

Men who Care – Thoughts on Masculinity and Gender Equality from a project in South Africa

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The politics of care, welfare and social cohesion: intersectional perspectives on redistributive and liberal welfare regimes in a global context

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South Africa is a country associated with violent men as a result of its high homicide and rape rates as well as its history of colonialism and apartheid. It may therefore seem curious to search for, document, theorize and politicize caring as an activity in which South African men engage. At first sight and according to gender stereotypes and to the current gendered division of labour, caring is a female dominated activity, one which men shun and avoid. Yet, in the context of research works on fatherhood and on how men cope with their own vulnerability there is now a growing literature which documents how men care (Engle, 1997). This literature also argues that the promotion of caring is a way of contributing to the realization of gender equality because it shifts work that is frequently associated with women onto men and unlocks in men, the desire to love and care for their children and dependents, their family and even for themselves.

In this paper I draw on research work undertaken with Rachel Jewkes of the Medical Research Council and, more broadly on a project led by Gary Barker and Meg Greene of ICRW, Washington. I present evidence from interviews undertaken with 20 men in South Africa and show what form caring takes and ask the question: how does the act of and the commitment to caring relate to the goals of gender equality?

The Gender of Care – definitional issues

‘Care’ can mean many different things. It is most often associated with women so that the ‘care professions’ are frequently feminised – nursing and teaching are probably the best examples. The corollary of this is that men are frequently regarded as either unable to care or unwilling to do so. Such a deficit is played out in their own lives and behaviours (they notoriously don’t care for themselves (seldom seeking medical or psychological assistance) and it is generally held that, in relational terms, emotional carework is the realm of women). It is not uncommon for men to be described as careless which means that they may be cavalier about other people’s feelings or slapdash about the way that they go about things. While it is easy to spot the essentialist theme that runs through these associations, there is a Critical Men’s Studies literature which attests to the fact that males **do** take more risks than females, **are** less likely to pay attention to issues of wellbeing and **are** less likely to be involved in caring for older and younger people and their own children.

In this presentation I have used a broad meaning of care which fed into and flows from the process of selecting the sample (of ‘Men Who care’) for this study. The study proceeded from the position that ‘caring’ is held to be in the terrain of women and is not therefore readily associated with men. Caring is thus treated as an activity that sets men who care apart from men who do not care.

Dictionaries offer various definitions of care. For example,

care

Verb

[**caring, cared**]

1. to be worried or concerned: *he does not care what people think about him*

2. to like (to do something): *anybody care to go out?*

3. care for

a. to look after or provide for: *it is still largely women who care for dependent family members*

b. to like or be fond of: *he did not care for his concentration to be disturbed, I don't suppose you could ever care for me seriously*

4. **I couldn't care less** I am completely indifferent (<http://www.thefreedictionary.com/CARE> accessed 25 March 2009)

In this presentation, I consider **two** definitions: to ‘be concerned’ or ‘to look after or provide for’. When men exhibited these behaviours or attitudinal orientations they were considered to belong to the category ‘Men Who Care’. It should be noted at the outset that behaviours of care do not all take the same form and can have different foci which I discuss below.

The ‘Men Who Care’ study was part of a larger study titled “The Men and Gender Policy Project” led by ProMundo, a Brazilian NGO based in Rio de Janeiro. Gary Barker (now at International Center for Research on Women (ICRW)) and Meg Greene (also of ICRW) were the leaders of the project. The project had three components – a national scan of gender policy in a number of countries (Brazil, Chile, Croatia, India, Mexico, Norway, South Africa), a quantitative survey of men’s attitudes to gender equality and violence and a qualitative component that was based on interviews with men doing carework. This presentation is based on the third component.

Between June 2008 and January 2009 Rachel Jewkes, Yandisa Sikweyiya and I interviewed twenty men, seven in KwaZulu-Natal Province (Durban), seven in and around Mthatha (a small town in the Eastern Cape) and six in Gauteng Province (Johannesburg and Pretoria). The men ranged in age from the early 20s to the mid 80s. They included African, white and Indian men, Christian, Muslim and Hindu. In social class terms, they ranged from University trained professionals to the un- or marginally employed. The sample was purposive and we operationalised a loose definition of ‘men who care’. We tried to select men who demonstrated care in three different, though possibly overlapping, ways. Men who were in care work that was ordinarily associated with women, for example, nursing or social work. Our second category was for men engaged in the bulk of parenting or childcare. In reality, this definition stretched to include men who took the lead responsibility for various forms of house and child care. The third category belonged to men working for NGOs or engaged in community work, either in a voluntary or paid capacity. We chose NGOs which were specifically involved in gender sensitive work. Our sample therefore included men working in various forms of HIV and AIDS support work, work to build gender equity, gay health, and child welfare. Numerically this meant that we had seven ‘fathers’, six NGO workers and seven men in professional care work. In terms of sexual orientation, only two of the informants were ‘gay’. One was disabled and two were living openly with HIV.

Since our selection criteria were loose, we relied on snowballing and other forms of networking to identify interviewees. The slight over-representation of NGO workers reflects that people involved in NGO work are more likely to be connected (known to one another)

than men who undertake a major or the sole responsibility for child and domestic care who tend to work in isolation from other men in similar circumstances. The same is true for men in care work.

The study addressed three central questions: what does care mean for men interviewed in South Africa? how does caring play out in daily lives and identities of men who are engaged in caring? how does care locate within theorizations of masculinity? The interviews followed a modified life history approach, with men asked to talk about their lives from childhood, important influences in their lives and how they saw themselves a man, and how they became involved in the care activities that resulted in their selection in our sample. They were asked about their home life and relationships currently, how they relate to their family, and views on some of the gender equity laws of the country. Interviews were taped, transcribed and where necessary, translated. Most men had one interview lasting about 1.5-2 hours, and three of the men had two interviews. Ethics approval was given by the Medical Research Council. Names used are pseudonyms.

Men, Masculinities and Care

Can men make a contribution to economies of care? This is a strange question to ask and it discloses a particular set of gendered assumptions. The first is that men are an homogenous gendered collectivity. Critiques of gender essentialism alert us to the impossibility or undesirability of usefully categorising men in this way while the work of gender theorists, in this case, notably Raewyn Connell (1995) have shifted the focus from bodies to practices and identities with the development of the concept of masculinities (plural). And yet there remains a stubborn reality to gendered patterns which leads us back to a binaried confrontation with gender analysis and to the question of can **men** contribute to care?

The second assumption that is embedded in my primary question is that men don't ordinarily or habitually 'care'. The framing of this question is that people other than men engage in carework. While this may not descriptively be correct because actually men do undertake care work from parenting to caring for the ill (Lamb, 1976; Montgomery et al, 2006) it is also the case that the bulk of carework by volume and the weight of carework (by the assumption of responsibility) is done by women. To give some sense of this literature I shall briefly quote from Arlie Hochschild's ground-breaking *Second Shift* (1989). Citing a US based study

conducted in 1965-6, she writes: “Working women averaged three hours a day on housework while men averaged 17 minutes; women spent fifty minutes a day exclusively with their children; men spent twelve minutes” (Hochschild, 1989, 259). Specifically in relation to parenting, Scott Coltrane puts it nicely when he writes: “To speak of *mothering* implies ongoing care and nurturing of children. *Fathering*, on the other hand, has typically implied an initial sex act and the financial obligation to pay” (1994, 4). Conditions are not always propitious for supporting changes in gender patterns and neo-liberal managerial practices have contributed to the devaluing of care work in some settings including schools (Forrester, 2005). In this context it is easy to see why some argue that gender patterns are entrenched and resistant to change (Delamont, 2001), although others argue that there are signs of movement.

Whatever one concludes about economies of care and the persistence of the most exploitative and unequal aspects of patriarchy, there is a lot of evidence to suggest that gender patterns (if not the ultimate balance of gender power) are changing and that this is occurring among men in sometimes obvious but often quite subtle ways (Segal, 1990; Connell, 2002). Among the most documented changes have been in fathering practices, particularly in northern societies where paternity leave and generous social welfare systems are in place (Brandth and Kvande, 2001, Marsiglio and Pleck, 2005). This change has had taken many forms and has at its deepest, made powerful statements about the possibility of gender equality in relations within the family. The sexual division of labour has been changed; men have carried a much greater share of domestic labour and carework and in some instances have become house-husbands, vested more in their children (in identity terms) than in paid work. I shall return to the implications of this for the contribution of men to care in a later section.

In the developing world and in Africa more specifically, change has been less dramatic. The provider role continues to define men as fathers and fathers as men (Richter and Morrell, 2006). Where poverty has deepened it has paradoxically made it more difficult for men to move beyond the provider role. While they may have more time on their hands and are free of the onerous demands of work, there is little research to suggest that men have creatively responded by becoming more involved in unpaid carework. The inability to provide seems to be a major obstacle to affective fathering. On the other hand, where men have had work and been in contact with their children, there is evidence that new discourses of male involvement in parenting have contributed to greater engagement (Rabe, 2006).

It is clear that some men involve themselves in carework and that such carework is varied, ranging from the so-called female professions of nursing to charitable/NGO involvement to the unpaid work of parenting and caring for extended family and the sick. Put another way, men are already making a contribution to carework, the questions are: which men, what kinds of carework and why? A further question is – what are the implications for gender equality and economies of care? There is no automatic link between care and gender equality and the conditions that lead men to involve themselves in carework are often complex. Some sense of this is revealed in a recent US-based study of fathers engaged in childcare. The study sought to establish how the arrival of a baby changed work schedules. 38 couples were interviewed. Half of the fathers (all of whom were entitled to take some form of leave) took leave in order to participate in childcare. White, non-hispanic fathers who “shared equalitarian beliefs with mothers’ were most likely to take leave. Fathers who earned less than their spouses were similarly more likely to become involved in childcare (because the wife was better fulfilling the provider role). The authors found that fathers who took leave were more likely to share child care tasks, but that “no differences was found for time spent or taking responsibility for child care” (Seward et al, 2006, 405). They concluded that “[h]olding equalitarian beliefs, the amount and source of income, education, and hours worked were predictive of greater involvement”.

Later I return to the issue of gender equality and care but for now I turn to answer three clarificatory questions [which men, what kinds of carework and why?].

The Trajectories and Circumstances of Care.

Men became involved in different kinds of care. As indicated above, we classified these into three categories – providing/parenting (taking sole or the major portion of responsibility for the care of family members); professional paid carework (social work, nursing, counselling); voluntary carework including for NGOs.

The first generalisation we can make on the basis of our sample (see Appendix below) about which men become involved in carework is that men from all walks of life, class backgrounds, racial groupings and types of family become involved in carework.

To give some sense of the variations we encounter among men who undertake carework, here is a description of the men and which kinds of carework they do.

The men interviewed were engaged in a wide range of activities, and although we had approached each for an interview with an idea that they fitted with one of the recruitment categories, it often became clear that they also fitted with another, and sometimes with all three. For example Kabelo was a forensic nurse, who was deeply committed to improving post-rape care, as well as a single father raising his two children after a divorce. Jim was a youth worker who had worked for years with NGOs working on woman and child abuse, initially as a volunteer and later salaried, and he raised a friend's baby daughter for her 8 months as a single foster dad. The other professionals interviewed were Simon, who was a social worker working with abused children; Charles, a psychotherapist and university lecturer, who worked with a number of gender-focused NGOs, particularly working with men on HIV; Jaz who was a student nurse; Pramesh, a primary school teacher who had undertaken volunteer work as a counsellor in a gay health centre; and Xhanti, who had trained from university in health promotion.

Several of the men were recruited because of NGO activity. Neo and Dumisani both were working for NGOs on men and gender equity; Mzwandile had worked for NGOs and support groups for people living with HIV/AIDS, as well as those focusing on violence against women; Siphso had been engaged in community drama from a young age, focusing on HIV and rape; and Pat was a volunteer worker working in HIV care. Cedric, was much older than these other men (he was 85) and as a post-retirement activity became involved with a hospice undertaking gendered HIV prevention work with local isiZulu-speaking men. For the other men it was their job and none of them had ever worked outside the NGO sector. Generally they had made choices to get involved in (mostly HIV and) gender work at a time when they were without other career and income generating opportunities. At the time of interview they were remunerated for this work either with a salary or a small stipend (as little as R500 (US\$60) a month), but all of them had been unpaid for the greater part of their time involved in community activities.

The last group of men were recruited because they had major responsibilities for child care or other forms of caring. They were a particularly eclectic group. Steve, had a career in IT, but took over the main responsibility for his children for a period so his wife could focus on her

highly successful business. They had also been involved in voluntary work for several years as short-term foster parents for children needing emergency placements. The other men in this group were in very different economic circumstances. Mzokhona, aged 36, was unemployed and had become the sole carer of his triplets, who were now 2 years old, after their mother left them on his doorstep in a cardboard box when they were 10 months old and disappeared. Linda was aged 23 and had a very low paid job, and was caring and providing for his five siblings and five nieces and nephews aged 1-17 years. There had been 17 of them, but at the time of the interview only ten, as his grandmother had taken the girls to a farm where she lived. He had taken on responsibility for the children after one of his sisters had died. His father had left the family a long time before and his mother had remarried and no longer wanted the responsibilities of looking after all the children. Linda's sister who by custom would have been expected to help was unwilling to do so. After Bonginkosi became ill with HIV he began caring for his diabetic mother and looking after his seven nieces and nephews. Mcebisi was employed in Mthatha and had strong ideas of gender equity and so when his wife was accepted for a nursing training course in Durban he became the main caregiver of his daughter (age 6 at the time of the interview). Dennis was caring for his girlfriend who was sick with HIV, and Thulani was very involved in caring activities in his home where he lived with his mother and sister. Some of these men clearly were shouldering responsibility on a remarkable scale, others less so, but what they all had in common was that they had adopted a caring role that many other men (and sometimes women) from the same social background declined to take on. This raises a critical question, which is: why did they do it? Before I answer this question, it is necessary to add a few qualifications. Involvement in carework did not necessarily disrupt the feminist claim that men are largely failing to share this work and the responsibility that goes with it. Many of the men, especially in Mthatha, were comfortable with their wives/girlfriends/mothers continuing to do the bulk of domestic labour. In other words, while a specific aspect of carework ordinarily undertaken by women was now executed by these men, this did not mark the beginning of broader gender change and the associated disruption of the gender division of labour.

Many of the men integrated carework into their understandings of their own masculinity. Carework in some ways defined them as against men who did not do carework. But this often did not displace the desire to be a 'real man'. For some (particularly though in impoverished communities) this meant wanting really to be a provider, to earn money (cf Mfecane et al, 2005). For middle white class men it translated in retaining a love of sports and participating

in these sports was very important. In other cases, particularly among white middle class men (see for parallels, Seward et al, 2005) carework was a logical extension of or consonant with a libertarian understanding of and commitment to a gender equality, particularly in their primary relationships.

Why did men get involved in carework? We have identified two major reasons for getting involved: Need (frequently in contexts of poverty where female family members were no longer able to undertake the work or because an older male figure (often the father) was not present); Belief (often with a spiritual basis or involving commitment to a set of values. In the case of belief, we distinguish on the one hand between men whose family upbringings made it possible to do or even encouraged carework. In such instances carework was not regarded as in opposition to or in conflict with 'being a man'. On the other, there were men who did not grow up doing carework but who experienced, somewhere in life, a major happening which propelled them into carework. This major happening could be the discovery of illness (in the family, in the man himself) or could involve the evolving commitment to a code of caring which might be triggered by spiritual induction and political commitment. Amongst the men, many had a number of reasons (not just one) for becoming involved in carework and the framework we suggest above is not intended to suggest a single 'cause' for a man to engage in caring.

I present some examples of how men made sense of their caring, or came to do carework, below.

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

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

enjoy cooking and baking on a Sunday. My grandmother said 'I enjoyed that when you were cooking on Sunday as you tried to help us feel at home and bake things for us'. That was important for me. I learnt a lot from my grandmother. I understand myself as a male more than I understand others.'

Secure in the adoration of his grandmother, he presents his caring then and now as part as a secure, alternative 'soft' masculinity. Simon's carework has helped him to develop an identity which is, at least in some regards, at variance with hegemonic norms.

Narratives of the origins and early experiences of caring differed among the men even when they presented caring as part of a general life commitment to a set of values. Dumisani, traced this back to his experience of poverty and the struggle against apartheid. In contrast to Simon's rural upbringing, there was nothing 'soft' about Dumisani's masculinity during the period that he described as self-transformative. For him, caring and the traditional masculine role of protector were seamlessly aligned. He was an underground ANC activist in the late 1980s when the ANC was still banned and became politically aware and active at age 14 years. *"I was a leader but I did not know then that people would listen to me. I really wanted to be in the forefront."* This is an interesting statement about his own sense of (Zulu) identity. He was prompted into politics when he found out that his younger brother was active and he felt he should both protect his brother and lead and defend his community. *"I grew up in Inanda. And, there was no way one could not be part of the violence, where it was either perpetrating it, with the group you were part of, or sometimes one would get involved defending oneself. There was no way one could shy away from it. It was very fierce. People became ANC without even joining the ANC; they became IFP without even knowing what the IFP is, because they came from that area. Some came. It was orchestrated. It was something that was really orchestrated. So it left nobody outside."* He explains that he was fighting the injustice of apartheid, it was a moral imperative a struggle against the system. And it was necessary to kill people and he was involved in these killings. *"It was a fight of (against) the system...I think getting involved in the fight, it was not a choice, for me it was not a choice. It was a situation that was there, and having to get involved, and get it corrected one way or the other. But my passion with children, and youth I would say, it has long been there."* And this love was expressed in playing soccer and interacting with kids.

Pramesh attributed his explicit commitment to social justice and gender equity to his Hindu faith. He explained: *“Way back in 1987, 21 years ago, I underwent a spiritual experience. I can only say I was greatly inspired by this great man called Swami Jinmayananda”*. Following his “inspired guru”, Pramesh makes it his life purpose to “to promote tolerance, and good values”. His commitment to gender equity is part of a being a good Hindu. Yet it was also clear that Pramesh’s caring was shaped by his childhood. At a young age he enjoyed cooking and doing domestic work with his mother. His mother was a ‘softie’ and his loving maternal grandparents were almost saintly in their caring for other people. He sees that they taught this to him. His father, on the other hand, projected a masculinity that he consciously rejected. He described his as *“a macho, rough and tumble father”* who occasionally drank too much and spoke roughly and disrespectfully to his wife, though he also remembered his father’s liking for his vegetable garden and his many good deeds for those less fortunate.

For Kabelo, an African nurse, caring derived from a spectrum of origins. He was very engaged in caring as a child, particularly for his younger sister who he used to take to pre-school. He was given a lot of responsibility for looking after her. He grew up in a very hard and violent environment on a white-owned farm and was very close to his mother. He felt deep distress and outrage at his father’s violence towards his mother. Spurred by this, at a young age he challenged his father, and made him realize the damaging impact his violence had on his children. In this way he helped to stop his father’s abuse. As a child he was also influenced by religion, just as in adulthood he became involved in politics and trade union work:

“I grew up in a very religious family, again we are Catholic at home...I grew up in the church, I was as an altar boy in the church. I see religion as playing a part in moulding me; I see politics as playing a role in moulding me, how I would grow up. I would say that economics played a part in moulding me because there was a need to better the life of my parents, because they were struggling to bring me up. So I wanted to make a contribution to ensure that they improve their state as well, and ensure that my kids don't end up living like them.”

Jaz, from a Muslim background, credits the woman-dominated nature of his household for his belief in caring. He sees women as equal to men, a factor he believes rests on his mother’s position in the household – she was ‘the strong one’. Three of her sisters were

businesswomen (aided by the support of their father, Jaz's grandfather) and so he sees nothing unusual in women making decisions and being in charge. But caring also came from his father who was a philanthropist who donated money to various charities and people.

Jaz, was one of the men who described becoming more explicitly involved in caring as catalysed by a terrible event. When he was in his early twenties one of his older cousins, a shop owner, was shot in a robbery. Jaz took him in his car to hospital but his cousin died. At about the same time, Jaz's brother died of an overdose. The combination of these events caused Jaz to make a choice.

"I am not a violent person at all, I am totally a passive person in all aspects, and I think from seeing all this violence around me as well, and stuff happening to my family as well, that I felt that nursing was the way to help this kind of situation. To help in some kind of way. Without taking a gun, and threatening someone, in any way."

Changing Masculinities, Increasing Involvement in Carework

It is important for men to be involved in carework. There are three obvious benefits. It helps those who they care for. It helps those who would ordinarily care the primary or sole burden of carework and it helps the men themselves. These benefits are attested to by findings in a variety of fields including those of parenting, domestic work and in the lives of children. For my purposes it is important to stress the benefits that men themselves receive when they involve themselves in carework. I am reminded at this point of a beautiful story about a father and his frustrated and frustrating relationship with his late-teenage son. In despair and at loggerheads, the father insists that his son travel with him to visit his aging paternal parents. As the story unfolds, the father realizes that his son, whom he felt was a layabout with no ambition actually had a beautiful gift for caring and expressed this lovingly towards his grandparents (Giardina, 1998).

While carework by men can unlock hidden capacities, a more important consideration from the point of view of gender politics, is to foster changes gender norms and new constructions of masculinity. Men who undertake carework may **not** embrace gender equality or, in fact, change their constructions of masculinity at all. Carework might just be regarded as a necessity and is discarded and handed over and back to women when circumstances change (cf Bank 1999). The politics of carework involves promoting new discourses of carework that

locate this activity as a worthy activity and give it status in constructions of manhood. This was, indeed, the goal of the Human Science Research Council's Fatherhood Project (see Richter and Morrell, 2006). The project sought to portray, via a large photographic collection, men engaged in various activities associated with fathering with the goal of valorizing such activities (frequently overlooked by the mainstream press which highlighted mothering and motherhood and focused on father-neglect) and encouraging men to become more involved in the lives of their children.

In the Men Who Care project, we came across different relationships between caring and gender equality which have implications, I argue, for how effectively men can contribute to carework. For some men, concern about social justice in general and commitment to gender equality in particular flow into and logically from their carework.

Pramesh, for example, strongly supports gender equity and the policy approach taken by the country's governing party, the African National Congress. His commitment to Hinduism provides the mainspring for living and believing in gender equity. *"When I look at my Hindu life, I find it encompasses all aspects of life, when I involve myself as a Hindi, I am talking from an intellectual, mental, spiritual, physical, it informed all parts of that. So the gay aspect, it is just one aspect, it has never been the dominating one, not because I was homophobic about it, it was simply that I found this, automatically encompasses that. And if there was a need to further pursue that, then I would join the Centre, and more recently, as I have got more involved, within the Indian community, that area needed some sort of attention."*

Cedric, was one or two generations older than the other informants, and describes himself as having *"a relatively enlightened western approach...where women are treated with a degree of respect"*. He reflects on the changes in the gender order that he has seen in his lifetime and indicates support for the empowerment of women, but with some reservations which stem from a failure to reflect on the question that as women's role changes so too should those of men. He explains: *"I think on the whole, women had to be educated. Women had to have the same opportunities, get the same pay, it became apparent. No, I don't have any objection to that. .. My sympathy is all for the women. Because they are really stuck with it. They have to have babies. They have to clean the babies. They have to teach the babies. They have to do*

the homework. They have to run the house. And they've got to bring in almost as good a salary as the husband, or the best salary as they possibly can. Women are overburdened."

Jim's care work and his belief in gender equity are mutually supporting though, as we have seen, there are incongruities including his love of martial sports. He doesn't have any of his own children but, for a short period, fostered a friend's child:

"One of my friends, a life long-time friend is a Coloured guy. He has got this little a pony tail down here, most of his arms is tattoos, he has two pierced ears, he's bald headed, weirdest looking guy, but he is the gentlest soul on the earth. Interestingly, he met a girl who has a personality disorder, they had a son, they had all kinds of trouble, she was completely nuts, post-natal depression and terrible things. I took on their baby. As a single man, I was a single father to their baby. I cleaned it, took it to creche. Because they couldn't look after him. I said there was a choice was between removal of the baby, and the family stepping in or friends. I paid the creche fees, and we eventually got them back to a functional level." He strongly believes in equity, generally, and gender equity specifically.

On the other hand, commitment to other causes such as black nationalism, threw up a more ambiguous relationship with gender equality. Dumisani's primary concern is for the welfare of black youth, young Zulu-speaking men. He is therefore interested in addressing issues of poverty and violence and in his work with young men he tries to instill attitudes of respect. This includes teaching respect for women. *"We need women as mothers of the nation, that is for the future."* He believes that men who don't support their children should be punished severely – they *"are criminals and should be arrested for that. For me, that is being irresponsible"*. Reflecting a discourse of popular mistrust of women, Dumisani believes in the child support grant, but thinks that it is being abused. He erroneously believes that girls have babies in order to qualify for the grant. There is no proof of this (Makiwane and Udjo, 2006). On the other hand, Dumisani's views reflect a suspicion of women which are in part reflected by his current relational problems with the mother of his child. His commitment to equity is at the policy level rather than in his lived relations.

And two of the Xhosa-speaking, Mthatha men had no real appreciation of or belief in gender equality at all. Their views of gender support the existing gender order and reflect antagonism towards persons of same-sex orientation and hostility towards any disruption of the existing gender hierarchy which fixes the sexual division of labour (to the detriment of women). In

the case of Pat, he cannot see beyond the life dilemmas that poverty has given him *“firstly I understand that I am person who is not educated, so I will not really get a job with a chair that turns (an office job)”*. And even though he works for the NGO he is critical of this: *“it is voluntary work, there is no money. A stipend is not a salary, it is just money for soap”*. In his home life, his record is not good. He does not have a strong relationship with his child, largely because, when the child was born *“I did not initially admit that the child is mine.”* And he only sees his child once a month and bemoans the fact that he cannot be a good provider (even though implicitly he acknowledges this as important). *“I am not working well, you see, I am unable to support him, even now in December I was unable to buy him/her Christmas clothes. So I have that thing that I am a useless father”*. He participates in domestic labour, but would prefer to avoid it. *“I would wake them up with tea every morning, milk the cows and do all those things. So I did not have a choice. It is not something that I liked; I did not have a choice.”*

Dennis has similar patriarchal attitudes to Pat. He is homophobic and of homosexuals says *“that person’s mind is crippled”*. He also believes that women should be in the home and look after their children and husband. *”[N]ormally a person who is a woman at five (o’clock) she is supposed to be at home. If it’s a girl, she is cooking; there is a job she is doing”*.

Being involved in carework is obviously important when considered purely as an activity which breaks down existing gender divisions and spreads work that historically has been undertaken by women among men. And yet the potential of carework to contribute more broadly to gender equality cannot be grasped when it is reduced mechanistically to an assessment of who does what work. For the potential of carework as a vehicle of gender equality to be realized, it has to become part of what is accepted as men’s work and, more importantly, it has to be integrated into constructions of male identity.

Theoretically, if carework is to contribute to gender equality, it has to contribute to shifting masculine norms and practices. In this sense it has to contribute to contesting and changing hegemonic masculinity. In their reconceptualisation of this fundamental concept in Critical Men’s Studies, Connell and Messerschmidt write:

“the conceptualization of hegemonic masculinity should explicitly acknowledge the possibility of democratizing gender relations, of abolishing power differentials, not just of reproducing hierarchy. A transitional move in this direction requires an attempt to establish as

hegemonic among men a version of masculinity open to equality with women. In this sense, it is possible to define a hegemonic masculinity that is thoroughly 'positive' (in Collier's (1998) sense). Recent history has shown the difficulty of doing this in practice. A positive hegemony remains, nevertheless, a key strategy for contemporary efforts at reform." (Connell and Messerschmidt, 2005, 853).

To convert this insight into a more practical rendering, I think of the biblical saying which talks of forging swords into ploughshares. Following this teaching, fighting has to be replaced with caring in constructions of masculine identity in South Africa. Fighting is often a response to statements or actions that are taken as violating relations of respect which in turn are taken as assaults on dignity. This response speaks of fragile masculinities, of colonialism and apartheid and depths of inequality. To undertake carework may assist men to develop both individual strength and contribute to new ways of 'doing masculinity' and should be encouraged. Equally, doing carework on its own should not be equated with the transformation of masculinity and the ushering in of 'the new man'.

Conclusion

Men find their way into carework for many different reasons. While this carework is in and of itself important and should be encouraged, it is here argued that it should not be seen as synonymous with or as necessarily associated with commitment to the goals of gender equality. Some men, particularly driven by need (and often in circumstances of poverty) undertake carework while continuing to invest in and drawing their identities from patriarchy (understood as a system which distributes power unevenly between men and women and which, at the same time, legitimates such power arrangements).

And yet, if the state can't manage and can't provide care for its citizens, it is up to 'society' more broadly to shoulder this burden. In South Africa, the AIDS pandemic, the crumbling health system, and the limitations of the social welfare system (even with the Child Support and other grants) all point to the need for people to be involved in carework. Historically the majority of people who have been involved in the bulk of carework have been women. Not only does this place an undue burden on women (who are disproportionately affected by the HIV pandemic (in terms of morbidity and mortality) and the demands of mothering), but it also limits the amount of care that people who are ill, infirm, aged or disabled receive.

There is thus a strong argument for men to be encouraged to engage in carework. Firstly because it will ease the burden on those who currently bear the heaviest weight of carework and will support those who need care, and secondly because it will contribute, in contexts where carework becomes part of a process of identity and value transformation, to wider societal process of achieving gender equality. Thirdly, there is a need for men to care for themselves which in itself involves grappling with their own understandings of self, confronting their vulnerabilities and seeking care when they need it.

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Appendix

Summary of Informants – Men Who Care 2008 -2009

Name	Type of Care	Race/Age
1. Dumisani	NGO Activist	40 yrs, Zulu,
2. Pramesh	Teacher and Counsellor for NGO (Gay Health Club)	45 yrs, Indian, Hindu
3. Jaz	Trainee Nurse	32 yrs, Indian, Muslim, Gay (married).
4. Charles	Psychotherapist, NGO worker, academic	Mid 50s, White, married.
5. Linda	'Father' looking after many dependents.	23 yrs, Zulu.
6. Cedric	Volunteer worker for local Gender NGO on AIDS	85, white, widower.
7. Mzokhona	Single father to three infants.	36, Zulu.
8. Kabelo	Forensic Nurse, rape expert, single father of 2 kids	42, Sotho, divorced.
9. Xhanti	Health promoter	30 years old, Xhosa.
10. Jim	Works in Gender NGO, youth and childcare worker	37, White, married.
11. Steve	Foster father and house husband	Age~45 White, married.
12. Neo	Sonke Gender Justice (Gender NGO)	About 50 yrs, African, married. Disabled.
13. Simon	Social worker, works with abused kids	About 33, African.
14. Thulani	Sort of house carer; (doesn't fit sample well)	Mid 20s, Xhosa.
15. Mzwandile	Active in support groups for PWA & community work on VAW	Probably about 30, Xhosa, HIV+.
16. Mcebisi	Married but wife is in Durban studying nursing and he's responsible for care of his 6 yr old daughter	Mid 40s, Xhosa, married.
17. Pat	Volunteer worker, HIV care	Mid 30s, Xhosa.
18. Dennis	Cares for sick ex girlfriend	Early 20s, Xhosa.
19. Siphon	Involved in community activities, esp. drama, on HIV and VAW, and home based care	Early 40s, Xhosa.
20. Bonginkosi	Cares for mother and 7 neices and nephews	Mid 40s, Xhosa, HIV+.

