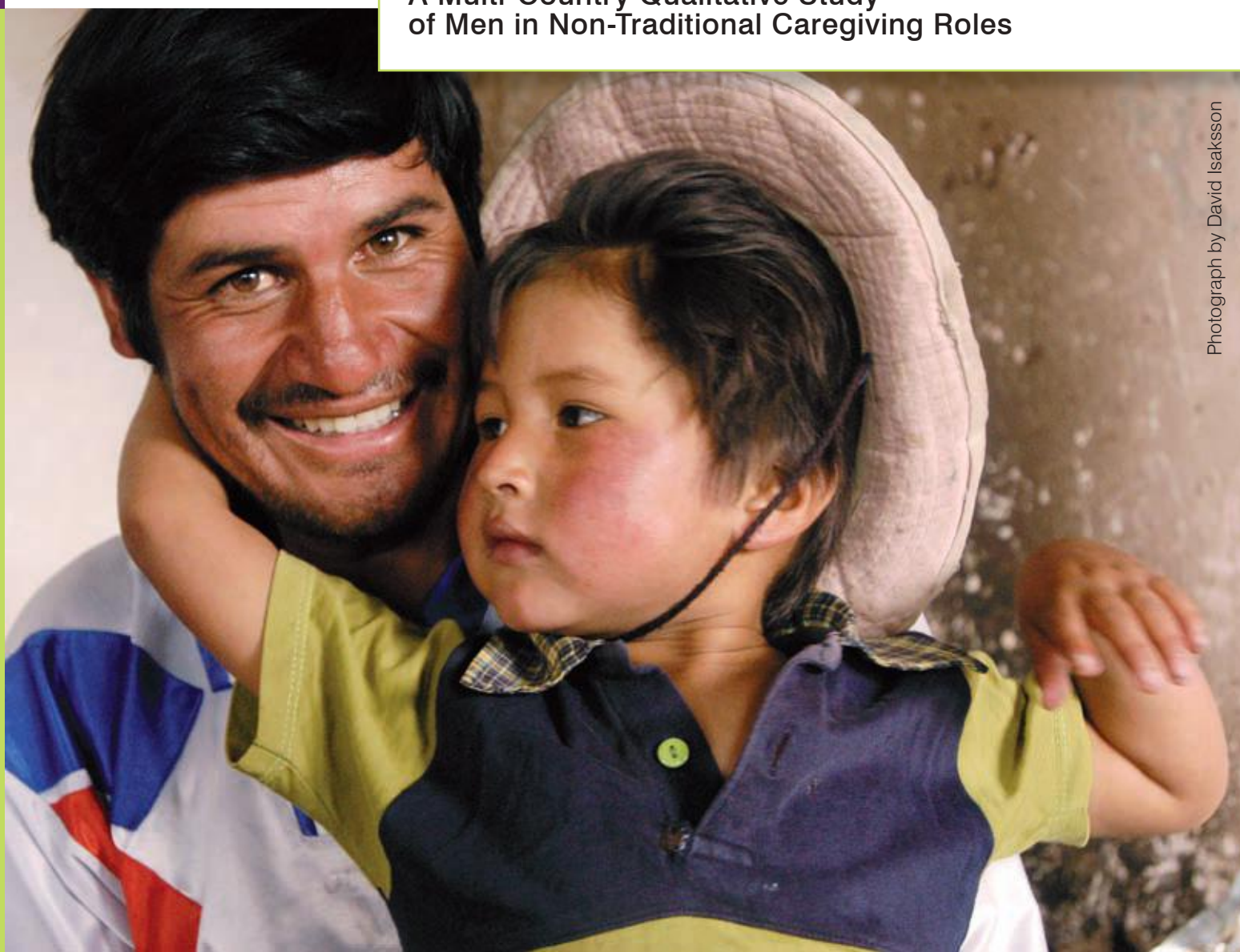


Men who Care!

A Multi-Country Qualitative Study
of Men in Non-Traditional Caregiving Roles



Photograph by David Isaksson

men+
gender equality
POLICY PROJECT

Coordinated by Instituto Promundo and the
International Center for Research on Women

About the Men and Gender Equality Policy Project

The Men and Gender Equality Policy Project (MGEPP), led by Instituto Promundo and the International Center for Research on Women (ICRW), is a multi-year, multi-country effort to build the evidence base on how to engage men in health, social development and gender equality. Project activities include: (1) a multi-country scan of policies for the degree to which they seek to include men from a gender perspective, presented in the publication *What Men Have to Do with it: Public Policies to Promote Gender Equality*; (2) the International Men and Gender Equality Survey (IMAGES), a quantitative household survey carried out with men and women in seven countries in 2009-2011, initial results of which are presented in the publication *Evolving Men: Initial Results from the International Men and Gender Equality Survey (IMAGES)*; (3) the *Men Who Care* study consisting of in-depth qualitative life history interviews with men involved in non-traditional caregiving roles in five countries, presented in this publication; and (4) advocacy efforts and dissemination of the findings from these different components via various formats. Participating countries in the project as of 2012 included Brazil, Chile, Croatia, India, Mexico, Rwanda, Bosnia and Herzegovina and South Africa. The multiple research components of the project aim to provide policymakers and NGO partners with evidence-based strategies for engaging men in gender equality, particularly in the areas of sexual and reproductive health, ending gender-based violence, fatherhood and maternal and child health, and men's health needs.

About MenCare, a Global Fatherhood Campaign

Findings from the Men Who Care study were fundamental for the creation of MenCare, a recently launched global campaign that supports men's involvement as non-violent fathers and caregivers. Many of the men interviewed advocated not only for increasing men's roles as caregivers, but also for gender equality by supporting women's roles outside the home, sharing the burden of domestic work, and advocating for women's rights. They often demonstrated themselves to be proud of their life choices and believed themselves to be more fulfilled because of them.

The MenCare campaign is coordinated by Instituto Promundo and Sonke Gender Justice in collaboration with the MenEngage Alliance. It seeks to provide support materials, messages, policy recommendations and research to encourage local MenEngage partners, NGOs, women's rights organizations, governments and UN partners to implement campaign activities in their settings. The campaign is conceived as a complement to global and local efforts to engage men and boys in ending violence against women and girls. Together with efforts like the White Ribbon Campaign (www.whiteribbon.ca), it is part of the MenEngage Alliance's global vision to achieve equitable, non-violent relationships and caring visions of what it means to be men.

For more information about MenCare, please go to www.men-care.org.

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Photograph by Richard Lewisohn

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EXECUTIVE SUMMARY

What hinders men's involvement in care work? What encourages it? Who are the men who are doing more than the average and are taking on care work as a key part of their lives? How do men understand and describe their participation in activities that have traditionally been described as female roles, both in the home and in the work setting?

The *"Men Who Care"* study is a five-country (Brazil, Chile, India, Mexico and South Africa) qualitative study that sought to explore these issues by listening to men who are involved in non-traditional forms of care work – in the family and professional realms. The study sought to understand in the words of men themselves how they came to participate to a greater extent in care work than their male peers (in the home as in caregiving professions) and how men describe their care work.

The collaborating researchers from the five countries identified men who were carrying out atypical kinds of care work or were much more extensively engaged in it than other men in their settings. A total of 83 men were interviewed.

In most cases care work at the family level and at the professional level seemed to be thrust upon men by life circumstances rather than as an issue of individual choice.

In the case of caregiving at the family level, these life circumstances included separation and divorce; death of caregiving partners; or chronic health conditions or disabilities on the part of the caregiving partners or of another family member that necessitated the men to take on more care work. Similarly, most men in caregiving professions described their pathways to this work as being based on chance or other factors more so than as a decision to take on caregiving professions.

Early childhood experiences worked in multiple and sometimes contrary directions in terms of how they influenced men's caregiving practices.

Consistent with IMAGES findings (Barker et al., 2011) which showed that men who saw their fathers carry out care work were more likely themselves to do so, some of the Men Who Care reported that early experiences of seeing their fathers or other men carry out care work was an inspiration for their decision to take on or accept the care work that was thrust upon them. However, nearly an equal number of the men interviewed reported that their fathers were not involved in caregiving.

The quality and nature of men's relationships with partners (particularly the mothers of their children) greatly affected to what extent men participated in care work in the household.

For most of the partnered primary caregivers, the understanding and support from a loving partner (and their children) contributed to making them confident to take on their non-traditional caregiving roles, consistent with other research on this topic. A few men reported that wives/partners resented their involvement in care work, which they saw as challenging their roles as the "owners" of the domestic space.

Many men who carried out care work sought to give it a traditional masculine meaning or make it fit within their self-image as traditional or hegemonic men.

Some of the men in caregiving professions emphasized traditional masculine aspects of their professions and downplayed what was seen as more feminine. Male dancers in India said they would not cross-dress in their dancing, as if dancing was masculine but using certain kinds of costumes or makeup were not. In Brazil, a male nurse found being a man was an advantage for him in his work context because he had greater physical strength than the female nurses and was able to lift patients when necessary and was valued for this.

Men's satisfaction with care work (either as a profession or in the home setting) was varied; some men described great satisfaction and life meaning derived from care work while others said they felt incomplete, depressed or undervalued.

Some men said they saw the value and importance of carrying out care work in the household and that they knew that their families appreciated it. At the same time, many of these men described loneliness or depression in these roles, aware that the world around them valued men who earned money, as was seen in Mexico. Men who worked outside the home and were primary caregivers seemed to suffer less from this identity challenge, depression or low self-esteem. In other settings, many of the caregiving men were surprisingly accepting of their non-traditional roles and described minimal resentment for their new responsibilities.

It was apparent by the way men framed and discussed masculinities that they were continuously reconstructing and negotiating their masculinities. Precisely because of the lack of care references and incentives to become involved in caregiving, the *Men Who Care* had to actively seek out experiences of being cared for and caring for others. As a qualitative study, these results cannot be generalized to the wider population. Nonetheless, taken together with the results from IMAGES, they contribute to understanding pathways to gender equality – in particular toward understanding how to speed up the process of encouraging men to take on a greater share of care work, for the benefit of gender equality, for children and for men themselves.



A. Overview of this Study

The division of the world into caregiving and domestic activities and productive, income-producing activities has been and continues to be a major driver of gender inequality. This inequality is reflected in the fact that women's income is on average 22% less than men's and that caregiving work¹, when it is paid, is generally paid less than professions occupied traditionally by men (World Bank, 2007). However, women's participation in paid work is increasing, as is their income relative to men. The recent 2012 World Bank World Development Report (World Bank, 2011) affirmed that women are now 40% of the global workforce and that their income has risen relative to men in much of the world.

Men on aggregate, though, are *not* doing 40% of the caregiving and domestic work at the household level. Research from diverse settings in the Global North and South shows that women carry out between two and ten times the amount of care work as men (Budlender, 2008). But in many parts of the world, change is happening at a rapid pace. The International Men and Gender Equality Survey (IMAGES) found that younger men, those with higher levels of education (secondary and above) and those men who had seen their own fathers carry out care work were more likely to carry out care work and domestic work (Barker, Contreras, Heilman, Singh, Verma & Nascimento, 2011). Similarly, a study in Spain found that younger men, those with higher educational levels and those whose female partners worked for pay were more likely to carry out a greater share of the care work (Romero & Abril, 2011).

¹ Throughout this document we use "caregiving" and "care work" to refer to the care of children or elderly, disabled or infirm family members in the home setting. We use "paid care work" or "paid caregiving" to refer to care provided in the context of work, payment or as a profession. We use "domestic work" to refer more specifically to cleaning, food preparation and similar tasks that are related to care work.

We should not, of course, assume that men's greater assumption of caregiving work or incorporation of caregiving into their identities is the only pathway toward greater equality; nor is it sufficient in itself for gender equality to be achieved. Neither is the meaning of caregiving the same across cultures, social classes and settings. The division of these tasks is part of and also recreates and reaffirms social norms and power structures in which caregiving, domestic activities and nurturing of children are considered subordinate to breadwinning and production; this division also creates social meanings about what are commonly considered to be "male" and "female" activities (see for example, Chodorow, 1978; Hartsock, 1983; Gilligan, 1993; Blázquez, 2010). Indeed, it is clear that caregiving is too often undervalued by societies and in public policies and that women's and girls' disproportionate share of it is a major impediment to gender equality.

Our study posed numerous questions: What hinders men's involvement in care work? What encourages it? Who are the men who are doing more than the average and are taking on care work as a key part of their lives? How do men understand and describe their participation in activities that have traditionally been described as female activities? The "Men Who Care" study is a five-country qualitative study that sought to explore these issues by listening to men involved in non-traditional forms of care work in the family and professional realms.

B. Study Methodology

The collaborating researchers from the five countries identified men who were carrying out atypical kinds of care work or were much more extensively engaged in it than other men in their settings. These men were identified via colleague organizations, community contacts and personal acquaintances and included men:

- In paid care work professions where women predominate, including nursing, hospice work, midwifery, early childhood care or pre-school and primary school;
- In paid gender justice activism, training and outreach activities, including in HIV/AIDS prevention, gender-based violence prevention and LGBT rights;
- In other professions where men are the minority but which may not necessarily be caring professions, including women's physical fitness centers, in dance, or in women's hygiene or beauty professions; and
- In primary caregiving for children or others at home. Some men who worked in caregiving professions also played greater than average caregiving roles in their homes and families.

The study made a special point of including two or more men engaged as primary caregivers at home in each setting.

TABLE 1: Participants in the *Men Who Care* Study by Country

BRAZIL	12 men; 2 who were primary caregivers
CHILE	16 men, 8 who were primary caregivers
INDIA	19 men, 7 who were primary caregivers
MEXICO	16 men, 9 who were primary caregivers
SOUTH AFRICA	20 men, 7 who were primary caregivers
TOTAL	83 men, 33 who were primary caregivers

The diversity of the settings and of the men – from rural and urban South Africa, urban Mexico, urban Brazil, urban Chile, and urban and rural India, and with varied educational and family backgrounds – makes it impossible to fit the men into entirely analogous categories across the settings. Nor do we have any external corroboration in most cases of how much the men participated in care work in their homes and families. Furthermore, the meanings and contexts of their roles as primary caregivers for children or other family members or for their role as gender justice activists or professionals in women-dominated fields varied greatly.

This report therefore presents men's own descriptions and accounts of their caregiving practices and our analysis of what they said. Some men were interviewed once, while others were interviewed twice. Interviews generally lasted from one to four hours. All interviews were audio-recorded with the consent of participants, and transcribed and translated if necessary. In some cases hand-written notes were also taken during interviews, and reviewed shortly after. Qualitative analysis was conducted using a grounded theory approach meaning that a theory was constructed from existing data rather than proven against it.

The interview guide is found in Annex 1. The protocol and ethical procedures were approved by the Institutional Review Board (IRB) of the International Center for Research on Women and by local IRBs when those existed. Ethical procedures included maintaining the men's anonymity and safeguarding the data we collected from them. Men were not paid for their participation. All interviews were carried out in the native language of the interviewee or in a language in which he was comfortable. All of the men were over age 18, and informed consent was obtained from every one.

C. The Global Context of Men's Participation in Care Work: A Short Review

² UN Division of Advancement of Women, The Agreed Conclusions of the 48th session of the Commission on the Status of Women available at: <http://www.un.org/womenwatch/daw/csw/csw48/ac-men-auv.pdf>

The 48th session of the UN Commission on the Status of Women² (CSW) in 2004 called for governments to promote greater involvement of men as fathers. It urged states to adopt and implement policies to close the gap between women and men in terms of occupational segregation, to provide greater parental leave and flexible working arrangements and to encourage men to fully participate in the care and support of others, particularly children. In spite of this global call to action, policy efforts in the Global South (and parts of the Global North) to encourage men's participation as fathers and caregivers have been few and limited. Research on men and caregiving in the Global South is in similarly short supply.

Existing research affirms, however, that women are participating to a greater extent in paid work outside the home, and that men's participation in care and domestic work has not, in most of the Global South, increased commensurately. But men's caregiving is increasing – or at least men's reports of it are. In IMAGES data, nearly half of men in all sites reported that they work as much as or more than their female partners in one or more household duties. India was a notable exception: only 16 percent of Indian men reported taking equal or greater responsibility in at least one household task. These domestic activities included washing clothes, repairing the house, buying food, cleaning the house, cleaning the bathroom or toilet, preparing food and paying the bills. Not surprisingly, the tasks that men said they carry out equally or to a greater extent are those traditionally associated

with men – namely repairing the house, paying bills and buying groceries – while women were more likely to clean, prepare food and bathe, dress and feed children (Barker et al., 2011).

In all the countries surveyed for IMAGES, younger men in co-habiting relationships were doing more care work and domestic work than older generations of men (Barker et al., 2011). When men said their partners also worked for pay, men reported carrying out more domestic tasks than if men were the sole providers. Other research also finds that men are more likely to do care work when their wives are employed as paid wage workers than when they are unpaid workers or self-employed and that men participate more in unpaid care work when men themselves are unemployed (World Bank, 2011).

Most research suggests that women have been quicker to take on paid work outside the home than men have taken up unpaid care work *inside* the home. Indeed, deep-seated norms continue to prevail regarding who should carry out which kinds of work.

Other research (mostly from the Global North) affirms that women are more likely than men to make long-term, radical changes in their professional lives as a result of having children. For women in middle or upper income contexts these changes generally involve working part-time or by changing assignments to better cope with the needs of children and the demands of family life. Men, in contrast, often maintain their full-time employment, take parental leave only for short periods of time and opt for temporary cash benefits rather than longer leave; they generally concentrate instead on short-term efforts to resolve the conflicting demands that arise between work and family life (World Health Organization, 2007). A study of men in Spain found that in spite of changes in household arrangements, work demands continue to structure the lives of younger and older men (Romero & Abril, 2011). At the same time this study identified a minority of men – whom the authors called “pioneers” – who were taking advantage of greater work schedule flexibility to make time for their families, and who were often seen as brave by their peers and extended families for taking on these non-traditional roles.

In the Global North, evidence from the US, Sweden, Norway and the UK shows that men are spending more time in care work than they were 20 years ago (Bianchi, Melissa, Milkie, Sayer, & Robinson, 2000, as cited in Lee & Waite, 2005; Holter, Svare & Egeland, 2009; Duyvendak & Stavenuiter, 2004). The study in Spain referenced earlier found that while men who do nearly equal amounts of care work as their female partners are still in the minority, they are no longer socially stigmatized for their non-traditional care activities as happened in the recent past (Romero & Abril, 2011).

A significant body of research, most from the Global North, on factors that influence how and how much men participate in the caregiving

of children highlights family structure (residence/co-residence, establishment of paternity), the quality of the relationship with the mother or other caregiver, early childhood factors (men's own experiences of being cared for and their relationships with their own fathers), men's knowledge of how to provide care, their employment status, and individual factors including attitudes about parenting as well as cultural beliefs about gender roles (Richter, Chikovore, Makusha, Bhana, Mokomane, Swartz & Makiwane, 2011).

We recognize as well that there is a large body of literature on the participation of fathers in child rearing and its effects on child development, most of this from the Global North and most of it focusing on nuclear families. The analysis provided in this study does not draw on that research but focuses instead on men's descriptions of their caregiving activities and the negotiations and contextual factors that seem to make their caregiving possible.

Other studies suggest that men's participation in care work at the household level is also about identity – whether men and those around them view themselves only as breadwinners or as breadwinners and caregivers. As men told us, their participation in care work is not simply about the fact of the work, but about its meaning, about whether men derive a sense of identity from it, and how others view their contributions. Numerous studies have detailed the identity challenges of young men internalizing societal and family expectations to conform to gender stereotypes as “breadwinners”, incurring shame if they cannot live up to such expectations (Leahy, Engelman, Gibb Vogel, Haddock & Preston, 2007; Barker, 2005). But few studies have also explored how much caregiving figures in the construction of men's identities.

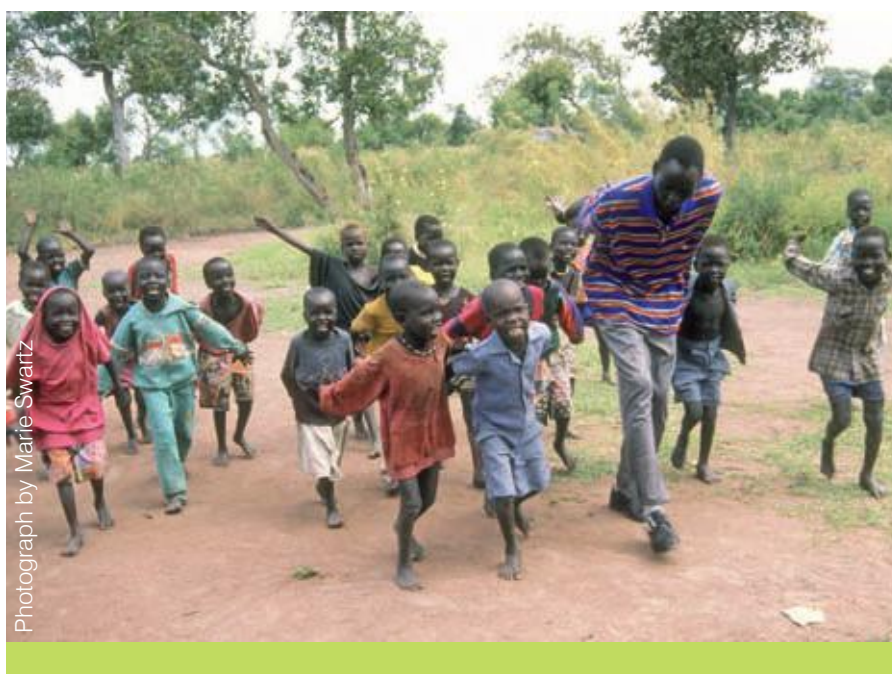
Gender segregation also persists in the kinds of paid work carried out by men and women. Globally, women are more likely to work in agriculture (37 percent of all employed women, against 33 percent of all employed men) and in services (47 percent of all employed women, against 40 percent of all employed men), whereas men are the majority in manufacturing jobs (World Bank, 2011). Service jobs include public administration, teaching, health care, and clerical work. Women also make up the majority of unpaid and informal sector workers. Even countries such as Norway that have made major strides in gender equality, including nearly equalizing pay between women and men, still find a preponderance of women in service and caregiving jobs (Holter, Svare & Egeland, 2009).

In light of this previous research, the *Men Who Care* study sought to understand in the words of men themselves how they came to participate to a greater extent in care work – paid and unpaid – compared to their male peers, and how they describe this participation. We sought to take into account diverse family arrangements and definitions of care work to include care for biological children, other

children in the household and ill, disabled or elderly family members. As noted earlier, we took a “grounded theory” approach, listening to men’s accounts of caregiving and seeking to avoid normative views about family arrangements and child-rearing activities. Our questions were developed with the assumptions that childhood experiences, relationship dynamics and local contextual issues were likely to be key factors in shaping men’s participation in caregiving activities.

In choosing men working in caregiving professions, we sought to identify those kinds of work that were seen as women’s professions in a given context. Most of these professions could be considered helping or caregiving professions: providing day care, teaching at the primary school level, or providing health services by way of nursing or midwifery. We also included men’s participation in gender equality activism, a form of “care” that is non-traditional for men. In a few cases, mostly in India, the men are not in caregiving professions as commonly defined but rather in non-traditional professions for men (dancers, hand-painters, etc.).

As a qualitative study, the results here cannot be generalized to the wider population. Nonetheless, taken together with the results from IMAGES, we believe this study contributes to explaining pathways to gender equality and the way men talk about their trajectories. This should provide us with insights into how to speed up and support men’s taking on a greater share of care work, and a more symmetrical division of labor in men’s and women’s personal and professional lives.



Photograph by Marie Swartz

PART 2. COUNTRY SUMMARIES

This section presents a summary of each of the five country studies. Using the research protocol included as Annex 1 as the base, each research team used its local networks and identified the “men who care.” Country research partners adapted the protocol to their settings. Analysis of the interviews included carrying out multiple readings of the transcripts to identify patterns both within individual interviews and across the interviews. The topics selected for cross-country analysis include: (1) men’s description of their caregiving activities; (2) men’s household and relationship dynamics; (3) men’s childhood experiences and pathways to caregiving; and (4) men’s attitudes toward gender equality more broadly. At the beginning of each country summary we present a brief listing of some of the existing policies in that country in terms of encouraging or supporting men’s participation in care work and as fathers; for many of the country settings there were few details on such policies to present precisely because the issue of men’s participation in caregiving has seldom been considered in public policies.

Men who Care: Brazil

A. BRAZIL



A Case Study of Men Engaging in Care Roles

Rio de Janeiro, Brazil. By Alice Taylor¹

GENERAL COUNTRY INFORMATION

Policies that Encourage Men's Caregiving

- Paternity leave legislation: Five days paid leave (maternity leave is 120 days, extending to 180 days in some workplaces).
- Men's presence in childbirth: Since 2005, women have the right to have a person of their choice to be present in the delivery room. In practice, few public health facilities make it easy for men to be present in the delivery room during childbirth.
- Shared custody: In 2008, Brazilian law changed to make shared custody the presumed arrangement in cases of divorce.

Profile of Study Participants

The twelve men we interviewed lived in Rio de Janeiro, with the exception of one, who lived in Brasilia. Ages ranged from 22-49. They came from diverse socioeconomic backgrounds with five having grown up in poverty: two in Rio's *favelas*, and the other three in poor neighborhoods in the peripheries of Rio. Three men were Afro-Brazilian, two were white, and the rest were of mixed race. Levels of education varied from high school to post-graduate. All but one identified himself as heterosexual. All interviews were conducted in Portuguese, and transcribed for analysis.

¹ Marcos Nascimento, Márcio Segundo, Fabio Verani, Gary Barker and other Promundo staff began the Brazil research and undertook interviews.

# of Men	Primary Care Role
3	Daycare providers
3	Activists (in HIV/AIDS, fatherhood, caregiving, LGBT rights)
2	Psychologists/therapists of men's groups
2	Primary caregivers (1 is also a doctor specialized in adolescent health)
1	Nurse
1	Health and Physical Wellness therapist

Total interviewed: 12 men

Note: 5 of the 12 men were fathers, two for whom being fathers is their primary role.

Men's Practices of Care Work

Men in Professional Care Work Settings

Acknowledging the uniqueness of their choice to engage in professions usually dominated by women, many of the men in Brazil discussed the challenges they faced and the benefits they received as a result of their decisions to engage in care work.

The men who described the greatest challenges due to their caregiving occupations were daycare providers. These men reported that they sometimes avoided certain tasks such as changing diapers and bathing children, and had to be more careful in playing with children because they worried about parents' interpretations and reactions (likely due to the unspoken assumption or fear that men's contact with children can be sexually predatory). At one public daycare center, a mother objected to a male daycare provider bathing her daughter. The girl's own father had never bathed her either, demonstrating the persistence of gender roles in her own household².

² It is interesting to note that this was a public daycare center belonging to the municipal government. The director was a woman sensitive to the issues of gender and engaging men. Despite initial resistance from some families, she decided to keep men working at the daycare center.

The man who facilitated group discussions with adolescent boys also faced resistance from parents who he felt undervalued and mistrusted his work, making it difficult for him to continue the group. He perceived that parents and society in general view work like his as inferior, which dissuades men from engaging in care work. Other challenges men discussed in their practice of care work as a profession included stigma, lack of respect, discrimination in the workplace, and low pay.

Men in caregiving professions described diverse strategies to cope with tensions related to their professions. For instance, one of the daycare providers offered the mother of the girl described above the option not to have her daughter bathed at all. In the end, the director at the daycare center decided that only women staff would bathe children. Other ways men dealt with tensions were through reflection or meditation and humor.

"They [friends] think it's funny...that a man is disposed to doing those things [in a daycare]. Because when you work in a daycare, people don't think of the pedagogical work you're doing. They think you're changing diapers. So they [my friends] think it's funny that I have an inclination towards that..." – Daycare provider, age 22, trained in pedagogy

Another strategy men consciously (or unconsciously) employed to minimize some of the tensions in taking on care work was to emphasize its "masculine" aspects. For example, a male nurse found being a man to be an advantage because he had greater physical strength than the female nurses and was able to lift patients when necessary. In addition, the nurse associated being a man with leadership, confidence, character, and educating others, which he explained were all qualities that apply to nursing. In other

words, men conceived of care work in a way that coincided with an understanding of themselves as male.

Men connected their education or training to their care work. For instance, the physician believed that a medical degree added credibility and legitimacy to his care work, helping him establish partnerships among government officials, and advocate for policy improvements that promoted care work and adolescent health. The doctor felt that officials were more likely to listen to him and take issues of adolescent and men's health seriously, because of his degree. Another man emphasized that working in a daycare center as a pedagogical specialist contributed to his professional development, and prepared him to be an effective educator for people of all ages. He underplayed the aspects of care work that have most been viewed as women's work, such as changing diapers and bathing children, and regretted that the public often did not recognize the educational dimensions of daycare work.

Men also conveyed a strong sense that they are "on their own" when it comes to care work. Care work was generally not an experience they shared with other men, and thus it seemed that men felt isolated despite having connections to diverse groups. Men most often reported neither knowing other men who did care work like theirs, nor knowing men whose attitudes and behaviors were similar to their own.

Overall, however, in spite of the numerous challenges, men persistently emphasized satisfaction and positive aspects of their caregiving work. Daycare providers felt that, besides the occasional protest, parents generally treated them well; one man recalled a father remarking that it would be good for his son to be exposed to a male figure in the daycare. Pride was also a recurring emotion that men expressed to describe how they felt about their care work, and of espousing behaviors and attitudes uncommon amongst peers.

"You are not limited by what others think, you know. I think it's an incentive." – Daycare provider, age 22 with training in pedagogy

Professional Caregivers and Caregiving in the Home

All the men who were fathers in the study most often referred to fatherhood as the main caring role in their personal lives, and generally expressed great joy in being fathers. Men working in caregiving professions described their roles as fathers as one that facilitated their care work outside of the home, particularly for those men working in daycare. One daycare provider, who was not yet a father, observed parenting traits and ways of caring for children that he saw as informing his future role as a father. Primary caregivers described a few differences with what they associated as fatherhood roles toward having girls and boys. Part of fatherhood included teaching a son "how to be a man" which prompted men to reflect on what being a man and a caregiver meant to them.



"I had many incentives, opportunities, to abandon or put fatherhood second. I think it was that lack of having a father that I did not want, that I knew how bad that was. A son doesn't deserve that."
- A man who became a father in his early twenties and had to fight to become the primary caregiver of his son



Photograph by Pernilla Norström

Another man described expectations of Brazilian fathers toward daughters, of being protective and jealous. One father felt it was safer to raise boys than girls in a *"machista, sexist and violent society."* Other caregivers also described a few ways in which they raised their children in gender-equitable ways, such as by encouraging them to play with toys that did not strictly adhere to gender expectations.

Overall, men in caregiving professions and primary caregivers were motivated to become stronger in their respective roles and had a sense of curiosity and a desire to learn. They felt passion for their work and for caring for others, and noted that they felt satisfied at seeing developments whether it was with children, participants in men's groups, or in policy. Others described their motivations to overcome challenges in their work, such as finding creative ways to address violence against women. One man felt that care work allowed him to understand more about himself and other men, and to get along better with his family. They also relayed examples of how other men they encountered expressed interest in care work. In the case of the youth community leader, other young men and women sought him out for advice, commenting that his job was "cool" and asked how they could do something similar. These examples suggest that while men frequently were able to cite the difficulties of their care work given the rigid gender roles of their environment and Brazilian society in general, they felt satisfied that they were able to break free from societal expectations and do work that fulfilled them.

Men's Partner Relationships and Household Dynamics

For those men involved as the primary caregivers in the home, the extent to which men had positive, healthy relationship experiences with their partners seemed to influence their gender-equitable attitudes and their involvement in care work. Four of the men in this sample were currently single, two were married, and the remainder were in second relationships after having been separated or divorced previously. Notably, destructive and unhealthy relationships left a few men with a lingering mistrust of women, sometimes creating tensions that carried over into their caregiving activities. For example, one man, a father, in particular strongly associated relationships with jealousy and possession, expressing, *"I was a free man before being 'captured' by my [former] wife."* These results are consistent with other studies

finding that the ability of a couple to cooperate and avoid conflict has been found to be a key predictor of stability in father involvement, even when the romantic relationship has ended (O'Brien 2011: 96).

The extent to which men shared household tasks with their partners and other family members varied. It was common for the men who were not married to live in large households with their extended family (and usually their own mothers) well into adulthood, as is a common practice throughout Brazil. Doing so meant that the models of gender structures and behaviors from men's childhood sometimes extended into men's adulthood, but in several cases the men felt that they had influenced changes in their household. All of the men involved in caregiving in the home reported that they took part in household tasks, but those who considered themselves as primary providers declared that they spent less time on chores and parenting, helping out when they had more time such as on weekends and at night.

However, even with a sharing of household tasks there was a commonly persistent division when it came to primary household responsibilities: men were in charge of finances which could include buying food or materials for the household, and women, usually mothers, were responsible for cooking. Cleaning and caring for children seemed to lend themselves to greater flexibility in terms of who carried them out.

In sum, despite identifying men who had more egalitarian perspectives on the division of labor in the home, barriers still remain in place that prevent them from sharing household tasks with their partner. This desire to share carework is also colored by the relationship with the mother of their children which either enhances their motivation to be involved or hinders it.

Men's Childhood Experiences and Pathways to Caregiving

Nearly all the men described the influence of adversity in their early childhood and adolescent years, and having positive role models as affecting their roles as caregivers. Men gave several examples of their exposure to gender roles and models of care growing up in poor or low income settings, including the need for everyone in a family to contribute to household tasks out of necessity. For instance, one man who was raised in a low-income household by a single mother who arrived home from work at 10 p.m. recalled that it was not possible to wait until she came home to wash the dishes. Another man had to learn to care for siblings from an early age because the adults in his family were either alcoholic, out on the street, or involved in drug trafficking. A few men expressed that relationships with their fathers led them to consider what they wanted in their own lives' -- namely to be more present and develop friendships with their children and have healthy relationships in general.

For some men, witnessing or experiencing violence in their early years played an important role in what led them on a pathway to caregiving. The youth leader recalled that because everyone lived close to one another in the *favela* where he grew up, he was constantly exposed to verbal and physical violence against women. For another man, an aggressive father and an atmosphere of political repression during the civil war in his home country in Central America prior to his emigration to Brazil helped shape his aversion to violent and to unstable home environments. Later in his adolescence, violence was involved in another life shaping event when his close mentor was assassinated and friends disappeared. The presence of violence throughout this respondent's life influenced his focus on addressing violence through therapy groups, first with women victims of violence, and later with men who had perpetrated violence. Similarly, for the LGBT activist, he believed that members of the LGBT community felt solidarity with one another and with the field of gender equality based on shared experiences of violence, stigma and discrimination. Some authors consider that friendship is one the most important relationships for the LGBT community, somehow replacing the family of origin seen as a locus of prejudice and discrimination (Nardi, 2004; Eribon, 2006).

Where men were raised, such as in *favelas*, the origins of their parents, and migration to Rio also shaped their views about caregiving. Of the men interviewed, several were either raised in or had parents from more traditional societies, namely the Northeast, and in one case the gaucho south of Brazil. These men discussed what it meant to be a man or a woman in society with strictly patriarchal structures and norms (i.e., where men are generally expected solely to be heads of households and providers).

Apart from childhood experiences and geographic origins, the other most commonly mentioned sources of influence on the pathways to caregiving came from men's early experiences in activism, NGOs, or community groups – or because they simply felt dissatisfied with traditional gender norms. Several men described being driven to act in non-traditional ways because of their discontent with the status quo, such as with attitudes and behaviors they saw in their own families, on the street, society's expectations of men to conform to a rigid ways of being a man, and men's lack of involvement in families. These men were proud to describe their questioning and subverting of gender norms, as they would question other aspects of society with which they disagreed. One man was drawn to work in men's health policy in order to influence the larger system after working for years at the more local level in men's groups. Two men had participated in NGO social justice projects related to gender prior to becoming community leaders. And sheer happenstance was a factor for a few: one man had previously been a security guard in a dangerous public train station because he could not find other work. Then, he submitted a resume to work in a daycare, and in spite of having no previous experience, he was offered the job and found satisfaction in his work.

Support early on in their caregiving roles was crucial to several men. The male daycare providers in particular expressed doubts about being accepted in starting their jobs for the first time, but felt well received by their colleagues upon beginning their jobs as the typically the only, or one of very few men. Similarly, initiating groups with men was the most difficult for the therapists who led men's groups, and they described benefitting from the help of others to recruit participants.

Attitudes towards Gender and Caregiving

Many of the men expressed feeling a general sense of discontentment in the traditional "male" role. One respondent explained that he felt that men struggled to determine how to fit care into their constructs of masculinity (and construct their masculinity overall), largely because they had to do so in isolation. One man in particular felt that men's roles were thus archaic, or 'stuck' for many years.

"There is no collective movement that informs men how to embody positive, or alternative notions of masculinity, such as caring."

– A psychologist who leads men's groups and is a father of two

An interesting observation from these conversations was when men said they espoused gender-equitable views conceptually they sometimes seemed to struggle to maintain gender equitable behaviours consistently in practice, resulting in an 'uneven' masculinity. One man worked on gender equality issues related to fatherhood and violence prevention with men's groups in a *favela* and believed that he supported gender equity as a whole. However, he described day-to-day challenges in consistently living according to these views.

"To this day, sometimes my wife is stressed and hits, and I say, 'it's not like that,' but I end up getting stressed out and using violence too, a lot of the times... One time my wife, she became anxious, and [our son] – I don't know what he did, but she hit him, and I, in order to stop her from hitting him, pushed her. I told her what was what. In trying to stop her from hitting [our son], I ended up using violence [too]."

–An activist and father in his mid-twenties

Another man generally held gender-equitable views, but his destructive experience in a relationship with his son's wife translated into negative prevailing feelings: mistrust of women, jealousy, manipulation, and persistent fears of losing the ability to remain engaged in his son's life.

Men's Attitudes About Existing Policies

Similarly, men's views on policies related to gender equality also sometimes differed from their practice of caregiving. It is noteworthy

that similar findings came from the IMAGES survey (Barker et al., 2010), which found that men were more likely to espouse gender equitable views at the policy level or in theory, but tended to be more resistant as the issues came “closer to home.”

Men expressed two interrelated views regarding policy and gender equity. First, in addition to promoting equity between women and men, some men said such policies should identify and address inequalities among men according to their differences in race, socioeconomic status, geography, migration, and age. For instance, male youth face different realities from elderly men, and Afro-Brazilian men have different challenges from white Brazilians. Dealing with issues of socioeconomic status, class, and social exclusion are particularly salient in the case of Brazil. A few men’s discussion of LGBT rights most strongly illustrated inequalities among men. As one activist noted, most LGBT policies and programs served middle and upper class LGBT individuals, and failed to reach those living in poverty who faced disproportionate challenges to accessing their rights.

Several men also argued that input from men would be important in ensuring that public policies accurately address men’s barriers in accessing health services, and respond to their needs. For example, one man felt it was impossible to create HIV policies without listening to and involving people living with HIV/AIDS to see how they respond to them. Men also noted the lack of an organized civil society around the issues of masculinity and men’s health whereas there are numerous organizations advocating for women’s health and feminism. This point echoes their statement about the lack of movements or models for men who want to “break the mold.”

There were large gaps in most men’s knowledge of gender equality policies. For instance, the respondents generally were not aware of their rights, including their right to paternity leave. Most men were unaware of the paternity leave law, and those who had heard of it were unaware that it allowed men five days of leave (one or two men were aware of the duration). Paternity leave provoked a lot of discussion from men: they raised the importance of fathers’ presence at birth, and the need for paternity leave to be longer. As one man described, it reflected society’s prioritizing of motherhood over fatherhood.

“Five days [of leave], I think, are in fact surreal and I think only reinforces this idea that men aren’t interested in being fathers. For example, for some things [regarding the child], they only ask for the mother’s name. I think that is terrible; it seems that men don’t want to be fathers, it seems that they are always fathers by accident, you know. They are never aware of things, and I think that is terrible because that way—we know that labor laws are always kind of dry, but I think [paternity leave] goes beyond [labor laws], it ends up guiding society on certain issues of gender, right?”
- Daycare provider, age 22 at the time of the interview

Another father described fighting for custody of his son and to be the primary caregiver after the mother moved away. For another young father in his early twenties, fatherhood served as a rite of passage in which he had to advocate for a role he felt was discouraged to take on by his community.

It is obvious that caregiving men in Brazil struggle to reconcile their own feelings about gender equality and find the process to be a lonely one that often puts them on the fringes of mainstream society. The struggles they endure also foment resentment against those who fail to recognize men as equal partners in caregiving. They desire recognition and appreciation from peers, but also from their government, which they claim often leaves them without reasonable input into policies that promote men's caregiving and own well-being.

Reflections

It was apparent by the way men framed and discussed masculinities and caregiving that they were continuously reconstructing and negotiating their masculinities. Precisely because of the lack of care references and incentives for men to engage in care work, the respondents had to actively seek out experiences of being cared for and caring for others. Men's choice to take on caregiving activities, either as professions or in the home, was also shaped by what men saw as available to them as role models. Men in this study demonstrated initiative, and deliberately chose their care work; observed and deconstructed gendered structures and patterns around them; interacted in diverse groups and created networks with other men (and women) like them; and were advocates and representatives of care and gender-related work. Men experienced mixed support for their professional care work, such that even those who were well-received by colleagues in daycare centers or other care professions, reported that they still faced stigma from parents and society. It is also apparent from these reflections that perceptions of what constitutes care work and the issues that matter most to respondents varies by life experience and even by sexual orientation. Observations such as these may require further exploration as to the definition and dimensions of what is care work.

The men's accounts in Brazil also confirm that policies and programs play important functions to create conditions and promote a culture of care for men, and to understand and address the diversity among them. These factors are particularly important to consider for promoting equality among the men in Brazil. There are many policy opportunities ahead when it comes to envisioning care work as something men "do," "gender equality" as politically significant, and in engaging men in achieving gender equality. These opportunities include, among others, discussions about extending paternity leave beyond the current five days and examining how Brazil's national income support program, Bolsa Familia, affects family dynamics, including father participation.



Photograph by Jonh Spaul

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Men who Care: Chile

B. CHILE

A Qualitative Study on Men and Caregiving

By Francisco Aguayo and Michelle Sadler

GENERAL COUNTRY INFORMATION

Policies that Encourage Men's Caregiving

- In 2005, paternity leave was increased from two to five days to be taken within the first month after birth. Since 2011, mothers have had the right to transfer up to six weeks of maternity leave to the father (increasing for up to 12 weeks for part-time working fathers.)
- In 2008, a law was approved that extends the right to public daycare for working fathers who have custody of children 2 years or younger.
- In 2008, women were granted the right to be accompanied during childbirth. That same year, 80% of women decided to be accompanied by a person of their choice, usually the father.

Profile of Study Participants

Sixteen men were interviewed in two cities in Chile – Santiago (13 interviews) and Valparaíso (three interviews); respondents were between the ages of 21 and 67 years old. Twelve of those interviewed were fathers and 12 were partnered (married, cohabitating or in long-term relationships). The majority of the men had attended university - a study limitation in that most of the men interviewed were well educated and belonged to a professional working class. Two respondents were identified as having low socioeconomic status. The respondents came from urban and rural backgrounds. Six men were selected for their involvement in professional caregiving as therapists and midwives. Another eight men were chosen because they considered themselves as the “active” caregivers in the home and spent a majority of their time caring for children.

¹ Six were identified as “active fathers” and 2 were identified as “involved in domestic chores.” Two respondents were identified as falling under both categories.

# of Men	Primary Caregiving/Domestic Role
10	Men ¹ involved in caregiving and/or domestic tasks
2	Midwife (one also shares domestic tasks with his partner)
2	Psychologist (one is also an involved father)
2	Medical student (Obstetrics and Child Health)

Total interviewed: 16 men



Men's Practices of Care Work

Men in Caregiving Professions

Men in this category were professionals who worked in traditionally women-dominated care work positions such as midwives. These men were recommended and then selected for this study by members of a professional network of involved and gender-equitable men. Four of the men interviewed were midwives or birth attendants (both students and professionals). These participants were dedicated to providing care for women and newborn children by way of their profession – a traditionally feminine vocation. One participant, formerly involved in the government's health programs, advocated for reproductive rights for both men and women at the time of the interview. Others interviewed included two psychologists who work mainly with vulnerable populations.

Overall, the men interviewed were satisfied with their care work and felt fulfilled in their professions. They believed themselves to be open to new dimensions of masculinity that not all men explore, such as sensitivity, caring for others and more.

Professional Caregivers and Caregiving in the Home

In Chile, as attitudes towards fatherhood shift, the traditional role of men as solely economic providers is being questioned. As one respondent, Alberto², a separated father of three, pointed out: *"First comes the children, then work, then me."* Participants interviewed who have children stated that they try to be present, active, close and affectionate fathers even if they are separated from the mother. Two respondents who were separated at the time of the interview reported that they divided their time equally with the mother in caring for children (both the mother and father were gainfully employed). Another active father had to keep a flexible work schedule to care for four children while also maintaining his role as an activist for father involvement.

According to many respondents, fatherhood was a significant experience in which they assumed an active role in raising children ranging from changing diapers to spending time at home when there was no one available to supervise the children. However, despite the respondents' noted comfort in being involved caregivers, some of these men said that family members, friends and work colleagues viewed their relationship with their children as unusual.

"I always wanted to be a father who was more involved than a lot of the fathers are with their children with all of the chores like changing diapers, bathing them. My father asks me why I do this? And it's because he never did. He says that's women's work and that's the chauvinist in him. I told him, 'Dad that was 50 years ago already,' and he says, 'But son, you will stress yourself out.' I know that my dad has good intentions, but we don't see eye to eye anymore." - Coby³

² All names have been changed to preserve confidentiality

³ "Cuando podía, yo siempre quise ser un padre más involucrado de lo que muchos padres son con sus hijos, con todas las labores de cambiarle el pañal, mudarlo, bañarlo, mi papá me pregunta siempre por qué hago eso, y es porque él no lo hacía nunca, me decía que ese es trabajo de la mujer, y ahí está lo que es machista de mi papá, y nada, yo le decía papá, eso es de hace 50 años ya, "pero hijo, te vas a estresar" decía él, yo entiendo que mi papá tiene buenas intenciones conmigo pero no estaba de acuerdo nomás" (E14, Coby).

Given that, on the whole, the role of provider still belongs to men and the role of caregiving to the women in Chile, paid work is often a barrier for men who wish to participate more equitably in caregiving. Reasons range from the lack of balanced work policies to rigid work schedules or lack of employer permission.

“... I spoke with this person, I told her I need to leave to resolve a domestic matter at home with my daughter, my daughter had just been born, and her response was, ‘Well, but your wife needs to handle those things, not you.’ So, eh, there again, you see, this thing is more cultural from... Where I did things equally, I did things equally, but I didn’t want to keep talking about this topic” - Diego⁴

For some men, the experience of separation or divorce made them question fatherhood and fueled their desire to be active caregivers; they had to find another suitable home for their children, learn to resolve domestic issues when with them, and coordinate logistically with the ex-partner. Two of the respondents divided time with their children with their ex-partner, while another father found himself as the primary caregiver of his son after spending most of his life as an estranged parent. Another participant found a house five blocks away to be close and available to his children.

In the case of caregiving in the home, men reported multiple barriers, including family and traditional cultural expectations to fulfill more traditional masculine roles. But they found ways – perhaps more often than others in their position – to be present and available fathers, such as finding a job with flexible work hours, and seeking to maintain a good relationship with the mother if they were separated.

Men’s Partner Relationships and Household Dynamics

The men interviewed reported that being an involved father was not easy, and they needed to learn how to do it, ensure that it was compatible with their current job and coordinate work schedules and care work with the mother (a current or former partner) – observations not unlike those made by women who are primary caregivers.

An important antecedent to the participation of men in caregiving and domestic chores appeared to be a collaborative relationship with the mother. There were various arrangements made between couples depending on the type of full-time work involved (if it was more or less flexible), the available time to spend at home, available family support (the availability of grandmothers mainly, to provide additional care support), paid domestic labor, and even personal preferences.

⁴ “Y a propósito de la pregunta anterior respecto a las facilidades, en un minuto yo converso con esta persona, le comento la necesidad de tener que salir a resolver un tema doméstico en la casa con mi hija, ya había nacido mi hija, y la respuesta de ella fue “bueno, pero esas cosas las tiene que hacer tu mujer, no tú”; entonces eh, ahí ya de nuevo, te fijás, esta cosa más cultural, digamos, del, del... donde yo hice las cosas igual, lo hice igual, pero ya se generó una distancia clara respecto a las lecturas del tema” (E5, II, Diego 175-177)

⁵ “La distribución objetiva del cuento es, que por ejemplo, yo soy el que hace las camas, el que barre, el que sale a comprar, en general; la loza, el lavado, el planchado, es mi mujer” (E5,I, 254 Diego)

“The distribution of work is, for example, I’m the one who makes the beds, sweeps, goes shopping in general; the cooking, washing, ironing is done by my wife.” - Diego⁵

One midwife who had training in gender issues, and no children, said that he shared domestic chores equitably with his partner. Antonio, a psychologist, was married to a woman who worked full time at the time of the interview. He, on the other hand, had a flexible schedule that allowed him to have a greater understanding of how to care for his children. In Alvaro’s (another midwife) case, he was socialized to carry out domestic chores. His partner, however, came from a culture in which the home was the woman’s place. Alvaro wanted to share domestic tasks but his now ex-partner felt that her role as “woman of the house” was called into question with such an arrangement (both worked full time and spent equal amounts of time at home). This caused tension for them as a couple and became one of the reasons why they ended their relationship. Happily, this tension does not exist with his current partner.

In conclusion, the involvement of the male caregiver in many cases was dependent on the condition of the relationship with his partner. The men interviewed demonstrated that they attempted to share the responsibilities of the home in an equitable manner even if they were no longer romantically involved with the partner, but in some cases, work, and even the female partner presented barriers to doing so.

Men’s Childhood Experiences and Pathways to Caregiving

The men interviewed provided various explanations as to how they came to engage in caregiving. For some, family members served as role models for caregiving, while for others specific events occurred which obligated them to reorganize and rethink their roles within the family.

Identifying with a present, concerned and affectionate father involved in caregiving was observed to be an important factor for men’s current and positive perspectives on gender equity. For example, Gonzalo, an active father, said:

⁶ “Mi papá era el que nos llevaba al pediatra, mi papá era el apoderado, mi papá era el que se asustaba cuando estábamos enfermos y nos llevaba a urgencia (J), o sea, era una persona muy, muy presente (...) mucho de lo mío es un reflejo de lo aprendido con mi papá” (E1,I, 46 Gonzalo).

“My dad was the one who took us to the pediatrician, my dad was the legal guardian, my dad was the one who got scared when we were sick and took us to the emergency room. He was very, very present...much of what I do is a reflection of what I learned from my dad.” - Gonzalo⁶

Interestingly in Gonzalo’s case, despite having acknowledged his father’s involvement in caregiving, he still described his father as the traditional provider and his mother as the “woman of the house.” For

other men, other supportive figures such as an uncle or family doctor reinforced the idea of an engaged and involved caregiver.

However, it was difficult for some men to find figures who had a “consistency” of gender equitable behaviors. For example, while Gonzalo’s father demonstrated the importance of being involved in children’s lives from an early age, he was also extremely homophobic. His father did not allow him to share his brother’s bed when his brother had nightmares and threatened, *“They shoot fags. I’ll take you to the regiment tomorrow.”*

This was obviously a painful experience for Gonzalo and made him more vigilant to protect his own sons from such treatment. For example, in response to the homophobic bullying his son experienced at school, Gonzalo met with teachers, the school principal and other school representatives to put a stop to it. He reported feeling highly sensitive to how victims can feel in such unjust circumstances.

Normalization of domestic tasks for boys in early childhood or adolescence appeared to be an important and relevant variable that could explain current equitable behaviors in the home. For some men, there were explicit household rules – usually initiated by the mother – that required them to learn how to carry out domestic tasks. Others were brought up as activists with sensitivities towards social justice as was the case with Octavio, an active father of one, whose mother, a social worker, took him to the local jail so he could understand the realities of incarcerated youth. Childhood experiences with poverty and general economic insecurity also influenced social sensitivities of some of the men interviewed.

For Matías, an active father who shared domestic chores with his partner, the egalitarian education that he received while living in Sweden was especially important. He felt that in this setting there was no societal differentiation between him and his sisters; everyone was socialized to carry out caregiving and household chores through exercises such as caring for dolls, cooking, and sewing.

Experiencing a major life-changing event obligated some of the men interviewed to reorganize their household roles. The division of tasks was a household experiment that had diverse results. For Diego, an active father of three, the lack of social support networks (because he was exiled at the time) and over-worked parents forced him to take care of his sister who was 15 years younger. This was a learning experience for him in terms of caregiving and was a positive beginning to their future relationship as siblings.

Past experiences formed a part of the respondents’ identities that influenced how they saw care work. It is possible that the positive experiences where fathers practiced an equitable distribution of responsibilities has the same power as the more painful childhood experiences where they felt alone and without support.

Attitudes Towards Gender and Caregiving

Despite participating as caregivers in the lives of their children, there were diverse types of contradictions when men spoke about gender equity. Thus, employing gender-equitable behaviors is not necessarily accompanied by a pro-gender equality discourse when it comes to policy. On the one hand, some recognized the gender hierarchy (where men are usually seen as dominant and women as subordinate), and that men had more access to spaces of power and decision-making even in seemingly innocuous locations.

⁷ “Los partidos son súper machistas (...) son clubes de Toby los partidos, es una cuestión impresionante ((suspiro)). (E1, II, 178-179 Gonzalo)

“Political parties are really chauvinist...they are “Men Only” clubs...it’s a notorious issue” (sigh). – Gonzalo⁷

Several men, despite showing themselves to be equitable caregivers in the home, saw neither the logic nor the necessity for current measures to promote gender equality and gender equitable environments (e.g., efforts to promote equal pay and men’s participation in the birthing process, among others). It seemed as though gender equity was assumed to be a personal matter and circumscribed around specific topics (e.g. being an involved father despite being separated from the mother), rather than about promoting gender equity as a societal cause.

⁸ “Yo creo que...que no tiene sentido regular. Yo creo que si el sueldo de un hombre es mayor que el de una mujer, es porque muchas veces la mujer decide trabajar media jornada, por ejemplo. No creo que sea porque, porque...por el puro hecho de que sea hombre o mujer le van a pagar el mes a la mujer.” (E2, Alberto)

“I think that...it doesn’t make sense. I think that if a man makes more than a woman it’s because the woman decides to work part-time, for example. I don’t think it’s because, because...for the sheer fact that he’s a man or woman they will give the wages to the woman.” - Alberto⁸

Several men interviewed said that Chile exhibits high levels of discrimination against sexual minorities and that this violates basic human rights. At the same time, various respondents shared homophobic views and frequently contradicted themselves during the interviews.

⁹ “Yo soy partidario de las uniones...es decir, lo que no sé es por qué los homosexuales quieren casarse digamos” (E5, II, 274, Diego)

“I am a supporter of unions...really, what I’m not sure about is why homosexuals want to get married” - Diego⁹

Even though the midwives and psychologists interviewed were involved in caregiving professions, their perspectives on gender equity were also uneven. It appears as if these respondents were in transition, meaning that there were elements of their discourse that appeared gender-equitable and others that were attached to a dominant patriarchal system. At the same time, they also desired recognition from the government in their roles as fathers.

Chilean Policies

In Chile, after a legal separation, custody is automatically granted to the mother. For many respondents, this is an unjust practice

that must be re-evaluated, given that men are becoming much more involved fathers. Some of these men who demonstrated more gender-equitable attitudes considered that men suffer some discrimination with respect to fatherhood, and that to achieve real change there must be a model of shared custody between both partners in the case of separation.

“Because the truth is I don’t know why mothers should be given priority when it comes to the children and not the father; I’m as good a parent as the mother who has my children.” - Gonzalo¹⁰

Generally, respondents reported that they would prefer that paternity leave was much longer, which they said would bring more commitment to parenting and fatherhood, provide better attachment to their children and make them conscious of the burden of work that women have in the household.

“I think that men should be made to take 6 weeks [leave]. I don’t care if the woman sees the man take it, I think that if the man doesn’t take it, those 6 weeks they lose it [they should lose it]” - Matias¹¹

A few pointed out that even if there were more measures and actions to encourage father involvement, the situation would not change radically as the problem is not the employers but the workers. They argued that a strong chauvinist culture such as there is in Chile makes it difficult for men to break free of the mentality that caring for children should be in the hands of women -- even if paternity leave was implemented institutionally. Breaking with these norms would require not only a policy change but also a cultural shift.

Reflections

In conclusion, although the men in the Chilean sample showed consistent caregiving practices, the majority of their discourses were not consistently gender-equitable. A smaller number of those interviewed showed both involved caregiving practices and consistent gender-equitable discourses. In addition, we observed various antecedents that could explain the caregiving practices and gender-equitable discourses. For some, it was major life events while for others it was being raised in households where they were socialized to carry out domestic tasks and caregiving. This finding provided insights into what efforts may be required – from changes in the early socialization of children to broader social norm change to policy changes – to achieve greater involvement of men in caregiving.

¹⁰ “Porque la verdad yo no sé por qué los hijos deberían tener una prioridad con la madre y no con el padre; es decir, yo te digo, yo soy tan buen padre como lo es la madre, que tienen mis hijos” (E1,II, 131 Gonzalo)

¹¹ “Yo creo que se debería obligar al hombre a tomarse 6 semanas. No opino que la mujer vea si el hombre lo toma, yo creo que si el hombre no lo toma, esas 6 semanas se pierdan [se deberían perder]” (E38, 136 Matías)

the 1990s, the number of people with a mental health problem has increased in the UK, and the number of people with a mental health problem who are in contact with mental health services has also increased (Mental Health Act 1983, 1990).

There is a growing awareness of the need to improve the lives of people with a mental health problem, and to reduce the stigma and discrimination that they experience (Mental Health Act 1983, 1990).

The aim of this study was to explore the experiences of people with a mental health problem who are in contact with mental health services, and to identify the factors that influence their experiences.

The study was carried out in a large, multi-site mental health trust in the south of England. The trust provides a range of mental health services, including inpatient, community and primary care services.

The study was carried out over a period of 12 months, from January 2000 to December 2001. The study was approved by the local research ethics committee.

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Men who Care: India

C. INDIA



A Study of Men in Caregiving and Alternative Roles and Professions in India

By Abhijit Das, Satish Singh, Anand Pawar and Manodeep Guha

GENERAL COUNTRY INFORMATION

Policies that Encourage Men's Caregiving

- India provides 15 days of paternity leave for Central Government employees with fewer than two surviving children. Many state governments have implemented similar provisions for their employees and the Reserve Bank of India and some private firms also extend paternity leave in case of adoption.
- One of the only national-level policies that mentions men's roles in families and as fathers in India is the Reproductive and Child Health Project 2, Ministry of Health and Family Welfare, Government of India (2004), which stated that men should be involved in child and family health. The more recent version of this policy does not mention men as allies either in women's or children's health.

Profile of Study Participants

The study included 19 men who were selected purposively from Delhi, Lucknow (Uttar Pradesh) and Pune (Maharashtra), and came from diverse backgrounds. A majority came from urban or semi-urban areas, while one was from a rural area. In terms of education, 15 were university graduates and some had professional backgrounds in law, engineering and journalism. A majority of the participants were predominantly upper caste Hindu, while three were Muslim. Half the participants were between the ages of 30 to 50 with all participants ranging in age from 18-61. The interviews were conducted in English, Hindi and Marathi, and initial coding and analysis was conducted in the language of the interview.

# of Men	Non-traditional caregiving or professional role
7	Primary caregiver
5	Social activist/NGO worker
2	Nurse
2	Professional dancer
1	Tailor at a women-owned boutique
1	Owner of a women's gym
1	Mehendi artist (women's hand-painting)

Total interviewed: 19 men

Men's Practice of Care Work

Caregiving and Other Alternative Professions

All of the professional caregivers in this study held positions to which the "average" Indian male does not aspire (nor are they expected to), and described their experiences in terms of how others viewed them in their alternative roles. One of the two male nurses described his career choice as somewhat common in his state of Kerala, a path chosen because of its potential international career opportunities. However, he felt that he is often treated worse than female nurses by being given longer work hours, or more physically demanding labor. This "out of place" feeling was also shared by the second nurse:

"Male nurses feel a little uncomfortable. The nursing profession is 90% women. It is a little difficult for men to adjust (to) it."

The tailor shared a similar sense of discomfort. He was a men's tailor first, but then was forced to work in a woman-owned boutique due to a lack of other employment opportunities. He reported, unenthusiastically:

"Speaking of interest, there is none, often I feel put off, but since I have learnt this work I have to do this work."

The *mehendi* (women's hand painter) artist reported that while he enjoys his work he is reluctant to share what he does with his friends. As a student, he said he would prefer a more "manly" profession in the future, while also continuing to pursue his love for drawing intricate patterns out of henna paste on women's hands.

The two dancers in this study have continually faced challenges from childhood onward from their families and friends due to their unconventional interest in dancing, as well as limited employment options; one of them had to take on a second job to supplement his inadequate income. However, these difficulties were not sufficient to force them out of the dancing profession, and one dancer found that his positive relationships outside the family provided him with invaluable social support. Another respondent who managed a hostel for rescued children felt that his peers did not accept his profession initially. His friends used to ridicule him for performing all of the caregiving and domestic chores such as cooking, cleaning, bathing children, washing clothes, and attending to them during illness. His friends would say:

"What's the matter with you brother, you have now become a mother to twelve children. When there are women around why do you need to cook?"

However, his friends eventually came to accept and even appreciate his choice to become a professional caregiver. Other respondents in the

study also noted this shift from ridicule to acceptance, to appreciation and respect. A journalist who advocated for the inclusion of women's issues in his newspaper described how he slowly became a resource person for his colleagues, and later a role model when he won a prestigious fellowship for his articles. Similarly, the same people who had taunted one of the dancers in this study now ask him to perform at the local *Durga puja* (a religious festival).

Professional Caregivers and Caregiving in the Home

Those interviewed who were caregivers in the home did not generally describe caregiving as a chore. One man who cared for his paralyzed wife used to care for his younger siblings by cooking and helping his sisters comb their hair (this after their father abandoned the home, leaving their mother to take on the role as breadwinner). Another respondent, who shouldered both caregiving and professional responsibilities because of his wife's work-related travel schedule, said that even when she was at home he would share most of the domestic chores, including cooking. He did not believe that looking after his daughter and sharing responsibilities with his wife was something out of the ordinary.

Two other primary caregivers of children who were engineers by profession said that they applied many of their professional skills to housework, such as cleaning utensils, maintaining the kitchen, and cleaning the furniture. One of them noted the difficulty of balancing his three responsibilities as a working professional, a single parent and a political activist. However, he did not see his struggles as special because, he noted, women balance such responsibilities all the time:

"I don't want any sympathy from the world as a single father; I think that's unfair. As I said, you know women do it all the time... I would like to protect my son from being an exhibit...who is a part of this strange thing: single father, single child..."

The men interviewed had varied attitudes towards use of violence in the home. One respondent said that while he rejects the notion of public violence (using corporal punishment while outside the home), he would not stop from beating his nephew if he thought the child was being "unreasonable." One of the nurses also justified using violence against his sister if she were to date a "bad boy." While he would first ask her not to do so, he said he would eventually have no other option than to beat her if she did not comply with his repeated warnings. A single father explained the boundaries of acceptable and the unacceptable violence in a metaphorical manner:

"...You sort of give freedom slowly. I mean, as much as he can handle and as much as is needed. The child should never feel that he has free reign or has a long rope. You should keep that rope in your hand. However long that rope may be...(it) changes in different situations."

Almost of all of the men interviewed felt a sense of isolation in their chosen activities. However, they also felt passionate and attached to these activities as well, though the tailor felt that lack of economic opportunity forced him into his current position. Support and acceptance from friends and family also seemed to positively influence men's experiences; almost none conveyed a sense of dejection or failure.



Men's Partner Relationships and Household Dynamics

Six of the 19 respondents were not married; one was widowed and another was divorced. Of the married men, two shared that they had either married outside their caste, or had difficulty convincing their families of their choice of a partner. For two other men, both the respondent and his wife worked for NGOs on social justice issues. Both of these men said that they shared domestic work with their partner and did not believe, as others said about them, that this made them special.

Another two men were primary caregivers for spouses who were severely incapacitated. While family members and friends actively encouraged both of these men to remarry, both said they felt that their primary responsibility lay with their wife and children. That said, the commitment to their spouses was not without its challenges. One respondent said that it was difficult to make his daughter accept her mother's disability as a part of everyday life. The other caregiver who had been caring for his paralyzed wife for many years felt unable to provide the best level of care for his children, though this was not enough to make him consider exposing his children to a step-mother. Though he described a loving devotion to his wife, the justification he provided to stay with his spouse was more related to being an involved father who went to great lengths to create a positive childhood for his children rather than as a husband who provided extraordinary and devoted care to his wife.

The level of sexual intimacy shared between partners was also affected by caregiving choices. The respondent caring for his paralyzed wife admitted that his sex life was affected due to her illness. Another respondent caring for two aging parents felt that he and his wife do not spend as much time alone as he would like, and that the lack of intimacy sometimes created tension between them. However, he reported that understanding the situation and talking about it openly helped to alleviate this.

The importance of affection emerged clearly in other cases as well. In one instance, the respondent had a "love" marriage (as opposed to an arranged marriage) and continued to have a close relationship with his wife. He described feeling proud that she shares his professional interest in bodybuilding and serves as his co-trainer. But having had an inter-caste marriage also has created an adversarial

relationship with his wife's family. While he accepted that she had full rights to maintain a relationship with her natal home, he often stopped her from going and prevented her from asking her family to come and visit them. Another respondent who believed strongly in gender justice realized the need for and limitations to developing intimate relationships for young couples in rural joint families (generations of family living under the same roof) where there is strict sexual segregation and few opportunities to express affection. The intellectual concern for affection also caused him to worry about the way he expressed affection for his own wife.

Finally, family support emerged as an important factor that sustained one respondent's choice to become the primary caregiver after receiving treatment for alcoholism. He said that his wife and daughter's acceptance of his role as home-based caregiver not only provided him with strength to taken on these activities, but also kept him away from his previous addiction.

Overall, the men interviewed verbalized a high level of devotion, respect and affection with regards to their intimate partners. This affection apparently allowed them to overcome the obstacles to achieving meaningful relationships with their partners such as lack of family and societal support for their roles as caregivers (and with regard to inter caste marriages). However, these relationships, like any other, were colored by difficulties in which men resented the change in roles and the lack of sexual intimacy and continue to exert control over the household.

Men's Childhood Experiences and Pathways to Caregiving

The respondents arrived at their current personal and professional caregiving situations through a mixture of choice, struggle and compulsion. Two of the caregivers chose to become primary caregivers because it felt the most logical. As noted above, one transitioned from being an engineer to a primary caregiver after his treatment and rehabilitation from alcoholism:

*"I consciously have decided to get into the role of homemaker...
I just love doing things that I do."*

For the other it was a pragmatic choice. His spouse managed an NGO and traveled extensively, and he opted to become the parent who stayed at home.

For other caregivers there were no other options. Two were forced to become caregivers because of their spouses' disability. Two other caregivers looked after their aging parents - a role which often falls upon the son. In the case of the two single fathers (one was a widower and the other was

divorced) the stories were a mix of choice and *fait accompli*. The divorced father did not question whether or not he would ask for custody of his son:

"I did not feel a challenge primarily because from the day he (his son) was born I was an equal partner in bringing him up."

For the two male nurses the pathways to their profession were remarkably different. For the man from Kerala, nursing was seen as a desirable profession, and he was encouraged by his friends and family to pursue it. For the other respondent, his father suggested training to become a nurse after his initial forays into small business had failed.

An interesting aspect among most participants was the limited, absent or even negative influence of their own fathers. For some men, their father died, left the family, or went away from home for long periods when they were young. Others mentioned that their fathers were abusive and physically beat them as well as their mothers. One of the dancers described a particularly abusive father who did not support his passion for dance, and threatened:

"If you go (to dance class) tomorrow I will break your legs."

However, even those who mentioned good relations with their fathers considered themselves to be much closer emotionally to their mothers than to their fathers. Indeed, almost all respondents remembered their relationships with their mothers with fondness and admiration – an emotional connection that respondents felt more at ease to discuss than the one they had with their partner. One of the respondents described a close relationship with his stepmother who raised him up after both of his parents passed away, while another man admired his mother for taking on multiple responsibilities after his father became an ascetic and lost interest in household responsibilities. Another respondent did not realize the role his mother played in raising the family until years later:

"At one point, my father didn't have a job in Allahabad. And the household was run by my grandfather's pension and my mother's salary. So she was actually the breadwinner in many ways. ... She never let that be known ...that she was wearing the pants during that time. My father's standing in the family never went down by one iota."

A few respondents shared stories of social antagonism during childhood and youth that apparently influenced their subsequent attitudes toward caregiving. One Muslim respondent described feeling intense insecurity living in an aggressively charged atmosphere during religiously motivated communal riots. A somewhat similar story was shared by another respondent, a *Brahmin* (upper caste), who described that he was severely beaten by his father for eating with a *Chamar* (lower caste) friend. A third respondent told of his friend's sister being burned to death while he was in college. For these respondents, these

past experiences were shocking and traumatic, but also served as part of their motivation to be different from other men.

Attitudes towards Gender and Caregiving

Conversations with the 19 men revealed that their attitudes often confirmed existing gender norms, but instances of confusion, dualities and alternative and reasoned beliefs and practices were also evident. One of the respondents did not like being called a nurse and said:

"People like that are lady nurses in a hospital... we are men and we are called brothers."

He also did not see himself as a "carer" but as a "helper." The *mehendi* artist not only loved doing *mehendi* and *rangoli* (traditional decorative patterns drawn on the floor), but also liked wearing earrings, bracelets, and dancing. At the same time, he aspired to take up "manly" profession, and revealed his confusion around gender equality when he said on the one hand that:

"Every woman should be independent, so that if she has to live on her own, she need not beg for money to anybody,"

As the same time, he believed that:

"It is okay to beat women if they do not follow the rules laid by society or if they do something that is not accepted by society."

Both the dancers in the study did not consider dancing to be a feminine vocation and one of them used the god Shiva of Hindu mythology as his example or reference. He did not enjoy playing female roles (depicting goddesses), but instead enjoyed performances based on Shiva, and admired Shiva's masculine image:

"I don't do makeup. I don't wear powder and other similar stuff. But I put on a lot of kohl (a cosmetic to darken the eyelid) so that people can see it from a distance. They have to see this thing... your expression. So to show my expression I put on a thick layer of kohl. No lipstick, no earrings, none of those things. No jewelry, I don't wear any jewelry. I wear lots of rudraksha beads (traditional beads). Lot of rudraksha and I try to wear only simple dhoti (a traditional men's garment). White dhoti or red dhoti or yellow, so that I look like a man. Because I feel when people are seeing me, they should see the body of a man."

A similar obsession with the body was found in the respondent who ran a gym for women. He felt a great sense of satisfaction in working with boys who saw him as a role model and who wanted to develop a

similar, muscular physique. He was willing to go to great lengths to build muscle among his students – including using steroids even though he was aware that they are harmful. He was also concerned about women’s fitness and believed that the “*strength of the body*” will help them to protect themselves from violence.

Many of the participants who were associated with NGOs with a social equity focus were gender-equitable in their attitudes. Two men mentioned having specifically studied women’s issues and were articulate in talking about women’s social status and about patriarchy. Many in this more gender-equitable group mentioned both doing household chores like cooking and looking after children.

During the interviews many of the respondents talked at length about their relationships with children and nephews/nieces as providing an interesting window into their caregiving roles and behaviors. One of the caregivers mentioned that spending time with his daughter was a kind of rejuvenation after a long day at work.

Four of the six participants who were selected for their involvement in alternative professions provided glimpses of caregiving for the young in their family. For example, while the gym owner believed in the virtue of physical strength he also emerged as a caring father for his nine-month-old daughter saying that he bathed her, fed her and also took care of her when she was ill:

“When she is sick and does not go to sleep, I stay awake all night with her lying on my abdomen.”

Additionally, both the dancers in this study were involved in the caregiving of their nephews and nieces. One of them spent a lot of time with his nieces teaching them art and dancing while the other mentioned helping in bathing, dressing and even changing the nappies of his young nephew when he was at home.

Reflections

Despite the overwhelming influence of patriarchy on men in India this study shows that men can and do exhibit caring and other non-traditional practices. In light of this, the examination of men’s non-traditional professional and caregiving roles revealed an interesting diversity of both gender normative and atypical practices and perspectives.

While the respondents were chosen in accordance with distinct pre-identified categories (men providing caregiving in the home, men in caregiving profession and men in non-traditional but non-caregiving professions), the interviews revealed that men’s practices overlapped in several different ways. Many domestic caregivers were also associated with social justice organizations, either directly or through other family members. Many who

were initially recruited for this study for their work in social justice were also active caregivers at home. Later, during the analysis, it emerged that even those who were not recruited because of their caregiving roles had strong propensities for caring for children in their families, reinforcing the common thread of care throughout the entire study group.

While adverse life experiences were common to many of the life stories, the sense of overcoming these challenges was also a thread that bound many of these men together. The engineer who was also a single father described his decision to become a primary caregiver as a rebellion similar to how he reacted in school:

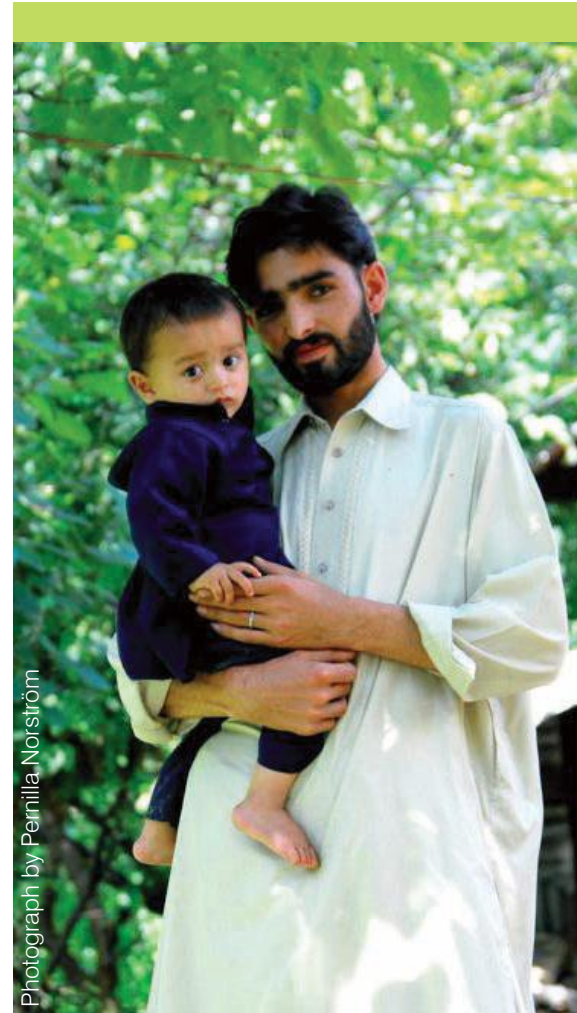
“Rebellion at home was more guerilla warfare. So, if they expected me to get up in the morning I could sit up and sleep, okay... They expected me to work at night, I would read story books. I would quite often sit in the last bench and read the story books, not disturb the class.”

Others also participated in their own acts of rebellion against societal restrictions. The gym owner had an inter-caste marriage, a significant act of rebellion in northern India; another respondent had quit his studies at one point in his life to pursue work as a salesman and later a master’s degree. Two other respondents did not stop from associating with individuals from lower castes despite the beating and admonishment they received in childhood or the fear of religious fundamentalist threat.

Passion was another theme that comes across in many accounts from the commitment to bodybuilding and physical fitness to the passion for dance. Even for the two engineers, the idea of passion is also conveyed when one of them stated that he applied principles learnt from his professional training to his caregiving tasks, *“place for everything and everything in place”*.

Another theme that appeared consistently throughout a large number of the narratives was that of “morals” or an ideological framework. Some described their ideologies explicitly referring to philosophers and political theorists. They mentioned the writings of acclaimed thinkers such as George Bernard Shaw, Marx, Engels and Gandhi. Others mentioned inspiration drawn from locally relevant sources like Sane Guruji (a 19th century social reformer from Maharashtra), the poetry of Rumi (a Muslim mystic of the Sufi tradition) and Meera’s bhajans (religious songs) as well as religious songs and TV series. Some mentioned having interactions with youth organizations including the RSS (a Hindu religious and social organization) and the NCC (a youth organization for fostering good citizenship) in their youth. It was, however, noticed that this theme of moral anchoring did not also convey a sense of cultural nor gender-based chauvinism in any individual.

All of these themes – and others as yet to be identified – emerged as possible factors that allow men to exercise an alternative, gendered agency even in the presence of an overwhelming hegemonic imperative that is part of the compulsion of being a man within the prevailing patriarchal system in India.



Men who Care: Mexico

D. MEXICO



A Case Study of Men Engaging in Care Activities and Practices

By Juan Guillermo Figueroa and Natalia Flores¹

GENERAL COUNTRY INFORMATION

Policies that Encourage Men's Caregiving

- Mexico City passed a municipal law in 2008 guaranteeing 10 days of paid paternity leave.
- There is no national law or policy on paternity leave or any other national policies to promote involved fatherhood. Major employers, for the most part, continue to oppose paternity leave.

Profile of Study Participants

The data from two separate groups of caregivers were analyzed for the purposes of this paper; there were 16 male caregivers interviewed in total. The first group of men were involved in caregiving activities within the home. These included: divorced fathers who stayed at home with their children, widowers in similar situations, stay-at-home fathers whose partners worked outside the home, and single sons who cared for aging parents. The second group was made up of men who worked as professional caregivers: elementary school teachers, daycare supervisors, and nurses. Participants ranged in age from 19 to 58 and had diverse educational backgrounds; the lowest educational attainment for a participant was primary school while the most educated had advanced degrees in education and nursing. Two participants were widowed, four were single, six were married and four were divorced. All the interviews took place in either Mexico City, Celaya (in Guanajuato), or Cuernavaca (in Morelos).

# of Men	Primary Care Role
9	Primary caregiver for children or elderly relatives
3	Nurse
2	Music teacher
2	School principal

Total interviewed: 16 men

¹ Special thank you to Josefina Franzoni for the development, transcription and preliminary coding of the qualitative interviews.

Men's Practices of Carework

For the men interviewed in Mexico, caregiving in both the home and professional setting allowed them to break with traditional norms, which many found personally rewarding. The participants' descriptions of their care work provided insights into the benefits as well as the challenges of performing care work as men.

Men in Professional Care Work Settings

The identified professional caregivers participated in activities that are related to caring for others, mainly as nurses or teachers. The feminization of these professions is not only related to their gender composition, but also to the social characteristics usually assigned to women: tenderness, sensibility, patience, ability to follow instructions and take orders. Many of the men involved in caregiving professions felt an emotional closeness to their line of work and described pleasure in offering help and support to others:

² **Entrevistador:** ¿Qué satisfacciones te ofrece el trabajo de enfermero?

Jorge: Es ayudar. Que nos necesitan al momento, ya que a veces es muy bueno sentir el reflejo de tu trabajo, porque a veces es muy satisfactorio que el paciente te diga "gracias", que esté bien gracias a ti.

Interviewer: What is it about being a nurse that satisfies you?

Jorge: Helping. That they (patients) need us in that moment, to feel the good that you do is reflected back to you; sometimes it is satisfying for a patient to say 'thank you' and that they are doing well because of you.²

This deeply rooted idea of personal satisfaction in the workplace was especially significant for Fernando who mentioned that the contact he has with patients is more important than the economic remuneration and prestige of working as a nurse. However, legitimacy within caregiving professions in terms of official qualifications was not sufficient to establish trusting relationships. Jorge, another nurse, said:

³ Yo siempre he tratado mi trabajo con una seriedad y con una actitud mejor, y más que nada que me vean como su amigo y que vean que en ti pueden confiar por si tienen algún problema ... yo platicaba con ellos y eso hacía confianza, mucha confianza... Entonces yo les explico varios sistemas y siempre les explico en beneficio de su familia para que ellos se sientan más tranquilos y ganarme la confianza del familiar. – Jorge

"I've always regarded my work with a certain seriousness, with a better attitude, and more than anything, I want [patients] to see me as a friend, and as someone they can confide in if they have a problem...I chat with them, and that creates trust, a lot of trust... I explain to [the families] various [bodily] systems and always for [their] benefit so that they feel calmer and trust in me." - Jorge³

However, even though many professional caregivers described the benefits of being in their line of work, in many cases the men did not have any direct contact with the people receiving the care (e.g. children and patients). In these cases, "care work" was referred to as improving its practice *organizationally through* transformation and innovation. In that sense, those interviewed integrated these practices into a framework of professionalization that demanded that care work be carried out with efficiency, profitability, and sustainability.

Caregiving in the Home

For caregivers in the home, the majority had to take on dual roles (provider

and caregiver) due to the absence of a partner. In other words, the role of caregiving in the home came to them via life circumstances rather than as something they sought out because of a belief in gender-equitable relationships. The majority of primary caregivers in this group dedicated more of their time to caregiving tasks than to domestic chores such as washing, ironing and cooking - a common theme in this group. Some even decided to hire a third person to whom they delegated these activities (a common occurrence households where women act as the principal caregivers as well). Francisco described his duties as a single father and how it overlapped - and did not overlap - with his hired housekeeper:

"So, Pancho (his son) arrived and ate with me. And if I didn't like how things were at home (there was a housekeeper who helped with the cooking) I went with Pancho to a restaurant. Pancho used to feel really lonely so I would take him to the office until he began to have friends of his own." - Francisco⁴

To maintain the coexisting roles of provider and caregiver, a few of the men, such as Francisco, participated in paid work that allowed for flexibility in schedules, routines or practices such as taking children to work, something that women have frequently done to fulfill their dual occupational and domestic roles:

"I'm in sales, so you can earn what you want in accordance with how you work, furthermore I have a property that I rent out and I'm single... Here they are pretty relaxed, they open at 9 or 9:30. I would like them to open at 7 in the morning, because I'd like to finish at 11 in the morning, but since they open at 8:30 I don't finish until 12, 2 or 7, 8 at night. But in general, work goes quickly and I have lots of free time." - Paco⁵

What stood out most from these interviews was the dialogue, communication, trust and alternative forms of teaching and discipline men discovered while engaged in these practices. There was also a sense of fulfillment, similar to what many of the professional caregivers felt in their practices, and gratification that they were more emotionally involved with their children:

Interviewer: *What types of advice would you give to fathers?*
Juan Antonio: *Get involved. I know all that a woman does, as a man it's a little more difficult, but, yes, you can do it. Involve yourself and tell people there is nothing wrong with what you're doing. I mean, try to get involved anywhere you can.*⁶

On the other hand, many participants were the recipients of a more traditional gendered upbringing in which they were taught to remain distant from their children, and avoid talking about certain subjects with their children. For example, a few of the men discussed the difficulties in talking about women's physiology with their children. In this sense, it

⁴ Entonces ya Pancho [su hijo] llegaba y comía conmigo. Y si no me gustaba mucho como le quedaban las cosas (a la muchacha que les ayudaba a cocinar) me iba con Pancho al restaurante. Al principio Pancho se sentía muy solo y me lo llevaba a la oficina, hasta que ya empezó a tener amigos. - Francisco

⁵ Yo ando en las ventas, entonces tu puedes ganar lo que quieras de acuerdo a lo que trabajes, además tengo una propiedad que rento y soy solo... Aquí son medio flojos, abren a las 9, 9:30. Yo quisiera que abrieran a las 7 de la mañana, porque quisiera terminar a las 11 de la mañana, pero entonces como abren a las 8:30 voy terminando a las 12 del día, 2 de la tarde, o 7 u 8 de la noche... Pero por lo general, mi trabajo es muy rapidito, tengo mucho tiempo libre... - Paco

⁶ **Entrevistador:** ¿Qué consejo le darías a los padres?

Juan Antonio: Involúcrate. Yo sé todo lo que hace una mujer, como hombre es un poquito más difícil pero sí puedes. Involúcrate y dile no tiene nada de malo que hagas eso o hagas aquello. Es decir, tratar de involucrarte por un ladito, por donde se pueda

seemed that there existed a social order that favored shared experiences as a unique form of understanding: only women can communicate with other women under specific circumstances that unite them such as their own biology. Regardless, men's positive experiences demonstrated how alternative approaches to caregiving can bridge these challenges.

Overall, most of the men interviewed, especially the nurses and primary caregivers, emphasized the satisfaction they felt as a result of their professional and personal choices. Those in more senior positions in caregiving professions, however, described that as they excelled in their particular field, their interactions with individuals for whom they cared lessened as a result, further removing them from the non-traditional aspects of their work. For primary caregivers, there was a sense of fulfillment, despite the obstacles, in engaging in this alternative model of fatherhood – a model that many associate with motherhood. Many men went to great lengths to re-arrange work schedules to accommodate these dual roles, but their responsibility often stopped short of carrying out domestic chores, a theme that will be explored more fully in subsequent sections.

Men's Partner Relationships and Household Dynamics

There was tremendous diversity among the men interviewed in terms of their civil status and familial relationships that seemed to mediate the distinct responsibilities men assumed within the home. For example, Jorge and Luis – who were the the youngest professional caregivers interviewed– were single during the interview process. Jorge, a nurse, was living with his mother and younger siblings, all of whom he had provided for from an early age. Being the oldest son in his home required him to take on a more traditional role of providing economic security for his family (in the absense of a stable father) despite his caregiving profession:

"Since I was a kid we never had enough money, so my mom was always working and I gave her money... She still works up to this day. Now that I work I don't give her money. What I do is I give her material things which we also lacked. I've bought a refrigerator, a stove, as well as fixed the house." - Jorge⁷

Female partners often played a key role in the lives of primary caregivers –by being absent. Many of the men interviewed had to assume responsibilities without a partner, which is how they learned to incorporate new responsibilities associated with caring into their daily routine. On the other hand, for Rigoberto, a divorced father of two and a professional caregiver, his difficult relationship with his ex-wife emotionally distanced him from his children though he retained the responsibility of provider:

⁷ "Siempre desde niño era la decadencia del dinero, por eso mi mamá trabajaba y le daba gasto...Hasta la fecha todavía se sigue haciendo eso. Ahora que yo trabajo no le doy gasto. Lo que he optado es por comprarle cosas materiales porque mi mamá también hemos carecido de eso. He comprado refrigerador, estufa, igual arreglar la casa.

"My family is my children? No, because I don't have them under my roof. With all sincerity, they are manipulated by their mother... All things considered, I try to change that, but to say they are my family, no, not at all. In reality, they are my children and I watch out for them, but I don't consider them as my primary family." - Rigoberto⁸

In contrast, Fernando, a professional caregiver, narrated a distinct arrangement of family-related responsibilities: all domestic, as well as economic (paid work), tasks were shared equally between he and his spouse. This sense of shared responsibility also carried over into caring for their children:

"At night we are on the lookout for her (their daughter), or we go downstairs to check on her because it's 1, 2, 3 o'clock in the morning and she's studying, or she says, 'Dad, take me to so and so museum' or she asks, 'Dad, take me to buy this thing for this project...'" - Fernando⁹

For Sergio, the only man who shared household responsibilities with his wife in the primary caregivers' group, suggested that there is another angle to caregiving work that is often more difficult to discuss. He felt personal frustration due to his unemployment, which often provoked depression for the work he did in the home:

"I feel that, I don't know if it was by luck or by my determination to do things; things were better in my personal life, and not in my professional... My problem now is that there is no money. And you know that money is basic... That is a problem for you as a dad, as head of the family... Emotionally it hits you because you feel powerless, you don't have the resources... A part of me says, 'Hey, you're losing time here, being in the house, cooking, you can do a lot of things.' So, that makes me feel a bit unstable... it makes me feel bad." - Sergio¹⁰

Sergio's description suggests that it is easier for men to incorporate emotional closeness and caregiving of family members as part of their identities when this does not also imply a complete renunciation of their economic responsibilities as providers. From this interview, it was evident that some men still needed to identify and be recognized as providers. It is also possible that men were willing to share the economic responsibilities with their partners as they do in caregiving, but this did not seem to hold true if it related to a complete exchange of responsibilities in the home. The social status of domestic labor as a "woman's" task could clarify why men are more open to transforming their practices related to fatherhood than to the home (or domestic activities):

Sergio: I never got involved with cooking and now I'm doing it. Of course it makes me embarrassed. There are times when I'm doing it (recognize that I would pretend to stand by the door and look at myself) and I ask myself, 'How will people see me?'

⁸ ¿Mi familia son mis hijos? No, porque no los tengo en mi mismo techo, sinceramente están demasiado pues manipulados por la mamá... yo en lo que cabe, en lo que puedo yo trato en realidad de modificarlo, pero decir que es mi familia no, para nada, en realidad son mis hijos y estoy velando por ellos pero no puedo considerar que sean mi familia primera, realmente no.

⁹ En la noche entonces nosotros pues estamos luego al pendiente de ella (su hija), o sea bajamos a verla porque luego son una, dos, tres de la mañana y ella está estudiando o este, "papá que llévame a tal museo" o que "papá llévame a comprar tal cosa para este trabajo..."

¹⁰ Yo siento que, no se sí por suerte o por empeño en hacer las cosas, me fue mejor en mi vida personal, afectiva, no en la profesional... Mis problemas ahora son que no hay dinero. Y tu sabes que el dinero es básico... Eso es un problema tanto para ti como persona, como papá, como jefe de familia (...) Anímicamente te pega porque te sientes impotente de no tener los recursos (...) Una parte de mi me dice: "oye estás perdiendo el tiempo aquí, cocinando, puedes hacer muchas cosas, o estando en el hogar." Entonces, si eso me toman un poquito de inestabilidad... me hace sentir mal ...

¹¹ **Sergio:** Yo nunca me metí a la cocina y ahora lo estoy haciendo. Claro que eso me avergüenza. Hay veces que estoy haciendo las cosas (haz de cuenta que me pusiera en la puerta, que me saliera de mi) y me pregunto ¿cómo me verá la gente?

Entrevistador: ¿Cómo te verá la gente?, ¿en qué sentido?

Sergio: De preparar los alimentos.

Interviewer ¿Qué te dices a ti mismo?

Sergio: Tan bajo has caído, pero me digo, no, momento, alguien lo tiene que hacer...

Interviewer: *How would people see you? In what way?*

Sergio: *In preparing food.*

Interviewer: *What do you tell yourself?*

Sergio: *How low you've fallen, but I say no, wait a minute, someone has to do it...*¹¹

The connection between intimate or partner relationships and the division of household duties is a complex one. Though men openly shared their experiences as caregivers, many of these same men still considered household chores to be a woman's responsibility. As noted earlier, many of the single men caregivers hired outside laborers to carry out those daily, domestic tasks while they assumed more affective roles as nurturers and discipliners, as well as the role of breadwinner. These interviews demonstrate the persistence of prejudices and household inequities as they relate to domestic tasks. For those who were unemployed, the pressure to fulfill their traditional roles as economic providers was especially acute. More research is needed on this topic: how unemployment and employment instability hinders (or facilitates) men's caregiving practices.

Men's Childhood Experiences and Pathways to Caregiving

The connection between men's early childhood experiences and their practices as professional or primary caregivers was not always linear or direct. Some of the men interviewed came from homes where the traditional division of work prevailed: the father was the provider while the mother was the caregiver. Others were responsible for household chores, or helping their mothers in caring for younger children from an early age because circumstances required that they participate in this form of work.

The majority of men interviewed described a long trajectory to professional and paid employment in which they combined work and academic study from a young age. For them, their experiences and identities as workers developed early on, simultaneously with their masculinity. Jorge, for example, stated that since childhood his integration into the workforce was a decision he made to refrain from being a burden to his family:

"I was always working since I was 9 or 10 years old, and I always had money in my wallet because when I was hungry I bought something, and I bought it because my mom said she did not have money..." - Jorge¹²

¹² Siempre he trabajado desde los 9 o 10 años, y nunca me ha faltado dinero en el bolsillo y es lo que no me ha sido falta, porque cuando tenía yo hambre compraba algo y me faltaba algo y compraba porque mi mamá decía que no tenía dinero...

The explanations that men gave when asked how they began working as professional caregivers were diverse and depended on the area of work they were involved in. Rigoberto, the owner of a kindergarten and daycare

center, explained that he decided to invest his money in this commercial endeavor because his former wife recommended that he do it:

Interviewer: How did you get involved this work, in this business?

Rigoberto: Well, because I said, 'We're going to start a business' and she said 'A school,' and I said, 'I don't know anything about schools but I'm not scared...' I had another type of business in mind, never that...I didn't know anything about schools. I came from a different professional background, but we started it...¹³

Luis's experiences also reflected this recurring theme of chance and a third person influencing the decision to assume caregiving as a profession. He was one year into his career as a chemical engineer when his aunt asked him to substitute for a class of 6 to 12 year-olds for a couple of months. He identified with teaching immediately and decided to change his profession as a result. Many of these accidental choices to join a caregiving profession were presented as a challenge to which respondents believed they "could not be afraid" and "had to be daring." These abilities could be related to a construction of gender norms that force men to interpret their efforts to join foreign and feminized professions within more "masculine" values of courage and bravery.

Similarly, Fernando, a nurse, did not refer to the act of caring as a motivation for working in his particular profession (though he said he felt rewarded by his daily interaction with patients). For him, nursing presented a way for him to study medicine, which was his foremost interest. As such, he affirmed that above all he enjoyed science and it was this interest that motivated him to become a nurse and then subsequently to teach others.

For a majority of participants, the decision to engage in caregiving professions did not create tension with their gender normative ideals because they already identified with the masculine characteristics associated with their roles as teachers and nurses. Others made caregiving fit into their traditional notions about manhood: one saw assuming ownership of a daycare center as a "challenge" or dare; others saw caregiving as a way to be providers; others took on caregiving professions as professional spaces where they learned science (nursing) and/or took on teaching as a role historically assigned to men (Blazquez, 2010).*

For primary caregivers, the past experiences that led to their current situation were less driven and as such were more unplanned. All of the men interviewed in this group, except for one, were single caregivers. Many experienced a rupture with a previous relationship that led to a reconfiguration of their routines, physical spaces, and means of coexistence with their dependents. Men sometimes described the separation from their previous partner as traumatic, as it was for Juan Antonio. He described the separation from his partner as something "terrible," not only because of the difficulty entailed with learning and developing new skills, but also because of the emotional pain of living alone:

¹³ **Entrevistador:** ¿Cómo fue que empezaste en este trabajo, en este negocio?

Rigoberto: Pues porque realmente dije "vamos a poner un negocio" y ella dijo "una escuela", yo dije pues bueno no sé nada de escuelas pero pues no le tengo miedo (...) yo tenía otro tipo de negocio en mente, nunca esto (...) yo no sabía nada de escuelas pues yo venía de otra área pero le entramos...

* Theorists such as Nancy Chodorow (1978), Nancy Hartsock (1983) and Carol Gilligan (1993), amongst others, have proposed that the sexual division of labor has a distinct impact upon the development of subjectivities and human development in terms of autonomy and moral decision-making.

¹⁴ **Entrevistador:** ¿Cuál es el evento más triste que te ha tocado vivir?

Juan Antonio: Ver a mis hijos sin madre. Lo peor, me hubiera gustado que hubieran seguido teniendo a su madre

Entrevistador: ¿Los viste tristes en algún momento?

Juan Antonio: Sí

Entrevistador: ¿Y qué hacías cuando los veías así?

Juan Antonio: Los sacaba a dar la vuelta, los llevaba a comprar un helado, una paleta, distraerlos (silencio).

Interviewer: *What is the saddest event you have had to live through?*

Juan Antonio: *Seeing my sons without a mother. The worst, I would have liked if they could continue to be with their mother.*

Interviewer: *Have you seen them sad at times?*

Juan Antonio: *Yes.*

Interviewer: *And what do you do in those moments?*

Juan Antonio: *I take them out for a walk I take them out to buy ice cream, candy to distract them (silence).¹⁴*

The separation between partners was, without doubt, an often painful event for the entire family. Regardless, it is important to analyze why the departure of a female partner allowed or encouraged some men to take on new forms of fatherhood. It was through these unexpected turns of events that they were able to challenge previously held thoughts around men's roles in families and caregiving.

Attitudes towards Gender and Caregiving

As was described earlier, men reflected on their own discomfort regarding particular areas of their caregiving professions and their household practices as caregivers. Most often, these discomforts related to how others viewed them (i.e. as men in an otherwise female environment or taking on roles that are seen as feminine). These outside perceptions shaped how many of the men thought of themselves as caregivers, in which they placed self-restricting limitations on what they could and could not do in these roles.

One respondent, Luis, a teacher, believed that parents carry with them their own perception of gender roles, assuming that men are incapable of caring for young children. Men's sexuality is also attached to this construction of gender attitudes in that men are seen as driven by dangerous sexual impulses. Luis expressed how he used to feel uncomfortable having physical contact with young girls in a school environment:

¹⁵ Prefería pedirle a alguna profesora que los llevara al baño, sobre todo con las niñas o sea, además si también estaba temeroso porque por esta cuestión como varón digo las niñas yo creo que si bien es cierto que hay violaciones y toda la cuestión pero tocar a una niña que puede interpretar más y yo tenía miedo a esa cuestión porque en esa escuela que estuve, que me tocó ese grupo de segundo que eran profesores universitarios se habían dado problemas muy fuertes, donde los profesores que estaban en primero o en segundo tocaban a las niñas pero no las tocaban maliciosamente.

"I would prefer that they ask a female teacher to take them to the bathroom, especially the girls. I was also scared because as a man I say little girls, it's true, there are violations and everything, but having contact with a young girl who could misconstrue the situation... I was afraid of this because in the school where I taught there were professors who were given a hard time because they had touched the girls in the primary and secondary classes they taught, but they didn't do it maliciously" (it was misunderstood).¹⁵

The fear of misinterpretation regarding physical contact was also present for men working in the health field:

"It annoys me that in a hospital community there is a boundary between nurse and patient. As a man it is up to me to attend to this woman, but she says 'No, I don't want to bathe because you are a man, I want them to send me a female nurse.' So I feel that they don't have the sensitivity to be in a hospital nor do they understand that they are here for their health. They do not come for our own good, we are here to help them..." - Jorge¹⁶

In this narrative, we can see how gender norms express themselves through the physical body and how "appropriate" physical contact is socially constructed. Even though physical contact is permitted, and even required, in a professional environment such as a hospital, it is not always a neutral space.

Men who were primary caregivers, as we have seen, also made a distinction between care and domestic work. Although a majority of the men who participated in this study carried out caregiving tasks, they frequently drew a line at carrying out domestic chores such as washing, ironing, cooking, shopping, among other things, and instead depended on women to complete them. This person often took over these responsibilities as a female partner would, but in a work-related capacity (or as a family member). All of this reflects the hierarchy underlying the dichotomous gendered division of labor that opposes women's work outside the home. Domestic tasks are often considered less valuable, are associated with manual labor, must be consistently and constantly carried out, and often require little skill. Today, though middle class women generally have achieved recognition as equal members of society who can work outside the home, they often pass their former domestic duties to poorer women, many of whom also want to liberate themselves from these same burdens. The current social status of domestic laborers may clarify why men are more disposed to transform their fatherhood practices than the practices around domestic chores.

¹⁶ Me da más molestia de cómo puede ser posible que en una comunidad hospitalaria haya ese límite entre enfermera y paciente. A mí me toca como hombre atender una señora, pues me dice "no, no me quiero meter a bañar porque eres hombre, y quiero que me pasen a una enfermera." Entonces yo siento que no han entendido todavía y no tienen esa cultura de estar en un hospital y de que vienen por su salud, no viene por gusto y nosotros estamos aquí para ayudarlos, no hay morbo... - Jorge



Reflections

Both groups – men who provided care in the home environment and men who did care work as a profession – shared a common characteristic: they did not consider care work as a specific part of their life plan. The first group of caregivers believed that their current roles were derived from a major event such as the ending of a long-term relationship, while the majority of the second group provided different motivations for their care work (economic gain, chance, or the representation of care work as emotionally fulfilling or as a challenge to take on). When care work is done in the home, we see that it is not necessarily the same as engaging in alternative or more gender-equitable family models, but rather that men simply integrated these activities into their routines in response to concrete, life-changing events. Men in these cases could not depend on a female partner with whom they could share responsibilities and tasks for the well being of the members of the household. This group experienced fatherhood in a variety of different ways: as emotional closeness with their children, as teachers and discipliners who use dialogue rather than physical touch, as bonds of friendship. This interpretation of fatherhood as emotional growth question the normative framework that says fathers must be distant and absent figures.

For professional caregivers, they also observed the emergence of practice related to caring, trust, dialogue and the provision of attention to the recipients of their care. Despite the professionalization and insertion of these activities into the workplace where men must show efficiency, competitiveness, rationality and sustainability, this did create an insurmountable tension.

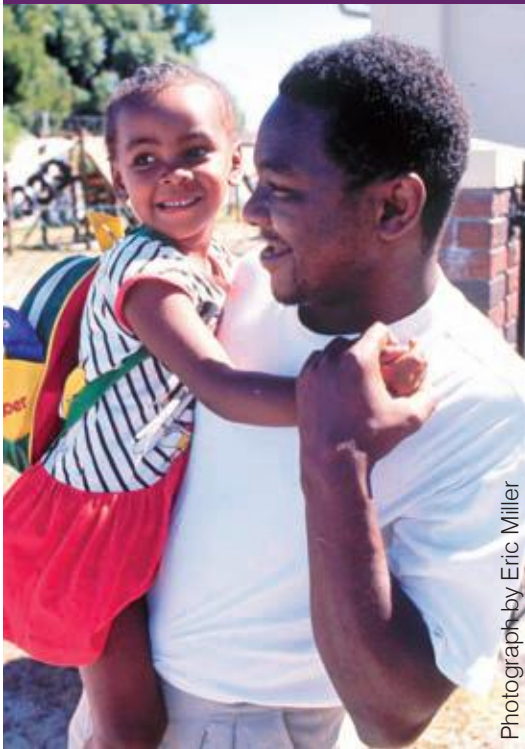
Overall, the interviews provided insights on how caregiving can position itself as a valuable activity in which specific families, communities and social settings recognize and appreciate those who carry out caregiving -- be it men or women.

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Men who Care: South Africa

E. SOUTH AFRICA



Photograph by Eric Miller

A Study of Masculinities and Gender Equity in South Africa

By Robert Morrell and Rachel Jewkes

GENERAL COUNTRY INFORMATION

Policies that Encourage Men's Caregiving

- The Children's Act 38 of 2005 allows fathers who demonstrate involvement in their children's lives to acquire full parental rights and responsibilities, and the default for custody in divorce is now shared custody.
- The Basic Conditions of Employment Act 75 of 1997 provides for 3 days paid leave per year for men to be used at the time of the birth of a child or for illness or death of a family member.
- The Maintenance Act 99 of 1988 establishes that the biological father of a child, married or not, must provide financially for his child in proportion to his means.

Profile of Study Participants

A total of 20 men were interviewed for the study. Seven were interviewed in KwaZulu-Natal Province (Durban), seven in and around Mthatha (a small town in the Eastern Cape) and six in Gauteng Province (Johannesburg and Pretoria). The men ranged in age from early twenties to mid eighties. They included African, white and Indian men, and men from the Christian, Muslim and Hindu faiths. In social class terms, they ranged from university-trained professionals to the un- or marginally employed. In terms of sexual orientation, two of the informants identified as gay. One was disabled and two were living openly with HIV. The slight over-representation of NGO workers reflects that people involved in NGO work are more likely to be connected (known to one another, and to the researchers) than men who undertake a major or the sole responsibility for child and domestic care who tend to work in isolation from other men in similar circumstances. The same is true for men in care work professions.

# of Men	Primary Care Role
7	Primary Caregiver
4	NGO workers (GBV and HIV/AIDS)
2	Nurse
1	Volunteer worker in HIV care
1	Social Worker
1	Hospice worker
1	Psychotherapist/University lecturer
1	Primary School Teacher/Counselor at Gay Health Centre
1	Leader of community drama activities on HIV and rape
1	Health Promotion

Total interviewed: 20 men

Men's Practices of Care Work

Men in professional care work settings

While men did not critically discuss their experiences within the professional care work setting in detail, it was apparent that they were involved in a wide range of activities that differentiated them from the majority of the male populace. Often, these professionals were also shouldering domestic caregiving responsibilities. For example, Kabelo¹ was a forensic nurse who was deeply committed to improving post-rape care, as well as a single father raising his two children after a divorce. Jim was a youth worker who had worked for years with NGOs working on woman and child abuse, initially as a volunteer and later salaried, and also raised a friend's baby daughter for her for eight months as a single foster father.

At least three of the men were involved in NGO activities related to men and gender equity, HIV/AIDS and violence against women. Sipho had been engaged in community drama from a young age, focusing on HIV and rape; and Pat was a volunteer worker working in HIV care. Cedric, was much older than these other men (he was eighty-five) and as a post-retirement activity became involved with a hospice by carrying out HIV prevention work with local isiZulu-speaking men. For the other men, their care work profession was simply a job they had come upon. That is, they had made choices to get involved in (mostly HIV and) gender equality work at a time when they were without other career and income generating opportunities. At the time of interview they were remunerated for this work either with a salary or a small stipend (as little as R500 or about US\$60, a month), but all of them had been unpaid for the greater part of their time involved in community, care-related or gender activism activities.

Care work, it appears, can occur in contexts of poverty because men find themselves responding to situations of need due to family illness, their own joblessness, lack of work or other activities, or a need for

¹ All names have been changed to preserve confidentiality

identity or income. Care work within this context is not necessarily evidence of commitment to a gender-equitable value system, though it may help to change individuals and contribute to the emergence of a new value system that valorizes care work.

Caregiving in the home

The last group of men had major responsibilities for childcare or other forms of caring in the personal realm. They were a particularly eclectic group; some who got involved in greater-than-average care work in the home due to negotiations with their partners and others due to the challenges of high rates of HIV in South Africa. For example, Steve, had a career in information technology (IT), but took over the main responsibility for his children for a period so his wife could focus on her highly successful business. He and his wife had also been involved in voluntary work for several years as short-term foster parents for children needing emergency placements.

The other men in this group were in different economic circumstances. Mzokhona, 36, was unemployed and had become the sole carer of his triplets, who were now two years old, after their mother left them on his doorstep in a cardboard box when they were 10 months old. Linda (a man), 23, had a low paying job, and was caring and providing for his five siblings, and five nieces and nephews aged one to 17. There had been 17 of them, but at the time of the interview only 10, as his grandmother had taken the girls to a farm where she lived. He had taken on responsibility for the children after one of his sisters had died. His father had left the family a long time before and his mother had remarried and no longer wanted the responsibilities of looking after all the children. Linda's sister, who by custom would have been expected to help, was unwilling to do so.

After Bonginkosi became ill with HIV and was unable to work outside the home he began caring for his diabetic mother and looking after his seven nieces and nephews. Mcebisi had strong ideas about gender equity and so when his wife was accepted for a training course in nursing in Durban he became the main caregiver of his daughter (age 6 at the time of the interview). Dennis was caring for his girlfriend who was sick with HIV, and Thulani was involved in caring activities in his home where he lived with his mother and sister.

For many of the men interviewed poverty, material insecurity and unemployment were dominant features of life, and their lives, attitudes and choices reflected this. Men from more impoverished areas were more likely to be involved in caring activities because necessity required it (the need for a job, health condition or family circumstance). "Firstly," said Pat:

"Understand that I am person who is not educated, so I will not really get a job with a chair that turns (an office job). [Work in an NGO] is voluntary work, there is no money. A stipend is not a salary, it is just money for soap."

Some of these men were bearing caregiving responsibility on a remarkable scale, others less so. But what they all had in common was that they had adopted a caring role that many other men (and sometimes women) from the same social background declined to take on.

Men's Partner Relationships and Household Dynamics

The men interviewed in South Africa had partner (or intimate) relationships of varied closeness that were often tied to their views of gender equity, and sometimes influenced the division of household labor. The poor or strained relationships with the mothers of their children, as reported by two participants, often led to their decreased involvement in caregiving activities overall. For others, however, the absence of the partner enabled men to become more involved in household and caregiving duties than they would have otherwise. Similar research conducted on fatherhood involvement in South Africa (Khunou in Richter and Morrell, 2006) found that ex-partners (as well as law officials) sometimes serve as obstacles for fathers who wish to forge meaningful relationships with their children.

Dennis explained that the lack of current closeness to his children was because their mothers had displaced him. The children had different mothers and one left him and moved to Cape Town – *“so she ended up taking her. You see. Now I can't do anything, you see.”*

Even though Pat did not specifically discuss his relationship with the mother of his child, it was highly likely that it was not a good one. He did not have a strong relationship with his child, largely because, when the child was born *“I did not initially admit that the child is mine.”* He only saw his child once a month and bemoaned the fact that he could not be a good provider (even though implicitly he acknowledged this was important):

“I am not working well, you see, I am unable to support him, even now in December I was unable to buy him/her Christmas clothes. So I have that thing that I am a useless father.”

Mcebisi reported that he wanted an equitable relationship with his wife:

“I want her to be part of the family, part of decision-making and I am not that person who decides on his own what must be done. We sit down with things and we discuss how we should do them and then we come up with something that is solid.”

He reported that he shared all the domestic labor with his wife too. At the same time, however, he was homophobic and espoused an Old Testament vision of human relations.

Charles, a university lecturer and psychotherapist, supported gender equity and apparently lived it in his life. He always believed in sharing care work and did so with his wife from the first day they were married. There was a period, Charles said, when his children were young, that his wife had primary responsibility for caregiving, but that she returned to work quickly after they were born and they have shared domestic and childcare responsibilities ever since. Charles pointed out that his early commitment to domestic work and childcare was driven by a life commitment to cooperative and shared living which in turn, he said, he owed much to his Christianity; at one point he trained to be a priest.

Neo, an NGO worker, who reported himself to be passionate about gender equity and actively supported laws that give it expression such as the legalization of gay marriage and the prohibition of sexual discrimination, had a very uneven sense of what it meant to be a man in his personal life. He lived at home with his two teenage daughters and wife, who was a teacher and the main breadwinner, and did not support gender equity herself, meaning that she held orthodox views about men's role as decision-maker and head of the household. Neo was disabled so he was limited in many activities, but he had some capacity to perform domestic work. However, he rarely actually carried out the care work and encountered some playful resistance from his family about his limited participation in care work. He described coming home from work, calling his daughters to make him tea, but that they often hid. His wife was clearly in charge of the household and he felt bad that she would come back after a day at school and still had to cook, wash and clean, though they had a domestic worker. She told him, he reported, that he had to make some decisions and insisted that he do so, particularly in relation to big financial decisions that affected the family.

Linda understood himself as a *"good man"* because he looked after so many dependents (10 in total) and had no hesitation in valorizing the decision he took to take on this care work. He understood his role as provider in a traditional way (for example, taking responsibility for putting food on the table, making decisions, ensuring that his "children" did as they were told). In caring for them he was financially the provider, although they lived on very little money. He did the occasional cooking but he did not do the laundry. He also saw his role as protector of his children, which involved preventing them from going out in the evenings. He also disciplined them and was responsible for their school performance. Linda also had two children of his own who were not among the dependents he lived with and provided for. He felt aggrieved when their mothers (these children have different mothers) put pressure on him to provide money. He could not even afford to look after his current dependents, he said. Overall, Linda had strong patriarchal beliefs, was suspicious of women and very homophobic:

"Because women must understand that the men must always have power over women. Ja, I can say so. That is the reality. That can't change. It is always like that."

Many of the men interviewed hold patriarchal views that seem in conflict with their actions. On the one hand their actions are contributing to a new gender order while on the other their views still provide support for the dominance of men. This reflects the ambiguous process of gender transformation in South Africa -- though overall, there does seem to be a gradual shift at the policy level and in men's daily practices that include sharing more of the care work and transforming the way they construct their masculinities.

Men's Childhood Experiences and Pathways to Caregiving

There was no single pathway to caring for the men interviewed in South Africa. Some of the men had clearly been involved in care work from a very early age. Others perceived it as something they had started later in their lives and attributed their activities to a belief system, both religious influence and an acute sense of justice/injustice related to their experiences of violence (either in the home and some related to the apartheid era). For some participants there had been a particular life-changing event, such as a death of a relative, or discovery that they had HIV. Many of the respondents spoke of having strong caring female or male role models in their lives, but these were often not their parents. Whilst there is an abundant literature linking childhood adversity with men's later violent and antisocial behavior (Raine, 2002), these men's childhoods were notable for their diversity, and amongst them were some that were notably harsh.

Simon's childhood was similar to several of the other men in the study. His grandmother raised him in a rural area with his siblings and cousins. His mother was a domestic worker and largely absent from his childhood and his father, though alive, was completely absent. There were more than 15 children living in his home and he was one of the younger ones. At an early age his grandmother singled him out from the others and made him her "special helper." He was given a dual role of both protecting and caring, and grew up being conscious that he was doing things his male peers did not generally do:

"She would tell me here at home we are protected by you, if someone will attack us its got to be you who protects us, but on the other side she said I had to do household chores cook, bake and do all that thing, ironing...I always liked those things that males don't do. I used to enjoy cooking and baking on a Sunday."

Jaz, from a Muslim background, credited the woman-dominated nature of his household for his belief in caring. He saw women as equal to men, a factor he believed rested on his mother's position in the household; "she was," he said, "the strong one." Three of his

mother's sisters were businesswomen (aided by the support of their father, Jaz's grandfather). Accordingly, he saw nothing unusual in women making decisions and being in charge of households. But caring also apparently came from his father who was a philanthropist who donated money to various individuals and charities.

For others, proximal events precipitated their entrance into some form of care work, either personal or professional. Xhanti, a health promotion specialist, did not really see himself as a "man who cared" and had not thought much about gender equity before he acquired a job as a facilitator of workshops in a gender and HIV prevention intervention (Stepping Stones). This program "shocked" and propelled him into gender equity work. Similarly, Kabelo, the male nurse, was given a new awareness of issues around rape and found a passion for improving post-rape care when he was invited to attend a course in forensic nursing.

The common characteristic that many of the men interviewed shared was that they were amenable to transforming their perceptions about traditional male gender roles. For many, they created relationships with strong individuals (mothers, fathers, grandparents and others) with the ability to influence their thinking from an early age. For others it was not a childhood experience, but rather a chance opportunity to learn a new skill that opened their eyes to ways in which men can care. These experiences, while each unique, were commonly described as powerful and significant and were readily identifiable by the men themselves.

Attitudes towards Gender and Caregiving

The South Africa interviews suggest that caring does not have a simple and linear connection with men's views on gender equity. This section examines how the men interviewed relate their care work activities to their masculinity.

For Xhanti, being committed to gender equity and being caring are part of creating an alternative masculinity:

"I see myself as different from other men...I am more accommodating and compassionate. I listen to people usually, and I don't interrupt when they have arguments. You find other men, they will boo when women argue, so maybe I apply the skill differently, and I take their views. Maybe I agree with them on something. But I think I am different."

A number of the interviewees were strongly in favor of being responsible for children they fathered or generally showed respectful attitudes toward women and were critical of what they saw as poor male norms amongst their peers. They prided themselves on their behavior and

attitudes, which they did not see as being common among other men they knew. Mcebisi the family man from Mthatha, for example, said:

"I am a person who sits with my family most of the time. I do not have time for friends. It's my family or I go home or I go to church."

This was in contrast to hegemonic male behaviors, which often involve being outside the home for extended periods during the evenings and weekends with male peers, which may also serve as an opportunity for womanizing. Mcebisi was particularly proud of the fact that he has a very good relationship with his daughter, and consciously distanced himself from the practice by which fathers prefer or favor sons. His daughter, he said, *"loves a person who is a father, it is very rare."* But, by the same token, he saw himself as a patriarch and believed that *"fathers are taught to take responsibilities in their houses."*

In all of these cases, the men proudly claimed to be different -- more caring, less violent, and more faithful. But each of them, in their own way, drew on traditional discourses that such as the "natural superiority" of men to explain themselves. Bonginkosi, for example, said:

"Most of the times I do not want to bow down a lot to a person. I like doing things for myself and it is nice if I do something by myself."

For him, a man must be independent and strong. Men from Mthatha, a small town in the Eastern Cape, expressed that independence may overlap with engagement in a range of domestic chores, which in a marital context would be viewed traditionally as "women's work," but actually are essential for men to engage in if they are to be independent.

Attitudes Toward Gender Equality Policies

Men such as Pramesh, a primary school teacher, strongly supported gender equity and the gender equality policy approaches taken by the country's governing party, the African National Congress. Similarly, as previously noted, Neo was passionate about gender equity and actively supported laws that seek to achieve it (for example laws that legalize gay marriages and prohibit sexual discrimination).

On the other hand, a few of the men interviewed expressed a level of distrust towards these policies and believed that they are often misused by women to take advantage of men in vulnerable positions. Thulani was critical of many laws that tried to give effect to the principle of gender equity. It was not that he criticized the law per se, but rather that he believed that women abuse it. In relation to the Maintenance Laws, for example, he said that:

"[Women] are using that as a method of inflicting pain only, they are not necessarily just desiring support you see, caring support."

He believed that the law prevents men from using their scarce resources to build up their own families, and he suspected women of manipulating the law to extract money from men.

Dumisani's perceptions of gender equitable policy mirrored Thulani's. He believed in the child support grant that provides relatively modest amounts (R240 or about US\$20.00) per month) to over 5 million carers of limited means (generally teenage mothers) (Morrell, Bhana and Shefer, 2012: 12). But Thulani thought that women abused the grant. It is important to note that there is no proof of this in the research literature (Makiwane & Udjo, 2006). On the other hand, Dumisani's views reflect a suspicion of women that are in part reflected by his current relational problems with the mother of his child. His commitment to equity was at the policy level rather than in his lived relations.

The men interviewed showed that they set themselves apart from their male peers in terms of their thinking and the way they carry out their roles as caregivers either in a professional or home setting. However, there were deep-rooted suspicions held by some of the participants of others who they believed seek to take advantage of a government system trying to create more gender equitable environments.

Reflections

As stated above, the South Africa interviews confirmed that there is no linear or causal link between care work and belief in and working for the goals of or supporting policies related to gender equity. The gap, then, between practicing care work and believing in gender equity was sometimes explained as having been caused by specific life experiences or contextual factors. Many had issues with their parents and, as Ross Haenfler expressed it, "they reacted to broken relationships with their fathers by creating different ways of being masculine" (Haenfler, 2004). For some men interviewed here, parental neglect prompted them to digress from the patriarchal norms they had learned and encouraged them to be caring. For others, it was a biological development (the onset of illness) or a social parent's commitment and caregiving, and example, that served as a catalyst for their own involvement in care work.

For many men (interviewed for this study and in South Africa as a whole as well as in other low income contexts), poverty, material insecurity and unemployment were dominant features of life and their lives, attitudes and choices reflected this. In a study of men in similar circumstances in India, Annie George (2006) showed how men entering perforce non-traditional realms of work, constructed new masculinities which involved creating new standards of honor but also took into account the increasing power of women to validate these new definitions of masculinity. In the case of this study, men

were responding to material contexts by developing alternative masculinities, but these new versions did not always embrace new values of gender equity. When they did, it seemed more often among middle class and materially more secure men, and men who understood women as having the same domestic status and the same rights as men. Whilst some espoused belief in gender equity, for the most part this was understood in terms of a belief in equity in some areas of life but not all, and was often coupled with a lingering distrust of women.

South Africa is a highly diverse country with substantial race and class differences impacting on forms of masculinity as well as masculine ideals (Morrell, 2001). Gender equity as a social value has been promoted by the country's constitution, though it is not clear the extent to which it is embraced by ordinary people and lower level social institutions (Morrell, 2005). In sum, the search for radical transformation amongst men in South Africa is not likely to bear fruit immediately. Men in South Africa are changing; they are beginning to shoulder more care work and to do so in ways that weave such work into new constructions of masculinity. But the emerging forms of masculinity still bear only a vague resemblance to the "new men" (meaning more gender-equitable men) in parts of the Global North. This should not, however, be reason to discount the changes amongst South African men, including those interviewed for this study, as meaningless within the longer run project of pursuing gender equity.

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A. Conclusions

Each cultural setting presented here is unique, just as each man interviewed is unique in his own trajectory. As examples at the beginning of each country summary highlight, the policy contexts also vary in terms of how much existing gender equality and social development policies promote or ignore men's roles as fathers and caregivers. In spite of this tremendous variation at the micro and macro level, the conclusions show close similarities across settings.

In most cases care work at the family level and at the professional level was thrust upon men by life circumstances rather than resulting from individual choice. Life circumstances that gave rise to caregiving at the family level included separation and divorce; death of the caregiving partners; migration or exile without extended family to provide care; unemployment or changes in employment; or chronic health conditions or disabilities on the part of the caregiving partners or of other family members that necessitated the men to participate more fully in caregiving. Similarly, most men in caregiving professions described their pathways to this work as being based on chance or other factors more so than as a decision or life plan to take on caregiving professions. Clearly, the men interviewed have or had agency in reacting to these life circumstances, but most seemed to have embraced the care work that came upon them rather than following an ideological or gender justice pathway in which they pro-actively sought greater participation in care work.

Numerous conditions and strategies made it possible for men to continue their atypical care work once they started it. Men interviewed across settings who are principal or equal caregivers generally had to find more flexible employment and work hours just as women have historically done in many contexts. For men in some settings, it was easier for their identities, self-esteem and standing with peers and families for them to engage more fully in care work if they were also working for pay at least part-time.

Some men were involved in caregiving in the household as a long-term practice while others did it short-term in response to specific circumstances. Some men interviewed had been or were primary caregivers in the home in the short-term or for a fixed time, while a partner could pursue her career. Others served as foster parents for a non-relative child for a time and later resumed their "traditional" role as secondary caregivers. Across the settings, many of the men involved in professional care work were also involved in care work at home.

Early childhood experiences worked in multiple and sometimes contrary directions in influencing men's caregiving practices. Consistent with IMAGES findings which showed that men who saw their fathers carry out care work were more likely to do so themselves, some of these *men who care* reported that early experiences of seeing

their fathers or other men carry out care work was an inspiration to take on or accept the care work that was thrust upon them; we saw this in Chile, Mexico and South Africa. However, nearly an equal number of the men interviewed reported that their fathers had not been involved in caregiving.

What does seem to be common across both cases is a heightened awareness of whether men in their childhood households carried out care work. Most of the men in our research could easily recall in detail if their own fathers had or had not participated in care work. Of course our interview process encouraged men to recall these childhood experiences, but it seemed in many cases that these men's atypical care work seemed to increase their awareness of whether other men they know, including their fathers, did care work.

In some instances, having witnessed their fathers use violence against their mothers deepened the men's relationships with their mothers, and made them value to a greater extent their mothers' caregiving roles, as was the case in India. In addition, some of the *Men Who Care* reported early experiences of caring for siblings or other family members. These were, again, mostly the result of life circumstances -- particularly poverty, unemployment, family stress, when one or more parents were incapable or unable to care for all the children in the household either because of illness, alcohol abuse, death, or abandonment, in the case of South Africa in particular.

We also saw examples of resilience in some of the men's life histories. Many of the respondents from low income and highly stressed environments spoke of having strong caring female or male role models during childhood, sometimes parents, but many times other adults, particularly in South Africa and Brazil. Research from diverse settings, including the IMAGES data, has confirmed linkages between childhood adversity and men's later violent and antisocial behavior. Yet several of the men interviewed for *Men Who Care* had faced this adversity and emerged as caring and non-violent men. Their decisions to engage in caregiving reflected a variety of reasons, some they could articulate and others they could not. What often emerged in their life histories was having an adult (a mother, a grandmother or other family member) who singled them out during childhood and provided extra care and protection in harsh life conditions.

The quality and nature of men's relationships with partners (particularly the mothers of their children) greatly affected how much and how men participated in care work in the household.

A few men reported that their wives or partners resented the men's involvement in care work, which they saw as challenging their "ownership" of the domestic space. There were also one or two examples of men who reported that their female partners were more rigid or traditional than they were in their attitudes about gender.

For the partnered primary caregivers, the understanding and support of a loving partner contributed to making them more confident to take on their non-traditional caregiving roles. For other men, coordinating caregiving with a partner – whether the couple was living together or not – was key to his participation.

The *Men Who Care* frequently described people other than their spouses and partners – family members or peers – who either encouraged (more often) or discouraged their care work in the home or in their professions. In some settings – and these may be most common around the world -- the men described weak or emotionally distant relationships with male peers and the challenges of establishing meaningful and connected relationships with other men.

For some men, being in touch with or aware of their own caregiving potential and carrying out caregiving as a practice seemed to be a catalyst for them being able to question traditional male emotional stoicism. Some men were able to articulate this change in themselves as a result of participating in caregiving and to compare themselves to male peers who they said were not able to show emotions and emotional connections in the same way. While it may seem obvious, this finding points to the need for men and boys to learn and practice caregiving both as an act of *doing* but also to be encouraged to see it as an act of personal and emotional connection.

Many men who carried out care work sought to give it a traditional masculine meaning as part of their self-image as men who adhere to traditional versions of masculinity. Some of the men in caregiving professions emphasized traditional masculine aspects of their professions. Male dancers in India said they would not cross-dress in their dancing, conveying that dancing was masculine but using certain kinds of costumes or makeup were not. In Brazil, a male nurse found that being a man was an advantage for him in his work context because he had greater physical strength than the female nurses and was able to lift patients when necessary and was valued for this. In Mexico, male nurses talked about their professions in ways that emphasized traditional “rational” professional attributes such as efficiency.

Many of the men involved as primary caregivers in the home seem more likely to carry out care work rather than other kinds of domestic work. In some cases, men were in charge of caregiving, but delegated what they considered either demeaning or unpleasant (or “female”) tasks to paid staff or other family members, particularly in several cases in India, Chile and Mexico. However, there were some men who did enjoy carrying out domestic tasks and shared them equally with their partners, as was seen in Mexico.

Men’s satisfaction with care work (either as a profession or in the home setting) was varied; some men described great satisfaction

and life meaning derived from care work while others said they felt incomplete, depressed or undervalued. Some men said they saw the value and importance of carrying out care work in the household and knew that their families appreciated it. At the same time, many of these men described loneliness or depression in connection with these activities, aware that the world around them valued men who earned money, as was seen in several cases in Mexico. Men who worked outside the home and were primary caregivers seemed to suffer less from this identity challenge, depression or low self-esteem. In other settings, many of the caregiving men were very accepting of their non-traditional activities and described minimal regret over their responsibilities. In India, the men who described themselves as having chosen care work – as a professional opportunity that they viewed positively or to care for their children as something they wanted to do – were generally more satisfied with their caregiving practices. In Mexico, and in other settings, many men in caregiving professions described the pleasure and satisfaction of being involved in a caregiving profession, in particular by being able to help others.

The connections between men’s attitudes toward gender and their participation in care work is complex. We saw from IMAGES data that men with more gender-equitable attitudes were more likely to report participating both in care work and in domestic work (Barker et al 2011). However, the relationships emerging from these life histories reveal the complex interaction between gender-equitable norms and men’s daily caregiving practices. Across the settings, there were only a few cases where we saw men who held more gender-equitable attitudes and became more involved in care work as a *consequence*. The experiences of some of the more educated men (at in the case of Chile) and those who were activists or professionals working in gender equality, HIV prevention or violence prevention more often showed this connection. These men had been exposed to more gender-equitable attitudes and their practices were somewhat (though not always) consistent with these norms.

As noted earlier, for many men their awareness or reflections about gender inequalities or gender injustice (if they happened) were a result of doing the care work rather than the other way around. For many men the connection between attitudes and practices was clearly bidirectional. For a few caregiving men, there was little evidence of “gender awareness” or gender consciousness in their discourse. For these men, care work was just something they did because of life circumstances.

Indeed, across the settings we found men who had taken on impressive caregiving practices but still held homophobic and some sexist or inequitable attitudes. And while some men seemed to change their attitudes as they took on caregiving, moving more toward gender equality, other men described events in their work or home lives that led them to change attitudes. These included the death of a

family member (or multiple family members) from AIDS, or a family member or spouse becoming incapacitated, or they (the men) having a disability. These life circumstances drove their care work and seemed to drive changes in their gender attitudes as well.

Most men were acutely concerned with how their care work was perceived by others in their social and family networks, in particular if they might “lose face” for taking on non-traditional roles. Studies of masculinities have long described the “performatic” nature of masculinities – what many men describe as the reality of being assessed as to whether they live up to the expectations of what “real men” in their cultural setting should do. Men in this study, by carrying out activities that are seen as alternative or feminine in their settings were keenly aware that their status and recognition of men was constantly at risk. Throughout the interviews, the *Men Who Care* in all the settings made frequent references to what “others would think.” Most of the time, though, this awareness was not to the point of being stigmatized or ostracized by their social group. Men working as dancers and hand-painters in India reported they hid their professions from their male friends and one male dancer said he could not find a spouse because of the stigma associated with his profession, but this was the extreme.

Men perceived the most negative reactions to their caregiving in their work contexts of caregiving professions. These men reported that their presence in traditional female spaces was often received with mistrust by fellow workers and by those for whom they provided care. Male nurses reported encountering female patients who did not want to be attended to by them; a male daycare provider reported the parents of a child in a day care center who did not want their daughter bathed by a man. Some of the men faced these conflicts head on while others sought non-confrontational solutions or accommodated these rigid attitudes. Some men working in caregiving professions said they felt well received in their workplaces, even if they were one of few men working there.

B. Final Comments

The *Men Who Care* are an unusual group in their respective contexts, and most of them were aware of how different they were from most other men. At the same time, it was impressive that these men construct new ways of being men even as they are inconsistent in terms of how much they fully accept or embrace gender equality. A few men showed a consistent practice and discourse of gender equality, but there were just as many who did the care work but were angry with or mistrusted women, or who maintained unequal practices and sometimes mistreated women. The lives of the *Men Who Care* confirm that changes in gender practices and gender relations are messy, nonlinear, and inconsistent.

At the same time, the men's life histories are inspiring on many levels. We heard the story of men who cared for disabled partners even though their families urged him to abandon their wives and remarry. We met a man whose father belittled him when he climbed into his brother's bed when he had nightmares, and who later became highly sensitized and took action in response to the homophobic bullying in his son's school. We heard the story of a man who was an alcoholic and realized that his work environment enabled his alcohol abuse and that the only way he could stop drinking was to become a full-time caregiver at home. And we met a man who lived in extreme poverty and who was the primary caregiver of 10 children, only some of whom were his biological children. These men are not heroes. They are out of the ordinary and yet ordinary at the same time -- struggling, like most men to redefine and wrestle with the meanings of masculinities every day and living a mixture of unreconciled equitable and inequitable attitudes and practices.

The differences *between* settings were often less apparent than the differences between individual men *within* settings. While India presented more rigid norms around gender in many ways, it was also the space for interesting gender subversions. Men in South Africa and Brazil had faced some of the most adverse childhood experiences where poverty and family stress were often the key drivers of household organization and determined who did the care work.

Finally, this data points to a key question: What is being done to promote men's participation in caregiving? Apart from the handful of men who were exposed to gender equality messages via their work with NGOs, most men were not aware of campaigns or policy initiatives or debates about encouraging men to be involved in caregiving. None of the men mentioned having seen campaigns on fatherhood. When we asked about their views of policies to promote men's involvement in caregiving, their comments pointed to the absence of or shortcomings of those policies – either wanting more paternity leave or wanting more equal custody of children in the case of separation or divorce. While most men were aware of policies to promote gender equality, they did not, in general, see these policies as involving or speaking to them. In general, care work was not something that most of the men talked about before the interviews and it was not something they perceived was talked about publicly neither as part of policies or campaigns or other deliberate social projects. This conclusion is a humble reminder of how limited our policy and program efforts have been to engage men in the global project of gender equality and how much still needs to be done.

It is apparent from the way men framed and discussed their experiences that they are continuously reconstructing and negotiating their masculinities. Some men in this study demonstrated initiative

and deliberately chose their care work, while others had it thrust upon them. Some observed and deconstructed gendered structures and patterns around them, while others did the care work with little impact on the rest of their lives. Nearly all of the men experienced only mixed support for their professional care work; and many of the men who were caregivers at home likewise encountered ambivalence about their contributions. In other words, individuals, societies, organizations and governments have much to do to care for the *Men Who Care* and to promote and embrace men's involvement in caregiving.

C. Recommendations for Action

- Conduct more research on patterns, changes in the life cycle, contributing factors, and perspectives from women, men and beneficiaries on men's participation in care work in diverse settings, with particular attention to attitudes in the work setting;
- Conduct couple-focused research in the Global South and North in which we ask both partners about their caregiving activities and their negotiation practices related to their caregiving;
- Direct more attention to men's roles and the perspectives of men and women in the formulation of gender equality and social welfare policies;
- Pay more attention to men's attitudes toward caregiving practices within existing HIV and sexual and reproductive health and rights and gender-based violence programs and policies, understanding the role of caregiving as a part of men's identities;
- Enhance initiatives to change norms and rules in workplaces and other social services spaces (hospitals, schools, daycare centers and the like) related to men's and women's multiple roles as providers and caregivers;
- Support more efforts to implement global and national-level policies promoting flexible work schedules and other efforts to support equitable work-life balance;
- Pay greater attention to the needs and realities of men in poverty reduction and income support policies, particularly re-examining how such initiatives can promote men's greater involvement as caregivers;
- Direct closer attention to the change that is already happening in men's participation in caregiving, as well as to the benefits to men of forming closer relationships with others.

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Interview no. 1:

Overall question of interest:

How did these men become involved in care work and how do they describe those activities.

The initial question for the interview is:

'How did you come to be engaged in [the things that you are doing]?'

The interview will use probes to build a narrative of what he is currently doing (e.g. nursing/childcare/activism) including:

- how long he has been doing it
- how he got involved
- what he finds particularly interesting/engaging about it
- how he feels about it
- does it create tensions in any areas of his life (and if so, with whom – himself, his partner/spouse, other men, other family members, his community, etc.)
- his attitudes towards it
- what motivates him
- whether and in what ways he finds his current job stressful /de-motivating.
- if he has been subject to criticism or ridicule in his workplace because of his work/attitudes
- if his notion of who he has changed as a result of his activities

The interview will then seek to take him back to earlier periods in his life to explore what sort of childhood and early years as an adult he had and whether and in what ways a propensity for caring has been a feature of his life history. Questions will include:

- where did he grow up and who did he live with
- who was he closest to as a child and why
- who cared for him as a child
- how was his home organised in terms of household work and decision-making
- what were his responsibilities, and if there were any special circumstance in which he was drawn into caregiving roles (during a family crisis, illness, etc.)
- (how) did this change when he approached adulthood
- who were the main men in his life as a child/ young adult, what were they like, did they do similar things to him and what did he think of them
- who were the main women in his life as a child/young adult, what were they like and what did he think of them
- the gender divisions in his family of origin (men did what, women did what?)

It will then explore how he feels about what he does as a man, does he think about how it relates to dominant ideas of how men should be and behave and what are his thoughts about that.

Interview no. 2:

Overall question of interest:

To what extent are the man's caregiving activities consistent or divergent from the man's attitudes towards and practices of gender equity in other areas of his life?

The initial question for the interview is:

'Can you tell me about your home life now?'

The interview will use appropriate probes to construct a narrative account of:

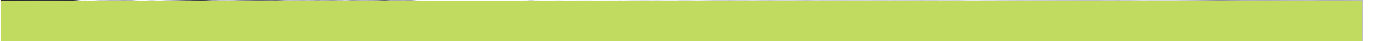
The organisation of his home and life, including:

- whether he has one or more relationships
- whether he is a father and engagement with children as a father,
- the division of labour in the home,
- his relations with women at home and in his family,
- his experiences of and views on the use of violence towards women and children,
- household decision making (including economic autonomy of his partner and, if relevant, inheritance in the family)
- sources of tension and conflict in his home life, if any (work, financial constraints, sexuality, etc.)

The interview will then explore his views on aspects of contemporary gender policy. We will ask him if he knows about the following pieces of legislation or areas of law, what he knows about them and what he thinks of them (these will be specific for each country):

- Laws about domestic violence
- Child support laws and laws in terms of pensions or income support
- Paternity registration and divorce laws
- Laws related to sexual violence and sexual harassment
- Laws related to maternity and paternity leave
- Laws related to father presence during childbirth
- Affirmative action for women (quotas, pay issues)
- Abortion-related laws and other issues of reproductive health (including vasectomy)
- Civil unions for gay couples, and laws or campaigns related to non-discrimination on the grounds of sexual orientation, campaigns against homophobia
- HIV/AIDS related policies (testing, condoms, ARVs)
- Men in 'caring professions', for example in daycare or as primary school teachers

Note: Any of these areas that have already been covered in the first interview will not be repeated. For some men it will be difficult to interview them twice, and these questions will then be asked during a single interview.



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