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**MEN'S SHARE OF CARE FOR CHILDREN
AND PROFESSIONAL CARE**

The *Study on the Role of Men in Gender Equality* (2011–2012) shows a remarkable change in men's participation in care for children and domestic work in certain parts of Europe. Especially in Northern countries of Europe, men became more involved in care-giving roles between 2005 and 2010 while in the same period of time, decreases in the men's share were reported, especially from some Southern and Post-socialist countries with low share rates. On the other hand, there has been a growing under-representation of men in professional care work. Data indicate that in the past decade this already heavily feminised sector has experienced a further decline in the participation of men. Based on intersectional analysis, the paper discusses the most relevant factors associated with men's larger involvement in care for children and professional care. The variation of men's share runs both between and within countries, with socio-economic position as one important variable.

Keywords: caring masculinity, gender equality, care for children, professional care, Europe

INTRODUCTION

Women's increasing participation in the labour market, the consequent erosion of the "male breadwinner/female caretaker" model and increasing support for gender equal norms

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have been important developments leading to the questioning of men's share of care work in European societies (Lister, Williams, Anttonen, Bussemaker et al. 2007). With regard to the growing care deficit as an intrinsic characteristic of the increasingly ageing and unequal late capitalist societies (Daly and Rake 2003) this can no longer be dismissed as a marginal and unchanging issue. In most societies, as emphasized by many researchers (Pfau-Effinger and Rostgaard 2011; Treas and Drobníč 2010), care work is still deeply gendered and distributed unequally not only by gender, but also by class and often by race and ethnicity as well. This imbalance in care work requires significant attention, and change cannot occur without the recognition and support of the changing role of men in society. Promoting gender equality in the context of care has long been discussed as a "women's issue" and the "double-burden" topic has been framed as "female barrier". In policies, "care" has been closely linked to "labour", which means that especially those caring activities that were an obstacle for the participation of women in a paid economy had been in the spotlight. That is probably why most data on gendered care division are about caring for children. However, from a gender equality perspective it is not desirable that care remains a female issue, and from the perspective of ongoing labour market and demographic changes in European societies, it is not at all probable that it will.

Men's share of care for children and professional care challenges traditional concepts of gender roles and opens up a space for rethinking concepts of masculinity and femininity. Following the evidence collected in the European-wide research project *The Role of Men in Gender Equality* (Scambor, Wojnicka and Bergmann 2013) key insights have been gained into the emergence of "caring masculinity" in many aspects of men's lives (care for children, self-care etc.). Chapman (2004) pointed out, that there is a lot of complexity in men's caring involvement, claiming that gender-balanced practices have become more "fluid" and "negotiable" in recent decades. He argues that masculine identities have become disaggregated from labour-based male identities. This change has especially been fostered by a decline of men's involvement in heavy industry accompanied by increasing involvement in the service sector. Recently, important contributions highlighting involvement of men in care work have been made by "active fatherhood" studies, focusing on the use of various forms of leave, such as parental and paternity leave, and the meanings and perceptions of new fatherhood (O'Brien 2005; Smeaton 2006). The first indicators for increasing participation of men in care work are to be seen in active fathering (Scambor, Wojnicka and Bergmann 2013). Caring for children therefore may be the first sign for a wider change, gradually including other forms of caring as well.

Men's increasing share of care can be seen as a counterbalance to traditional concepts of male power. *Hegemonic masculinity* (Connell 2006) described as a culturally dominant position of men, subordinating women and marginalised men in societies, has often been closely related to labour, prescribing a male norm of family-absent breadwinners, and associated with over-performance (long hours of work). However, in particular "the male breadwinner model has been increasingly challenged by alternative discourses on masculinity giving more centrality to values such as care and active fatherhood" (Langvasbråten and Teigen 2006: 7). On the other hand, with regard to men in professional care work there has been relatively recent growth in academic interest in men who work in female-concentrated occupations, mostly

meaning care jobs (Hanlon 2012; Rajacich, Kane, Williston and Cameron 2013). While being an involved father is slowly becoming a cultural norm in some parts of European societies, professional care still represents a challenging arena for transcending stereotypical constructions of gender roles and care work as a feminine activity. In professional care developments seem to be much slower, as we argue, not only because of feminization of care work, but also because of the devaluation of care.

Nevertheless, the notion of “caring masculinities” can serve as a basis for common ground, both a vision and a target at the same time. Fraser’s (1996) model of gender equality, in which care is a human norm applying to both men and women, corresponds to this notion. Caring, then, is no longer a female task, but a basis for social and economic cooperation. The concept of “care” has to be widened in order to meet the needs and requirements of complex social realities and to avoid essentialist perspectives. As Hanlon put it:

A caring society is one which appreciates the social construction of care and understands that private care experiences are also public issues. It is also a society which legitimates caring masculinities as valued identities for men and recognises that care and masculinity need not be mutually exclusive. It is a society that socialises care as a common concern (2012: 219).

Based on evidence from the research project *The Role of Men in Gender Equality* (Scambor, Wojnicka and Bergmann 2013), the aim of the article is to analyse developments in care for children and professional care in the last 10 years in the European Union. We are following the thesis that involvement of men in care work can be observed, but appears as slow, fragmented, and uneven across Europe, and more pronounced and stimulated by public policies in care for children than in professional care. The argument of this article is that changes in gender division of care work are more likely to occur in the family than in paid care work, where the under-representation of men remains a constant in the last decade, with the majority of countries across Europe having less than 15% of their care work (including health care, elder care, early childhood education and primary school teaching) undertaken by men (Scambor, Wojnicka and Bergmann 2013). Regarding interconnections between greater involvement of men in care for children and more men taking up care jobs, some authors argue, for instance, that the increasingly active role of men as fathers is linked with men’s higher interest in professional childcare (Fisher 2006). In the coming generations perhaps we will see caring fathers providing a role model of caring masculinities for boys, enabling them to opt not only for being an involved father in their own families but also for non-traditional occupational choices in care professions more frequently. However, these issues, including the issues of different geographies of caring masculinities (i.e. friendship and care, spousal care, elder care, care in homosexual relationships and reorganized families etc.) still need further investigation.

In the first part we take a comparative perspective on the empirical evidence of recent developments in gender share of care for children, closely discussing reasons for variations across Europe, the impact of gender equality norms and family regulations as well as class issues. In the second part we take a look at European data on involvement of men in education for care professions and in professional care and discuss possible reasons for the low numbers of men taking up care jobs. In the concluding part we summarize the findings.

METHODOLOGICAL NOTE

The research project *The Role of Men in Gender Equality* – an important basis of this article – was conducted from 2011 to 2012 within the *European Union Programme for Employment and Social Solidarity* (PROGRESS). Methodologically the project was based on the following steps: In each of the 31 researched countries, country reports were conducted by gender and policy experts. In this way, basic knowledge on men and gender equality was collected, and the most important trends and challenges were identified. Centralised data on the European level (*Eurostat, European Working Conditions Survey* etc.) and national data on men and gender equality provided by the national experts was used to carry out a quantitative data study. Data used for this article are based on different analyses conducted in the framework of the study *The Role of Men in Gender Equality*. We were working with raw data from the *Labour Force Survey* (LFS) and the *European Working Condition Survey* (EWCS), covering the period 2000 to 2009 for the first database, and 2005 to 2010 for the second. Both surveys have the disadvantage that they could not be used for detailed intersectional analysis, due to small survey sample size, but broad categories could be analysed in European comparison. While the EWCS focuses on employed or self-employed persons, the LFS covers the whole population.

MEN'S SHARE OF CARE FOR CHILDREN AND DOMESTIC WORK

Equal access of women and men to economic empowerment is linked to the increase of men's share of care-giving and domestic work. Below we present how men's proportion of unpaid work has grown in the past decade, and how time spent on domestic tasks and childcare activities remains gender-divided at the same time. Thereby we discuss a picture of huge variations in male roles among European countries, due to various factors, including labour market conditions, politics, gender arrangements, family variations and paternity leave systems. This picture will mainly focus on men's share of care for children in heterosexual parental couples, which constitute the majority of families. Nevertheless, we want to underline the importance of a broad concept of families (including homosexual or trans-families, friendships and other relationships), but these issues cannot be fully treated here on the basis of the available Eurostat data.

THE EMPIRICAL EVIDENCE OF MEN'S SHARE IN UNPAID WORK

DO MEN CARE?

Increasingly, the answer to the question is “yes”, as measured by men's share of care for children and domestic work. As Figure 1 shows, employed men's proportion of unpaid work at home (including hours of caring for and educating own children as well as hours for household/cooking-tasks) has continued to grow between 2005 and 2010. In 2010, their

weekly unpaid working time varied from 15.5% in Greece to more than double this figure, 40.3%, in Sweden.

Men's share of unpaid work at home did not increase much in Europe in the 1990s. What happened instead was mainly that women's increasing labour market participation reduced their time for providing care (consequently the men's proportion increased). This tendency was clearest in the Nordic region. In the early 2000s, however, studies started to show a different picture. A larger proportion of men were doing a larger proportion of the tasks in the household (Kitterød 2014). Father's involvement varies across Europe, as shown by the figure below.

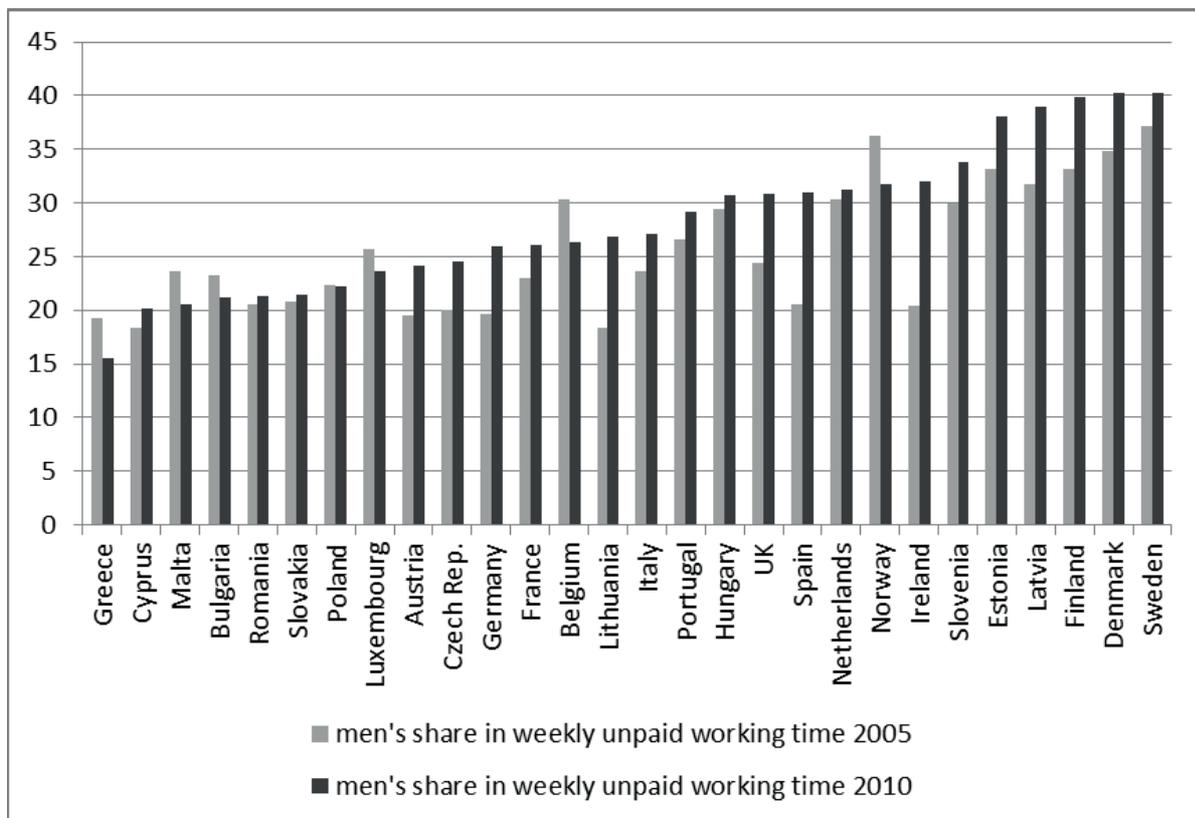


Figure 1. Share in weekly unpaid working time, (self-)employed men, by country [in %], 2005 and 2010

Source: EWCS 2005 and EWCS 2010; EWCS includes only persons in employment/self-employment; own calculations

The Figure 1 shows large and persistent national variations, but it also shows a change in (employed) men's share of unpaid work in some parts of Europe. In Northern Europe especially, gender equality norms have become stronger, and men have become more involved. The wide variation becomes visible on the graph: In contemporary Europe, men's share of childcare and domestic work is more than two times higher in the countries with the highest values (Northern European countries and some Post-socialist countries), compared to the countries with the lowest values (Southern and Post-socialist countries).

A detailed household survey in Norway (Holter, Svare and Egeland 2009) shows relevant predictors for men's share of domestic and care work. It is influenced by social class factors, especially education, although it is not just a middle and higher class phenomenon. Men with higher education are one-third more likely to do a large share of domestic work, compared to men with low education. On the other hand, job-related success seems to hinder the men's share, because men with high incomes are less likely to share equally, especially if their wives or partners have lower incomes. The Norway study confirms that men's share of domestic work and their share of care are related, and it shows a pronounced correlation with equal shared decision-making among couples. Furthermore, men with gender-equal norms showed a higher probability of participating in domestic and care work, compared to men with less gender-equal norms. Equal balance is stronger among younger couples compared to older ones. Even within countries (such as Norway), there is a strong variation in men's share of care.

REASONS FOR VARIATIONS ACROSS EUROPE

Although men participate in family care for many reasons, the new research leaves little doubt that gender equality is a major issue. One important reason for the large variation in men's share of care is the uneven nature of gender equality progress. It is important to recognize that different families and gender (in)equality tendencies exist in each country, characterized by more or less democratic partnership and work balance. It is possible to focus on variations among European countries, since these are now well mapped and emerge more clearly than in earlier research. There is a socio-geographical variation in Europe, which appears as a South-East (SE) to North-West (NW) diagonal pattern, from lowest to highest degree of male involvement in unpaid work. A historical perspective is useful for understanding this: The South-North variation in gender roles and family patterns in Europe has been known in research for many decades, especially in Western Europe. Gender equality ideals have been stronger and have had more impact on politics and state developments in Northern European countries compared to Southern countries. The East-West variation is historically somewhat similar but has developed differently. In the Post-socialist East there was a reaction against the "gender equality" notion of Western European countries.

The research on the South-North variation has provided a picture of a family traditional South, a mixed Centre, and a less traditional North. The East-West variation is less well understood and in some ways more complex. Even if some Post-socialist countries score quite low on many variables associated with gender equality compared to Western countries, others score relatively high, and higher values can be found for Post-socialist countries on other variables as well, especially related to economic participation.

The uneven pattern characterizes regions and countries internally as well. For example, socio-economic position is one important variable. Men in different parts of the labour market and the social class structure experience the demands for greater male involvement at home in different ways. They are more likely to emphasize the provider role if the work prospects for their partners are poor or if the family context has a "father absence" tradition.

The “gender contract”, defined as a typical couple arrangement associated with job arrangements, is a more or less balanced link between the home sphere and the professional sphere. Some couples prefer a high level of income on the man's side, with a longer parental leave period for the mother, while others give more priority to the woman's job and career, with the man taking advantage of more parental leave benefits. In most countries the male provider household has now been replaced by dual provider couples, but men still have better paid jobs (Eurostat 2008).

The birth of a child usually increases the imbalance in the sharing of domestic tasks between men and women in most European countries, and adjustments mainly affect women, considering that they are the ones who leave the labour market and are also taking more responsibility for domestic tasks (Klammer 2012). Despite the ideal of equality, the division of labour among couples remains highly unbalanced, even among the most educated couples.

The variation of *gender contracts* is linked to labour market conditions and politics as well as to family and gender role traditions, culture and religion. These structures cannot be considered in isolation. Some countries manage both progress towards a more equal sharing of care and domestic work and increased utilisation of women's talents in professional life.

Gender contracts often differ along different socio-economic positions. Some studies put much weight on this difference (Wuiame 2011). A tendency towards working class family traditionalism¹ was already found in studies of the 1960s (Holter 1970). In recent studies it is replicated also by a “mother-familistic” attitude² that seems common for the low-educated working class throughout Europe. On the other hand, middle class couples, where education typically has more value, more often prove to be dual career oriented, yet again this may not be so much due to norms or standards but to practical circumstances. The “mother-familistic” attitude among some couples, especially those with a lower educational level, may be based on a feeling of inferiority on the labour market (low educated women may fear less valued work in the labour market) more than on any active ideological choice (Holter, Svare and Egeland 2009).

There is a class variation in family care sharing, in our material and other recent studies, but it should not be over-emphasised. The typical (neo-)traditional male provider forms exist among the working class but also at the top, especially in the business elite (Holter and Rogg 2009).

Reforms and structural regulations clearly have an impact on family choices. For example, father quota³ and paternity leave give fathers more of a choice to participate in caring. Some

¹ According to Goldthorpe, “the concept of traditional workers encompasses not only the most class-conscious and most radical sections of the working class [...] but also its socially most conservative elements” (Goldthorpe, Lockwood, Bechhofer and Platt 1969: 74). In this context working class family traditionalism reflects certain attitudes and preferences in family models such as traditional gender role divisions (“men's work in public sphere” and “women's work at home” and/or approval of vertical segregation on the labour market), acceptance of (gender) hierarchies and paternalistic attitudes (Giddens and Held 1982). Note also that family traditionalism is usually found also at the top of the income hierarchy, recently confirmed by a Norwegian study (Aarseth 2014).

² “Mother-familistic” attitude refers to the contrast between employment of women and their childcare obligations, which leads to the fact that women resign from paid work when they become mothers and by that consolidate the traditional gender role division (Dalla, Zuana and Micheli 2004).

³ Father quota can be defined as earmarked parental leave for fathers.

types of reform have a greater positive effect than others in terms of increasing men's share of care. Studies show that collective regulations that clearly involve fathers have more impact than individual or diffuse arrangements (Puchert, Gärtner and Höyng 2005).

At the same time, the impact of a reform depends on wider social and cultural factors. Currently, Germany's two-months paternity leave has a usage rate of almost 30% (Klammer 2012), Sweden and Norway have a similar arrangement, but with usage of more than 70%. The difference is probably due to the reform being older and better known and established, as well as to different national cultures and family norms.

Southern and Post-socialist countries are those most likely to have maternal leave systems, even if they have recently been re-named "parental". It means that even when there is a possibility for the father to take part in parental leave, in many cases it still will be the women who will use the whole leave. This is connected to the traditional concept of maternity leave: intended only for women, related to pregnancy and childbirth and the first months afterwards, and considered a health measure. Under this approach the maternal presumption, in the context of which the mother is seen as the main care-giver, as a principle of family and socialisation regulations, is typically stronger.

Nordic researchers had already summed up this tendency in the early 2000s – "if it is in common, it will become hers" (Holter 2007). If one wants fathers to be involved, one needs to be clear about it.

WHY DOES GENDER BALANCE IN CARE AND DOMESTIC WORK MATTER?

Increasing men's share of care for small children is a starting point on the way to reaching a more general goal of strengthening men's care-giving role. Although we lack systematic evidence on the long-term effects of fathers' more active involvement in care for children, new research from different areas including health and fertility point to a positive connection. Thereby the first months of the child seem to be crucial for father's involvement in care. As Kimmel (2007) wrote, it is not mainly a question of time quality that will create a deep and intimate relationship with children, it is also time quantity. Fathers who take a longer leave are more involved in care-giving activities (Nepomnyaschy and Waldfogel 2007). Fathers who provided more support to their partners took longer leaves, were more preoccupied with their infants, and adapted better to work following the birth of the first child (Feldman, Sussman and Zigler 2004). In this study, the father's physical and emotional support to his partner was found to be the most consistent predictor, uniquely related to the length of both maternity and paternity leaves and to the work adaptation of both mother and father. In fact, an extended male share of caring is also strongly associated with women's relationship satisfaction (Scott, Dex and Plagnol 2012). The potential benefits for men include better quality of life, health, and better relationships, with less probability of conflict and violence (Holter 2007). Also, men's care leave may be good for increased social innovation at the workplace, as suggested by Nordic studies (Holter 2007).

Across Europe there is a tendency that men's contribution to unpaid work comes along with a larger women's contribution to paid work. Men's provider role and their share of the household income (among married and cohabitating couples) are strong predictors of a low level of male involvement in domestic work and care tasks, increasing the burden of women. This is connected to part-time work, "chosen" for family reasons, which is still largely more a reality for women than for men, associated with women's greater involvement in family tasks. Nevertheless, women's march towards full employment is a clear trend both in Europe and elsewhere, increasing the need for other work input in the household. Basically European decision-makers are faced with two options, the "old" policies of involving the extended family, and paid help (for those who can pay), or the "new" policies of care facilities and involvement of men.

MEN IN PROFESSIONAL CARE WORK

While in the family men are increasingly involved in sharing care work, the evidence speaks about the persistent under-representation of men in professional care and care-related occupations. A notion of "appropriate" occupations for men and women is still deeply rooted in the labour market, and gender-based horizontal sectoral and occupational segregation continues to be a universal characteristic of the labour market in the EU member states, which particularly concerns professional care like nursing, care for the elderly and early childhood education.

Segregation starts in education, where across the EU within the upper secondary and tertiary levels gendered patterns in different fields of studies persist. (Young) women tend to be predominantly present in fields like social, care and welfare, while the rate of (young) men is still high in engineering, manufacturing and construction.

HORIZONTAL SEGREGATION IN UPPER SECONDARY AND TERTIARY EDUCATION: FIGURES FOR THE HEALTH AND WELFARE SECTOR

The gender distribution in upper secondary and tertiary education shows some main tendencies that point to persistent gender segregation in the educational system. Concerning the health and welfare sector it is evident that for all available countries the share of men enrolled in these study fields is rather low – especially when compared to male enrolment in study fields like engineering, manufacturing and construction. In many EU member states the participation rate of young men in the field of health and welfare is still below 10% in secondary education (see Fig. 2).

A comparison between gendered enrolment rates in upper secondary and tertiary education in different study fields indicates that gender segregation is less pronounced in higher education, which is also true for both fields singled out in this comparison. In higher education

men’s involvement in the field of health and welfare is much higher due to higher-valued tracks especially in the health sector, like in the field of medicine. Many Southern countries and Austria have comparably high male participation rates around 30%, while in Baltic and Northern European countries the respective rate is between 10 and 20%.

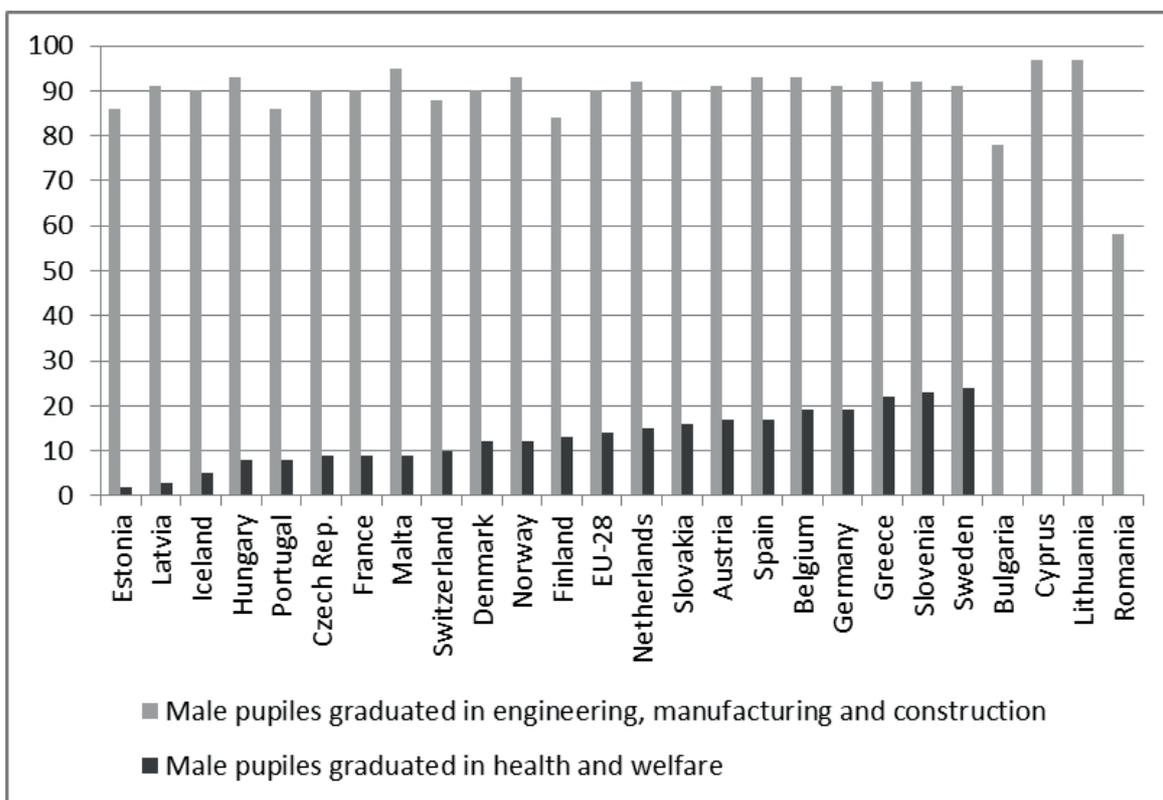


Figure 2. Percentage of male pupils in upper secondary education graduating in the fields “engineering, manufacturing and construction” and “health and welfare” – as % of male and female pupils in this field, 2012

Source: Eurostat, LFS (online data code: educ_grad5), ISCED level 3 = upper secondary education; extracted on Sep. 26st, 2014

All in all, nearly no change can be noticed in the last decade(s) in the study fields in focus and Fényes (2010) points out that horizontal segregation is almost constant, despite the fact that women increasingly participate in higher education. The same trend is obvious on the labour market, where gender segregation has hardly changed in recent decades, although the employment of women has risen (Bettio and Verashchagina 2009).

SOME FIGURES: MEN IN PROFESSIONAL CARE JOBS

In accordance with the data about horizontal segregation in the education sector, European countries are characterised by a very pronounced horizontal segregation in the labour market.

Focusing on care work throughout Europe, men's under-representation in professional care work is remarkable, as Figure 3 shows.

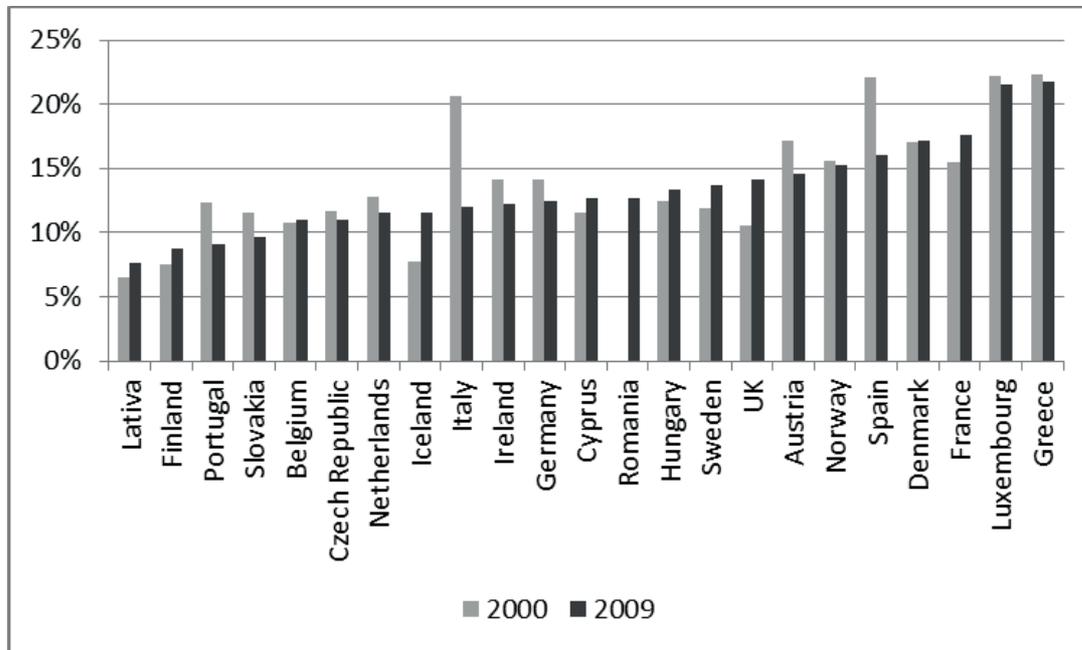


Figure 3. Share of men among “care workers”* by country, in %, 2000 and 2009

Source: Eurostat, LFS 2000 Q4 (with the following exceptions: Cyprus, Iceland, Luxembourg, Sweden 2000 Q2, Germany 2002 Q2 and France 2000 Q1) and 2009 Q4; “care workers” calculated from the following occupations and the respective ISCO-88 3-digit-numbers: Nursing and midwifery professionals (223), primary and pre-primary education teaching professionals (233), special education teaching professionals (234), nursing and midwifery associate professionals (323), primary education teaching associate professionals (331), pre-primary education teaching associate professionals (332), special education teaching associate professionals (333), other teaching associate professionals (334), social work associate professionals (346), personal care and related workers (513); own calculations

Figure 3 indicates the rate of men in the EU in caring professions and the trends in the past ten years. It has to be emphasized that in quite a few countries (Greece, Luxembourg, France, Denmark, Spain and Norway) male participation was above 15% in 2009 and that these countries are quite diverse, ranging from Southern European countries to Northern European countries.

It is worth mentioning that 11 out of 21 countries faced a decline in the share of male care workers between 2000 and 2009, which was quite pronounced in Spain, Italy, Portugal and Austria. Many of these countries have undertaken some kind of regulation of feminised migrant care work in the past decade, and as Bettio and Verashchagina (2009) have stated, resorting to cheap migrant labour can interfere with attempts to challenge occupational segregation or under-valuation of care jobs. However, the involvement of men in care work modestly increased in the UK (3.5%) and Iceland (3.8%). Reasons for comparably higher participation rate in some countries might range from encouraging men to choose different patterns,

to different concepts of male and female work, although horizontal segregation and gender stereotyped professions are prevalent in almost all European countries. It should be noted that European wide data sources like the *LFS* allow limited cross-country comparison about men's participation in different specific occupations, as the survey sample size is too small.

WHY DO MEN AVOID PROFESSIONAL CARE?

Paid work in the public sphere has portrayed and continues to portray status and power as central sources of men's identity (Collinson and Hearn 2005). Professional care continues to be feminised because of both the numerical overrepresentation of women and the cultural ascription of care as an extension of a woman's "natural" function in the family. The feminisation of these jobs reflects the essential stereotype of women as "natural carers" and prevailing gender norms that care is "a woman's job". Believing that caring is an extension of the domestic role further devalued the profession and constructs care as unskilled work that "any woman can do". Child and elder care are particularly feminised, de-professionalised and, additionally, racialized. While the normative picture of a "real care worker" has for a long time been a white, middle aged, heterosexual woman with a working class background (Storm 2013), care workers are becoming more diverse. Nowadays more women and men with immigrant backgrounds are paid care workers (Sarti and Scrinzi 2010). Men who opted for jobs in professional care have chosen downgraded, feminised work that is de-professionalised and racialized, while creating low social esteem and underpayment. This raises the question of how men who nevertheless opt for care jobs can reconcile this transgression with the norms of hegemonic masculinity.

As gender equality policy has been for a long period contextualised mainly as a "women's and girls' issue", men and boys have been taken less into account. So far, initiatives for gender atypical educational choices have been rather one-sided, as they primarily encouraged girls to enter male-dominated fields of work. Insufficient information for boys at schools on caring careers and apprenticeships represents an important barrier, despite high levels of interest. The study *Gender-blind counselling?* (Lehn 2006) shows that young girls and boys especially, cannot rely on getting support from counsellors if they wish to take up gender untraditional occupations. In the Danish project *Youth, Gender and Career* he found out that young people who break with gender-cultural expectations have a special need for counselling and support, while many of them feel that they have been left alone with their choices (Lehn 2006).

While men in male-dominated employment are masculinised and heterosexualised, men in care jobs might be feminised and homosexualised, i.e. devalued in the very core of their masculine identity. Men who opt for feminised jobs, especially if these involve care or nurture work, often confront negative reactions in their immediate and broader social network and therefore find themselves in situations where they have to defend their "unnatural" choice and prove their masculinity. Nurturing and emotional labour as part of care work is primarily depicted in terms of feminised expressive characteristics. The ongoing tensions between hegemonic definitions of masculinity and prevailing conceptions of caring mean that doing emotional labour in care work is equated by men with taking on board a more feminised and

subordinated masculinity (Hanlon 2012). The need to establish a distance from femininity and at the same time the need to show equal or even higher competences in care work than women may lead to a defensive approach on the part of men, and also to the development of different strategies for reasserting both gender difference and masculinities. While men have to perform up to the norm set by the ideal female ideal, and hence try to act as “the same”, they are also held accountable as members of their sex category; thus they also have to perform masculinity and act as “the other” (Murray 1996). In line with a very recent “performative turn” (Nentwich, Poppen, Schälín and Vogt 2013) in research into men in female professions, researchers are finding that men in female professions are emphasizing both sameness and difference. Men might engage in boundary work and distance themselves from female colleagues, thereby emphasizing their otherness; on the other hand, men engage in “alternative masculinities”, emphasizing their sameness and appropriate femininity as an important interpretative frame of their activities. For instance, exploring male nurses in UK, Fisher found out that when caring for men male nurses perform in ways that represent the culturally dominant masculinity through the use of language and mannerisms in order to avoid suspicion of homosexuality. Conversely, when caring for women the counter-performance required the representation of a “soft” masculinity, the display of the supposed feminine qualities of nurses, “to dispel the binary system in which the male nurse was located as man/masculine/heterosexual” (Fisher 2009: 2673).

It seems that masculinity in intersection with other dimensions of inequality – ethnicity, migration background and sexuality – creates different opportunities and limitations for the care workers in the increasingly diverse care sector. As revealed by Storm (2013) in a study of male elder carers in Stockholm, some of the residents of the elder care institutions tend to avoid help from men generally, irrespective of the men’s ethnicity, while the others tend to avoid help from foreign-born staff, which especially affects male carers. Therefore some of the foreign-born male care workers could be excluded in two ways: as men or as foreign-born – and sometimes as both. One interpretation of why this particular category of men was more questioned than others is in line with Lill’s (in Storm 2013) discussion about gender and class, stating that a working-class man is rarely associated with care capital. The image of working-class men is often connected to physical strength and aggressiveness, not to caring activities. Similar stereotypes are also common in relation to men of non-European origin (Jönsson 2008). The result of such stereotypical norms is that foreign-born male care workers were the group who had to struggle the hardest to be recognized as competent and confident care workers within the nursing home.

With regard to sexuality, Storm (2013) found out that homosexual care workers were coded by residents as a category of worker with special abilities to work in care. The talk about the homosexual workers was characterized by various stereotypes. The most prominent was that this category of workers could combine traditional masculine characteristics such as strength and efficiency with the female coded characteristics of being gentle and caring. As such homosexual men were the most valued category of all the care workers. Yet this prominent position came at a price: For the homosexual men the stereotypes gave them a high position in the workplace while simultaneously limiting their freedom to express other dimensions of masculinity.

WHY DOES INVOLVMENT OF MEN IN PROFESSIONAL CARE MATTER?

It has been argued that attracting men to professional care may bear prospects for upgrading caring professions in terms of higher payment, better working conditions, more career opportunities and extended social recognition of care work (Scambor, Bergmann and Wojnicka 2013). However, as argued by Williams (1995), the presence of men in feminised vocations does not in itself necessarily mean actual transformation of the existing gender regime; there needs to be research into the conditions and vision that lead men to choose feminised work. While men in professional care can contribute to a rise in the status of care work by redefining care to stress its impersonal, technical and professional aspects, at the same time these developments may reinforce the gendered and racialized segmentation and hierarchisation of care work along with a considerable redefinition of care. The glass escalator effect often pursued by men in female-dominated jobs has been in evidence in care professions, where it paves the way for men's promotion into positions that are considered "more legitimate" for them, like being care entrepreneurs and holding managerial positions.

While some authors (Storm 2013) argue that discourse about more men in care work could be described as normative and stereotyped, as it ignores differences within the group of women and men and assumes that women always perform femininity and men always perform masculinity, it should be recognized that when educational and working domains are segregated according to gender, traditional gender roles are reinforced and stereotypes and prejudices are strengthened. Gender stereotypes can in this way be just as effective as formal prohibitions in inhibiting boys from making free and individual choices of education and occupation in professional care. In critical studies of masculinities as well as in policies of gender equality the inclusion of men in care work and fostering caring masculinity are recognised as processes that can lead to a transformation of traditional masculinity, a loosening of rigid, binary gender stereotypes. That is why, as argued by Hanlon (2012), men in care work should be supported by gender equality intervention. Supporting and promoting caring masculinities, not only through family policies as active fatherhood but also through employment policies as professional carers, may open the floor for a transformative impact on norms and practices of traditional masculinities. Recent research in male kindergarten teachers (Buschmeyer 2013) and elder carers (Hrženjak 2013) pointed to the need for analysing an alternative type of masculinity that accounts for men who purposely evade hegemonic ideals of masculinity. Alternative masculinities can be seen as providing an important role model for children and other men. With more alternative masculinities, the heterogeneity of masculinities can gain more recognition, and the rigid gender norms which confine men's identity formations within the limits of hegemonic masculinity can be loosened.

CONCLUSION

Although men's share of family care has shown remarkable increases, a large variation is to be seen in Europe, which can be explained by different variables. Generally different leave regulations, labour market structures, family traditions, and different gender equality processes and gender contracts have a large impact on structural variation. In some member

states social policy is directed towards redistribution of work and care between the genders with strong support for greater involvement of men in care. In other countries policies are directed towards re-traditionalization of gender roles.

In general, the structural variation (e.g. existence and length of paternity leave/father quota) as well as the state of gender equality in a European country have strong influence over on men's choices regarding care involvement in the family. Improved policy-making in some parts of Europe has mainly started out from the needs of the better educated and more professional young couple and the need for more involvement of fathers in the child's first year. Today, the increase of men's share of care, in society at large, has become a principal issue.

In the long run a European-wide strategy should be initiated and implemented, with the aim of overcoming the current situation in which contemporary European families encounter contrasting and even contradictory regulations and rules with regard to shared caring responsibilities. Across Europe there is a need for rights-based homogenisation to ensure that the desires and needs of civil life are equally met by European citizens. This includes giving more priority to men's share of caring and care work and improving gender equality in family life. The new policy should be matched with reforms that create equal opportunities for women in the labour market and should also include men's care in other private life contexts, including single-person households and non-heterosexual families, as well as increasing men's share of professional care work.

Contrasting the involvement of men in family care with their participation in professional care jobs indicated that while men across the EU are increasingly involved in parental care, their share in professional care remains constantly low and is, with a few exceptions, even decreasing. Avoidance of care jobs by men already starts in education, as in many EU countries the participation rate of young men in the field of health and welfare in secondary education is still below 10%. Participation of men in care jobs reaches slightly over 15% only in Denmark and France and slightly over 20% only in Luxembourg and Greece. Such horizontal segregation reflects prevailing gender norms in societies, such as considering caring and teaching of young children as "women's jobs". Here we pointed to some reasons for the under-representation of men in these occupations: care work generally means low salaries and low status; many men do not want to "compete" with the standard of women as "natural caregivers"; and there is a considerable lack of initiatives for gender atypical educational choices for boys, so they have insufficient information at school about caring careers and lack role models which might inspire them to undertake such work. Additionally, there are gender stereotypes of the "proper masculinity" which put men who opt for gender atypical professional choices in a position where they have to defend and contest their masculine identity and develop different strategies for negotiating their masculinity. This becomes even more complicated in situations where masculinity intersects with "other" ethnicity, race and sexuality. But despite many barriers, fostering caring masculinity appears as a process that can lead to a transformation of traditional masculinity, a loosening of rigid, binary gender stereotypes and to a more equal society.

Feminist theorists like Fraser (1996) have pointed towards care as a human necessity, which applies to both men and women. But while men are seemingly becoming increasingly involved in family care in some parts of Europe, professional care work continues to be seen as "women's work" in the majority of European countries. Therefore Elliott (2015) points

towards the necessity to acknowledge the role of men when they do care work: “Care work performed by men should nonetheless be valued, as care in general is essential to the survival and nurturance of all people. This valuing of care also ought to extend to the broader political and social context” (Elliott 2015: 15). This holds for family care as well as for professional care work. Structural changes are necessary (e.g. higher value of professional care) in order to support professional care work done by men and to strengthen the concept of caring masculinities, which implies a “critical form of men’s engagement in gender equality because doing care work requires men to resist hegemonic masculinity and to adopt values and characteristics of care that are antithetical to hegemonic masculinity” (Elliott 2015: 15).

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UDZIAŁ MĘŻCZYŹN W OPIECE NAD DZIEĆMI I W WYKONYWANIU ZAWODÓW OPIEKUŃCZYCH

Wyniki projektu badawczego *Studia nad rolą mężczyzn w osiągnięciu równości genderowej* realizowanego w latach 2011–2012 wskazują na niezwykle zmianę, jaka nastąpiła w poszczególnych częściach Europy w kontekście udziału mężczyzn w opiece nad dziećmi oraz w pracach w gospodarstwach domowych. W krajach północnoeuropejskich owa zmiana odnośnie do zwiększonego męskiego zaangażowania w role opiekuńcze była szczególnie widoczna w latach 2005–2010, gdy w tym samym czasie w niektórych rejonach Europy południowej oraz w krajach postsocjalistycznych, zaobserwowano spadek zaangażowania mężczyzn w tego typu aktywności. Jednocześnie zaobserwować można postępującą niedoreprezentację mężczyzn w zawodach opiekuńczych. Zebrane dane wskazują, iż w mijającej dekadzie ten już sfeminizowany sektor mierzył się z nasilającym "znikaniem" męskich pracowników. W artykule podjęto próbę dyskusji na temat najbardziej istotnych czynników wpływających na zwiększenie udziału mężczyzn w opiece nad dziećmi i ich partycypacji w zawodach opiekuńczych. Prezentowane analizy, oparte na intersekcyjnym podejściu, ukazują różnorodność udziału mężczyzn w szeroko pojętych aktywnościach związanych z opieką, zarówno w perspektywie porównawczej, jak i w obrębie konkretnych krajów, ze szczególnym uwzględnieniem uwarunkowań społecznych i ekonomicznych, stanowiących istotne zmienne.

Słowa kluczowe: męska opiekuńczość, równość płciowa, opieka nad dziećmi, zawody opiekuńcze, Europa

