

## THE INTERPLAY OF STRUCTURAL AND IDENTITY FACTORS IN MEN'S PROFESSIONAL CARE WORK

*Abstract.* Based on individual interviews, this article aims to develop a nuanced view of the structural and identity factors that deter men from professional hands-on care work in childcare, eldercare and care for the disabled. It reveals that the relatively good working conditions along with the accentuation of the hegemonic aspects of masculinity attract more men to the area of care for the disabled than to other areas of care. The share of men in eldercare remains extremely small as they are deterred by both the poor working conditions and the gender connotations of intimate care and household work. In childcare, the connotations of femininity through motherhood appear to be so strong such that, despite the good working conditions, this area of care still has the smallest share of men.

**Keywords:** masculinity, identity, structure, childcare, eldercare, care for the disabled

### Introduction

Men's under-representation in professional care work is remarkable right across the European Union. On average, the share held by men in the broad occupational group of care workers has reached 10% or less, never rising above 20%, and been basically stable in the last few decades (Bettio and Verashchagina, 2009; Scambor et al., 2015).

Men's absence from professional care is considered in one stream of literature that refers to gender identity. Care work, in particular hands-on care as dealt with in this article, is feminised in terms of women's numerical over-representation and the cultural ascription of caregiving being an extension of "women's natural and domestic function" to the extent that doing care means doing femininity (West and Zimmerman, 1987; Deutsch, 2007; Björk, 2015). As Hanlon (2012) notes, the complexity of men's involvement in care relates to the meaning given masculinity in the context of hierarchical and competitive relations among men, as encompassed by Connell's concept of

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hegemonic masculinity (Connell, 1995; Connell and Messerschmidt, 2005). Status and power relating to paid work in the public sphere and the constant struggle not to be seen as feminine are core sources of hegemonic masculinity. When men do professionally occupy feminised terrains like care work, they find themselves in a tension with the norms of hegemonic masculinity and may be confronted with normative concepts concerning more feminised and subordinated masculinity in society. Several studies (Simpson, 2009; Williams, 1995; Cross, 2002; Cameron, 2006) underscore the complex negotiations engaged in by men when they manoeuvre between the norms of hegemonic masculinity and the demands of care work, manifesting in strategies for managing difference and transcending Otherness by doing masculinity and appropriating femininity such that masculinity is partly subverted and partly maintained.

Another stream of literature that ponders men's avoidance of care jobs stems from feminist social and political theory that highlights the structural and economic undervaluation of care in capitalism, seen in the private/public and productive/reproductive labour splits. Productive labour only refers to work that produces profit, while reproductive labour, which seemingly is not included in the market, monetary exchange and profit, is undervalued as non-productive work that women are supposed to perform as their natural function. Capitalism relies on the naturalisation of care as woman's work, as well as its privatisation and exclusion from the economy to keep social reproduction and labour costs low (Federici, 2012; Lister, 1997; Fraser, 2013). The shift in family and employment patterns towards the dual-earner model meant that care work across Europe in the last century was socialised and commodified in various ways and in different stages by welfare systems so as to become paid employment in the public sector or on the market. However, it continues to be poorly valued by society. Studies warn (Rubery and Fagan, 1995; Bettio and Verashchagina, 2009) that care occupations are low paid, have limited training opportunities and offer restricted career ladder progression. The skill requirements are often under-valued in part because they are linked to the tasks and 'tacit skills' undertaken by women unpaid in the domestic sphere. England and colleagues (2002) showed that care work attracts lower wages than other occupations, after controlling for education and employment experience. Dill and colleagues (2016) established that men in occupations that provide the most hands-on direct care attract lower earnings than men in other occupations, after controlling for demographic characteristics. The ways in which the state takes on the responsibility for care, i.e. by providing in-kind services and creating care jobs in the public sector, or subsidising non-profit or for-profit care providers either directly to organisations or indirectly through cash payments, have different impacts on the quality of jobs, with the employment

conditions often being worse in the private than in the public sector (Stranz and Szebehely, 2018).

Based on individual interviews, this article aims to identify how men confront the identity and structural aspects of paid care work, while also seeking to develop a nuanced view of the structural and identity factors of hands-on care work in the areas of care for children, the elderly and the disabled. It departs from the assumption that different areas of care entail different structural and identity factors. Identity factors are explored by revealing the gender ideology dominating in certain areas of care. We are interested in how managers and employees manage gender difference, how they construct masculinity, and how male caregivers locate themselves within this gender ideology. The structural position of each care area is analysed from the perspective of its social organisation, considering whether care is predominantly public, family- or market-based, and how the funding of services is regulated – chiefly by the state or by the user. In analysing this, the article assumes that the greater the extent of publicly provided services, the higher this area of care is valued in society and the better the working conditions it provides. While the social organisation of a certain area of care is analysed from the aspect of sectoral social policies, the interviews give a picture of the working conditions and gender ideology in particular areas of care. The analysis intends to provide a deeper and nuanced insight into the interplay of identity and structural factors that affect men's involvement in professional care work.

The methodology is presented in the section below and followed by three chapters that each include analysis of a separate area of care work. First, individual care areas are presented with respect to how the state structures the relationships between the state, market and family by defining ways for financing services and professional standards. Data about the share of male care workers are then presented. Based on interviews, the gender ideology and working conditions are analysed, along with employee responses. In conclusion, the three areas of care are compared in terms of identity and structural effects on male care workers.

## Methodology and sample

The interviews were conducted as part of the research project *Masculinities, Equality, Care Practices* in 2018/2019 in Slovenia, a post-socialist country that from 1970s may be characterised by a dual-breadwinner family model. The intention of the research was to explore men's specific experiences and struggles while performing paid care work. The term "care work" is used to refer to occupations that provide face-to-face services to ensure the physical, social and emotional well-being of children, the elderly and the disabled. We were interested in care related to maintaining the

basic functions of life like hygiene, defecation, eating, and emotional work. In the literature, this work is defined as hands-on care occupations (Dill et al., 2016). The sample was geographically dispersed and included seven organisations: two nursing homes (one public, one private with a concession also providing home-based care); two organisations that provide services for the disabled (a public institute for the institutional care of children and adults with developmental disabilities, and a non-governmental organisation offering services of personal assistance); and three public preschools. Four researchers (three women and one man) carried out the interviews. An interview with the management was conducted in each organisation and, in two organisations also with the head of the human resources department. In each area of care, four male and four female care workers were interviewed, except in home-based care for the elderly, where one man and one woman were interviewed. In total, 34 interviews were conducted with 13 male and 13 female care workers and 8 senior managers (7 women and 1 man). The average age of the male care workers was 36.8 years, of the female care workers 40.5 years, and of the managers 43.4 years. A detailed, anonymised list of the interviewees is given in the table below.

Table 1: DATA ABOUT THE INTERVIEWEES

Pseudonym	Age	Education	Area	Job position	Monthly income	Location
Pino (m)	39	Upper secondary general education	Preschool	Assistant preschool teacher	950€ with expenses	Capital
Grizzly Man (m)	36	Bologna First-cycle academic higher education	Preschool	Preschool teacher	1,080€ without expenses	Capital
Pseudonym (m)	30	Upper secondary general education	Preschool	Assistant preschool teacher	750€ with expenses	Small town
Muri (m)	31	Bologna First-cycle academic higher education	Preschool	Preschool teacher	1,100€	Small town
Solata (m)	42	Bologna First-cycle academic higher education	Disability	Guardian 1	900€ without expenses	Small town
Tonček (m)	37	Bologna First-cycle academic higher education	Disability	Group habilitator	1,000€	Small town
Richard (m)	40	Bologna First-cycle academic higher education	Disability	Personal assistant	minimum wage	Capital
Džamši (m)	50	Upper secondary general education	Disability	Personal assistant	850€ in total	Capital
Boris (m)	25	Upper secondary general education	Eldercare	Male nurse	900€	Small town
Jaka (m)	21	Upper secondary general education	Eldercare	Male nurse	950€	Small town
Tomaž (m)	50	Upper secondary general education	Eldercare	Social carer	630€ without expenses	City
Jože (m)	32	Secondary vocational education	Eldercare	Hospital attendant	630€ without expenses	Capital
Sebastijan (m)	46	Upper secondary general education	Eldercare	Male nurse	/	Capital

Pseudonym	Age	Education	Area	Job position	Monthly income	Location
Smučarka (f)	40	Upper secondary general education	Preschool	Assistant preschool teacher	850€ with expenses	Capital
Volk (f)	36	Upper secondary general education	Preschool	Assistant preschool teacher	756€	Capital
Medika (f)	35	Upper secondary general education	Preschool	Assistant preschool teacher	760€	Small town
Mojca (f)	42	Bologna First-cycle academic higher education	Preschool	Preschool teacher	1,110€	Small town
Ana (f)	55	Secondary vocational education	Disability	Guardian	800€	Small town
Tjaša (f)	28	Upper secondary general education	Disability	Nurse	1050€	Small town
Metka (f)	33	Upper secondary general education	Disability	Personal assistant	700€	Capital
Lina (f)	45	Upper secondary general education	Disability	Personal assistant	minimum wage	Capital
Mateja (f)	44	Secondary vocational education	Eldercare	Hospital attendant	750–900€	Small town
Natalija (f)	31	Upper secondary general education	Eldercare	Nurse	/	Small town
Simona (f)	48	Secondary vocational education	Eldercare	Social carer	minimum wage	Capital
Mina (f)	38	Secondary vocational education	Eldercare	hospital cleaning attendant	minimum wage	Capital
Sladana (f)	52	Compulsory basic education	Eldercare	hospital cleaning attendant	/	Capital
Miha (m)	41	Bologna second-cycle Master's degree	Eldercare	Director	1,500€	Small town
Tina (f)	42	Bologna First-cycle academic higher education	Preschool	Principal	2,400€	Capital
Petra (f)	47	Bologna First-cycle academic higher education	Preschool	Principal	1,500€	Capital
Marija (f)	49	Bologna First-cycle academic higher education	Preschool	Principal	1,900€	Small town
Špela (f)	41	Specialisation diploma following Bologna first-cycle academic higher education	Disability	Acting Director	2,000€	Small town
Human Resources Officer (f)	34	Bologna First-cycle academic higher education	Disability	Human Resources Officer	1,700€	Small town
Jera (f)	/	/	Eldercare	Director	/	Capital
Aurelija (f)	50	Bologna First-cycle academic higher education	Eldercare	Deputy Director	2,000€	Capital

Note: The words “with expenses” in the monthly income column means that the sum refers to the salary together with the reimbursement of transport and food allowances.

Source: Author's own analysis.

Most interviews were conducted in the organisations before or after the interviewee's work. The interviews lasted 20 to 90 minutes, i.e. 40 minutes on average, and were recorded and transcribed with the interviewees' consent. Interviews included questions regarding the respondents' personal experience with care in relation to the career-selection process, professional care work and its genderedness, and their working conditions. The interviews for managers included questions about the organisation's structure, the working conditions, the need for male care workers and experience with them.

The interviews were analysed thematically and narratively. As to themes, three researchers individually closely read all of the transcriptions and identified common themes and those that deviated markedly from the majority of narratives. In two meetings containing all three researchers, the key themes were harmonised, different views about individual narratives were discussed and specific researchers appointed to more deeply analyse selected themes (Campbell and Carroll, 2007). This article examines narratives that help in identifying the working conditions and gender ideology in the organisations, together with those that most frequently emerge with respect to identity negotiations and working conditions. Our approach to the narratives is that they do not necessarily reflect the 'objective truth' and that negation and missing reflections, especially ones relating to intimate and normative gender identity accounts, while possibly being meaningful, cannot be fully captured by interview quotes. Therefore, particularly in the account of the identity factors in all three care areas we combined narrative and deductive approaches and based the interpretation on established theoretical frameworks (Armat et al., 2018).

A shortcoming of the study is the small sample that prevents generalisations. Access to the interviewees was organised by each organisation's management, which potentially acted to limit any criticism by the interviewee involved.

## Childcare

Care for children is public, universally accessible and defamilialistic. A comprehensive public network of preschools (93% of kindergartens are public) assures a place for every child aged 11 months. Preschools are largely financed by municipalities, and partly by parent contributions subject to means testing, which enables egalitarian access to childcare services of the same quality to all families (Hrženjak et al., 2015).

Hands-on care in preschools involves two occupational groups, i.e. preschool teacher and assistant preschool teacher. In the 2015/2016 school year, the share of men among preschool teachers was 1% and among assistant preschool teachers it was 3.4% (Bembič, 2018).

Childcare is characterised by relatively good working conditions. Employees mostly have full-time, permanent employment. The work of a pre-school teacher occurs in a single, morning shift, and includes 6 hours of work with children and 2 hours of preparation time. The work of an assistant preschool teacher also involves morning work, consisting of 8 hours working with children. On average, the income of preschool teachers slightly exceeds the average salary in Slovenia, while the income of assistant preschool teachers is close to the minimum wage, amounting to just 60–70% of

the average salary, depending on years of service and pay category. While, formally speaking, teachers perform tasks of education and co-ordination of activities, assistants provide routine care of personal hygiene, feeding, cleaning etc. This indicates that the closer the content of work is to hands-on care, the more it loses its economic value. Yet, the interviews indicate that the boundaries between the two occupations are blurred, with assistants performing educational activities that are the responsibility of preschool teachers, and the latter doing routine care work. Preschool teachers can be promoted to higher job titles, whereas assistant preschool teachers can only move up to higher salary grades.

The gender difference is quite pronounced in childcare, making men's presence among the ranks of preschool teachers necessary for children to be able to gain an "insight into men's role in society" and "the principles of both genders" (as one preschool principal commented). The description given of the 'male' approach to working with children by Pino, an assistant preschool teacher, is stereotypical:

*In principle, men are a bit more practical, and they are a bit more technical. We keep screwing things and, often, hammer nails in the group, or nail boards together, or make toy cars and so on. For example, if during free play I see that boys are playing and they sometimes come and ask me if I can put the plane together, so I do that for them, right. Also in physical activities, men can sometimes be a little more dynamic.... And, in artistic expression: the boys say, Can you draw a car? And then we draw it together.*

However, besides foregrounding stereotypical masculinity, the teachers' narrations also point to how they negotiate gender difference and distance themselves from the dominant norms of masculinity:

*If I were really a conservative man with a strong ego, and testosterone, things would be completely different. Whereas, here, it is about my being ready to listen, to be patient, to sometimes back off... Now, perhaps I am not a typical man, right, one who is used to hiding their emotions. Well, maybe it is a little more difficult for you to express them, but you know they exist, and you know you cannot conceal them and you also do not need to conceal them. And that it is a virtue if you have emotions and know how to show them. (Pino, assistant preschool teacher)*

The most feminised activities in the preschool, those relating to intimate care and caressing, are concentrated in groups of children up to 3 years of age. These activities are also the most sexualised and, due to the

hypersexualisation of men in the caring professions (Sarti and Scrinzi, 2010), male preschool teachers feel pressured by the parents' suspicion of sexual abuse. This explains why some preschools place only allow men to work with older age groups of children, where intimate care and caressing are at a minimum, meaning that men are sometimes exempt from performing intimate work due to social stereotypes about men's sexuality, rather than due to maintaining gender differences by them avoiding markedly feminised aspects of work. Assistant preschool teachers point to low wages as a factor that deters men, while they are very satisfied with the content of work and their working hours. As assistant preschool teacher Grizzly Man noted: "There are no night shifts, and the weekends are free. Yes, this is definitely one reason I changed my job in catering...". Despite the good working conditions and organisational maintenance of traditional, yet not rigid masculinity norms, the share of men in preschools is smaller than in care for the elderly and the disabled. It seems, as also observed by Cameron (2006), that the social construction of childcare as being closely related to femininity and the domestic sphere through motherhood is still too challenging for men to sustain gender difference.

## Care for the disabled

Care for disabled children is public and socialised. Institutional care remains the most common form of residence for disabled persons, however, home-based care is also enabled through the service of personal assistance. The cost of institutional care of young people until the age of 26, including upbringing and education, is fully covered by the state. If a user is so declared by a decision of a specialised commission, they may also stay in institutional care after the age of 26, but then they are required to personally pay a surcharge. This brings disabled adult care closer to the familialised model of care for the elderly. Until 2019, personal assistance was funded by the Foundation for Funding Disability and Humanitarian Organisations of Slovenia, the relevant ministry, active employment policy, and partly by the user. In 2019, the Personal Assistance Act provides state funding (Hrženjak et al., 2015).

Professional groups of guardians, group facilitators, nurses and personal assistants provide hands-on care for the disabled. According to data for 2015, 391 individuals, of whom 124 were men and 267 women, were employed in special social care institutions in healthcare, and 376 people, of whom 92 were men and 284 women, were working in social and primary care (ibid., 2015). According to information provided by the YHD Association, approximately one-third of all personal assistants are men, placing care for the disabled among the areas of care with clearly the biggest share of men.

Care for the disabled involves different working conditions for various occupational groups. Guardians and nurses work in three shifts, on weekends and holidays, with nurses not being as engaged in intimate care as those who provide care for the elderly because the institutions for the disabled do not experience a lack of employees. Group facilitators, who carry out educational and socialisation work, only work morning or afternoon shifts that amount to 22 to 30 hours presence in the group per week, the rest of the 40-hour week consisting of work preparations. Salaries in the area of care for the disabled are higher than those in child and elderly care, and the employees do not seem dissatisfied with their salaries. This may be a result of the 15% bonus given on top of the net wage for working with people with special needs and of bonuses for night, shift and weekend work. The salary of the guardian, which as an occupation is comparable to that of assistant preschool teacher or nursing assistant, almost reaches the average salary in Slovenia, depending on years of service and education. Group facilitators can be promoted to higher-level job titles, while a guardian and nurse can only move to a higher salary range.

Gender differentiation and the role of men in institutional care for the disabled is associated with the father figure and physical strength. The management says that men are very welcome to help deal with users' behavioural problems and meet the need for male authority to discipline the users. One female nurse stated: "There are users for whom a woman is sometimes not enough to calm them down. They need a man's hand. I think men have greater authority and are calmer". The ideology of the organisation is to provide users with a 'family-like' environment, as the director said:

*Our users no longer return often to their family, so our approach follows the principle of the family. They need a father to be the authority figure and work with them in concrete matters, and a mother who gives them attention, grace and care...*

Men are also desired to help with physical work, stated one director:

*We like men, also because there is plenty of physical lifting up, placing in wheelchairs and chairs. Women have pregnancies, and then they have back problems. It is easier for men to do physical work.*

The construction of masculinity with a focus on the family father authority, protection and physical strength follows the attributes of hegemonic masculinity, and the maintenance of the masculine identity is not threatened, despite working in a feminised profession. This area of care also offers possibilities of being promoted to better working conditions and higher social

status because it occurs at the intersection of social care and education, with the latter being given a higher value by society. One respondent, Tonček, had been working for 7 years as a guardian in three-shift work that included intimate care. At the same time, he was studying and promoted to the job title of afternoon group facilitator, and held this role for 4 years. At the time of the interview, he had just started doing pedagogical work, which gave him a higher income, a leadership position and a favourable 6-hour work-day in the morning shift. Another interviewee (Solata, a guardian) is also a part-time student of inclusive pedagogy and plans to obtain a similar promotion as his colleague. However, care for disabled children also involves the issue of the hypersexualisation of men – when he was a guardian and performed intimate care, Tonček encountered allegations of sexual harassment.

Personal assistance involves a very broad definition of work that, besides personal care and all necessary household chores, includes assistance in the workplace, in the education process, with parenting etc. Moreover, personal assistance differs from other caring professions in the user-care worker power relationship in which the personal assistant is expected to be subordinate to the needs and will of the user:

*Personal assistance means that the user has maximum control over the organisation and shaping of the personal assistance service with regard to their own individual needs, capabilities, life circumstances, conditions and wishes. (Pečarič, 2003: 299)*

Personal assistants' working hours are 40 hours a week, typically with work-free weekends and holidays. Working hours are flexible because they are adjusted to user needs, which is why they can involve three-shift work. Up until 2019, personal assistants had fixed-term employment at the minimum wage without the possibility of wage grade promotion. The introduction of the Personal Assistance Act in 2019 gives the possibility of them being permanently employed, with their wages now raised slightly above the minimum wage, and every 3 years employees being promoted to a higher pay grade. Career promotion is not possible in this occupation.

Personal assistance is clearly gender differentiated whereby male personal assistants are generally appointed to male users, and female ones to female users. Some male personal assistants are also included in the service of transporting users by van. According to Richard, driving a van may be seen as compensation for the personal assistant's feminised work: "And then perhaps, being a man, this identity of a personal assistant, takes from you a little, and driving gives you back a little of this male identity". Still, the logic of the user's total control over the caring relationship means that

personal assistants are required to subordinate and renounce any paternalism and control, which is in stark contrast with the norms of masculinity. Despite that and the unfavourable working conditions, paradoxically, personal assistance is the area that involves the biggest share of men among all fields of social care under consideration. Both of our interviewees have an education above that required for their job. Richard has a university education in sociology, while Džamši is a mechanical technician who attempted studying, but failed. He intends to remain in his job until retirement. Richard is also not looking for another job but, if he had the opportunity, he would like to work in a library. The both obtained their work through the Employment Office while unemployed. In Richard's words:

*Say, if you used to be a street-fighter or a mobster, you won't do such a job. Because it won't work for you, personality-wise. You won't have somebody telling you what to do, right? But everybody else, who is afraid of losing their job, and need money and stuff, they have to do such things, if offered.*

This points to marginalised masculinities in terms of class or some other reason that seek to withdraw to alternative social spaces to avoid the pressure of the dominant norms of masculinity and competitiveness in the labour market. Richard has worked in personal assistance for 4 years, and Džamši for 18 years, meaning they also held their jobs prior to 2019 when employment and payment were no longer secure. This indicates the limited influence of structural reasons on men's inclusion in the area of personal assistance; instead, they see personal assistance as an alternative social movement representing a legitimate niche in which they embed their non-mainstream masculinity.

### Care for the elderly

Unlike care for children and the disabled, eldercare follows the principles of familialisation and marketisation. In the public/private networks of institutional care, the cost of providing the social care service is entirely imposed on the user while home-based care services are 50% subsidised by the local municipality. The state compensates for low pensions and the insufficient public care services with modest assistance and an attendance allowance helps offset the cost of public services if available or of private care arrangements. The municipality only subsidises care if there are no relatives or they cannot pay, although this money can later be recovered from any inheritance. These policies imply that a bigger share of the labour cost of institutional and home-based elderly care is funded by user payments

and that an increase in salaries leads to higher costs of care for the users (Hrženjak, 2017). The director of an elderly home said: "We should be aware that we are 70% funded by our users and their low pensions".

Hands-on care spans across several occupational groups. In institutional care, these include nurses, nursing assistants and hospital attendants. One also finds social carers in the area of home-based care. The period between 2006 and 2013 saw a slight increase in the share of men working as nursing assistants and nurses, amounting to some 5% in eldercare and around 15% in healthcare (Bembič, 2018). The share of men in home-based care is extremely low, at just 2% (Leban et al., 2017).

Compared to care for children and the disabled where sufficient public, in-kind services prevail, the scarce services in eldercare are provided by public and private organisations holding concessions. Most care workers have an open-ended and full-time contract, yet the intensification of work and the long working hours, entailing three shifts and weekends, are key features of the poor working conditions. On top of that, eldercare is a minimum-wage profession, except for nurses whose pay comes close to the average salary in Slovenia. While hospital attendants do receive bonuses for night and shift work, for weekend work and work with patients with dementia, these are not reflected in their pay since their pay grade has been below the minimum wage (with the difference being topped up by the state); in 2017, their trade union managed to have some bonuses exempted from the minimum wage. The interviews show that, given the lack of staff and increasing share of bedridden users, in fact, all three occupational profiles perform all necessary activities even though the differences in their salaries are considerable.

Home-based eldercare, which is also a minimum-wage job, encompasses household help, assistance in maintaining personal hygiene and socialising. The work is performed on weekends and holidays, and in split shifts, but does not involve night shifts. The standard stipulates that a social carer can care for no more than five users at a time, yet an annual evaluation report shows that on average 1 social carer provides care for 7.3 users (Leban et al., 2017). Some organisations rely on new technologies, i.e. smart phone apps, to monitor their employees. Those working in eldercare can be promoted to a higher pay grade every 3 years, while career promotion is only possible if further education is undertaken.

The interviews do not indicate any distinct gender differentiation and construction of masculinity in eldercare. The responses mainly referred to the assumed greater physical strength of men, and their 'different' ways of acting. When asked whether they would wish to employ any more male workers, the director of an elderly home answered:

*There are needs to lift a user who is heavier, and it is easier for a man to do this. ... They think differently, perceive differently, they complicate less about certain things so, yes, that would be nice.*

However, one can also identify the gender aspect of eldercare in the fact that, compared to care for children and the disabled, eldercare involves much more physical contact with elderly and sick (mainly female) bodies, with excretions, smells and looks that are often unpleasant. In addition, the users tend to negotiate closeness and distance in intimate care and some prefer to be cared for by women. As the director of an elderly home said: »Some people are strict about not wanting to be cared for by a man, and we respect that«. She added that too many men would pose a problem. Douglas (1966) considered how work related to excrement is considered dirty and has a particularly low social status. Therefore, the regulation of contact with and distance from bodily excrements is closely linked to social, including gender, hierarchies. While the men in our interviews speak openly of their low income and unfavourable working hours when explaining why so few men engage in eldercare, their references to intimate care reveal denial and ambivalence. Boris, a male nurse, says he does not feel aversion to intimate care but is studying part-time in order to find a different job, preferably in emergency medical assistance. When asked why so few men work in care for the elderly, he answered: "I think because of the taboo that all of this is simply intimate care". Tomaž, a social carer, did not deny having problems with intimate care: "It was a bit heavy for me, in particular because of this intimate care, right? Because, you know, it is not easy to change the diaper of an adult". The work of home-based care is particularly gendered because, apart from the intimate care aspect, it includes housework that is not only feminised but also involves connotations of social hierarchy. Tomaž corroborated this: "I don't do the housework. Because I'm not some cleaning lady, right? I won't do that. No way". Widding Isaksen (2002) suggests that the more intimate and 'dirty' care work is, the less likely it is that men will become engaged in it because it is heavily burdened by a combination of low social status and connotations of femininity, which is why it represents an excessive risk to male dignity. Obviously, the fact that eldercare receives the lowest social valuation among all areas of care analysed in this article is reflected in the very poor working conditions, with the distinct gendered and hierarchical connotation of extensive intimate care and household work also equally working to deter men from eldercare.

## Conclusion

The article has outlined how structural and identity factors in the area of hands-on care, comparatively in care for children, the elderly and the disabled, influence the share of men in it. Care for the disabled is largely public and in-kind. Alongside the demanding working conditions, the salaries that include a bonus for working with persons with special needs explain why the salaries are higher than in other areas of care. There is no shortfall in workers, which in turn ensures the smooth organisation of work. Childcare is embedded in the education system and provided in a public network of preschools where the local municipality covers most costs. Childcare offers good working conditions, dynamic work, favourable working hours and a comparatively small share of intimate care, although the salaries of assistant preschool teachers are low. Compared to public care for the disabled and childcare, eldercare is increasingly privatised in terms of service providers and payments. This is forcing care organisations to reduce the cost of labour and, accordingly, the salaries are comparatively the lowest. With a rising share of bedridden users, work in eldercare is very strenuous and includes a large degree of intimate care. Due to huge understaffing, work has become ever more intense and deregulated.

This allows for the conclusion that the worst working conditions of all areas considered are found in eldercare, namely, the area of care where the share of public care is smallest. Arguably, if the share of men in hands-on care work were solely influenced by structural conditions, the biggest share of care would be expected in care for children, followed by care for the disabled, and the lowest in eldercare. However, this is not the case, and men account for the biggest share in care for the disabled, followed by eldercare, while the smallest is found with the most favourable working conditions in preschools. Can this be explained by different gender ideologies in the different areas of care?

In all three areas of care examined, the gender difference is highlighted in the way that dominant norms of masculinity are partly maintained and partially subverted. The maintenance of masculinity norms is mainly seen by accentuating men's physical strength and their 'different' approach while subversion is shown in the recognition that men's care competencies are equal to women's, including their emotional, nurturing work. However, nuanced differences exist between the different areas of care in symbolic connotations of care associated with gender, although they were not always clearly declared in the interviews or were even denied. In care for the disabled, men are positioned as the holders of both fatherly authority that has a disciplining effect on problematic users and a protective attitude towards female care workers. Such gender ideology clearly maintains traditional

gender differences and does not threaten a male care worker's masculinity. Personal assistance is shown to be a contradictory area of care for men in terms of gender identity and working conditions, although it appears as a socially legitimate space of otherness and a legitimate arena in which marginal men can avoid competitiveness and assertiveness. Childcare, in particular care for the youngest children aged up to 3 years, is socially constructed as feminine more than any other care area due to it reminding of motherhood, which holds that competence in this area is natural to women. It seems that accentuating the gender difference and welcoming the different 'male principles' is unable to neutralise the symbolic closeness to femininity and this is perhaps why, despite the best working conditions among the areas of care considered, working in preschool proves too threatening for masculine identity. In eldercare, the working conditions are bad enough to divert men and women, which is why the small presence of men calls for a further gender identity explanation. Eldercare includes the greatest share of intimate nursing work, work with bedridden, mainly female, bodies and excretions which, according to some theorisations (Widding Isaksen, 2002) and interview hints, may represent a taboo and hierarchical devaluation to men. Moreover, men's avoidance of household work in home-based elderly care, where the share of men is even smaller, shows that this coupled with the femininity and the symbolic 'impurities' heavily connoted in the work are seen by men as lowering their status.

It may be concluded that the relatively good working conditions in the interplay with the accentuation of the hegemonic aspects of masculinity attract more men to the area of care for the disabled than other areas of care. Although healthcare has seen the fastest desegregation, the share of men in eldercare remains extremely small due to the deterrent effect of both poor working conditions (the result of the political neglect of this area) and the gender connotations of intimate care and household work. In childcare, the connotations of femininity, through motherhood, in working with small children seem so strong that, despite the good working conditions (except for the low salaries of assistant preschool teachers), this area of care continues to have the smallest share of men.

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