see, but how does that relate to childbearing?

Hmm... It is said that desire to have children starts when women are around their mid-20s, but the peak is when they are in their 30s ... somehow, a lot of women get desperate and want to get married (aged 39, mother of two children, tried NHT, CHM, TM, AI, IVF).

Some of the mothers suggested, however, that marrying is not really what women want. The difference between an instinct and 'rational thinking' helped explain that marriage is largely a means to achieve motherhood. Marriage can be planned, postponed or even neglected, but there is no control over instincts. Late-in-life-childbearing means that the instinct remained 'dormant', but motherhood becomes a priority when the urge to have children arises.

The difference between getting married and willing to have a baby is that one is more like a matter of thinking (*risei*)... an instinct is just like something inside you that tells you that is time to become a mother.

Was that your case?

Yes, I think so... it was pretty much that I badly wanted to have a baby... I don't know how to explain this but it was just like that... somehow you can decide when to marry but not really when you want to have a baby... it is not a rational thing... and you do your best to become a mother.

Does that mean that pregnancies cannot be planned?

Hmm... yes, they can... but somehow the will to have children is always there...
it is just a matter of time, I guess (aged 42, mother of one child, tried NHT,
TCHM, TM, AI, IVF, ICSI).

Instincts become an integral and active element of an 'ideology [that] teaches the know-how ... and ensures [women's] subjection to [motherhood]' (Althusser 2008). This helps reproduce biological essentialisms that seem to move in tandem with the strategies of the ever-growing medical industry to commercialise ARTs. Childbearing has largely become a 'biomedical matter' that requires compliance to treatments and a good financial situation. Some of the mothers implied that their decision to postpone childbirth might have been influenced by the ARTs industry.

I don't know... I think it is something in the Japanese mentality... things are changing but... it seems that women without children are even called 'lonely demon hags'¹...

What is that?

I am not sure... I think it is a book's title a university professor wrote to say that women should have children.

Is that why you wanted to have a child?

¹ Misago (2004) – a Japanese female professor of reproductive health – insists that post-menopausal childless women are at risk of becoming 'lonely demon hags' (*onibaba*) due to their unreleased sexual and reproductive energies.

No, not really... I think that the will to have a child was inside me...

Then, why did not you have your child earlier?

I wanted to build up my career... hmm... I always thought that through IVF, I could get pregnant, as long as I was not menopausal... I even thought of having my eggs preserved... of course, it is expensive but it is worth... having your own children is an extraordinary experience.

Is it?

Yes, it is. I don't know but I think that somehow all women want to have children at certain point in their life (aged 44, mother of one child, tried NHT, TCHM, TM, AI, IVF, ICSI).

References to biological pressures and essentialism implied the normalisation of women's subjectivity in relation to childbirth (Gatrell 2008). As such, although childless women have to explain their 'circumstances', it is unlikely that women with children have to justify anything because the will to have children is just 'normal'.

To be honest I was a bit too tired of being asked why I did not have children.

Who asked you?

Well, almost everyone I met. It was a common thing in family gatherings that I had to explain why I was not pregnant... with my colleagues at work was the

same. I don't know it became like a normal thing... I was somehow ready to explain... because women always want to have children.

Is that why you became a mother?

Hmm... I am not sure about that, but ... somehow I think there was something inside me... telling me that it was time to have a baby (aged 36, mother of one child, tried NTH, TCHM, TM).

This suggested that instincts should be placed in context to shed light on the social processes underpinning the 'uncontainable' desire to become a mother.

Homosocial pressure

In exploring the sociality of biological pressures underlying late-in-life-childbearing, the existence of homosocial pressure became apparent. Following Gagnon and Simon (2005, 40), the 'homosocial world composed of both adult women and peers who primarily value the girl for her ultimate status as wife and mother', can turn into a form of pressure for childless women. The majority of mothers interviewed highlighted that having a baby late-in-life was linked to constant requests from older-women with children: grandmothers, aunties and mothers-in-law insisting on the relevance of having a baby.

It can be like a nightmare... although I did my best to ignore it... it was a very common request... 'I want to see the face of my grandchild' (*mago no kao ga mitaidesu*)... they keep telling how important is to have a baby... that your life changes... that your life is somehow incomplete if you don't have children... they

even recommend remedies, like teas and stuff, or give you the names of doctors that can help you...sometimes it ended up in quarrels with my mother... I would not be surprised... some women end up having children to satisfy their mother or mother in law, or even a persistent auntie.

Does that mean that you got pregnant to satisfy someone?

Hmm... that is difficult to answer... I think it is a really a combination of both, my desire to have a child and my mother and mother-in-law requests.

What about your husband?

I don't think he said anything... but he was quite supportive and happy when I told him that I finally got pregnant (Aged 39 mother of one child, tried NHT, TCHM, TM, AI, IVF).

The transcripts did not show an active participation of men in any decision-making process. Although some of the mothers suggested that their husbands were rather cooperative, none of them said that they pressurised them into childbearing. The entire process of pregnancy and delivery appeared in the hands of women. The majority of the mothers tended to overlook the demands of older-women. However, most of them encountered a stronger form of homosocial pressure arising from their group of peers. Despite prevalent demographic changes, the mothers interviewed largely agreed that childbearing still occurs within the limits of an age cohort. Some of the mothers pointed out that delayed marriage is conspicuous, but most women still marry and have their first child in line with the members of their group of friends. Having children becomes

an element that facilitates group cohesion and a sense of togetherness. Remaining childless could mean alienation and exclusion from their group of peers, which becomes a reminder that women ought to have children even if it is late-in-life.

It is odd... women are marrying later in life and sometimes they remain childless but once a member of the group of friends gets pregnant it is not unusual that everyone wants to have a baby.

Is that true?

Yes, I think so... as I could not get pregnant... I sometimes did not want to meet my friends... they kept talking about their children and I felt a bit out of place ... as if we were not friends anymore.

Is that why you got pregnant?

I don't think so. I wanted to have a child since I got married but ... I think that somehow your friends push you...

What do you mean?

As I have told you, everyone wants to get pregnant at the same time... it is like you have shared school and working experiences, now is time to share motherhood experiences... they offer help and recommend their gynaecologists, Chinese remedies to get pregnant... they really want you to become a mother and be part of the group (Aged 38 mother of two children, tried NHT, TCHM, TM).

The mothers suggested the existence of a third form of homosocial pressure: other women who struggled with ARTs. Similar to Tsuge's research with Japanese women grappling with infertility (Tsuge 2008), the pathways to pregnancy of these mothers have been marked by psychological depression and stress as well as heavy financial burdens. Women trying IVF and ICSI tended to get together and form groups that could be named 'peers in pain' that provide support and reassurance that pregnancy is possible, against medical personnel insisting on the medical risks involved in the process. The borderline between support and pressure, however, appears unclear. Many of the mothers continue trying and did not give up because of their 'peers in pain'. Some of them wanted to stop but they felt coerced into continuing as their peers urged them in trying.

You know... women willing to have children form a group... the group is no doubt, a source of support... we share experiences and methods to get pregnant... at certain point it becomes a pressure though...

What do you mean?

I was a bit broken because of the expenses of IVF... but... it was difficult to give up...

Why was that so?

I don't know your friends encourage you... and you think you should not miss the opportunity, especially when you see that some of the women who suffered like you have their first baby.

Are you saying that your friends push you to get pregnant?

I would not say that... I wanted to get pregnant but trying IVF and then ICSI like everyone was really harsh...It was really expensive...

Why did you not stop then?

I don't know... I just somehow followed my friends and in the end got pregnant
(Aged 44 mother of one child, tried NHT, TCHM, TM, AI IVF, ICSI).

Academic and journalistic investigations from Australia (Nash 2012), the US and the UK (Hewlett 2002) suggest that late-in-life-childbearing is not unique to Japan and that the troubles and tribulations of women willing to conceive 'late' in life are rather similar: 'Mothers are the fiercest critics of childfree women. A single woman who chooses to have a baby by ingenious methods is accepted, certainly in London, with greater ease than a married one who doesn't want kids' (Defago 2005, 30). Homosocial pressure however becomes stronger when looking at it from the work related pressure that some of the mothers experienced.

Work pressure

Official rhetoric and political 'commitment' to gender equality as well as journalistic and academic reports 'inclined to celebrate diversity and fluidity' (Jackson and Scott 2010b, 72) have largely helped disregard the persistence of hierarchy in heterosexual relations and the existence of gender and sexual discrimination. Nonetheless, women's employment market still operates 'on principles that value women's docility, youth, beauty, and ability to serve men'. (Nakano 2014, 179). In explaining the long-lasting recession in the Japanese economy, recent

international controversies stress gender inequality and the conditions that limit women's active participation in the labour market (The Asahi Shimbun 2013b).

Looking at the intrapsychic and the interpersonal dimensions underpinning late-in-life-childbearing from cultural and structural scripts, the transcripts of interviews showed that this group of mothers are not 'deceived', nor naively believe in a biologised-self, but are able to resist social pressures. These are mothers not 'acting in a vacuum' and their subjectivities and daily interactions are strongly influenced by their labour conditions. The verb 'flush' or 'drain' (*nagasu*) in its passive voice (*nagasareru*) was metaphorically used to refer to the working conditions of women without children, as in the expression: 'women without children are flushed out' (*kodomo ga nai onna ha nagasarechau*). The metaphor helped explain how the labour conditions of women without children become a form of pressure for some of the mothers in the group. Labour conditions of women without children are largely uncertain because, in line with Gatrell's research findings, childless women who are full-time employees are requested to perform tasks that mothers and male colleagues are unlikely to do (Gatrell 2008). Childless Japanese women are usually perceived as 'free and easy' because they do not bear the responsibility for childrearing.

Even if you think that a life without children is possible... and ignore your mother asking for grandchildren... the working environment is not for women without children... in my experience childless women are 'flushed out'.

What do you mean?

When I did not have children, I always ended up doing extra stuff... I had to spend more hours in the office or even coming on weekends.

Why was that so?

It is a weird understanding that if you don't have children you are different from your colleagues.

Different?

As if you were free and willing to dedicate your time to the company.

Is that why you got pregnant?

Not really, I wanted to become a mother, but somehow you understand that it is better to have children (Aged 35 mother of one child, tried NHT, TCHM, TM, AI, IVF).

The mothers implied that working women's agency in terms of their capacity to decide their labour conditions and schedules were largely influenced by their capacity for childbearing. Paraphrasing Ingraham (1996, 169), childless women are asymmetrical stratified in relation to mothers. In line with the cases reported in the Japanese newspaper AERA, the working conditions and support for mothers have largely improved. However, childless women are normally asked to do overtime or work on holidays (Kimura 2014). Such a working situation is particularly detrimental to women trying ARTs.

It seems that everyone is concerned about low birth rates but in reality it is very difficult to find any kind of support in the company when you want to get pregnant.

What do you mean?

Working conditions are not really for women who are willing to get pregnant. Trying TM was very difficult because either me or my husband was coming back home late and exhausted after work... we did not feel like having sex even if it was my fertile day... when I was trying IVF or ICSI, it was rather embarrassing to justify why I did not want to do overtime and leave early to see a doctor, if I didn't look sick... If you are over 40 they somehow think that you don't want to have children, or you shouldn't...

What makes you think so?

I don't know but ... they maybe want only younger women to have children (Aged 45 mother of one child, tried NHT, TCHM, TM, AI, IVF, ICSI).

Rather than instincts, some of the mothers were confronted with the dilemma of building a career. They postponed marriage and childbirth but realised that the functions and responsibilities of supervisory and managerial positions are incompatible with motherhood. In the event, they felt the pressure to quit their job and struggled with ARTs to become pregnant at 40 years of age.

I think that I was a bit naïve.

Why do you think so?

Because I was pretty much into building a career... and I was somehow successful... but then... if I wanted to have children I had to choose between my job and my family... The responsibilities of a manager are a bit too heavy to spare some time for personal matters... I needed to dedicate myself to the company.

What did you do then?

I had to quit... and then faced another tough predicament.

What was that?

Getting pregnant... I was naïve again and thought that getting pregnant was easy... it was very disheartening and expensive.

Why was that so?

If you are 40 it is very difficult to get pregnant... I can tell you know, it is better to get pregnant when you are younger... delaying is maybe not a good idea...

How did you get pregnant then?

When I was about to give up, ICSI worked... (Aged 42 mother of one child, tried NHT, TCHM, TM, AI, IVF, ICSI).

Some of the mothers pointed out that women without children still grapple with an unfavourable perception in society, which worsens as they become older, and daily interactions remind them

that: women sooner or later ought to have children. Labour policies undeniably, from the viewpoints of the interviewed mothers, suggested that women's position in society and in the workplace, in particular, are still linked to their capacity for childbearing.

You might not know, but there are some people who call childless and single women 'loser dogs'²...

Really? What does that mean?

I am not sure but I think it means that if you are single and do not have children you are not really part of society.

Was that your case?

Yes, maybe... I am not sure... I don't think I was losing because I had career ... I was a manager in my company... but ... somehow I realised that rather than having a career, having children was better ... women without children are left apart... doing stuff that nobody wants to do in the company... somehow, you end up convinced that it is better to have a child (Aged 44 mother of one child, tried NHT, TCHM, TM, AI, IVF, ICSI).

Overall, the interviews suggested that motherhood entails a form of 'emphasised femininity' which largely revolves around compliance and subordination and 'is oriented to accommodating the interests and desires of men' (Connell 1987, 187). Marriage and childbearing still confer a

² 'Loser dogs' (*make inu*) is an expression created by the journalist Sakai (2006) to refer to the social stigma unmarried and childless women might face.

sense of ‘respectability’ and allows Japanese women gain access to the ‘patriarchal dividend’ (Connell 1995) which childless and unmarried women are unlikely to benefit from. Despite the crisis in the Japanese economy, married women with children still enjoy a sense of safety and institutional power conveyed by heterosexual marriage. A married woman with children will always rank higher in social imagery.

I know that having children makes your life difficult but at the same time you are happier.

What makes you happier?

This might sound a bit crazy... but somehow everyone looks at you in a different way when you have children... you get the idea that your family is complete, also people see you like a different woman.

What do you mean?

This is a bit old way of thinking but they see you as if you had ‘become a woman’ (*ichi nini mae*). A mother is still seen as a complete woman... maybe (Aged 37 mother of two children, tried NHT, TCHM, TM, AI).

Despite the majority of the mothers insisting on the power of instincts at the beginning of the interviews, the analysis of several transcripts underscored the finding that pressures to have children are social rather than biological. Mackie observes that ‘[t]he family in Japan is constantly changing’ (2014, 216). However, from accounts of their daily life interactions within

existing social structures, the viewpoint of these mothers suggest that motherhood still entails an act that largely normalises the subjectivity of women in contemporary Japan.

Conclusion

This paper examined the viewpoints and experiences of a group of late-in-life-childbearing mothers, a phenomenon that currently preoccupies policy makers and medical personnel in Japan. There is no intention to generalise the findings beyond the scope of the subjectivities of the group of mothers that this study involves. Nevertheless, the findings from this ethnographic study suggest that the so-called ‘late-in-life-childbearing mother’ is most likely the result of an ‘awkward’ combination of ‘economic liberalism and conservatism’ (Group The VOICE 2010). Although availability of ARTs permit women to postpone and more *freely* decide on childbearing, cultural meanings and social interactions still carry on *traditionalism* that normalises childbearing and makes childless women appear somehow at odds with their *essential* subjectivity: ‘there is [still] a single scenario for happiness in Japan. You must get married by certain age. You must have babies’ (Estomin, Gasha, and Jane Walmsley Productions 2011), which is largely mirrored by ‘recent measures to boost the birth rate, such as assigning gynaecologists to remind young women of their biological clocks’ (The Economist 2014, 23), which largely suggests that the subjectivity of Japanese women is still normalized through heterosexual marriage and childbearing: ‘normal’ women want to marry and have children.

Nakano (2014, 164) in her research on single women in marriage and employment markets in Japan found that ‘the pressure to marry from friends, family, and neighbours is greater in smaller cities and towns than in Tokyo.’ The viewpoints of the mothers in this study suggest that current

tendencies to late-in-life-childbearing could be explained in terms of three forms of pressure. Appeals to instincts hinted at biological pressures that inevitably connect the subjectivity of Japanese women to motherhood: ‘normal women want to have children’. Having children later in life could be thus a response to a call from *nature* that has been delayed. Providing empirical evidence of instincts remains elusive however. Instead, it points out the social processes underpinning biological essentialisms.

The viewpoints of the mothers in the study suggest that late-in-life-child-bearing more likely stems from homosocial pressure. Elder-women and the group of peers largely help expand the ideological power of ‘nature’ that makes it appear childbearing is a pre-social matter, and childless women largely ‘abnormal’ and at risk of becoming ‘lonely demon hags’. This, in addition, suggests the significance of the symbolism of motherhood for understanding late-in-life-childbearing through the daily interactions of Japanese women.

A view of late-in-life-childbearing from structural pressures, on the other hand, makes it clear how ‘heterogender’ is entrenched in culture and pervades labour policies. Within an economy still at the verge of recovery, an ageing society and pronatalism, Japanese married women with children are undoubtedly ‘preferred’. They can enjoy a ‘patriarchal dividend’ that unmarried and childless women are most likely denied. Unmarried, childless women are ‘flushed out’ and could be seen as ‘loser dogs’. Following Nakano (2014, 180), single Japanese women, especially those in their forties, are unwilling/unable to comply with the requirements of the marriage market, and thus ‘opt’ to strive against current labour market conditions, where women are still valued for ‘youth, docility and service.’ Married women with children, however, might end up grappling

with the quadruple shift of 'paid work, homemaking, child rearing, and night shift for the husband' (Castells 2010).

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