Journal of Aging Studies 23 (2009) 236–244

Contents lists available at ScienceDirect

Journal of Aging Studies

journal homepage: www.elsevier.com/locate/jaging

The provisioning responsibilities of older women

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ARTICLE INFO

Article history:
Received 10 June 2007
Received in revised form 15 February 2008
Accepted 5 March 2008

Keywords:
Older women
Provisioning
Feminism
Citizenship

ABSTRACT

Conceptual frameworks that theorize relationship based work, caring and provisioning, are considered. It is argued that provisioning has greater potential for revealing the various dimensions of older women's contributions to society and citizenship claims. Data on the work and responsibilities of older women are presented. Participants belong to a group promoting public discussion on issues of security and justice for older women. This group was one of six research sites documenting the provisioning work done by women in diverse social locations. Findings reveal that older women carry large and complex provisioning responsibilities. This work is summarized under two categories: provisioning activities and provisioning strategies. Discussion of the findings focuses on three major issues facing older women: the unexpected magnitude of provisioning work they are doing; how to integrate the realities of an aging body into provisioning expectations; setting priorities when time is a scarce resource. Implications for theory and the citizenship claims of older women are considered.

Introduction

This article is situated within debates occurring at the intersection of feminist analyses and critical gerontology. It documents the range of personal and social responsibilities carried by a group of older women. The intent is to challenge discourses that position older women as potential consumers of services, or a caring problem in-the-making, that will tax health care budgets, as well as the younger working population. A projected demographic tsunami scenario obscures the value of the contributions that older women make in their families and communities, while allowing the costly effects of current patterns of health care funding and organization to fade into the background.

Against this discursive account, with its age, gender and class assumptions, data from in-depth interviews with older women reveal just how extensively they provide for those around. These data are part of a larger study that posed the question: "What supports and what limits the provisioning work of women who are members of poor households and/or marginalized communities?" (Neysmith & Reitsma-Street, 2005). The study was undertaken because of our concern that the market and managerial discourses driving economic restructuring in Canada and cuts in public services are obstructing women's capacity to provide life's necessities for themselves, their families, and their communities. Before presenting data on the different types of work done by older women, we examine the caring literature, concluding that aspects of it need to be reconceptualised if they are to be useful for rethinking the work done by older women and its implications for theory and social policy. This is followed by a discussion of the concept of provisioning. We argue that the latter has potential for revealing the multiple dimensions of older women's social contributions. The methodology underlying the collection of these data on older women is then elaborated. After presenting the findings, several theoretical and policy implications are considered.

Caring, claims and citizenship

Descriptions of women's work outside the paid labour force are frequently captured under the term caring labour. There are a number of streams in this now substantial body of literature. One documents the breadth and depth of informal care provided by kin to aging family members. It reveals how,

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doi:10.1016/j.jaging.2008.03.001

across OECD countries, mixed economies of care service approaches, which combine public and market providers, continue to underestimate the costs of care borne by families (Glendinning & Means, 2004; Scourfield, 2006). Policy responses such as carers allowances, paid volunteering and direct payments to care users to buy help have been tried across jurisdictions with mixed results (Kreigher, 1999; Timonen, Convery, & Cahill, 2006; Ungerson, 2004). They all underestimate the quantity and quality of caring labour needed and thus ring of tokenism.

Another stream of analysis has focused on gender differences in the types and amount of informal caring work done by women and men (Olson, 2002; Statistics Canada, 2005). It shows that older women and men both do caring labour but its focus and meaning varies by gender. Due to differences in life expectancies, and the fact that women tend to marry older men, at any moment in time more women are providing care for longer periods of time — seldom under circumstances of their own choosing. Furthermore, taking on this work earlier in the life cycle affects women's options in the labour force, their resultant meagre pension entitlements and the toll it takes on their own health.

Parallel to this social science and health policy literature there has developed theory around an ethics of care (Clement, 1996; Gilligan, 1982; Hankivsky, 2004; Koehn, 1998; Nelson & England, 2002; Tronto, 1993) which challenges individualized concepts of justice and rights. Of interest here is its focus on how relationships underlay and shape women's responsibilities and their associated notions of justice, of what constitutes an ethical choice. Taken together, this body of scholarship problematizes the fact that social conditions such as need, labour such as unpaid work, and statuses such as being recipients and providers of care, are not attached to social entitlements. Ensuing debates have attempted to reconcile the apparently oppositional approaches of care and justice ethics so policies that promote the well-being of older women can be developed. As in other segments of the population, older women occupy differing social locations within and across national boundaries (although the authors of much of this literature come from OECD countries, see Sevenhuijsen, Bozalek, Gouws, and Minnar-McDonald (2003) for a discussion of how the ethics of care challenges familial assumptions in South African Welfare policy).

Feminists are divided on whether the problem of valuing caring work is best approached by focusing on mechanisms that will divide familial caring responsibilities more equitably between men and women, which would ignore concerns about how this could privatize caring as a family matter; or to pursue the development of caring services, such as national child and elder care policies, that would open up options for women but not directly address gender disparities. Both analyses capture parts of the dilemma; the challenge is how to develop policy strategies that are multi-dimensional. All sides acknowledge that women of all ages continue to do, and bear the consequences of doing, most of both paid and unpaid caring labour (Herd & Harrington Meyer, 2002; Lister, 2003, 2007; Williams, 2001). Similarly, it is not questioned that care is work but if it is to be valued and linked to entitlements, then providing it needs to be theorized as more than individual obligation. A policy aspect in this thread of the debate is whether kin care is a form of civic engagement, with entitlements parallel to those associated with paid employment and volunteer work; and if so, what are the claims that can be made by those taking up such responsibilities?

Finally, research on caring labour often implicitly categorizes women as receivers or providers of care. There are differentiations made between spousal carers (noting how they are often elderly themselves) and children (usually daughters). There is also recognition of the particular challenges facing "young carers" as well as aging mothers of adults with disabilities. The literature on grandmothers (Callahan, Brown, MacKenzie, & Whittington, 2004; Dolbin-MacNab, 2006; Goodman & Silverstein, 2006; Minkler, 1999) also highlights the caring work of older women. This being said, the significance of this work is seldom interrogated as a challenge to assumptions about the contributions, and thus citizenship claims, of older women. One of the assumptions underlying the discussion in this paper is that the multiple relationships of older women, and their attendant responsibilities with its associated work, remain largely invisible because they are older women. Who does what work affects its value.

Provisioning — expanding the dimensions of work:

The centrality of work in people's lives, its meaning and its relationship to agency is an analytic thread common to social theories with a political economy perspective. Feminist economists use the term *provisioning* to capture dimensions of work that are broader than those associated with labour force attachment. The term provisioning explicitly ties work to responsibilities via the pathways of relationships. Provisioning is defined as the work of securing resources and providing the necessities of life to those for whom one has relationships of responsibility (Nelson, 1998; Neysmith, Reitsma-Street, Baker-Collins, & Porter, 2004; Power, 2004). Furthermore, such a definition facilitates analytical thinking that breaks down divisions between economic, familial and community work (Taylor, 2004). When work is examined within a public/private sphere dichotomy, it is understood quite differently than when frameworks are used wherein these boundaries are erased or seen as conceptual debris that needs to be swept away so that alternatives can be developed. Provisioning does this. It has the capacity to capture the range of work that women do in homes, communities and workplaces to survive and thrive in the current economy and covers activities performed for oneself and others in the context of relationships.

The concept of provisioning allowed us to build on the insights about the centrality of relationships in earlier research that we, and many others, had done using a caring labour perspective (see for example Aronson & Neysmith, 1996). An emphasis on provisioning allows us to address some of the above questions because it sets up the argument differently. Highlighting the work-relationship connection, rather than the sphere location of the work, opens up policy options. For instance, it would promote the inclusion of kin in service models, which might make health cost predictors more reliable (Bowes, 2007). Policy models that include work transfers that cross the public/private sphere divide are not well developed. Historically only formal "cost drivers" were considered relevant in projecting health care costs. Kin and informal helping network costs are not drawn from the public purse and thus are not part of model estimates. Of potentially even more