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## WHY DO RESEARCH INTO MEN'S CARE WORK? (Editorial)

**Abstract.** *In this article that introduces this special section, the authors place research about men's involvement in care work in the broader context of gender, welfare system and social policy studies as well as in the sociology of work. The main theoretical approaches in researching the gender division of care are presented, with a special consideration of the male perspective as conceptualised in critical studies of men and masculinities. The discussed topical reflections and empirical evidence concerning men's inclusion in formal and informal care work in Europe reveal that men's increasing share of care may be seen as a counterpart to the traditional concepts of male power and hegemonic masculinities and that men's caring involvement entails a lot of complexity and identity negotiations. The authors also reflect on the issue of men in care in the neoliberal context of changes to both the labour market and masculinity, while discussing its transformative potential.*

**Keywords:** *masculinities, care work, critical studies of men and masculinities*

### Introduction

In the past decade, studies of care work have accounted for a growing corpus of research at the intersection of welfare system and social policy studies, the sociology of labour and gender, and migrations. In this volume, the term "care work" is used for informal/family and formal/professional activities and relations involved in the provision of the physical, social and emotional needs of families, children and adults (Hrženjak, 2018). Studies highlight the disproportionate care burden placed on women in modern society, men's insufficient involvement in care work and the associated inequalities women then face (Ungerson, 1987; Glendinning, 1992; Moony, 2002; Huber, 2009; Triantafillou et al., 2011; Šadl and Hlebec, 2018).

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Following the decline of Fordist industrial production that relied on the male-breadwinner/female-carer family model, the rise of the 'adult worker' model (Lister et al., 2007) in an increasingly destandardised global economy, with inadequately distributed care responsibilities, costs and labour between genders and among the state, family and market continues, creates a care deficit and remains the chief source of the 'patriarchal dividend' (Connell, 1995). Demographic trends in Europe regarding population ageing, the intensive employment of women, changing family patterns, and migrations have led to growing care needs and reduced capacities in informal care. These trends are testing the strength of the public system of care while employers are challenged by establishing conditions that support informal carers, while also presenting the pressure on men to engage more in care work. From the aspects of gender equality, social justice as well as sufficient and good quality care capacities, it seems important to complement the approach focused on women and care with understanding of men's caring (non-)involvements which entails an exploration of the barriers, specifics and potential of men's care and to contribute to denaturalisation, degendering and the universalisation of care. On a more fundamental level, men's share of care challenges traditional gender ideologies and opens up space for a further rethinking of the masculinity-femininity, production-reproduction, private-public and personal-political binarisms on which capitalist systems are based.

### **Theoretical approaches to researching men in care**

During the 1970s, it was mainly eldercare studies that focused on the informal-formal care relationship using gender-neutral categories like family care, elderly parents, adult children etc. (Stoller, 2005). Today, feminist theoretisations of care (Sainsbury, 1994; Hobson et al., 2002; Tronto, 2009) and extensive research at the intersection of gender, class, race as well as family, labour market and migrations (Yeats, 2005; Lutz, 2008; Williams, 2011) reveal that both informal and formal care work are inherently linked to the category of gender and represent some of the key domains, intersections and origins of social inequalities.

The early and still widespread interpretations of gender inequalities in care work lean on the functionalist theory of gender specific socialisation. The theory states that women should be 'specialised' in the 'expressive' role of care in the private sphere of the family, and men should take on the 'instrumental' work role in the public sphere of production. Care is depicted as feminine in terms of affection, empathy, intimacy, sensitivity and intuition, in contrast to masculinity which is defined as unemotional, rational, instrumental and inexpressive (Hanlon, 2012). This interpretation was

supported by psychoanalytical approaches providing insight into asymmetric parenting and the social and cultural construction of mothering that supposedly encourages the development women's more emphatic and emotional capacities as opposed to the rational and emotional detachment from other people that characterises men (Gilligan, 1982). Yet, these approaches are shown to be insufficient today because they establish masculinity and femininity as dichotomous, complementary, internally homogeneous and stable categories, while being unable to explain the diversity seen in family structures and within categories of men and women. As noted by Connell and Messerschmidt (2005), the approach of male and female gender roles does not distinguish between social norms and individual agency that can deviate from the norm, and principally neglects the analysis of power relations both between and within the categories of men and women. Due to their focus on the individual level and psychological dynamics, these approaches also ignore the influence of the changing social order (such as the system of production, the welfare system, non-discrimination policies) as a basis of the inequality encountered by women. Ultimately, the doctrine of private-public and family-work occupying separate spheres has proven inadequate by overlooking the fundamental meaning of social reproduction for the economy, which can operate according to the norm of the ideal worker or, as Acker (1991) suggests, the logics of the 'disembodied worker', but only with the ample support of unpaid care work in the family.

Institutional approaches explain the (lack of) men's inclusion in care work by viewing both family and the labour market as gendered organisations, which in various ways either enable or disable individual choices. The approach of family labour division and rational choice argues that families choose to divide up care and paid work between the partners as part of calculating the available possibilities and costs (see Scambor and Gärtner for criticism of this approach in this section). The fact that men earn relatively higher incomes in the labour market than women means the costs of engaging men in unpaid care are higher than for women, and the family financially loses out more in the process. According to this approach, the gendered division of unpaid care is the outcome of the joint endeavour to maximise the family income (Stoller, 2005). This approach fails to address the ways in which the organisation of work, particularly the ideal worker norm, perpetuates the gender pay gap, the caregiving gender care gap and social incentives for men's breadwinning over caregiving. To some extent this explanation works tautologically: men do less care work because they earn more than women in the labour market, but one reason they earn more is that they have - and are perceived by their employers as having - fewer caring responsibilities (*ibid.*).

In socialist feminism, the relative non-involvement of men in care historically emerged from the alliance between capitalism and patriarchy and the

gender contract (Patman, 1988). This alliance was established in the early days of industrial capitalism and regulates the relationships between public and private, paid and care work, men as breadwinners and women as carers so that labour costs are reduced and profit is increased (Eisenstein, 1970; Federici, 2012). This inequitable division is reinforced by an ideology of domesticity, i.e. the cultural assignment of unpaid care to women that defines caring as a natural function of women and stresses the primacy of family responsibilities for women, thereby justifying the capitalist reorganisation of society by ascribing the 'true natures' of men and women. It is further reinforced by patterns of occupational segregation and wage discrimination which, in turn, channel the choices men and women make while allocating paid and unpaid work within the family.

Tronto defines care from the perspective of feminist ethic of care broadly as "an activity that includes everything that we do to maintain, continue, and repair our 'world' so that we can live in it as well as possible" (Fisher and Tronto, 1990: 40) and proposes a more nuanced view. She argues that social constructions of masculinity include some elements of care, while excluding others. Masculinised forms of care are traditionally linked with protection, which reflects traditional notions of citizenship whereby men are seen as protectors of the state, women and children. The other form of masculinised care is breadwinning or financial support of the family as a result of the capitalist gender contract. In this context, protective and financially successful men are perceived as caring men. Masculinised forms of care take place in the public sphere, and in paid work, placing men in a position of "privileged irresponsibility" (Tronto, 2013) in intimate relationships and leading to private and everyday care going unpaid, characterised by the constant presence of needs, emotionality and corporeality of the sick, the aged, children and housekeeping. While protection and provision relate to the androcentric ideal of a self-sufficient, autonomous, rational individual, the feminised everyday care is associated with human vulnerability and interdependence as the antithesis of the norms of masculinity.

Researchers' attention in the last 20 years focused increasingly on the contextual and interactional aspects of gender. In an ethno-methodological perspective of doing gender, gender is not something that we are or have, but is understood as a routine accomplishment embedded in everyday interaction (West and Zimmerman, 1987). Because the social script of care is associated with femininity, performing care (re)produces femininity while, by avoiding care, men distance themselves from femininity and do masculinity. Strategies for doing gender are altered when required by institutional or situational changes. Re-doing gender implies a change in gender norms and practices that produces different forms of masculinity and femininity, but without essentially altering the commitment to gender norms

and power relations. An example is the establishment of paternal leave in European family policies and the socially positive evaluation of inclusive fatherhood that is adding to the re-doing of masculinity by changing the norms and practices of fatherhood. Deutsch (2007) thinks that a downside of the doing gender approach is that it concentrates on the reproduction of gender difference and power relations, while ignoring the agency and change in gender hierarchies. She therefore suggests the notion of un-doing gender for discerning situations in which gender difference becomes irrelevant. Men engaging in care work can change the meaning of both care and masculinity, the latter either through the reorganisation or undoing of gender such that gender becomes irrelevant for care practices.

Theories that explain gender inequality in care work normally do not include the perspectives of a specific gender regulation and norm of masculinity. Critical studies of men and masculinity – a theoretical approach that has only recently been gaining ground in care studies (Hanlon, 2012; Elliot, 2015; Scambor et al., 2019) – along with the concepts of hegemonic masculinity and hierarchisation of multiple masculinities (Connell, 1995) reveal that men face powerful social pressures and stereotypes that repel them from care. The notion of multiple masculinities demonstrates that variation exists among men and expressions of masculinities. The concept of hegemonic masculinity describes men's culturally dominant position, the subordinating of women and marginalising of men while maintaining patriarchal relations. Hegemonic masculinity subordinates men who embody devalued forms of masculinity associated with femininity, such as gay men or men in care work, and marginalises men due to e.g. race, ethnicity, class, and ability. Men who are complicit in the hierarchical gender order can benefit from the subordination of women without themselves having to embody hegemonic masculine (ibid.). Caring practices and values assume empathetic, interdependent, relational behaviour, i.e. identities and practices that are opposed to hegemonic masculinity and proclaim a commitment to alternative interpretations of masculinity. The ongoing tensions between the hegemonic definitions of masculinity and prevailing conceptions of caring mean that men equate doing care work with taking a more feminised and subordinated masculinity on board (Hanlon, 2012). Accordingly, caring men engage in a complex interplay and negotiations when they manoeuvre between the norms of hegemonic masculinity and the expectations of care work.

### **Some evidence about men's involvement in care in Europe**

International studies that analyse differences between men and women in informal care show that more women than men take on long-term care; care for a wide range of receivers; in their life course, they engage

in informal care more often than men; they more often perform intensive care (especially intimate care), primary and multiple care (they take care of several family members simultaneously) (Rimmer, 1983; Russell, 2007); and more often reduce the extent of their paid work or abandon it completely so as to do informal care (Ungerson, 1987; Mooney, 2002). Men more often take on the supporting role, assisting their partner in her care for family members, or they start a care role when caring for their female partner, and less often for other family members. Ungerson (1987) explains this with the ideological construction of marriage as the primary care relationship that is comparable to the mother-child relationship. In the extended family context, men contribute to the family care capital (Anttonen, 2007) by enabling access to an informal female caregiver through marriage. Mooney (2002) suggests that paid work has a decisive influence on men's (lack of) participation in informal care and they mainly decide to do it in the period of the life cycle when paid work is no longer central to their life.

Nevertheless, evidence collected in the Europe-wide study *The Role of Men in Gender Equality* (Scambor et al., 2013) gives some insights into men's greater participation in everyday family care. In the early 2000s, research started to show a bigger share of men were doing a larger proportion of care, although important differences between men were seen. In the Nordic states, men are more involved in family care than men from Southern and Eastern European states. Class variation in family care sharing has been observed but should not be over-emphasised. The typical (neo-)traditional male provider forms is not only evident among the working class but also at the top, among the business elite. Still, men with a higher education are one-third more likely to undertake a large share of childcare than men with a low education. On the other hand, job-related success seems to hinder the share men take on because men with high incomes are less likely to share equally, especially if their partners have a lower income. The study confirms the pronounced correlation with equal, shared decision-making among couples. Men with gender-equal norms show a greater probability of participating in care work compared to men with less-gender-equal norms. A proper balance is more often seen among younger than older couples. The birth of a child usually exacerbates the imbalance in sharing care in most European countries, with the necessary adjustments mainly affecting women given that they are the ones who leave the labour market. Reforms and structural regulations clearly impact family choices; for example, 'father's quota' and paternity leave give fathers more of a choice to participate in caring.

A consensus reached in fatherhood scholarship reveals that 'new fathers' are confronted by contrasting expectations to perform well as fathers and as ideal, care-free workers and breadwinners all at once (Kaufman, 2013). Studies (Björk, 2015) show that involved fathers are simultaneously

abandoning and strengthening hegemonic positions, and that involved fatherhood cannot be considered as the opposition to hegemonic masculinity. The role of class is prominent, revealing that men holding powerful social and economic positions who have already fulfilled the hegemonic norms of breadwinning and achieved self-realisation in paid work choose involved fatherhood more often than men in weaker social and economic positions. The issues of the pluralisation and diversity of families, entailing issues like absent fathers, fathering after divorce, within re-organised, transnational and gay families, and the impact of the precarisation of work on fatherhood, have only recently been given attention in fatherhood studies (Dermott, 2008; Rener et al., 2008; Crespi and Ruspini, 2016; Hrženjak and Humer, 2017).

In the area of informal eldercare, on average one finds 25% to 30% of male caregivers (Eurofamcare; Hvalič-Touzery, 2009; Hlebec and Šadl, 2018), who prevail in care for partners with chronic illnesses, while care being provided by sons for their parents is more of an exception than a rule (Šadl, 2018). Studies show that in giving care for their parents sons mainly perform instrumental care (financial support, transport, housekeeping), while avoiding and delegating the hands-on and emotional care to their female partner (Campbell and Carrol, 2007). In contrast, studies of men in a primary caregiving situation (Russel, 2007) when they have no choice but to take over intensive care responsibilities (e.g. for a parent or a partner with dementia; see Freljh in this section) show that men can provide all necessary caring activities from routine household work through to intimate personal care. More than a duty and reciprocity, their motives for taking on primary caregiving involve devotion, love and affective connection and they show a strong emotional involvement in care. Caring experience also helps them revalue their perception of household and care work which they no longer experience as self-evident and marginal, but as a compendium of complex and demanding tasks that are interconnected and ongoing.

Gender equality discourses and policy interventions generally consider childcare and involved fatherhood as being relevant to gender equality, while not (yet) recognising the effect of eldercare on gender equality, although it remains women's domain to an even bigger extent than childcare (Hrženjak, 2018; Šadl and Hlebec, 2018; Björk, 2015).

Contrasting the involvement of men in family care with their participation in professional care jobs reveals that men's share in professional care remains constantly low (Bettio and Verashchagina, 2009). In 2018, the proportion of men among EHW (Education, Health and Welfare) graduates in Europe averaged out at 20% (see Holterman in this section). Nursing, eldercare and early childhood education are extremely gender-segregated occupations, not least because of the cultural ascription that this is an extension of women's 'natural' functions in the family. Moreover, gender-equality

interventions in the labour market's segregation have long been contextualised as principally a 'women's issue', while initiatives for gender-untypical educational choices have largely encouraged girls to enter male-dominated fields of work. Research confirms that sectoral gender segregation significantly influences the gender pay gap in all EU countries (Boll et al., 2016) – the feminised EWH sector is characterised by low social status and low salaries (see Hrženjak in this section).

Academic interest has recently grown with respect to men who work in female-concentrated care occupations, showing how men who opt for care jobs negotiate this gender transgression with the norms of hegemonic masculinity. Based on a study of women in masculinised professions, Kanter (1977) found that the gender majority in a company holds a position of neutrality or invisibility that enables it to maintain its position of power. The gender minority is faced with visibility and exposure that lead to control, pressure and fear of failure. Kantor points to the system of mechanisms used by the gender majority to control the group culture and marginalise the minority. Through polarisation, the differences between the dominant group and the minority grow out of proportion, resulting in the separation and isolation of the minority. Through pressure for assimilation, it forces the minority to adapt to the stereotyped roles of the majority. Still, this has not been corroborated by studies of men in feminised professions (Williams, 1995; Simpson, 2004). These studies show that men are privileged in terms of promotion, education and the transgression of corporative rules; the care work men perform is more highly valued; also, the male workers are perceived as being more self-sacrificing, heroic, holding greater authority, and as good workers. Regarding polarisation, care workers themselves close themselves off in specific specialisations in order to distance themselves from femininity. In terms of assimilation, men are put in a position of authority or made a representative of a group, while younger men take the symbolic role of a 'son' of their older women colleagues. Therefore, men's greater exposure in feminised professions leads to their privileged condition and 'popularity', which may be the outcome of the higher cultural valuation of male attributes in society. The 'glass-escalator' effect has often been in play in care professions where it paves the way for men being promoted to leading positions considered 'more legitimate' for them. Williams (1995) argues that men's presence in feminised vocations does not in itself necessarily mean a transformation of the existing gender order (see Bembič in this section).

The need to establish a distance from femininity coupled with the need to show equal or even superior competencies in care than women may lead to men taking a defensive approach and emphasising both sameness and difference. While men have to perform up to the norms set by the female ideal, and hence try to act as 'the same', they are also held accountable as



members of their sex category; thus, they must also have to perform masculinity and act like 'the other' (Fisher, 2009). Simpson (2004) suggests that men occupy female-concentrated fields of work in situations of technological innovations along with the related privileges and they monopolise prestigious specialisations in care work, such as emergency care and 'low-touch and high-tech' fields, considered to be men's appropriate work of heroically solving critical situations and entailing technical skills. In hands-on care, men must deal with the loss of status and identity associated with paid care work. They often redefine the characteristics of their work by minimising its association with unmanliness through discourses of physical power, rationality and emotional distance as necessary for the efficient performance of care work (Hanlon, 2012). Sometimes, they reimagine the dominant constructions of masculinity by acknowledging empathy, emotionality and care as attributes of a more integrated personality. Storm (2013, also see Storm and Lowndes in this section) describes how masculinity at the intersection with other dimensions of inequality like ethnicity, migration background and sexuality creates different opportunities and limits for care workers in an ever more diverse care sector.

### **Neoliberal context and transformative potential of 'caring masculinity'**

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The ideology of gender binarism is rearranged and displaced in the context of neoliberal economy that is producing a growing number of unemployed, underemployed, precariously employed and the working poor, including men. The decline of manufacturing and heavy industry, the globalisation of the economy and accompanying structural unemployment have influenced workplace restructuring and working-class men's employment patterns and hence men's identities. Studies (Cornwall et al., 2016; Walker and Roberts, 2018) point to working-class, young and migrant men as the losers of globalisation and neoliberalism. Regardless of their age, many working-class men express disappointment with their current situation, being disrespected by others, a fear of losing their jobs, uncertainties regarding the future and limited options available to survive. Many of them have experienced unemployment, work without a contract or long working hours and exploitation. Economic restructuring holds implications for the cultural representation of men's work – it challenges the images of working-class men faced with harsh, hard and heroic work in heavy industry to provide for the national economy and the family (Mac an Ghaill and Haywood, 2003). The difficulties men experience in adapting to the neoliberal conditions are shown, particularly the shift towards a more feminised service-based economy, from standard employment to discontinuous, flexible and insecure working patterns,

and the mass migration of high- and low-skilled men and women globally (Scambor et al., 2013). Neoliberal entrepreneuring subjectivity (Gill, 2014), namely, an individual entrepreneur who is self-disciplined, self-regulated and personally responsible for his/her success or failure in the competitive labour market, accounts for a specific type of pressure on working-class men who, with the shrinking of employment possibilities and displacement of the meanings of hegemonic masculinity, encounter the persisting traditional role of men as breadwinners and financial supporters of the family (Cornwall et al., 2016). Neoliberal uncertainties challenge male privileges and self-images, which might have an ambivalent impact on changing masculinities and the gender regime. On one hand, the newly disenfranchised white working-class men who see their increased poverty, unemployment and degradation as being due to the growing rights of women and who, in the retraditionalisation of gender roles are looking for ways to restore their patriarchal dividends, have recently been mobilised in several right-wing populist political movements across the Europe. On the other hand, theoretical accounts of the neoliberal reorganisation of gender relations call for a reimagining of masculinity by resisting the centrality of the hegemonic norms and paid work in men's lives and identities and developing notions of 'alternative masculinity' (Buschmeyer, 2013), including 'caring masculinity'.

The emerging concept of 'caring masculinity', outlined in the works of Hanlon (2012), Scambor et al. (2013) and Elliott (2015), is defined as a variation in alternative masculinity that involves the systematic integration of values derived from feminist ethics of care such as interdependence, support, empathy, attention and co-responsibility. As Elliott notes, caring masculinities may be seen as a gender-equality intervention that seeks to integrate the values and practices of care and interdependence traditionally associated with women into masculine identities. She defines caring masculinities as masculine identities that reject domination and its associated traits and embrace values of care like positive emotion, interdependence and relationality (Elliott, 2015). Critical studies of men and masculinities highlight the costs of masculinity that result from the performance of invulnerability, negotiations of the ideal of hegemonic masculinity, and reciprocal social control. These costs include impoverished relationships, risky behaviour, deficient self-care and care for one's own health, violence, shorter life expectancy and higher rates of both suicide and addiction compared to women. According to Elliott (2015), embracing the affective, relational, emotional and interdependent qualities of care can lower the costs of masculinity for men, women and society at large. Holter (2007) analysed the potential benefits of involved fatherhood for men, which include a better quality of life and health, better relationships with less chance of conflict and violence. As Hanlon (2012: 202) writes: "Doing caring work is associated with having a

more flexible definition of masculinity, men's roles, and men's caring capabilities". This is an optimistic view of how men's inclusion in care work can contribute to their emancipation from the rigid norms of hegemonic masculinity. Whether the concept of caring masculinity as applied not only to interpersonal relationships (parenting, partnership, friendship) but also to wider social relations like care for the community, for gender equality, environment, and marginalised groups holds transformative potential to change the patriarchal gender order and neoliberal capitalism remains an unsettled question regarding the dynamic that exists between structure and identity. Some authors see the changing masculinity as a form of the continuation of the privileges via the reconfiguration of masculinity rather than as a sign of the transgression of gender norms leading towards equality (Cottingham, 2017; Björk, 2015; also see Bembič and Hughson in this section). Populists view caring masculinity as the feminisation of men and as constituting a threat to the traditional social order. Still others state that caring masculinities are creating opportunities for men to deepen caring relations with others and contribute to a healthier and more caring society, bringing positive consequences not just for the gender order but for society and the economy as a whole (Scambor et al., 2019).

## Conclusion

In this overview of the topical studies of masculinity and care work we have looked at the importance of men's more pronounced inclusion in formal and informal care not simply for overcoming the growing care deficit in ageing post-industrial societies, but also for gender equality, inclusive citizenship and a caring society. However, given that men's increasing share of care may be seen as a counterpart to the traditional concepts of male power and hegemonic masculinities constructed as 'care-free' and 'care-less' (Hanlon, 2012), these studies reveal men's caring involvement entails great complexity. This thematic section adds to the existing research by presenting evidence of men's active participation in a range of types, locations and geographies of care. It brings further analysis of the complexity of men's inclusion in care work in terms of both the social regulation of gender as well as the structural factors like generation, location, labour markets, welfare systems, migration, organisational cultures and dominant norms of family and care.

The thematic section was created within the framework of the *Masculinities, Equality, Care Practices*<sup>1</sup> research project. On the empirical

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<sup>1</sup> *Masculinities, Equality, Care Practices – MESP (J6 – 8253, 2017–2020)* is a project funded by the Slovenian Research Agency (ARRS) and co-ordinated by the Peace Institute in partnership with the Faculty of Social Sciences of the University of Ljubljana. For more information on the project, see <http://www.mirovni-institut.si/en/projects/masculinities-equality-care-practices-mesp/>.

level, the project's objective was to explore men's caring practices in formal and informal care work in Slovenia and to answer the questions: Who are male caregivers? In which circumstances do they assume caring responsibilities? Do they face similar struggles as women when undertaking paid or unpaid care? How do men who undertake care work reconcile this 'transgression' with the norms of hegemonic masculinity? How are the norms and practices of care work being transformed when men perform it? On the theoretical level, the project aimed to help expand the concept of care in order to allow for the conditions of complex and plural social realities and to avoid essentialist perspectives. In its theoretical framework, the project relied on the conceptual apparatuses of critical studies of men and masculinities, gender studies, feminist theory and sociology of work. Methodologically, the project combined policy, statistical and organisational analysis with in-depth individual interviews of men who provide care in the family, with men and women professional carers in childcare, eldercare and care for the disabled and with the managers of organisations that provide care services. The thematic section contains five articles which, based on evidence emerging in the project, analyse men's participation in care work in Slovenia, where two articles thematise professional and three family care work. In order to place the national study in a wider European context of exploring masculinity and care work, we invited authors from different parts of Europe to present their current work.

Written by Elisabetta Ruspini, the opening article presents a global overview of how millennial men are negotiating tradition and change in both gender roles and their care commitments. Studies of millennials reveal that new egalitarian patterns are emerging, yet they may be difficult to maintain in social and institutional contexts that reward the traditional family model and traditional gender roles. Marina Hughson considers the overlap of critical studies of men and masculinities and the theory of semi-peripherality and analyses the processes of the complex transformation of men and masculinities in the Balkans in their care practices and discourses. She establishes the concept of "male hegemony built on opportune hybridity" to demonstrate the ambiguous emancipatory effects of care on men in neoliberal conditions. The concept of caring masculinity and its emancipatory limits is also critically reflected on by Branko Bembič while looking at quantitative data showing gender-desegregation trends in institutional eldercare as well as two case studies of homes for the elderly. To deepen the discussion of how structure and gender identity interplay in men's care practices, Majda Hrženjak presents a nuanced analysis of the structural and identity factors that push men away from professional hands-on care work in childcare, eldercare and care for the disabled. European countries, but also Canada, are experiencing rising numbers of migrant male care workers in long-term

care settings. Palle Storm and Ruth Lowndes employ rapid site switching ethnography and individual interviews to analyse migrant men's entrance into, motivations for, and experiences of paid care work in Canadian and Swedish nursing homes. Based on secondary analysis of recent quantitative data from a survey in Germany that covered over 3,000 pupils, Daniel Holtermann analyses which factors lead boys to choose further education in the education, health and welfare sector even though the notion of traditional masculinity and the professional habitus in these occupations do not support males. In the area of informal care in the family, Elli Scambor and Marc Gärtner critically examine the conditions needed for 'freedom of choice' in the division of paid/unpaid work within couples and particularly focus on wider societal factors that support or repel men in participating in informal care. Iztok Šori argues in his article that, on both the individual and institutional level, the archetype of maternal love is a powerful mechanism that defines the boundaries of fatherhood and masculinity in fathers who are primary caregivers. Živa Humer points out that, despite the gender-neutral parental legislation in Slovenia, institutions like the centres for social work and courts often follow an essentialist notion of proper care for children and that men can encounter discrimination in custody processes. The concluding article by Mojca Frelih highlights the troubling negotiations of masculinity and lived experiences of men who are primary care providers for their partners or parents with dementia.

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#### BIBLIOGRAPHY

- Acker, Joan (1991): Hierarchies, Jobs, Bodies: A Theory of Gendered Organizations. In Lorber Judith and Susan A. Farrell (eds.), *The Social Construction of Gender*, 162–179. London: Sage.
- Anttonen, Anneli and Jorma Sipilä (2007): Care Capital, Stress and Satisfaction. In Rosemary Crompton, Suzan Lewis and Clare Lyonette (eds.), *Women, Men, Work and Family in Europe*, 152–71. New York: Palgrave Macmillan.
- Björk, Sofia (2015): Doing, Re-doing or Undoing Masculinity? Swedish Men in the Filial Care of Aging Parents. *Nora – Nordic Journal of Feminist and Gender Research* 23 (1): 20–35.
- Buschmeyer, Anna (2013): The Construction of 'Alternative Masculinity' among Men in the Childcare Profession. *Revue internationale de sociologie* 23 (2): 290–310.
- Campbell, D. Lori and Michael P. Carroll (2007): The Incomplete Revolution. Theorizing Gender When Studying Men Who Provide Care in Aging Parents. *Men and Masculinities* 9 (4): 491–508.

- Connell, W. Raewyn (1995): *Masculinities*. Berkeley: University of California Press.
- Connell, W. Raewyn and James W. Messerschmidt (2005): *Hegemonic Masculinity: Rethinking the Concept*. *Gender & Society* 2005 (19): 829–859.
- Cornwall, Andrea, Frank G. Kariotis and Nancy Lindsfarne (eds.) (2016): *Masculinities under Neoliberalism*. London: Zed Books.
- Cottingham, Marci D. (2017): *Caring Moments and Their Men: Masculine Emotion Practice in Nursing*. *Norma: International Journal for Masculinity Studies* 12 (3–4): 270–285.
- Crespi, Isabella and Elisabetta Ruspini (eds.) (2016): *Balancing Work and Family in a Changing Society. The Fathers' Perspective*. New York, Hampshire: Palgrave Macmillan.
- Dermott, Esther (2008): *Intimate Fatherhood. A Sociological Analysis*. London, New York: Routledge.
- Deutsch, M. Francine (2007): *Undoing Gender*. *Gender and Society* 2 (1): 106–127.
- Eisenstein, R. Zillah (ed.) (1979): *Capitalist Patriarchy and the Case for Socialist Feminism*. New York: Monthly Review Press.
- Elliott, Karla (2015): *Caring Masculinities: Theorizing an Emerging Concept*. *Men and Masculinities* 19 (3): 240–259.
- Federici, Silvia (2012): *Revolution at Point Zero: Housework, Reproduction, and Feminist Struggle*. Oakland: PM Press.
- Fisher, Bernice and Joan C. Tronto (1990): *Toward a Feminist Theory of Caring*. In Emily K. Abel and Margaret Nelson (eds.), *Circles of Care*, 36–54. New York: Sunny Press.
- Fisher, J. Murray (2009). 'Being a Chameleon': *Labour Processes of Male Nurses Performing Bodywork*. *Journal of Advanced Nursing* 65 (12): 2668–2677.
- Gill, Rosalind (2014): *Unspeakable Inequalities: Post Feminism, Entrepreneurial Subjectivity, and Repudiation of Sexism among Cultural Workers*. *Social Politics: International Studies in Gender, State and Society* 21 (4): 509–528.
- Gilligan, Carol (1982): *In a Different Voice: Psychological Theory and Women's Development*. London: Harvard University Press.
- Glendinning, Caroline (1992): *The Costs of Informal Care: Looking inside the Household*. London: HMSO.
- Hanlon, Niall (2012): *Masculinities, Care and Equality: Identity and Nurture in Men's Lives*. Hampshire: Palgrave Macmillan.
- Haywood, Chris and Máirtín Macían Ghail (2003): *Men and Masculinities. Theory, Research, and Social Practice*. Philadelphia: Open University Press.
- Hobson, Barbara, Jane Lewis and Birte Siim (eds.) (2002): *Contested Concepts in Gender and Social Politics*. Northampton: Edward Elgar.
- Holter, Øystein Gulvåg (2007): *Men's Work and Family Reconciliation in Europe*. *Men and Masculinities* 9 (4): 425–456.
- Hrženjak, Majda (ed.) (2018): *Razsežnosti skrbstvenega dela*. Ljubljana: Sophia.
- Hrženjak, Majda and Živa Humer (2018): *Caring Masculinities and Flexibilisation of Labour Markets: Fathers in Precarious and Managerial Employment in Slovenia*. *Gender Questions* 6 (1): 84–110.

- Huber, Manfred, Ricardo Rodrigues, Frédérique Hoffman, Katrin Gasior and Bernd Marin (2009): *Facts and Figures on Long-term Care: Europe and North America*. Vienna: European Centre for Social Welfare Policy and Research.
- Hvalič Touzery, Simona (2009): *Družinska oskrba bolnih starih družinskih članov*. In Valentina Hlebec (ed.), *Starejši ljudje v družbi sprememb*, 109–25. Maribor: Aristej.
- Kanter, Rosabeth M. (1977): *Some Effects of Proportions on Group Life: Skewed Sex Ratios and Responses to Token Women*. *American Journal of Sociology* 82 (5): 965–990.
- Kaufman, Gayle (2013): *Superdads. How Fathers Balance Work and Family in the 21<sup>st</sup> Century*. New York and London: New York University Press.
- Lister, Ruth, Fiona Williams, Anneli Anttonen, Jet Bussemaker, Ute Gerhard, Jacqueline Heinen, Stina Johansson, Arnlaug Leira, Birte Siim, Constanza Tobio and Anna Gavanis (2007): *Gendering Citizenship in Western Europe: New Challenges for Citizenship Research in a Cross-National Context*. Bristol: The Policy Press.
- Lutz, Helma (2008): *Migration and Domestic Work: A European Perspective on a Global Theme*. Hampshire: Ashgate Publishing.
- Mooney, Ann, June Statham and Antonia Simon (2002): *The Pivot Generation: Informal Care and Work after Fifty*. Bristol: The Policy Press.
- Pateman, Carole (1988): *The Sexual Contract*. Oxford: Polity Press.
- Renar, Tanja, Živa Humer, Tjaša Žakelj, Andreja Vezovnik and Alenka Švab (2008): *Novo očetovstvo v Sloveniji*. Ljubljana: Fakulteta za družbene vede.
- Rimmer, Lesley (1983): *The Economics of Work and Caring*. In Janet Finch and Dulcie Groves (eds.), *A Labour of Love: Women, Work and Caring*, 131–48. London: Routledge & Kegan Paul.
- Russell, Richard (2007): *Men Doing 'Women's Work': Elderly Men Caregivers and the Gendered Construction of Care Work*. *The Journal of Men's Studies* 15 (1): 1–18.
- Sainsbury, Diane (ed.) (1994): *Gendering Welfare States*. London: Sage.
- Scambor, Elli, Daniela Jauk, Mark Gärtner and Erika Bernacchi (2019): *Caring Masculinities in Action: Teaching Beyond and Against the Gender-Segregated Labour Market*. In Magaraggia, Sveva, Gerlinde Maurer and Marianne Schmidbaur (eds.), *Feminist Perspectives on Teaching Masculinities. Learning Beyond Stereotypes*, 59–77. London: Routledge.
- Stoller, Eleanor Palo (2005): *Theoretical Perspectives on Caregiving Men*. In Betty J. Kramer and Edward H. Thompson Jr. (eds), *Men as Caregivers*, 51–69. New York: Prometheus Books.
- Storm, Palle (2013): *Care Work in a Swedish Nursing Home: Gendered Norms and Expectations*. In Anneli Hujala, Sari Rissanen and Susann Vihma (eds.), *Designing Wellbeing in Elderly Care Homes*, 148–160. Helsinki: Aalto University.
- Šadl, Zdenka (2018): *Družinski oskrbovalci ostarelih staršev in ustvarjanje spola*. *Družboslovne razprave* 87 (7): 7–33.
- Šadl, Zdenka and Valentina Hlebec (2018): *Family Care of Elderly Parents and Gender Differences in Slovenia*. *Teorija in praksa* 55 (4): 732–761.

- Tronto, Joan C. (2009): *Moral Boundaries: A Political Argument for an Ethic of Care*. New York: Routledge.
- Tronto, Joan C. (2013): *Caring Democracy: Markets, Equality, and Justice*. New York, London: New York University Press.
- Ungerson, Clare (1987): *Policy is Personal: Sex, Gender and Informal Care*. London, New York: Tavistock Publications.
- Walker, Charlie and Steven Roberts (eds.) (2018): *Masculinity, Labour, and Neoliberalism. Working-Class Men in International Perspective*. London: Palgrave Macmillan.
- West, Candace and Don H. Zimmerman (1987): *Doing Gender*. *Gender and Society* 1 (2): 125-151.
- Williams, L. Christine (1995): *Still a Man's World: Men Who Do Women's Work*. Berkeley: University of California Press.
- Williams, Fiona (2011): *Towards a Transnational Analysis of the Political Economy of Care*. In Rianne Mahon and Fiona Robinson (eds.). *Feminist Ethics and Social Policy: Towards a New Global Political Economy of Care*, 21-39. Toronto: UBC Press.
- Yeates, Nicola (2005): *Global Care Chains: A Critical Introduction*. Geneva: Global Commission on International Migration.

#### SOURCES

- Bettio, Francesca and Alina Verashchagina (2009): *Gender Segregation in the Labour Market: Root Causes, Implications and Policy Responses in the EU*. Brussels: European Commission. Accessible at [http://library.mpib-berlin.mpg.de/toc/z2009\\_2654.pdf](http://library.mpib-berlin.mpg.de/toc/z2009_2654.pdf), 15. 10. 2019.
- Boll, Christina, Julian Leppin, Anja Rossen and André Wolf (2016): *Magnitude and Impact Factors of the Gender Pay Gap in EU Countries*. Accessible at <https://vmg-steiermark.at/de/forschung/publikation/study-role-men-gender-equality>, 31. 7. 2019.
- Eurofamcare. Accessible at <https://www.uke.de/extern/eurofamcare/publikationen.php?abs=1>, 31. 7. 2019.
- Scambor, Elli, Katarzyna Wojnicka and Nadja Bergman (eds.) (2013): *Study on the Role of Men in Gender Equality*. Accessible at <https://vmg-steiermark.at/de/forschung/publikation/study-role-men-gender-equality>, 31. 7. 2019..
- Triantafyllou, Judy, Michel Naiditch, Kvetoslava Repkova, Karin Stiehr, Stephanie Carretero, Thomas Emilsson, Patrizia Di Santo, Rastislav Bednarik, Lydia Brichtova, Francesca Ceruzzi, Laura Cordero, Tasos Mastroiannakis, Maite Ferrando, Karl Mingot, Joachim Ritter and Diamantoula Vlantoni (2011): *Informal Care in the Long-term Care System: European Overview Paper*. Athens, Vienna. Accessible at <http://www.euro.centre.org/downloads/detail/768>, 31. 7. 2019.