The Place of Advice: Japanese Parents' Sources of Information About Childrearing and Child Health

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A survey of 1,150 fathers and 1,147 mothers in four regions of Japan (mean ages: fathers = 36.7, mothers = 33.8, children = 4.4 years) documented Japanese parents' sources of advice and information about young children. Mothers reported receiving more advice and information from more sources, compared with fathers. However, more husbands and wives cited "my spouse" than any other potential source of advice, and men and women expressed a high level of confidence in each other. Relatively few parents said that they had used professional advice. It is apparent that various sources of parenting knowledge can be facilitated to alleviate the stress felt by today's increasingly isolated parents.

Researchers and practitioners disseminate information about children's health and development in order to encourage good parenting. The ideas parents acquire about children exert a powerful effect on children's growth and development, so it is important to know how parents obtain their knowledge (Goodnow & Collins, 1990). This study was concerned with how parents put themselves in the path of new information, and how confident parents are about their own thinking. The data document the extent to which fathers and mothers rely on each other, experts, informal contacts, or the media, in forming their ideas about children. There have only been a few studies on parental information sources, and these reports suggest that cultural variation is significant. For instance, Harkness and Super (in press) clarified how pediatricians in the United States function as expert advisors on childrearing and development. They observed that U.S. professionals advocate a behavioristic cultural model of child development, which differs from the folk theories of more rural societies. Also in the United States, Parke and Beitel (1986) showed that hospitals and physicians' offices are useful settings in which men can learn about parenting, yet such facilities may not be useful or available in other cultures. In fact, Frankel and Roer-Bornstein (1982) discovered that whereas clinics and hospitals were valuable sources of health information for Yemenite Israelis, their Kurdish Israeli subjects preferred to seek advice from their grandparents and parents. A fourth study on parenting information (Keller, Miranda, & Gauda, 1984), revealed that German mothers were far less accepting and trusting of expert advice compared with rural Costa Rican mothers.
Together these four reports show the need for more research on the sources and uses of parenting information among diverse populations. Research on parenting overrepresents North American populations, and this study extends the international database on parenting information and advice to Japan.

**Japan, Social Change, and Parenting Information**

Despite East-West differences in normative behavior and value systems, Japan is an affluent and educated society with many researchers and practitioners who specialize in child health and development. As a result, Japan offers the reader a case example of a modern society in which professional advice is highly respected. Further, because the Japanese value children, health, and education, Japanese data show from a comparative perspective what avenues are available to parents in support of such transcultural priorities. Finally, from an applied standpoint, Japanese data can enrich one's understanding of how to provide information to parents.

The Japanese place an emphasis on personal relationships and social networks (Hsu, 1983), perhaps because of their agrarian and village traditions. A mother in past generations typically lived in the same household with her mother-in-law, who provided instruction in childrearing. Contacts with extended family and neighbors were also frequent, so that many informal sources of information about parenting were readily available. These close contacts were especially important in the past because early childhood education, day-care facilities, childrearing experts, and television were uncommon prior to 1960. Many fathers worked either at home or nearby, and so had some access to this social network as well. Thus advice in the past probably came mainly through personal relationships.

Over the past 30 years, however, some observers claim that the extended family lost its influence and personal contacts decreased in intensity and number, whereas agencies, institutions, and experts gained importance as sources of information about children (Hara & Minagawa, in press). From the 1960s, the economy boomed, the size of families decreased, and school education became extremely competitive (Stevenson & Stigler, 1992). Many parents nowadays try to provide every possible competitive advantage to their one or two children. These trends may also have made up-to-date information about children more important than ever to parents.

**External Sources of Information About Children**

The prominence of different types of sources or experts probably varies between cultures. What parents actually do with the advice they receive will be the subject of future research; this study only documents the sources parents say they might use. Parents used a check list to select from several options, described next for the benefit of non-Japanese readers.

**Professional Facilities and Experts.** The professional many children and parents see on a daily basis is the kindergarten or day nursery teacher. A female typically age 20 or over, she has graduated from a 2-year junior college or technical college majoring in early childhood education. Parents consult either this classroom teacher or the director of the facility.

A public health nurse at a prefectural or municipal health center is a female over the age of 22 who has taken a 1-year public health nurse course after graduating from a junior college nursing program. The law requires check-ups at health centers at ages 18 and 36 months.

Infants and young children can also receive mandatory checkups at 3, 6, 9, 18, and 36 months of age, from a pediatrician at a neighborhood clinic owned by the doctor, or at a larger hospital. As the population of children declines and hospitals eliminate unprofitable pediatric departments, the neighborhood doctor may become an even more important source of information.

A public child guidance center is another local agency mandated by law. Different from health centers, it is specifically concerned with emotional and behavioral problems. Here the child and parent would consult a social worker or psychologist, who has a degree in either social welfare or psychology. These professionals also work at private child guidance facilities.

Local boards of education also run education guidance clinics, which provide consultation about educational, emotional, and behavioral problems of school-age children. Clinical psychologists and retired teachers work at this type of clinic, and provide advice about retardation, autism, school refusal, and so on.

A psychological counselor works at a psychological or psychiatric clinic, or at a hospital. This worker usually has a bachelor’s degree in psychology, and conducts psychotherapy, supervised by a psychiatrist.
Some companies have *employee counseling facilities*. These usually help workers with their own physical or mental health, but may occasionally be utilized for advice about children or family matters. Here the worker would see a psychologist, supervised at some companies by a psychiatrist.

Parents may attend short-term maternity and *parenting classes* in which mid-wives, public health nurses, or (less often) obstetricians serve as instructors. Most participants at these classes are pregnant women. Parents may also take classes on mother-child interaction at public Children's Halls.

**Childrearing Media.** In addition to human resources, Japanese parents also read or learn about children through the media. Japan is a highly literate society, and most families now own a television, radio, and video recorder. The following describes some media sources.

At any bookstore in Japan one may purchase *childrearing books*. Many are nontechnical "how-to" books, concerned with children 0 to 6 years, and issues include physical growth and development, development milestones, immunizations, common diseases, and behavioral problems. Most best-selling Western books on parenting quickly become available and popular in translation, and volumes by Japanese specialists usually incorporate the latest ideas from the West.

Nontechnical *childrearing magazines* are available by subscription or in bookstores, and are more readily available in a larger number of titles than in U.S. bookstores. About a half dozen magazines with titles such as *My Baby* or *Baby Age* each have about 200,000 monthly subscribers. As 1.2 million babies are now born annually in Japan, a large proportion of new mothers probably read these magazines. Other magazines are designed for children and parents to read together, or are targeted for preschoolers.

Government-run educational networks provide television and radio *childrearing broadcasts*. In addition to broadcast series, children's health, psychological, and educational problems are frequent topics on nationwide call-in radio shows. In recent years, a few *childrearing videos* have also appeared in rental outlets and libraries.

Every pregnant woman receives the *Mother and Child Health Handbook* (available in English translation-Boshi Aiikukai, 1992), a pocket-size standardized booklet issued through local government agencies. A mother uses it to record her health and nutrition data, the results of check-ups throughout the pregnancy, and the developmental progress of the child from birth through 6 years of age. This handbook also informs her about developmental norms and problems encountered during pregnancy and early childhood. Mothers must bring this handbook to their periodic check-ups.

**Japanese Parents and Their Self-Confidence as Parents**

**Japanese Mothers.** It is well known that women's roles are changing, but little is known about how women are changing as mothers. As a symbol of self-sacrifice and dedication, and known for her close relationship with her children (S.H. Vogel, 1978), the Japanese mother has been extolled in the West for her "role commitment" (Lebra, 1976, p. 82). Mothers receive criticism for neglecting their selfhood and applying excessive pressure on children to study, but even these behaviors serve a desirable goal: children's education. A second favorable view of Japanese mothers is as "different but not better" compared to Western mothers. For example, Azuma, Hess, and others (Azuma, in press) showed that mothers of preschoolers in Tokyo had a different parenting style from their counterparts in California. Japanese mothers tended to foster empathic children who were diligent and receptive to adult direction. Finally, according to a more troubling clinical view (Kawai et al., 1994), many Japanese mothers report feelings of isolation, insecurity, and incompetence. Kawai and others are now studying such growing problems as child abuse, childrearing neurisis, maternal anxiety, and maternal revulsion toward children.

**Japanese Fathers.** Commentary about Japanese fathers is common but research is rare (Shwalb, Imaizumi, & Nakazawa, 1987). In the years following World War II, fathers lost their legal dominance over the family, and many observers have criticized their psychological weakness (Wagatsuma, 1977). E. A. Vogel (1991) described the triangular structure of the modern middle-class family as a mother-child alliance at home, separate from the father who is isolated at work. The current developmental view is that although many fathers are friends to their young children, they become increasingly detached from their families during middle age when they gain status at work (Shwalb, 1995). Hara and Minagawa (in press) claimed that paternal disengagement is unhealthy for all members of the family, especially for mothers who suffer from childrearing anxiety. A second view of the "new fathers" in Japan is that they are becoming increasingly
involved with their families and children (J. Nakazawa, personal communication, July 27, 1995).

**Confidence.** Although parents receive information from many external sources, ultimately they rely heavily on their own knowledge about children. Self-confidence has a significant effect on parental behavior and degree of satisfaction with parenting (Williams et al., in press), so it is important to study maternal and paternal confidence. In addition, confidence in one's spouse translates into emotional support, which also influences parental behavior (Oyabu & Maeda, 1994).

The scant data available on Japanese parental confidence show a lack of maternal confidence. In one study, Shand and Kosawa (1984) found that one fifth of the pregnant women in their Tokyo sample faced the task of mothering with "no confidence." These researchers claimed that lack of confidence is indicative of the deep reservations and worry many Japanese women have about the demanding maternal role; that is, they feel incapable of role perfection. In another survey of both mothers and fathers, Takeuchi, Uehara, and Suzuki (1982) reported that although about 80% of both mothers and fathers said they were confident as parents during the preschool years, only 27.2% of infants' mothers (and 73.1% of fathers) expressed this confidence. These are the only data available on paternal confidence because fathers rarely take part in research about children. However, given the growing anxiety of Japanese women over childrearing, lack of confidence may indicate more than modesty—it may reflect both self-critical thinking and insecurity.

**Research Questions**

To address the issues already mentioned, a survey of mothers and fathers asked the following questions about parenting information and parental confidence:

1. What kinds of information and advice do parents seek?
2. What sources of information do parents use or find desirable?
3. To what extent do parents seek or use expert information or advice?
4. Are fathers and mothers confident in themselves and in each other?
5. How do fathers and mothers compare on Questions 1 to 4?

**METHOD**

**Participants**

Fathers \((n = 1,150, \text{mean age} = 36.7 \text{ years})\) and mothers \((n = 1,147, \text{mean age} = 33.8 \text{ years})\) of preschool age children \((\text{mean age} = 4.4 \text{ years})\) from four Japanese prefectures (Tokyo, Kanagawa, Aichi, and Nagano) took part. Among the fathers, 99.9% were employed and 52.5% had attended 4-year colleges. About half of the mothers (55.4%) were currently full-time housewives, and one third each of the mothers graduated either from high school or a 2-year college. Ninety-two percent of parents had siblings. Of the families, 17.4% had only one child (children per household mean = 1.89), and grandparents resided in 24.1% of the households. These statistics indicate that the sample was broadly representative of Japan's dominant urban middle class (D. Shwalb, B. Shwalb, Sukemune, & Tatsumoto, 1992).

**Procedures**

**Data Collection.** Parents received an eight-page childrearing questionnaire through three kindergartens \((\text{yochien}, \text{similar to a Western preschool})\), two day nurseries \((\text{hoikusho, similar to a day-care center})\), and two public health centers \((\text{hokensho})\). Each child carried home a mother and father version of the survey questionnaire. Instructions asked mothers and fathers to complete the identical forms independently, and to return the forms within a week. From the 1,600 families sampled, 1,172 returned the forms, and 1,147 couples provided complete data. The return rate of 72% was high, considering the length of the questionnaire.

**Questionnaire Content.** The analyses that follow concern (a) problem areas with which parents desire expert assistance, (b) parents' sources of information and assistance concerning childrearing, (c) use of professionals and counseling facilities, and (d) parents' confidence in themselves and their spouses. Additional
data (not reported due to space limitations) concerned father-child relations, ideal mothers and fathers, childrearing and parenting goals, children's and parents' personalities, developmental characteristics of children, household division of labor, grandparents, and family atmosphere.

RESULTS What Kinds of Information

Do Parents Want?

Types of Advice Parents Seek. Parents indicated they would be "likely to seek advice" about various types of children's problems. Majorities of both parents (50%-65% range) reported they would want guidance with children's health (i.e. a "serious illness" or "sickness I couldn't explain"). Somewhat smaller proportions of parents said the same of psychological problems. More mothers than fathers responded that they would seek help with "behavior which is difficult to understand" (48.0% of mothers; 34.7% of fathers, $\chi^2(1) = 41.07, p < .001$). Similarly, more mothers than fathers would want assistance "when the mother has trouble with childrearing" (47.0% of mothers; 26.6% of fathers, $\chi^2(1) = 101.73, p < .001$). Small proportions (10%-20%) of both mothers and fathers wanted advice when the child "has a troublesome habit" or "won't listen to what we say."

Parental Need for General Information. Parents next reported their needs for general information about child health and development. A majority (56.3% of mothers, 54.1% of fathers) of parents wanted more information on physical illnesses. More mothers (57.1%) than fathers (42.2%) wanted additional information about children's feelings and thinking, $\chi^2(0) = 50.62, p < .001$, and more mothers (40.2%) than fathers (30.6%) wanted to know more about child-rearing methods, $\chi^2(1) = 22, p < .001$.

Where Do Parents Get Information or Advice?

Actual Use of Information Sources. Mothers reported that they made use of more information sources, compared with fathers (mean number of sources chosen on check list: mothers = 3.60, fathers = 1.61, $t(2,203) = 29.25, p < .001$). The most common information sources for both mothers and fathers were friends, childrearing magazines, childrearing books, grandparents, pediatricians, and childrearing broadcasts. Few parents cited parenting classes, health center nurses, or childrearing videos. In addition, a high percentage (29.4%) of fathers reported that they utilized "no particular source of information." The percentages of parents who said they used each source are given in Table 1.

Possible Sources of Advice and Information. The second question was more hypothetical than the preceding question, and most parents indicated that they would tend to utilize very few sources for assistance with childrearing. Both fathers and mothers chose "my spouse" most often among all options, and mothers chose almost all other sources with greater frequency than did fathers (mean numbers of sources reported by mothers = 3.69, father = 2.26, $t(2,259) = 21.64, p < .001$). The exceptions were that more fathers than mothers chose "co-workers" and "other relatives [than spouse, parents or siblings]." In particular, men's social networks appeared to exclude friends (64.5% of mothers; 28.2% of fathers), kindergarten/day nursery teachers (34.8% of mothers; 9.8% of fathers), and parents of children's friends (31.0% of mothers; 2.5% of fathers). Very few parents considered the following sources as options: other relatives, public guidance centers, psychological counselors, coworkers, and parent associations. Comparisons of these data between mothers and fathers are presented in Table 2.

<table>
<thead>
<tr>
<th>Information Source</th>
<th>Mothers</th>
<th>Fathers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Friends or acquaintances</td>
<td>76.5</td>
<td>&gt; 37.6</td>
</tr>
<tr>
<td>Childrearing magazines</td>
<td>59.6</td>
<td>&gt; 20.2</td>
</tr>
<tr>
<td>Books on childrearing</td>
<td>56.0</td>
<td>&gt; 26.3</td>
</tr>
</tbody>
</table>
**TABLE 2**
Possible Sources of Help with Childrearing: Mother/Father Comparisons

<table>
<thead>
<tr>
<th>Persons</th>
<th>Mothers</th>
<th>Fathers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>My spouse</strong></td>
<td>88.9</td>
<td>85.4</td>
</tr>
<tr>
<td><strong>My own parent(s)</strong></td>
<td>64.6</td>
<td>43.0</td>
</tr>
<tr>
<td><strong>Friends or acquaintances</strong></td>
<td>64.5</td>
<td></td>
</tr>
<tr>
<td><strong>Preschool or day nursery teacher</strong></td>
<td>34.8</td>
<td>9.0</td>
</tr>
<tr>
<td><strong>My own brothers or sisters</strong></td>
<td>33.7</td>
<td>16.7</td>
</tr>
<tr>
<td><strong>Parent(s) of child's friends</strong></td>
<td>31.0</td>
<td>2.5</td>
</tr>
<tr>
<td><strong>Pediatricians</strong></td>
<td>15.4</td>
<td>10.8</td>
</tr>
<tr>
<td><strong>People in my neighborhood</strong></td>
<td>14.6</td>
<td>3.8</td>
</tr>
<tr>
<td><strong>Friends or supervisors at workplace</strong></td>
<td>9.2</td>
<td>14.5</td>
</tr>
<tr>
<td><strong>Other relatives</strong></td>
<td>5.9</td>
<td>8.2</td>
</tr>
<tr>
<td><strong>Child health/guidance center worker</strong></td>
<td>4.5</td>
<td>2.3</td>
</tr>
<tr>
<td><strong>Psychological counselor</strong></td>
<td>0.9</td>
<td>0.3</td>
</tr>
<tr>
<td><strong>Parents association</strong></td>
<td>0.5</td>
<td>0.4</td>
</tr>
<tr>
<td><strong>1 have no such outlets</strong></td>
<td>0.3</td>
<td>&lt; 3.2</td>
</tr>
</tbody>
</table>

*Note. Question: “If you were worried or anxious about a problem with your child, are there people you could consult?” Data are percentages of parents who circled each option (totals > 100%). ***p<.001. **p<.01. *p < .05.*

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**Do Parents Want or Utilize Information From Professionals?**

**Desirable Sources of Information.** With the exception of kindergarten/day nursery teachers, chosen by 66.0% of mothers and 58.9% of fathers, only a minority of parents stated that it would be desirable to utilize various professional sources. This question was hypothetical and did not ask about actual use of these sources. Smaller percentages of parents (20% - 40% range) selected pediatricians, public guidance centers, and psychological counselors), and even fewer parents cited either private or company guidance facilities. Table 3 presents mother-father comparisons of these choices.

**Who Accompanies the Child?** When asked who had actually accompanied the child to pediatric or health center check-ups, majorities of both parents reported that mothers did this singlehandedly. About one fifth of parents reported that fathers had transported the mother and child to a check-up, and roughly the same number claimed that both parents had accompanied the child together at least once. Only 3% responded that the father had ever accompanied the child by himself.

The response to a more hypothetical question indicated a discrepancy between mothers’ and fathers’ attitudes. Asked who generally would take the child to check-ups, 68.9% of fathers (and only 48.5% of mothers) said both parents

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**TABLE 3**
Desirable Professional Sources of Help with Child Problems: Mother/Father Comparisons

<table>
<thead>
<tr>
<th>Source</th>
<th>Mother</th>
<th>Father</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>My spouse</strong></td>
<td>88.9</td>
<td>85.4</td>
</tr>
<tr>
<td><strong>My own parent(s)</strong></td>
<td>64.6</td>
<td>43.0</td>
</tr>
<tr>
<td><strong>Friends or acquaintances</strong></td>
<td>64.5</td>
<td></td>
</tr>
<tr>
<td><strong>Preschool or day nursery teacher</strong></td>
<td>34.8</td>
<td>9.0</td>
</tr>
<tr>
<td><strong>My own brothers or sisters</strong></td>
<td>33.7</td>
<td>16.7</td>
</tr>
<tr>
<td><strong>Parent(s) of child's friends</strong></td>
<td>31.0</td>
<td>2.5</td>
</tr>
<tr>
<td><strong>Pediatricians</strong></td>
<td>15.4</td>
<td>10.8</td>
</tr>
<tr>
<td><strong>People in my neighborhood</strong></td>
<td>14.6</td>
<td>3.8</td>
</tr>
<tr>
<td><strong>Friends or supervisors at workplace</strong></td>
<td>9.2</td>
<td>14.5</td>
</tr>
<tr>
<td><strong>Other relatives</strong></td>
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<tr>
<td><strong>Child health/guidance center worker</strong></td>
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<tr>
<td><strong>Psychological counselor</strong></td>
<td>0.9</td>
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</tr>
<tr>
<td><strong>1 have no such outlets</strong></td>
<td>0.3</td>
<td>&lt; 3.2</td>
</tr>
</tbody>
</table>

*Note. Question: “Which of the following sources of information about childrearing have you actually utilized?” Data are percentages of parents who circled each option (Totals > 100%); all z. ***ps < .001.
would prefer to go together, whereas 51.2% of mothers (and only 24.8% of fathers) answered that the mother would go alone with the child, $x^2(2) = 198.88, p < .001$. In addition, 6.3% of fathers (and only 0.3% of mothers) said that fathers would do this by themselves.

**When Can Parents Accompany the Child?** Only about 10% of mothers and fathers said their employers would allow them to take time off to accompany the child to get professional help, and fathers were particularly constrained by work. More fathers than mothers said they would find it convenient to go on Sundays (45.4% of fathers, 37.1% of mothers, $x^2(1) = 15.79, p < .001$) or after 6 p.m. on weekdays (20.3% of fathers, 12.5% of mothers, $x^2(1) = 25.42, p < .001$).

**What Do Mothers and Fathers Think of Each Other as Parents?**
"My spouse" was reportedly the most common source of parenting information, as noted earlier. Additionally, parents may rely strongly on themselves and their own ideas. Therefore, mothers and fathers were asked about their self-confidence and confidence in their spouses, and about the couple's tendency to agree about childrearing matters. Mothers were significantly less confident as parents than were fathers; 15.4% of fathers and 43.1% of mothers were "not very confident" or "not confident about childrearing," $x^2(3) = 314.73, p < .001$. Fathers were confident in mothers'; childrearing abilities, more so than were mothers in themselves. Similarly, even though mothers expressed confidence in their husbands as fathers, many men felt that their wives lacked confidence in them.

Finally, most couples -92.7% of fathers and 87.5% of mothers -said they tended to agree on children's issues. In addition, 65.3% of fathers and 77.9% of mothers said that if they disagreed about a childrearing matter they would solve the matter by talking it over together. However, more fathers (30.7%) than mothers (20.6%), $\sqrt{3} = 58.42, p < .001$, said disagreements were settled by yielding to one parent, usually the mother.

**DISCUSSION**

**Summary of Results**

1. Parents wanted more general information, and many said they would seek advice about various problem areas, particularly child health. For all variables, more mothers than fathers reported an interest in getting new information about child health and behavior.

2. Almost a third of fathers stated that they had no information sources, and most considered only their wives or parents as sources. The social networks of mothers were wider, and often included friends, their siblings, preschool teachers, and the parents of the child's friends.

3. Children's teachers at day nurseries or kindergartens were the most likely source of expert advice, followed by pediatricians. About a third of mothers also considered using guidance clinicians or counselors. Fathers reported less contact than mothers with most professional sources.

4. Mothers had less self-confidence as parents, compared with fathers. Most mothers and fathers expressed general confidence in their spouses, although the spouses tended to be somewhat unaware of this confidence. Finally, most couples reported being in harmony about childrearing issues.

**Types of Information**
Why were parents more apt to seek expert help on health matters than concerning behavioral or psychological problems? One reason is that a physical illness might appear to be more of an emergency than would a problem concerning behavior. A second explanation concerns the status of medical versus psychological experts. Physicians are highly respected and accessible in every town at a low cost under national health insurance. However, for psychological or childrearing problems, many parents may not know whom to turn to for help. Experts in nonmedical professions do not have a long tradition in society, and some are not covered under insurance.

A third reason concerns information processing. Research in other cultures (Keller et al., 1984) has shown that parents often reject expert advice because of their belief in the individuality of each child. Parents may entrust physical problems to experts, as universal problems. Yet they trust their own thinking about psychological problems, given their intimate understanding of the individual children. Nevertheless, about half of the mothers wanted more information about child development and childrearing, showing that many mothers are looking for new ideas. Many parents seem willing to turn to experts for such information.

Sources of Information
The results on actual information sources (Table 1) revealed that mothers may not be as isolated as some observers claim. Women talk with their friends and parents, read magazines and books, listen to radio shows, and visit the local pediatrician. Sources vary from informal friendship networks to experts and to the media, so it is even possible that mothers today have access to more information about parenting than did their own mothers.

Yet the quality of these information sources may have changed between the generations. The mother-in-law of the past provided guidance and direction on a daily basis, but can such socialization be replaced by watching a television special on child care or by reading a childrearing handbook? The follow-up research question thus is broader than simply where mothers get information—ones must consider the actual impact of each source on parents.

The parenting network of the father seems to be limited mainly to his wife and parents. The data seem to support the view of E.A. Vogel (1991) and others that fathers are isolated at the workplace. For instance, the second most frequent information source of fathers was "none of the above." For both parents, options that were seldom checked off included both traditional and modern sources of information. "Other relatives" (aunts, uncle, cousins, etc.) and "people in my neighborhood" are two examples of sources that were traditionally significant but now may be diminishing in importance. On the other hand, parent associations, parenting classes, psychological counselors, childrearing videos, and guidance counselors are all options that have only recently become available to parents.

One limitation of the data is that they do not reveal the frequency or intensity of different contacts. That is, a parent might visit a counselor once, and discuss childrearing 500 times with a friend, but the response to these two options on our questionnaire was the same check mark. Still the data present a general picture of the variety of mothers' sources and the very limited extent of fathers' contacts.

Use of Information and Advice
Contacts with expert sources of information are generally formal, based on a client-professional relationship, and they are in some instances required by law. As such, these sources may become impersonal and seen as obligations rather than options. This context affects the nature of advice, and probably the parental response to the information they receive. As a result, the data in Table 3 (which sources parents would find useful) reflect to some extent the necessities of daily life in Japan. Kindergarten and day nursery teachers are the most frequent choice of parents as sources of information. However, does this mean that parents follow teachers’ advice over that from other sources? It might mean only that parents have the most contact with these professionals. Likewise, many parents may see public health center nurses, or have periodic check-ups with pediatricians because the law requires such visits. Psychological counselors, private consultation facilities, or company counselors often are not covered by insurance and truly are "options" for parents. Nevertheless, teachers and pediatricians were the most often cited sources of professional advice, although parents seem to be aware of their other options. Even if 16% of mothers would consider going to a private counselor, this represents hundreds of thousands of potential clients for such a facility. It would be useful to ask parents in subsequent research how familiar they are with new agencies that may provide information or help.

The question posed concerning professional advice in a situation whereby a child "had a psychological or
behavior problem was hypothetical. Perhaps more parents would have chosen several of the options if physical health problems were included in the question. It was apparent anyway that a sizable proportion of parents would consider professional help for children's psychological or developmental problems.

Questions on who accompanies the child to seek expert help revealed a distinction between social values and practices. Most fathers said they would tend to take the child in as a couple, but in reality only one in five had ever done so. Getting help for the child typically remains the mother's responsibility. Many fathers cannot take time off from work to accompany the child, but many employed mothers reported similar time constraints on their efforts to seek expert help for children.

Confidence and Support

Although mothers typically fulfill both the nurturant and disciplinarian roles at home, many expressed a lack of confidence. At the same time, fathers were highly confident in themselves as parents. This may reflect the fact that mothers see their parenting task as formidable, whereas fathers feel capable of fulfilling their limited and secondary role. The second finding on confidence is that both mothers and fathers had great faith in each other as parents, although their spouses were not quite so aware of this confidence. The gap between confidence-in-spouse versus confidence-from-spouse may exist because parents do not openly express confidence. Yet the discrepancy is important because perceived confidence from the spouse is felt as emotional support. That is, a man may be confident about his wife's abilities as a mother, but if she cannot sense this confidence, she will feel isolated and lacking in support.

Concurrence in couples' views on children is one basis of emotional support, and most parents reported that they tend to agree about childrearing issues. Another possible base for support is parents' means of resolving conflict, as most parents said they would solve disagreements through discussion. These data, and the finding that over 85% of both mothers and fathers report their spouses as someone they could consult about children, suggest that husbands are a potentially strong source of support for mothers. This issue should be investigated further, however, because many men in reality hand over all childrearing responsibility (and anxiety) to their wives.

Perhaps the most important finding about confidence is that many mothers held negative views of their own ideas about children. This may sometimes be related to maternal childrearing anxiety and childrearing neurosis. Reasons for their lack of confidence, and the issues about which mothers lack confidence, are the subject of ongoing research.

Conclusions

Implications for Research. The data advance our understanding about parental sources and uses of childrearing information. They showed that in one culture parents make use of various information sources, both informal and formal, from both experts and nonexperts, and from both human and media resources. This study also suggested that culturally defined roles of women and men may influence their childrearing networks. Finally, the data indicate that the couple's relationship, also influenced by cultural context, may affect parental confidence and support.

Follow-up research has been suggested throughout this discussion, and the following research extensions are also needed: (a) cross-cultural replications; (b) sampling of parents of infants and older children; (c) study of the quality and quantity of information sources; (d) research on what parents learn specifically from different sources; (e) studies of how parents utilize what they hear from different sources; (f) within-cultural comparisons of parents according to family structure, social class, and employment status; and (g) studies on the dynamics of parental confidence and support.

Implications for Practitioners. The survey revealed that in Japan, a modern and highly educated society, parents want more information about children, and often seek this information from agencies and experts. The specific outlets that provide information vary between cultures, but the role of the expert is probably increasing in significance in most modern societies. In Japan, several new institutions (educational guidance centers, company psychologists, etc.) are modeled after those found in the West. Intercultural exchange is essential to provide practitioners with information about how to best serve parents and children. The problems Japanese encounter as they develop their network of experts will be instructive to practitioners in other cultures.

Only recently, pediatricians (Morita, Kurashige, Okuhara, & Kitazoe, 1995; Yokoi, 1994) and clinical
psychologists (Yoshida, Nojiri, Ando, & Ohashi, 1995) have begun to emphasize the father's role in the process of child health and developmental treatment and screening. For instance, as reported in a series of case studies, Yoshida et al. (1995) were first able to foster paternal involvement by contacting fathers directly. In addition they intervened to change men's roles by altering children's and mothers' perceptions so that all family members saw the importance of paternal involvement.

**Implications for Japan.** Most Japanese mothers have primary responsibility for their children (White, 1987), and the data show that many lack confidence as they face this challenge. Despite their expressions of confidence and support, many husbands are unavailable to either help with children or to be supportive of their wives. This can be seen in their narrow social network and in their relative lack of interest in information about children. Most mothers have friends, but as stated by S.H. Vogel (1978), women's networks have not yet expanded far enough to relieve the enormous stress they feel from their changing roles. Indeed the mothers who most need information and advice may be those who are most isolated.

Hara and Minagawa (in press) wrote that with its health problems largely solved (e.g., world's lowest infant mortality rate and longest life span), Japan must turn its attention in the next generation to solving the mental health problems that have arisen in the course of rapid social change. One way to further this cause will be to provide better education and support to Japanese parents. Parents want more and better information, and this study documented several sources of information that must be cultivated.

**REFERENCES**


