Ageing and intergenerational care: Critical/political ethics of care and feminist gerontology perspectives

Vivienne Bozalek and Nancy R Hooyman

Abstract

This Article uses the political ethics of care and feminist gerontology as theoretical frameworks to examine ageing and intergenerational care within a life course perspective. A brief review of research on caregiving across the generations, but specifically focusing on care and the elderly is presented. The Article draws on data on family care from a South African study in which women as grandmothers are seen to be both caregivers and care receivers. There are similar patterns in this data and studies on them in the United States (US) as care receivers, where younger family members show resistance to the idea of placing older relatives in long-term care institutions. An ethics of care and feminist gerontological perspective point to the importance of social work practitioners and social welfare policy makers challenging gender-based expectations of care.

Introduction

The care of dependants is central to the maintenance of human well-being and survival across the life course, crosscutting issues of both ageing and intergenerational relations. Yet caregiving remains both undervalued and invisible. With markets largely unresponsive to the centrality of dependency needs in society, and caregivers unrecognized for contributions that they make towards society (Razavi, 2007), an analysis of caregiving and receiving can provide useful information about gender-based opportunities and constraints across the life course. Women as caregivers have historically been exploited both within the home and the labour market. This has largely happened because of societal assumptions that caregiving is women's natural life work, which should receive little or no compensation. These normative assumptions have consequences for female caregivers, such as restricted access to socially valued resources, lack of recognition of their own needs, and inability to use their time for other activities, such as self-care. These constraints result in higher rates of poverty among women across the life course and in some instances in South Africa, exclusion from citizenship, as in cases where migrant women workers are used to fill the caring gaps of welfare regimes and migrant elderly women are prevented from gaining access to social security (Schatz, 2009; Tronto, 2001; 2009; 2011).

This Article begins with a discussion of the theoretical frameworks - an ethics of care and feminist gerontology - salient to examining ageing and intergenerational care and briefly

reviews research on informal caregivers. In the United States (US), even as women move into the paid workforce, either out of economic necessity or choice, they still assume primary responsibility for care of younger and older relatives, forming about 70% of caregivers of elders (Calasanti, 2010; Family Caregiver Alliance, 2009). In South Africa, the majority of black elderly women live in rural multigenerational households with their children, and are the major providers of financial resources through their old age Pensions, as well as the major providers of hands-on care for other relatives (Ardington et al, 2010; Makiwane, 2011; Schatz, 2007; Schatz and Ogunmefun, 2007). Drawing upon data from a South African sample of 118 respondents, we discuss a case study of students' family profile documents, which indicate how women as grandmothers can be caregivers and care receivers as well as indicating younger family members' respect for elders. In both the US and South Africa where societal context and supports for family caregivers are markedly different, female family members appear to go to considerable expense and stress in order to keep their older relatives in their home as long as possible. We conclude that a gendered analysis of care is important to denaturalise care and acknowledge the centrality of dependence in human life while redefining care as a societal responsibility requiring adequate resources rather than the responsibility of a particular group of people.

Theoretical frameworks

Across geographical contexts, debates about how needs are constructed and who gets to articulate these needs are critical to creating a more socially and economically just society (Fraser, 1989). The political ethic of care and feminist gerontology challenge the assumption that caring should necessarily be performed by a particular gender or only in the private sphere. Theoretical understandings of gender can move us closer toward more equitable policies and social work interventions. Our theoretical frameworks highlight the importance of incorporating the centrality of care across generations in social arrangements in societies, so that it is not assumed that primarily women should be doing the hands on work of caregiving, and structural arrangements would make it possible for each person to be able to both give and receive care in situations of their choice. In terms of policy and practice, strategic supportive services as well as economic incentives, such social security in the form of grants and financial compensation for caregiving, are needed to reduce the stress faced by families performing cross-generational care responsibilities, whether younger adults caring for the ageing or grandparents supporting younger generations.

The critical/political ethics of care and feminist gerontology are used both to explicate gender, care and generation, particularly involving grandmothers in the South African context. In the US literature on elder care, older women are typically regarded as being receivers of care from adult children or grandchildren rather than givers of care, although many older women care for their partners (Calasanti, 2010). The critical/political ethics of care, however, alerts us to the fact that older women can in fact be both givers and receivers of care. This framework views care as a moral, social and political practice and disposition necessary for human survival, and regards humans as relational and interdependent, thus placing the necessity of care in everyday life as a central focus.

The political ethic of care can be used as a normative framework to analyse how macro processes of political and economic disadvantage can be linked with everyday lives in the micro context. From a political ethic of care framework, social arrangements should accommodate caring needs to ensure individual and collective well-being at all stages of life. Intersectionality is a key concept to feminist theorising. Social stratifications combine in unique ways to constrain individual lives and to determine group oppression and privilege. Both the feminist gerontological and ethics of care theoretical perspectives make visible the intersectionality of gender and age with race, class, ability, and immigrant status in analyzing who provides care for dependants and analysing how men and women experience the multiple realities of giving and receiving care (Allen and Walker, 2009; Calasanti, 2009, 2010). Forms of discrimination and privilege that have arisen from race, gender and generation impact upon the micro processes of family circumstances. An example of this is where black domestic workers service the needs of their employers' family members at the expense of their own families (Bozalek, 1999). In the US, the intersectionality of age, gender, and ethnic minority status results in the highest rates of poverty across all age groups among African American and Latina older women (Calasanti, 2010). From a political ethics of care perspective, the practice of care can be seen to involve different phases with accompanying moral elements. Firstly noticing that there are needs and that care is necessary (caring about; attentiveness), then doing something about meeting the needs (taking care of; responsibility), the actual hands-on physical work of caregiving (competence) and the response to care from the care receiver (care-receiving; responsiveness) (Tronto, 1993). From a political ethics of care perspective, care is defined in the following way:

"a species activity that includes everything that we do to maintain, continue, and repair our 'world' so that we can live in it as well as possible. That world includes our bodies, ourselves, and our environment, all of which we seek to interweave in a complex, life-sustaining web" (Fisher and Tronto, 1990: 40).

Although this definition has been criticized as being too broad (Groenhout, 2004; Held, 2006), we find it useful precisely because it is broad enough to include self-care and locate care in a wider environmental context. Given that we are all interdependent on the giving and receiving of care at different life phases, it is important to understand the sorts of practices engaged in to ensure the care of dependants and to question how the essential care work should be distributed in society.

From a feminist gerontological perspective, the need for care-giving is a growing cross-generational issue worldwide, with younger women - mothers, daughters, and daughters-in-law caring for both the youngest and oldest generations, and older women caring for younger generations (grandchildren, great grandchildren) when their parents are unable, unavailable or unwilling to provide care. As noted above, women are the vast majority of informal caregivers not only because they are socialized to be carers, but also because society devalues women's paid work in the marketplace. Women are both the primary providers of care across these multiple levels and the highest number of older adults living in poverty and requiring long-term care, often because their caring roles across the life course have removed them from the paid labour force or resulted in their holding temporary, part time and low paid jobs. Because women across the life course typically

earn less than men, an implicit assumption is that they can more readily give up or cut back on their paid employment to provide informal care. As a result, they face higher rates of poverty in old age (Budlender and Lund, 2011; Calasanti, 2009, 2010).

Caregiving work cross-cuts the private and public spheres. Across generations, it is primarily low-income women caring for dependants within both the formal and informal sector; this represents a growing class disparity between those who can afford and those who cannot afford to pay for care offered by some of the poorest members of our society. In the formal or public sector of social, health and long-term care services, low-income women from historically disadvantaged backgrounds and increasingly immigrants - as nurses, aides or domestic workers - provide the majority of care to dependants, whether children in nurseries or elders in long-term care institutions or in home care (Razavi, 2007; Tronto, 2011). In South Africa, women who are domestic workers continue to be a vulnerable group in relation to caregiving and recognition of their own needs, despite the government's efforts to protect them as waged workers (Ally, 2009).

Central to both theoretical frameworks is the recognition of dynamic, socially constructed institutionalised gendered processes by which people orient their behaviors to ideals of masculinity and femininity, influencing life chances as they do so. Societies divide tasks, authority and status on the basis of gender, which reflect power relations. In the process of performing gendered labour, differences are made to seem like products of nature ("women are more nurturing"); they become part of "the way we do things" and what it means to be male or female (Calasanti, 2010: 731). This 'naturalised' inequality justifies divisions of resources that polarise women and men in terms of later life opportunities. Theorising gender gives us a framework within which we can comprehend gender differences - not only why they occur but also why and how they matter. In terms of this Article, the reality that women maintain primary responsibility for unpaid domestic labor, even as they engage in remunerative work, matters for how men and women experience later life (Calasanti, 2010). Theorising about gender, generation, and age points to the imperative to redress fundamental questions about the experiences of older women and men in families because it acknowledges the explicit connection between gendered social structures and the lived experiences over the life course (Allen and Walker, 2009; Walker, 1999).

Life course is another central construct in our analysis. Although the nature and scope of care may alter over the life course, the underlying social, economic and ideological structures that devalue caring across populations and limit women's choices across a lifelong trajectory of care systematically disadvantage them economically. Women's lower financial status in old age cannot be reduced to individual choices concerning paid labour or retirement planning but rather is structurally determined across the life course by an inequitable division of labour, authority and status shaping experiences of old age (Calasanti, 2010; Lund, 2010). Moreover, social institutions, such as social security systems, are based on assumptions of a traditional division of labour, with men as the higher income earners, and reinforce inequalities. Research on caregiving and elders Research on caregiving of elders in South Africa shows that older women bear the brunt of care work in their households. Older women are major caregivers for their adult children who suffer from HIV/AIDSrelated illnesses and for providing financial, physical

and emotional care for their grandchildren and destitute family members (Ardington et al, 2010; Budlender and Lund, 2011; Bozalek, 1999; Ogunmefun and Schatz, 2009; Schatz, 2007; Schatz et al, 2011; Sevenhuijsen et al, 2006). Elderly, mainly female pensioners make it possible for younger women to pursue employment elsewhere and use their pensions to provide financial resources for children to attend school (Ardington et al, 2010; Madhaven et al, 2012). In the Eastern Cape, 64% of households are headed by individuals aged 65 or older, who receive old age pensions and are sustaining indigent relatives and nonrelatives.

Such hands-on and financial provision in terms of caring for relatives is not acknowledged by the South African state (Makiwane, 2011). In Mpumalanga province, data from an HSRC study on experiences and needs of older people in Mpumalanga (Makiwane et al, 2004) indicated that in 63% of matrifocal, multigenerational households, 76% of older people were the sole providers for the household and were the primary carers fordependants (KimunaandMakiwane, 2007). Poor elderly persons also rely on public transport which may be prohibitively expensive for them, and do not have access to adequate health care facilities, intensifying their marginalisation and social exclusion (Kalula, 2011). In the US, policy and practice interventions tend to assume that older adults are primarily recipients of informal care within elders' homes or other community-based settings. This pattern of private care in the US reflects the trend of deinstitutionalization since the 1960s, the high cost of skilled nursing care in institutions, and a policy emphasis on community-based care as the preferred (and lower cost) option for elders and people with disabilities. It also reflects an ideology in which paid or formal care is perceived as inferior to informal care provided by families and families, not the government, are responsible for the well-being of their dependent or vulnerable members. Women are thus performing work that has an estimated economic value of approximately $450 billion to the US economy, even as they suffer long-term economic costs in old age (Feinberg et al, 2011; Razavi, 2007; Walker, 1999).

When women move into the public sphere, they predominate in caregiving roles, whether in human service and educational positions or in the growing direct care workforce. As an illustration of the interconnection of the public and private spheres of care, direct care workers such as nurses' aides and home-care workers in the paid marketplace experience low status and minimal pay (Lund, 2010). Lack of public recognition of the hard, socially and economically important work of caregiving is, in turn, reflected in difficult working conditions in this direct care workforce sector. In most countries, these include poverty level wages, with limited benefits, and inadequate training and supervision. The heavy workload is often a repetition of single tasks, and the risk of personal injury from physical work is high. Because of fiscal pressures and continuous turnover, training is typically limited and direct care workers often do not feel valued. In addition, there are few incentives to obtain more training or education (Seavey, 2010-11). Quality of care is diminished when morale among such workers in both home care and institutional settings is low and turnover high. As the predominant long-term care recipients, older women, frequently poor, are, in turn, most often negatively impacted by the adverse work environments faced by their low-income female caregivers. In summary, low-income women are economically exploited in the formal or paid long-term services as well as in

the informal sector of home as carers of grandchildren, partners or parents/parent-in-law.

In the next section, we reflect on some data from a group of South African students on their perceptions of caregiving regarding older people within the informal sector of the family. Findings from family profiles of UWC social work students The findings below are drawn from 118 critical autobiographical assignments which University of the Western Cape (UWC) Social Work students wrote about their own families. Students have given permission to one of the authors to use this information for research purposes. The data from these assignments provide an understanding of the details of everyday practices of South African families regarding caregiving. Fifty four percent of the 118 students who completed the family profiles self-identified as African and 46% as Coloured, 24% as male and 76% as female, and 72% as urban and 28% rural. The students' profiles revealed the growing phenomena of grandmothers as primary caregivers of children in South Africa. They also reflect the strong religious and cultural values placed by relatives to care for older family members in the household rather than placing the elderly in an old age home. Older persons as caregivers Many texts assume that older women are in positions of dependency and are cared for by their relatives (see Sevenhuijsen et al, 2006 for a fuller discussion of this in the South African context). However, in the student family profiles, the number of older women who were grandmothers equalled that of mothers as caregivers in their own right: 27 out of 118, or 23% of the sample - as can be seen in Table 1 below. Where grandmothers were regarded as primary caregivers, their strengths and resilience as caregivers, rather than as dependent care recipients, were noteworthy. "When I was still a baby and even my brother, my grandmother played a very important role in rearing and caring for us: that is feeding, planning meals, shopping, transporting us children. When we were still staying at my grandmother's place, my mother would come every day but she did not play that much role, but she would look after us when we are sick. My grandmother, mother's mother, she is truly substitute parent because my mother was working and staying outside the home" (Family Profile 111).

In the excerpt above, it can be seen that grandmothers took care of grandchildren because the mother worked outside the home and the grandmother was perceived as having the time to offer care. Grandmothers cared for children in both the parents' household and in separate households. This sometimes happened on a daily basis, with children returning to their homes at the end of the day, or in some cases, children moved permanently. The following are instances where students as children moved out of their parents' households to live with grandparents and only saw their parents over weekends: "At the age of three my parents moved to Mitchells Plain and I was sent to live with my maternal grandparents in Elsies River. There I attended cre`che and preschool, I went home on weekends" (Family Profile 116). "I stayed with my father's parents from a very young age until I was 12 years old but would come home weekends and holidays" (Family Profile 78). "The children in our family are reared by my grandmother at her own place. My mother could not rear children due to having to go to work every day. We as children would only be taken to our parents' place during weekends" (Family Profile 93). In these examples, the parents or mothers were less involved, with grandmothers taking primary responsibility for the hands-on work of caregiving on a full-time basis. The role of grandmothers in child-care, however, has only recently been acknowledged in

international literature or in the education of human service workers, where it is often assumed that the biological mother is, and should be, the primary caregiver. However, owing to the pervasive expectations of the mothers as the primary caregivers that exist in social work literature and in taken-for granted ways in social work practice, this acknowledgement of grandmothers as primary caregivers is often not carried through into practice or into agency policies and procedures. In some instances, for example, grandmothers as primary caregivers are turned away when applying for grants, with the request that the biological mother make the application. Consistent with a feminist gerontological critique, there is a failure to value the central role of grandmothers and to view it as economically legitimate. This may result in financial stress and burden for caregiving grandmothers. Students attributed their grandmothers' authority to their knowledge, experience and special skills regarding caring as elder members of the family.

Table 1. Categories of people reported to have cared for children	
Persons reported as doing the caregiving	Number
Mother	27
Mother leaving care-giving for paid work	8
Grandmother	27
Mother and grandmother	8
Mother, grandmother and aunt	4
Mother and father	1
Mother helped by father	7
Siblings, grandmother, mother and father	2
Whole family	2
Siblings, mother and father	3
Siblings	11
Grandmother and aunt	1
Aunt	2
Friend	1
Neighbour	1
Daymother	2
Crèche/daycare	9
Nanny	5
Father	1
TOTAL	118

In times of illness, they were consulted for their highly regarded advice or "ou mens' raad" (literally old people's advice) (Family Profile 30) and their knowledge of traditional medicines and healing. Students also reported that grandmothers were able to evoke feelings of obligation from family members to return the care that they had received from their grandmothers. Family members were willing to assist grandmothers financially and afford them deep respect and love for the work that they had done. It is striking that the support for grandmothers' care work is stronger in the informal or private sphere of the home than in the public sphere. Students reported that having one's extended kin at hand was advantageous in terms of shared caring. In some instances, aunts and siblings assisted grannies in looking after children when mothers were away. If extended family were not living together, children were sent to live with them, and returned to their

parents at the end of the day, or over weekends. "During my infancy and very early years of my life, I was cared for and looked after by my mother who was working in kitchens doing the washing, cleaning and cooking for the White family. My mother used to take me to her younger sister who was not working by then. My mother's youngest sister lived in the same township just few corners from our home. So my mother had to collect me after work, about 16:30 in the afternoon as this was the time for domestic workers to get out" (Family profile 102). A large percentage (55%) of students reported that their mothers, grandmothers, aunts and sisters sought employment as domestic workers, as is evident in the quote above. Their female family members moved into the public sphere of paid care to care for white families, often at very low wages, at the expense of being able to care for their own children within the informal sphere of their own homes. In contrast to the importance and respect placed by students on grandmothers' care, the public sphere devalues and does not economically reward women for their caring role. Older persons as care receivers As noted in our literature review, most research on caregiving has focused on older adults, particularly older women, as care recipients. Whether in South Africa or in the US, a strong value is placed on caring for older adults within home and community settings, even if at risk to caregivers' wellbeing.

Both African and Coloured students reported that old age homes were an inappropriate response to caring for older family members. This is due to the high social status that elders occupy in these communities and religious beliefs which encourage a reverence for elderhood1, and strong kinship ties. Regardless of the chronological age of their grandparents, students viewed them as the elderly generation to be accorded respect. One student's response that was typical:

"As my family is the traditional (unique) family, ageing parents don't have to stay in old age homes. They have the belief that ancestors won't visit them when they are staying in unfamiliar places with norms and roles that are different from their houses. My grandmother is the aged parent who is 84 years old and she never dreams about old age home" (Family Profile 14).

In this excerpt, the idea of institutionalized care for elder family members is portrayed as unnecessary and inappropriate. The institution is depicted as a foreign place, which would impact upon religious practices and forms of attachment with ancestors, and thus as damaging for elderly people and more generally for kinship relations. The student's description of her grandmother never dreaming about old age homes could mean that it was not the desire of her ancestors that she should go to such a place, as, according to Ramose (1999), ancestors make their wishes known to the living through dreams. It is also intimated that other kin would be there to look after elderly members, as strongly expressed in the following quote:

"Old age homes were not what our people were practising as it was perceived as the way of throwing your people away and showing no respect and being thankful to them. Institutionalising our relatives was compared with bad luck that will be following you. Your parents were suppose[d] to die on your hands, especially if you were the first born, that had to do with luck" (Family Profile 69).

The notion of 'throwing your people away' suggests that rather than being seen as giving him/her access to places of care, institutionalising an elder would be considered as a gross form of neglect and abuse. The perception of elderly family members as being close to ancestors and the recognition of this status would account for the student regarding it as "bad luck" to institutionalise older relatives and "good luck" for them "to die on your hands". This implies that the closer in physical proximity you were to elders, the more you would flourish as a person. These cultural and religious values have consequences for the work of caring in that people - probably women kin - have to be available to care for older family members.

It was not only African students who reported on the importance of caring for elders within the household: urban Coloured students also expressed their disapproval of placing of older relatives in institutions:

"Boarders or domestic workers were not allowed to live in the household due to the fact that the house was already crowded. But individuals who were allowed to stay in the household no matter how crowded the spaces were, were ageing parents. Mr and Mrs October never believed that ageing individuals should be placed in old age homes - they totally disagree with that. Mrs October's mother stayed with them in their house until she died in 1985. Even Mr October's mother, Mrs F October, never lived in an old age home but rather stays with her youngest son, David, and his family. What kept the ageing parents happy was the surrounding of their family especially their grandchildren and also the fact that they are wanted in the household" (Family Profile 24).

In the above quote, it was perceived as important for elderly family members to have access to their kin and to maintain a sense of usefulness in their lives, which were seen as promoted by living in the same household as younger generations. Similarly, only four out of the 118 students reported the existence of old age homes in their communities, with only one student reporting that her grandmother had moved into an old age home. This may also have been due to the fact that old age homes were built specifically for Whites in the apartheid era, with few of these facilities being available for the black elderly. In a study by Perold and Muller (2000), 84% of residents in South African old age homes were White, 6% African, 6% Coloured and 3% Indian.

Conclusion

From the review of the literature and the data on student perceptions of care in their families, gender and generation, in addition to culture, class and health status, appear to be critical intersections when examining ageing and intergenerational care across contexts within South Africa. The students' accounts alert us to the fact that grandmothers are not just recipients of care but also active primary caregivers for grandchildren and great grandchildren, which is corroborated in much of the South African literature on caregiving and elderly women reviewed in this Article. They are highly regarded and consequently enjoy a high status in the family. When older family members do need care, the possibility of their being referred to old age homes seems unlikely. Instead, the focus is on keeping the older care recipient out of institutional care despite the economic and other costs. The critical/political ethic of care alerts us to four moral elements which are associated with the phases of care: attentiveness, responsibility, competence and responsiveness. If we apply these to ageing and intergenerational care,

we would first have to be attentive to the needs of caregivers (both the elderly as caregivers and the younger generations who care for the elderly) and elderly receivers in order to establish exactly what daily caregiving practices are, what the needs are and who is defining these needs. The notion of self-sufficiency upon which most policies are predicated is an inadequate one from a political ethics of care perspective, as it does not acknowledge dependence, interdependence and the centrality of care in everyone's lives across the life course. With regards to responsibility, questions would have to be raised about whose responsibility it is to care for elderly dependants and those who depend on the elderly to care for them; how to best support those who do so in order to reduce the burden to them. No matter how much families may value informal care and choose to provide care for the elderly, it is rare that women do not experience physical, emotional or financial burdens. The role of the state and other services to assist in this process is essential so that the burden does not fall only on one group of people. The types of services which would be appropriate should be deliberated upon by all generations involved as caregivers and receivers and take account of family values and culture. With regard to competence, the acknowledgement that time, space and money are needed for good caring to happen are all considerations for those involved in policy making and human service professions. The old age pension and its role in supporting households and caring for dependants should be more carefully researched to ensure that caregivers are adequately compensated for their work in the informal sphere. Responsiveness on the part of the care receivers should also be thought about in broader terms. How are the care receivers responding to the care and how does this affect the quality of the care relationship and the costs of care for both? This would also require an analysis of the needs and stresses of care and of how adequately they are being addressed. Although the student data point to the reciprocal and interdependent nature of generations within their households, the strengths of older women as grandparent caregivers and the high value placed on family care, the voices of the older caregivers and care recipients - primarily women - are not directly captured in these data, but are mediated through the students' voices. Further research would be needed to capture the extent to which family caregivers identified in this sample experience stress from their responsibilities, even though their younger family members express value for them, or how the elders feel about living in such multigenerational households. We also recognise that the experiences of these 118 students, within specific cultural and socioeconomic settings, cannot be extrapolated to all South Africans. Nevertheless, the literature we have reviewed indicates that grandmothers who are primary caregivers often face financial burdens as their grants are used to support entire households of dependants including children and sick people.

We also know that many women who are primary caregivers, whether of grandchildren or older kin, are also often underpaid and undervalued caregivers in the public sphere, juggling both formal and informal care responsibilities at considerable expense to themselves. While honouring the students' strong value on family care, we nevertheless argue that social work practitioners and policy makers need to attend to how women as a group continue to be disadvantaged economically because of the naturalised expectations that it is specifically their responsibility to do the caregiving.

Note

1. Makoni and Stroeken (2002:5) distinguish between the terms "old-age", "elderliness" and "elderhood". They see "old age" as having negative connotations of bio-medical perceptions of bodily decay and decline and therefore as ageist, "elderliness" as a more neutral term, and "elderhood" as referring to the social construction of the elder within a particular culture. In this Article, we make use of both "elderliness" and "elderhood" as they convey a sense of respect for advanced age, which is evident in students' accounts. The terms also avoid the essentialism of fixed notions of age categories and the concomitant expectations of these categories, but rather imply that age or generation is inter-subjectively constructed in different social environments.

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