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Book Review

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In his latest scholarly venture, *Care Poverty: When Older People's Needs Remain Unmet* (2022), Finnish sociologist Teppo Kröger, treads familiar territory but now adopting a more invigorated approach. Deploying a secondary-data analysis, he collates, sifts through, and gleans cross-country evidence from gerontological studies on unmet long-term care needs, sociological and social policy scholarship on welfare states, and poverty and inequality literature. He builds on his work from these disciplinary vantages to examine in detail the outcome of care policies for its beneficiaries --- the older population. He includes data sets on older populations from countries like Canada, USA, UK, Ireland, Spain, France, Eastern European nations, Nordic countries, Nigeria, China, Taiwan, India, Malaysia, and New Zealand.

Dovetailing with his previous work, this monograph deftly shows how social inequalities escalate to care poverty. Incorporation of care poverty "could introduce a more societal approach and thus help research focus its attention on social inequalities, long-term care policies, and their manifold connections with the lack of adequate care" (202). This provides the cornerstone for a new conceptual apparatus to analyze precarity in situations of care. Kröger astutely establishes the retrenchment of the welfare state as the cause of care poverty. This is redolent of social policy specialist, Clare Ungerson's (1997) stance that in the wake of less impetus on welfarism, aggressive market intervention culminates to commodification of care and the commercialisation of intimacy.

This book offers researchers, students, practitioners, and policymakers something to engage with, learn from, and discuss. While the author relies on secondary-data to move forward his argument, his insights are pertinent for conceptualizing primary qualitative and ethnographic research on care. For instance, I have used Kröger's 'care poverty' for a forthcoming publication on destitute widows to foreground that women, despite being at the forefront of providing care, are pushed into a labyrinth of life-long unmet needs due to the intersecting grids of gender, age and poverty. This framework de-pathologizes individuals who are enduring care poverty and launches a scathing remark on the contemporary neoliberal world-order that fails to champion the vulnerable, the marginalized, and the subaltern. It echoes Chandrahekhar and Ghosh (2017) who in the context of widows suggest that due to the deliberate ignorance of the problems of the widows, any new policy for them will now prove to be cost-intensive for the society.

In the introductory chapter, Kröger establishes care poverty as a human rights issue as it affects dignity and an expression of social inequality. He asserts that care services are evaluated on the financial resources spent in care services (input) and the volume of institutional and home care services (output)

instead of the effectiveness of the services for the target beneficiaries. Kröger considers alternative models of long-term care that move beyond the conventions of resource allocation and distribution, and service availability. In Chapter 2, “Concept of Care Poverty,” he develops his conceptual framework merging three streams of research – gerontology, feminist social policy, and poverty studies. Gerontological research has focused on the question of population maturation and has addressed the need for appropriate care arrangements for an ageing demography. Social policy research, initially drawn towards welfare benefit transfers and the labour market, has gradually changed its direction with the feminist turn. Feminism draws attention to care in social policy and welfare state development, scrutinizing the relation between formal and informal care, decommodification, and defamili(al)isation in the ‘invisible welfare state’. Borrowing from the legacy of feminist tradition, contemporary social policy research envisages care poverty a result of unmet long-term care needs, not to be conflated with other parallel phenomena such as ‘care deficit’ or ‘care gap’. The poverty perspective evinces care as a resource, and emphasizes on access to resources and its unequal distribution across social groups in perpetuating inequality. The two-fold micro-macro (individual-structural/informal-formal) drivers are essential for care as an imbalance causes care poverty.

In Chapter 3 the author identifies three domains of care poverty: personal, practical, and socio-emotional care poverty. Personal care poverty refers to limitations in performing activities of daily living such as dressing, bathing, toileting, continence, getting in and out of bed, and eating. Practical care poverty results from the functional obstacles one experiences for executing certain tasks such as preparing food, doing the laundry, using a telephone, transportation, medicine intake, or handling finances. Socio-emotional care poverty refers to the negative impact on mental health due to the unaddressed social needs of older people. In Chapter 4 “Rates of Care Poverty,” Kröger delicately addresses the significance of scale to fathom the degree and severity of care poverty. The findings from different studies show variations within the same domains (personal, practical or socio-emotional care poverty) in the same country and so as the results between absolute and relative measurement approaches. Reliable international datasets on unmet care needs in all the three domains and both the measurement scales are necessary to arrive at a national analysis.

In Chapter 5, “Factors of Care Poverty,” Kröger states that apart from gaining knowledge about prevalence, insight into the predicting factors is also important to articulate policy recommendations. Hence, data on care poverty and its correlation with health and functional status, on socio-demographic variables, and on the availability of formal and informal care resources, are critical in tackling the care poverty conundrum. One of his findings suggests those in the low-income category, living alone, and with poorer health and functional status are more likely to battle with care poverty. In Chapter 6 “Consequences of Care Poverty,” he points out that due to the limited evidence, there is no critical awareness of the cumulative effects of care poverty. Care poverty erodes dignity of life, impinges on longevity, contributes to institutionalisation, exacerbates health care needs and increases chances of loneliness. Unmet care needs in either care poverty domains result in emotional ruptures.

In Chapter 7, aligned with the theory of social reproduction proposed by Bhattacharya (2017), Kröger elaborates on how the ramifications of care poverty are contingent on determinants such as income, education, gender, ethnicity, and region. While low income, regional differences, and ethnic disparities are the primary factors of care poverty, there are several other interacting factors, such as health, education, gender, loneliness, that can heighten the experience of care poverty and these factors need to be taken into account. In Chapter 8, “Long-Term Care systems and Care Poverty,” Kröger discusses policy competence in tackling unmet care needs, and mitigating risks of care poverty in the context of long-term care (LTC). Public funding and availability of healthcare insurance can protect the older population against the trap of unmet needs. Conversely, budget cuts and defunding of health care can

cause delays in healthcare interventions, lead to accumulation of disease burden and healthcare inequity for older adults, and hence contribute to their representation as vulnerable. Evidence shows that European nations – especially Sweden and France due to their strong emphasis on universal formal care systems fare better in this regard than countries such as the U.S.

In the concluding chapter, Kröger reiterates that care poverty is not fueled by a singular factor rather a cluster of interpenetrating social inequalities. Personal care poverty is the prime factor that infringes dignified living towards the end of life and negatively impacts the way death and dying are experienced. Some welfare states offer both personal and practical care, many other countries limit themselves to only one of these domains. In the absence of socio-emotional care support at an institutional level, informal networks and family-based support fulfills socio-emotional care of its older citizenry. While informal provision can alleviate care poverty, it in turn obfuscates the gendered nature of unpaid care at home. As stated by sociologist Rajni Palriwala (2019, 256) “Caring relations are simultaneously personal and institutional bonds of love and power, separated from but dependent on the instrumental world of paid work.” Care poverty stems from long-term neglect of inequalities across the lifecourse combined with inadequate coverage of care needs through incompetent policy design.

I found that the leanings and lineage of *Care poverty* bears moorings particularly with the works of Held’s (2004) ethics of care in the transformation of all segments of society and care justice as essential to reinforce the moral, political, and social value of care; Puig de la Bellacasa’s (2012) thinking through and with care as an epistemological entypoint; and Lynch et al’s (2021) exclusion from affective relations and care frames.

Kröger cautions that the framework of ‘care poverty’ should be exclusively used for those with unmet needs rather than the entire population. His broader objective of introducing ‘care poverty’ is to show the connexion between unmet care needs due to persistent social inequalities and care poverty. It amplifies the sufferings of the most marginalized and frail older population of the world and deprives them of care. He states that “overcoming care poverty is both an act of justice and the protection of a fundamental human right to dignity and a decent life” (211). In a seamless co-existence with an array of work on care rights and care justice, Kröger, in an impassioned call, advocates for the exigency to mitigate care poverty, commits to justice, and upholds the principle of right to dignity and decent life.

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