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Older Women's Everyday Life in the Canary Islands

Życie codzienne starszych kobiet na Wyspach Kanaryjskich

Summary:

This research aims to a) understand the implications of aging for older women in rural contexts, b) reflect on the impact of public services for older adults, and c) propose lines of action to increase the quality of life of older women. To this end, a qualitative study was designed in which 20 semi-structured interviews were conducted with women over 60 years of age in rural contexts on the island of Tenerife (Spain). The interviews addressed these three thematic dimensions: 1) being a woman and an older person, 2) the role in society, and 3) the personal project. A subcategory related to the meaning of care emerged from the responses, which is the one presented in this article. The results speak of the care older women provide throughout their lives, including in old age, to their descendants and ascendants. However, social mandates do not ensure the same response when care refers to their needs. The future of their care, the need for care planning, or even the consideration of their opinion is a matter of doubt. We conclude by focusing on the need to review and reflect on the principles on which the responses to the needs of older adults are based and propose the incorporation of tenderness, the democratic perspective, and care for older persons.

Keywords:

older women, care, qualitative research

Streszczenie:

Celem niniejszego badania jest: a) zrozumienie konsekwencji starzenia się dla starszych kobiet w kontekście wiejskim, b) analiza wpływu usług publicznych na sytuację osób starszych oraz c) zaproponowanie działań na rzecz poprawy jakości życia starszych kobiet. W badaniu przeprowadzono analizę jakościową, obejmującą 20 częściowo ustrukturyzowanych wywiadów z kobietami w wieku powyżej 60 lat zamieszkującymi obszary wiejskie Teneryfy

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(Hiszpania). Wywiady koncentrowały się na trzech głównych obszarach tematycznych: 1) doświadczeniu bycia kobietą i osobą starszą, 2) pełnionych przez starsze kobiety rolach społecznych oraz 3) realizowanych przez nie projektach osobistych. Z odpowiedzi narratorek wyłoniła się podkategoria związana ze znaczeniem opieki, której wyniki zaprezentowano w niniejszym artykule.

Analiza ujawniła, że starsze kobiety przez całe życie, również w wieku podeszłym, pełnią rolę opiekunek wobec swoich potomków oraz przodków. Jednak społeczne wzorce oczekiwań dotyczące opieki nad obecnie starszymi kobietami są niesymetryczne względem rodzaju opieki, jaką one same świadczyły innym. Kwestie dotyczące przyszłości ich opieki, konieczności planowania oraz uwzględniania ich opinii budzą wiele wątpliwości. Autorzy podkreślają potrzebę rewizji zasad, na których opierają się działania na rzecz osób starszych, oraz wskazują na konieczność uwzględnienia demokratycznych zasad i społecznej wrażliwości, odpowiadających na potrzeby starszych kobiet.

Słowa kluczowe:
starsze kobiety, opieka, badania jakościowe

Introduction

International organizations agree that it is a reality that life expectancy is increasing as a result of the improvement in living conditions for part of the world's population. Both circumstances imply an increase in the population over 60 and the demand for public and private institutions to respond to this social reality. The World Health Organization (WHO) refers to the 2020-2030 Agenda as a tool for promoting initiatives towards healthy aging (WHO, 2023). This organization understands that healthy aging is a process that promotes and maintains functional capacity and well-being in old age. The United Nations also urges that no one should be left behind in an aging world and assumes that this situation has clear social and economic implications (UN, 2023). This organization exposes both the economic benefits of this reality and the economic challenges it brings to governments. It emphasizes the elements that, together with age, can increase inequality, including, in addition to economic factors, gender and access to care (United Nations, 2023). Given this analysis, the United Nations reminds us that inequalities must be fought from birth, and not only in old age, or that adequate pensions are a tool to improve the lives of older people.

This situation and the interest of institutions have also been reflected in academic research and publications. Many of these publications have focused on specific aspects of older people's health (Wilson & Dewing, 2020; Dreizler et al., 2014). The traditional link between health and older people has contributed to many of the analyses of older people's needs being directed solely at aspects of health (Santoyo-Sánchez & Reyes-Morales, 2024). Meanwhile, the demands

regarding how to care for older adults are becoming more and more cross-cutting and comprehensive, in addition to quality health care, sufficient funding, access to technology, and the participation of older people (Hu et al., 2023). Also, in health-related contexts, an approach to older people is promoted that transitions from the perspective of the sick person to that which demands greater participation of older people in the planning of their care, services, and policies that affect them (Cook & Klein, 2005), as subjects in their lives.

However, the health of older adults has been approached over time by incorporating increasingly comprehensive and interdisciplinary perspectives that contemplate general well-being and not only disease. In this way, a look at health beyond disease is added and incorporates a transversal point of view towards well-being and improving quality of life. Thus, new disciplines not directly related to medicine have joined the research on the well-being of older adults. Research justifies the built space's impact on older people's health (Tuckett, 2018). Along these lines, the well-being and improved health of older people are related to their choices about the use of public transport as a means to facilitate an active and non-isolated life (Rambaldini-Gooding et al., 2021). Studies accredit that such well-being is also related to living and housing environments so that home design understands the capabilities and lifestyles of older people (Xu et al., 2024). Even research addressing the needs of older people about technology has incorporated this critical eye and calls for more creative approaches to older people's literacy (Rasi et al., 2021).

Other lines of research question whether this increase in the elderly population is accompanied by a greater presence of this group in social participation in general and in research in particular. In order to assess the real impact of all these processes on society, it is interesting to take a closer look at the business world and its relationship with older adults. In this context, living labs and co-creation are being developed to inspire design and research based on the direct observation of older people as users (Knight-Davidson et al., 2020). Incorporating older people into inquiry and research processes is recognized as applicable, and research focusing on the knowledge and attitudes of people working with older people is common (Alamri & Xiao, 2017). However, this role seems insufficient in recognizing and overcoming stereotyping. Therefore, there is a tendency towards an increase in co-research between researchers and older people in the last 20 years (James, 2023), but this increase is still insufficient. For example, in medical research, older people are often not included in clinical trials, which has consequences that need to be addressed by proposals that include this group (Goodwin, 2023). In turn, the underrepresentation of older women in clinical trials is a consequence (Goodwin, 2023).

The negative and stereotypical view associated with old age has become so relevant that it is called under a particular term: ageism (Barber et al., 2024). These prejudices have also affected the choice of research designs focused on older adults, whose role has been mainly that of the object of study. However, the path toward overcoming this "ageist" perspective is marked by incorporating educational approaches and positive intergenerational proposals (Barber et al., 2024). Moreover, in the context of research, it invites the development of research in which older people also have a role as study subjects (Buffel, 2019; Corrado et al., 2020). Some participatory research with older people concludes that this design promotes community leadership among the participating older people (Bendien et al., 2022). So-called ageism is an unmistakable expression of violence towards older people because it implies undervaluing and disregarding the integrity of older people.

Together with the methodological contribution that participatory research brings to research with older people, this type of research contributes to the achievement of conclusions that recognize the diversity within the group of older people and propose the inquiry into answers and customizable formulas in various aspects such as the way of living together (Baldwin et al., 2019). Progressively, the interest has been directed to the protagonism of older adults in decisions that affect them and involve issues beyond health. Thus, knowledge and understanding of older collectives in their particular contexts and their roles as part of communities is claimed (Nakai et al., 2014). New research refers to "age-friendly" approaches and offers creative proposals by bringing together the demands of older adults with technological options, for example, in housing design (Facchinetti et al., 2023; Xu et al., 2024).

In synthesis, the above serves as a germ for the genesis of research, services, and education initiatives that are appropriate and adjusted to each reality. Thus, the need to provide answers from a local context to the needs of older adults, with the incorporation of the perspective that places the older adult as the protagonist from an ethic of care and with a gender perspective, constitute the pillars of the creation of the institutional Chair, life cycles and older people of the Cabildo de Tenerife and the University of La Laguna in Spain (Barragán, 2024). Within the framework of the research activities developed by the Chair, this study is proposed, the objectives of which are developed below.

Research objectives

The general objective (OG1) of this research is to increase the understanding of the needs of older women on the island of Tenerife. This is specified in the following operational objectives (OP):

OP1. To collect first-person narratives about the characteristics and meanings of the daily life of older rural women in the local and national context.

OP2. To increase understanding of the implications of aging for older women in the rural context.

OP3. To reflect on the impact of public services oriented to older adults.

OP4. To propose courses of action aimed at improving the quality of life of older women.

Research method and design

The design of this research is framed within the qualitative paradigm, from where the conception of the study adopts a critical perspective of social reality woven from the interrelation of areas and disciplines (Denzin & Lincoln, 2011). As part of the qualitative research, we opted for an approach to reality from the interpretative method of biographical and narrative data. From this methodological positioning, we show interest in focusing attention on people's experiences, and we assume "the importance of narratives as a constitutive element of human experience and their key role in social intention and the collective representation of reality" (Villar & Serrat, 2017, p. 217). This research proposes understanding particular situations "to find the meanings, metaphors, the purpose of life, synchronic and diachronic elements of lived experience" (Rodriguez-Abad & Montalvo-Vargas, 2023, p. 85). The knowledge generated can contribute to improving the services that are already implemented with older adults, to glimpse new ways of action that could contribute to the achievement of objectives to improve the lives of older adults, as well as to detect situations that hinder the access, enjoyment, benefit, and knowledge of the already existing services.

Twenty semi-structured interviews were conducted as information production tools with women over 60 from rural contexts on the island of Tenerife (Spain). A purposive selection method was chosen for the women participants, considering the inclusion criteria of age, gender, and place of residence. The personal data of the interviewed women were coded, as summarized in Table 1.

Table 1. Profile of the women interviewed

Nº	Code	Ege	Dedication
1	EI1_78	78	Housewife
2	EI2_86	86	Betting Games
3	EI3_84	84	Housewife
4	EI4_75	75	Retired
5	EI5_69	69	Housewife
6	EI6_71	71	Housewife
7	EI7_74	74	Retired
8	EI8_67	67	Retired
9	EI9_80	80	Retired
10	EI10_72	72	Housewife
11	EI11_78	78	Retired
12	EI12_77	77	Retired
13	EI13_63	63	Temporary disability
14	EI14_81	81	Retired
15	EI15_63	63	Unemployed
16	EI16_84	84	Retired
17	EI17_84	84	Housewife
18	EI18_95	95	Housewife
19	EI19_76	76	Retired Nurse
20	EI20_80	80	Retired hairdresser

Source: Own elaboration

These interviews were conducted during November 2023 and April 2024 based on an interview script in which 20 questions were proposed for conversation covering three dimensions: 1) Being a woman and an elderly person; 2) Role in society; and 3) Personal project.

From an ethical point of view, the interviews were conducted after informing the women participants about the objective and nature of the research and having their consent for recording. In addition, to ensure a relaxed and comfortable conversational climate, each interview was conducted by a person from the research team who maintained closeness and empathy with the interviewee.

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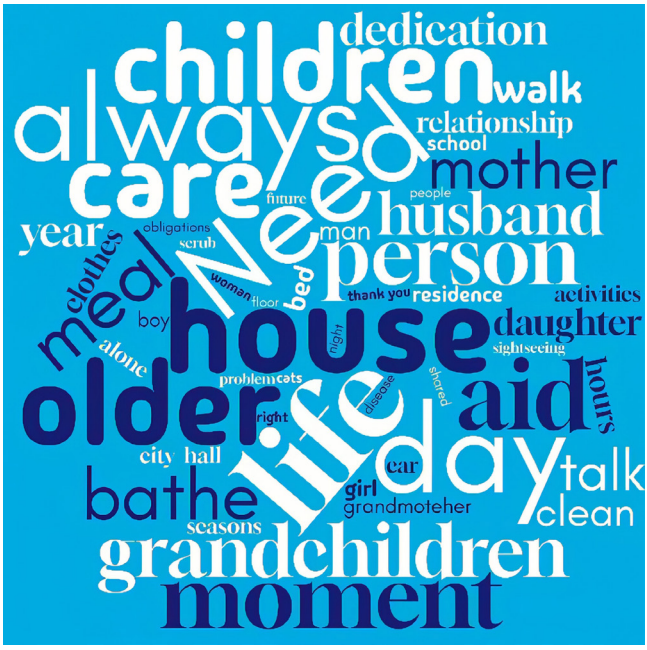
Results on non-aging care

The narratives of the women interviewed about the three dimensions offered engaging narratives in several categories. Of these, we decided to focus on the "care" category in this article. To do so, we begin the presentation of the results with a visual representation in the form of a word cloud based on the narratives the older women expressed concerning care. In this visual representation, we can stop and observe the women's words to address this topic. The concepts most frequently repeated in the responses that allude to care are shown to be more significant in this cloud. When observing the generated image, it can be seen that the words "home" and "need" are the ones with the most significant size because they have been the most frequently mentioned about this topic. Others, such as "life" and "always," seem to remind us of the inevitability of these tasks. In contrast, words such as "elderly," "children," or "person" reflect that care is necessary for everyone. Finally, other terms such as "bathing," "meals," "cleaning," and the like show some of the activities involved.

Image 1. Word cloud on care



Source: Own elaboration

Although this image can help us understand caregiving's role in the daily lives of older women, we will continue to explore some of the ideas expressed below.

The responses of the older women participants refer to "care" as a continuous task that has accompanied them throughout a large part of their lives and is still present today. These women recall the care required to raise their sons and daughters.

> In my first years, when I had my children—she had four—I dedicated myself body and soul to them (EI1_78).

In many cases, the tasks related to family care continue with the care of descendants.

> … Then, at noon, to take care of the grandchildren, I pick them up from school, make lunch, and some of my children come to eat. My husband and I have a busy day in the afternoon (EI7_74).
>
> Now that I am a pensioner, I take care of grandchildren. I used to have six grandchildren, all males, but now I only care for two; before, I took care of more (EI8_67).

> Well, shopping, walking, taking care of the great-grandchildren… (EI14_81).

In other cases, care refers to ascendants, partners, or other adults.

> Yes, well, right now I am here. I am in charge of my mother, who is one hundred and one years old, with help, but I still take care of her, who is in charge of me, and… normal, an everyday life (EI12_77).
>
> Well, getting up and caring for my mother's housekeeping (…) Of course, yes, she is older now. I spend some time with her, and then I try to… well, that… take care of her daily. Well, meals, cleaning the house… more or less, that is what I do daily (EI15_63).
>
> I go to see my mother, who lives upstairs, and I always spend a lot of time with her (…). I do not know, but I am a good person; I care for my mother even at my age (EI19_76).
>
> Well, maybe that will help. As an older woman, the family will probably ask for help because of the rhythm of life that the generation that comes after us also has regarding work, children, and schedules—well, they will ask for help. That is what I think they need from us (EI15_63).

When referring to caregiving, older women often recognize how these processes determined some vital choices and resignations. However, their narratives expose this reality from a great understanding, love, and shared assumption.

> (…) Moreover, I could never have it (a job) because I could not find it; there was none. You dedicated yourself to sewing and embroidering and going to the Town Hall to get medication for the illnesses I had at home (Of course, because you took care of your siblings a lot) (EI2_86).
>
> (…) Very good, very nice. You dedicate part of that to them because I have one playing there. You take them to soccer, you bring them, you take them to school, and they call you from school because the children work. Normally, you have to give them a hand, well yes, they sleep with you sometimes at night, most of the days of course, then you no longer have a bed in my room, it became small, I have to put another one, but very nice (EI8_67).
>
> Yes, it has taken a lot out of me because of my husband's illness I have taken a lot out of me (…) Yes, because we always went out (…) I can not anymore, I am more limited (…) I can not go out like before… (before) I would go out on Sunday mornings and come back in the afternoon (EI3_83).

Although everyone needs care, providing it is not equally universal. That is to say, in the narratives of older women, the inequality between the care they offer and the care they receive is exposed.

> They do not think about me. I think more about them than they do about me (…) Moreover, I understand that they must look out for… for their life and maintain a good relationship at home. So, some people forget a little bit that I exist (EI11_78).

However, other, less common discourses recognize a bi-directionality in the care relationship to the extent that those cared for are now caregivers.

> …One comes, one bathes me. For example, I had no problem with the boy bathing me, and he kept bathing me when he came. When he comes, he bathes me, and when he does not come, I bathe myself (EI2_86).

Thus, care is evidenced as a vertical task performed from the older person to the younger person but does not find its way back with the same ease. The care these older women may require is not addressed in the family context beforehand, nor is it agreed with the parties to determine the older woman's wishes.

> I think I can proceed as long as I can manage, and then we will decide (EI1_78).
>
> I can not know that because I do not know how I will find myself (EI8_67).
>
> I can not tell you that (EI10_X).
>
> No, I have never thought about it. I do not know because I trust they will help me when needed (EI14_81).
>
> No, we have not talked about that at all. Usually, it is not something we talk about… So, I do not consider myself old enough to plan a situation like that. When the time comes, we will see what path to take (EI15_63).

Far less common are narratives that address future care as a topic in which listening to the needs and wishes of the older woman is a priority.

> Yes, she was the first one who did not want to put us anywhere, and she took care of us. At least Lali is the same, because Lali is crazy and I went upstairs for a week. Moreover, you have the house there, she has it right there, because it is in the mocan, next door, but she insisted and she is making an apartment for me, so that I can go upstairs. Licit. Look, he has the room for

> me. He has already finished the living room. The bathroom is missing. He still had to put the pieces in, and he put them in so he would not be inside them. That is on the outside. Everything like that (EI3_83).
>
> Yes, we have talked about it because there are certain days or times when I cannot do things. Then they give me a hand, they help me, and we talk about… if this is going to continue to grow, then what can be done…, because for the time being we will be able to palliate and seeing the future… the needs that we may have. Like… fixing the bathroom, for example, because we had a bathtub, now we have a shower, well, the items for… for the hands, for pain, for such, and we are looking at it… and looking for the solution (EI13_63).

The future of elderly women's care is narrated as a burden from which the women themselves seem to intend to relieve their families, which is evidenced as another sign of care.

> What I tell them is that they should not take charge, that when I cannot, they should put me in a nursing home (EI6_71).
>
> Look, I do have the same thing I have now; I prefer to go to a nursing home and leave my children free (EI7_74).
>
> …I would not like to take care of my children; I would like them to be in a center where they could live their lives and not depend on anyone (EI8_67).
>
> Ah, that is true. I would not like to go, but if I have no choice (EI10_X).

Along with caring for others, older women incorporate in their narratives frequent responsibilities with household chores that they also assume constitute an essential part of their daily activities and lives.

> Here, in the house, I scrub the floor, I make the stew, and I make the food normally. All my life has been very, very sacrificed (EI2_86).
>
> When I take care of them, I don't do the housework, but when I have my grandchildren, I have to organize myself differently (EI4_81).
>
> When I stay home all day, I fold clothes, wash clothes, make the bed, and wash dishes (EI19_76).
>
> I make food, clean the house… (EI20_80).

The care needs of older women are also addressed by public institutions.

> They did help your aunt. We were very grateful (EI2_86).
>
> (…) I think they comply with what is stipulated (EI12_77).
>
> However, it is very good for older people who cannot (EI14_81).
>
> I stay home, and a girl comes in the afternoon to accompany me (EI18_95).

However, the public services offered are sometimes insufficient because they fail to respond to women's real demands.

> The City Council (…) told me we had no right to anything. I didn't answer him because I didn't feel like talking. After all, it wasn't a place to come and talk about something like that (…). It has never helped us (…), but it hasn't helped me (EI2_86).
>
> The City Council gives some help, but it is not… enough.
>
> The elderly are bathed, and some, maybe, are fed or washed, or the house is cleaned, but it is not enough with what it is… The elderly should have more dedication, which is what they say when elected, and they never comply with what they say (EI11_78).
>
> (…) But maybe there are times when people do not all need the same. Some people are very lonely and may need a little more hours than they are given (EI12_77).

Discussion

After describing the results that the women interviewed have expressed care in the form of narratives, we will now analyze and reflect on the meanings and implications of their narratives on caring. To do so, we resort to Tronto's (1993) division of the care process into 5 moments: 1) Caring about, 2) Taking care of, 3) Caregiving, 4) Care-receiving, and 5) Care-receiving.

When we put the first process („caring about") and the women's narratives into dialogue through the visual representation with the word cloud, we observe that the concern for care is reflected with the words „need," „home," and „people," which are the words most often mentioned together with this theme. These associations remind us that care is often produced in a private context, the home,

but everyone throughout our lives requires it. In short, it is a way of recognizing a need to be met. Care goes hand in hand with the fact of being people and living in society, so the vindication of this „need" is nothing more than a cry for evidence in a social and economic context where care has been devalued and hidden, as Vargas (2023), among others, has already pointed out.

In addition to recognizing this need, the women interviewed assume some responsibility and discuss how they respond. Tronto (1993) calls the second care process „taking care." It is observed how the care of descendants and ascendants is integrated into their daily routines, and these tasks can even modify their daily activities if necessary or determine some of their life choices. Caregiving is even narrated as another responsibility, on par with other types of dedication. They used to „dedicate themselves" to a specific productive sector and now „dedicate themselves to caring for their grandchildren." These accounts only confirm what Dimier (2022) points out in recognizing the important role of older adults in families as promoters of solidarity, help, and stability.

Regarding caregiving, as the third process mentioned by Tronto (1993), the older women interviewed are involved in caring for vital needs (food, cleaning, grooming, etc.). However, their way of describing it shows that their way of caring is much more than offering a service and that they are involved in the emotional dimension. On the other hand, when they allude to the receipt of this care by their relatives or by public institutions, the perspective of care of a more health-oriented nature stands out, which is also the one that guides many public policies (Van Rompaey & Scavino, 2020). Older women's care is less evident in which a more emotional dimension is addressed, where accompaniment, listening, valuing, etc., are considered. The lesser presence of emotional care for older people may reflect the negative image that society has built of old age (North & Fiske, 2012). In any case, the notion of care that is claimed should involve not only the provision of service but the transformation of societies towards models that recognize the interdependence of all members, as Glenn (2000) explained decades ago, as a way to internalize care that includes the emotional dimensions as another basic need.

The fourth process included in Tronto (1993) is „taking care of" and involves the step to action, that is, giving a response to the need for care. In this respect, the women interviewed offer us a life lesson in which care is not about illness but about life. They themselves provide care that is given but only sometimes received. Care is not seen as a welfare service but as an act of love. From their narratives, care approaches what Barragan (2024) calls an ethic of tenderness, which differs from care as a mere technical and labor exchange. However, without the analysis proposed by the author, the idea of care from love can lead to a romanticization of

care that hinders the incorporation of other issues that directly affect these women. As we have already said in Molina-Fernández and Flores (2024), the romanticization of caregiving should not steal a critical look at it, the questioning of the structure in which it is developed or the implication that caregiving involves people who are cared for and people who are caregivers. We say this because romanticization cannot be separated from the traditional construction of gender roles in which the role assigned to women is caregiver (Vargas, 2023). Limiting the view of caregiving to a romantic view can make it difficult to make practical decisions about planning the way, the person, or the place where they want to receive care throughout their lives.

On the other hand, the social assignment of responsibility for care, based on being in a loving relationship, whether family, couple, friendship, or fraternal, leaves those who do not have such relationships in a vulnerable situation; it can place an additional unchosen burden on other people and, at the same time, exonerates public institutions of their responsibility in the protection and provision of care. In other words, the abandonment of the responsibility to care and the right to receive care to social norms does nothing more than reproduce the designs of patriarchy in gender roles, both in private and public decisions, because „public policies are not gender neutral" (Vargas, 2023, p. 175). In fact, the longevity narrated by these women is strongly feminized, along the lines proposed by Osorio et al. (2022), where gender roles are also perpetuated in older ages, and the mandated consequences of patriarchy are observed in the private spheres of the family institution with the attribution of care to women.

Arguments that try to romanticize the care that older women develop based on criteria of „maternal love," for example, forget that sometimes care is also perceived as an „obligation," which is not always chosen by older adults but can feel „adjudicated" as part of the role of „grandmother." The assumption of these family care tasks by older women has an evident impact on their lives. It can be observed in the allusions to their organizational changes or the need for help. On the other hand, this „moral obligation" is not such for their descendants when they are the ones who need it. In these cases, the social system values the contribution of sons or daughters to the productive system as greater value than caring for their elders. Consequently, it is worth asking what system of protection of the rights of older adults would be built from a paradigm based on the ethics of care and not on capitalist production.

Finally, Tronto (1993) includes the need to know how the care has been received („care-receiving") in order to assess satisfaction as to whether or not the care has been provided. In this regard, we would like to highlight the narratives of older women who indicate that they are not cared for as they have been cared

for, that they do not know what this care will be like, or that they understand that caring for them is nothing more than a burden and not an act of love as they interpret caring for other people to be. In these words, it is interpreted that there is a constructed inequality between what society sees as dedicating time to older adults.

The life narratives of older women refer to caregiving as a reality present throughout their lives and incorporating people of all ages. The ambiguity we detected in other studies (Barragán & Molina-Fernández, 2024) about the work experience after retirement is even more evident in the case of caregiving. For these women, there is no age to stop caring. Being a woman and being of advanced age go hand in hand with continuing to care. However, older women also require care, and thus, a heterogeneous picture is drawn in which Aguirre and Scanivo (2018) speak of „old-young women" (between 65 and 75) who continue to care for and „old-old women" as the people who are cared for. Care is posed as a private and family issue and a matter of public policy. Care appears as horizontal practices, which are given and received, but at other times, it is perceived as imposed and naturalized. At other times, the expected care is not planned and is left to the decisions of others.

Conclusions

If one of the questions we ask about older women is their daily needs, their narratives have forcefully answered us by stating "care" as a central task. Taking care of husbands, sons, daughters, grandsons, and granddaughters, the shared home occupies a large part of their day and mind. Caring and caring for themselves or being cared for, although to a different extent. However, these activities are not recognized or valued from a paradigm in which the production of monetary capital takes precedence. The narratives of older women remind us of the importance of giving greater recognition and value to an ethic not only of care but also of tenderness as a response to current social demands. This recognition involves reflecting on formulas that accompany caring for grandchildren and imagining care services that go beyond domestic work, including a complex perspective of care, and endowing it with greater empathy. Care is linked to tenderness as a reciprocal expression of love and generosity. It is opposed to the concept of care ethics of feminism and attachment theory because of its markedly patriarchal character and, therefore, contrary to women's gender rights.

The new social reality of older women shows that the mandates of the patriarchy also permeate older age groups and, to the extent that they imply inequality, they contribute to the perpetuation of violence. The responsibility of

public institutions in promoting the welfare of older people in general and gender equality in the case of older women makes clear the urgency of including the gender perspective in the proposals and public services implemented.

The response to patriarchy must include the voices that have been silenced, as in this research, we have tried to do with the narratives of older women, specifically about caregiving. The model on which the provision of resources to older adults is based needs to be revised. The reasons for this revision are based on the changes in the community of older people, but also on a demand for more democratic and inclusive practices that involve the voices of older people and where there is a transition towards intergenerational models that permeate society.

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