An intersectional analysis of male caregiving in South African palliative care: identifying disruptive potential in reinventions of white, hegemonic masculinity

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Abstract[i]

Care work is often feminised and invisible. Intangible components of care, such as emotional labour, are rarely recognised as economically valuable. Men engaging in care work can be stigmatised or simply made invisible for non-conformance to gender norms (Dworzanowski-Venter 2008). Mburu et.al. (2014) and Chikovore et.al. (2016) have studied masculinity from an intersectional perspective. Yet, male caregiving has not enjoyed sufficient intersectional focus. Intersectional analysis of male caregiving has twin benefits of making 'women's work' visible and of finding ways to keep men involved in caring occupations. I foreground the class-gender intersection in this study of black, male, caregivers as emotional labourers involved in palliative care work in Gauteng (2005-2013). Informal AIDS care and specialist oncology nursing are contrasting case studies of male care work presented in this paper. Findings suggest that caregiving men interviewed for this study act in gender disruptive ways and face a stigmatising social backlash in post-colonial South Africa. Oncology nursing has a professional cachet denied to informal sector caregivers. This professional status acts as a class-based insulator against oppressive gender-based stigma, for oncology nursing more closely aligns to an idealised masculinity. The closer to a 'respectable' middle-class identity, or bourgeois civility, the better for these men who idealise traditionally white, male, formal sector occupations. However, this insulating effect relies on a denial of emotional aspects of care by male cancer nurses and a lack of activism around breaking down gendered notions of care work. Forming a guild of informal sector AIDs caregivers could add much-needed professional recognition and provide an organisational base for gender norm disruption through activism. This may help to retain more men in informal sector caregiving roles and challenge the norms that are used to stigmatise male caregiving work in general.

Keywords

Masculinity, Care, Emotional Labour, Respectability, Gender Norms

Introduction

There are "forgotten men" in South African communities. Some of these men are people living with HIV and AIDS. Other "forgotten men" perform AIDS care work in hospices, townships and rural homesteads. No one begins as a "forgotten man". The more a man takes on poorly paid, informal sector care work, the less he is a "socially acceptable" man. If women's work is invisible, then so are the women that do it. This is not to suggest that women become unseen, but that their work may not be fully recognised (Dixon 1985).

Women often perform care work involved in social reproduction within private or domestic spaces. Much of this work goes unnoticed or is hidden from the world. This separation of private and public spaces was intensified in Africa during the colonial era (Tamale 2004; Mohanty 2012). Colonial scripts regarding women's work persist (Mohanty 2012). In a world where the gendering of work still exists, women's caring labours are no less invisible when done by men. It is critically important to unpack this gendering of care work. If we understand it, we can hope to change it.

In this paper, the gender norms surrounding care work done by men are explored. To do this, intersections between gender norms and class, or professional status, must be considered. I consider the impact of professional status and gender norms upon the masculine identities of black caregiving men. I examine the extent to which persistent, middle-class, colonial notions of professional masculinity still matter. Data collected across formal and informal palliative care sites suggest that care work is still deeply gendered in South Africa, including through the operation of an idealised masculinity, and that men doing care work are stigmatised, particularly in the informal sector. Given these findings about gendered norms within the formal and informal male caregiving work domains, I conclude the paper with a sense of what can be achieved regarding the disruption of stigmatising and oppressive gender norms in care work.

Why study masculinity through an intersectional analysis of class and gender?

What is an ideal man in South Africa? Dominant masculinity, called hegemonic masculinity (Connell 1987), is strongly rooted in white, colonial ideas around male dominance (Vincent 2006; Hamber 2010). For example, black men are taught to value professional, skilled occupations largely associated with the white middle class, above unskilled ones (Dworzanowski-Venter 2010). "Real men" perform well paid, white-collar jobs. Given that wealth, financial status and decision-making within the household are important indicators, or signifiers (Ratele 2006), of masculinity, it is now clear that class matters in the shaping and enactment of gender norms. In the home, decisions are made by those with money, for wealth equals status and power in public and private spaces. The male-as-breadwinner role is a key signifier of masculinity and assures power over women in all spheres the genders occupy (Ratele 2008). If financial prowess, and aligned class status, reinforces masculine power, then the converse also holds. Lower income results in less financial power for the male who is

now less than masculine (World Bank 2011). However, we cannot forget that race can have an impact on male earning potential.

During apartheid, the South African labour market divided men along racial lines. White men would carry out 'civilised labour' for good wages, to fund respectable bourgeois lives, as legally entrenched by the 1911 Colour Bar. Black men were, in the main, separated from their families through the migrant labour system. Most of these men were mine-workers, living in hostels far from home. Black men carried out the most menial of tasks and were classified as manual labourers. The manual nature of their work and the dislocation from their families formed the basis for the argument that these men deserved less pay. If they were not living 'civilised' urban family-oriented lives, then they could be paid less. Moreover, if they were barred from doing skilled work, they would have to receive lower wages (Dubow 1989). This logic continued into the 1920s as the South African government grappled with the problem of 'poor whites'. Whites could not be allowed to remain poor, for lower class status interfered with notions of white superiority and white civility (Seekings 2007). Job reservation for white men put an end to the 'poor white problem' through entrenching racial inequality in the labour market (Seekings 2007). This race-based employment inequality has persisted. In 2017, 15.4% of all skilled employment was held by black men, while 61.4% of skilled employment was in the hands of white South African men (StatsSA QLFS 2017). From this, we can see a clear legacy of the connection between race and class-based oppression in South African history.

Bourgeois civility is deeply embedded in the norms and values that all South African men are exposed to. Normative influences and expectations are subtle as well as obvious. What this means is that the decent income, wealthy lifestyle and professional work associated with white men during apartheid, and thereafter, very likely create achievement norms that all men could aspire to. An aspirant masculinity, with wealth, power and status aligned to whiteness, is what is desired, as opposed to what is still truly dominant (Hunter 2016; Jonny Steinberg, 'Moving through whiteness to prosperity', *Business Day*, 31 March 2017). Power rested in the hands of white colonial actors for hundreds of years, and the lion's share of material wealth still rests in the hands of white South Africans (Oxfam 2017). However, the agency of black men must always be in our sights. Aspirant masculinity can be shaped by past and present influences, but it is mediated by the black men themselves. The idea of an agentic, black, aspirant masculinity highlights a possibility for the invention and reinvention of

masculinity signifiers drawn from a white, middle class set of sensibilities regarding what it is to be a 'civilised' human being and a "decent man".

Given that the social reality of black South African men demands an investigation of intersecting class and gender norms within masculine care, this study has relevance for the lived experiences of caregiving men. In addition to this, a paper focusing on class-gender intersections has academic relevance. Masculinity has been tied to class in South Africa by numerous scholars (Khunou 2006, Ratele 2008). Ratele (2008) has made the case for the intersectional study of gender and employment when studying African masculinities. Well-known feminist economist, Nancy Folbre (2016) argues for a 'dynamic intersectionality', or an analysis that connects structured oppression and the marginalisation of social actors (thus impacting their social identity) on a more global stage. As such, this paper marks an attempt to heed Folbre's (2016) call, and to join an academic discussion regarding class-gender intersections.

This is not to suggest that sexuality-gender-class intersections are to be ignored. Nor does it suggest that race-class-gender intersections lack importance. However, it is beyond the scope of this paper to delve deeply into all possible intersectional connections. Why, then, do I foreground the class-gender connection? There are three compelling reasons. First, as argued above, the class-gender intersection helps us to better understand an important dimension of the lived experiences and challenges faced by black, masculine, care workers. Second, social constructionist thinking alone cannot help us unravel the lived experiences of men entering the care work domain. This paper, then, marks an effort to address this and marry material realities with abstract notions of aspirant masculinity, through the intersectional analysis of masculine gender identity and class location. Third, the focus on class-gender links has international academic relevance, aligned to the call for more of this work by Folbre (2016), and within global contentions that pit the study of identity issues (particularly gender and sexuality) and socio-economic issues (particularly class) against each other. For example, in South Africa, some divisive tensions were noted within the #FeesmustFall student protest movement. The tendency of some heterosexual male student activists to see gender activism as secondary to the issues of race and class oppression, and their material manifestations, has led to divisions between them and queer-feminist protestors. The latter see equality in terms of gender and sexuality as central to emancipatory struggles (Ra'eesa Pather, 'Wits #FeesMustFall: A movement divided', *The Mail and Guardian,* 5 April 2016). Analysis, such

as that contained in this paper, demonstrates the lived implications of gender for both race and class, and the socio-economic implications of these various intersecting categories.

As compelling as it seems to study masculinity through an intersectional lens, this cannot be done uncritically. Ongoing debate regarding the usage of intersectionality as an analytical lens requires careful thought. Those opposed to the typical use of intersectional analysis caution against the use of this form of analysis in essentialist, reductive, simplistic and a-historical ways (Anthias 2012; Carastathis 2014). Carasthathis (2014) laments the use of intersectional thinking in a time-context vacuum. Intersectional analysis was evolved to better grasp the complex, and reinforcing, links between racial and gender oppression in the US (Crenshaw 1989, Carasthathis 2014). This means that intersectionality is a global north 'black feminist' construct, and that a-contextual applications of intersectional thinking ignores this pertinent fact. The result is that '…very few (particularly white feminist) authors contextuali[s]e intersectionality in a philosophical trajectory of [b]lack feminist thought, constructing it, instead, as a historically novel intervention in an ostensibly white feminist narrative on oppression' (Carasthathis 2014: 311-312).

Whilst there may be a proliferation of intersectional analysis within the academy, white feminist blogger, Eleanor Robertson has worried about the relative suppression of an intersectional approach amongst feminist activists in the UK. What causes this? Some activists have become concerned that over-recognition of race and class differences could fracture female solidarity. The danger inherent in this sort of logic is that feminism could become a 'movement [that] is going to carry on alienating itself from those most in need of assistance' (Eleanor Robertson, 'In defence of intersectionality – one of feminism's most important tools', *The Guardian,* 23 December 2013).

What unites both camps is the sense that intersectionality has revolutionary potential. Carasthathis (2014) reminds scholars and activists of the radical roots of the concept. Robertson also sees the need for social change through the recognition of diverse experiences and social identities (Eleanor Robertson, 'In defence of intersectionality – one of feminism's most important tools', The Guardian, 23 December 2013). For example, an increase in class status is not a magic bullet. Professional status does not neutralise other forms of oppression. Black women who have attained professional status still experience marginalisation across multiple contexts (Hill Collins 1986; Ramohai 2014). In South Africa Ramohai (2014) has

found that black, female, academics face strong cultural and structural barriers to full participation within universities. These barriers are intersectional, in so far as they are based on various, interconnected, racialised and gendered norms. Given this, intersectional thought could and should be normatively disruptive. Real change is only possible and truly radical once intersecting oppressions are unmasked and challenged as a result. This is not merely a symbolic challenge. There must be a social justice element, where real changes result in the lives of ordinary people (Dhamoon 2011).

As a white woman penning an article on black masculinity, the social distance between myself and black caregiving men must be continuously recognised. White privilege exists in South Africa and across the globe. Massive inequality in South Africa remains racialised (Oxfam 2017). Can white feminist authors be sufficiently disruptive? All knowledge is contextual, and our position within a given context determines the way that we come to know ourselves and our reality. This implies that every human being has a unique location, or a space that we each occupy in the world. This space, and the social forces that create it, become our positionality (Bromley 2012). All the reflexive thinking in the world cannot undo the real and symbolic privilege attached to whiteness (England 1994; Van Schalkwyk and Gobodo-Madikizela 2016). Writing from within a positionality coloured by whiteness, can any aspect of the black, male caregiving experience be understood?

Perhaps it can, but only if several steps are taken. Recognition of white privilege is a crucial first step. Adapting data collection methods is another useful step. A real commitment to social justice and social change can be demonstrated by white feminists who attempt to disrupt and dispute the myth of intersectionality being divisive. In terms of this paper, it means looking at the social world occupied by black caregiving men and placing these disruptive actors at the apex of the work. Their social location, their words and their acts must take centre stage. All the while recognising that privilege allows the white feminist to leave the ‘field' and return to one of visible comfort and ease (England 1994; Van Schalkwyk and Gobodo-Madikizela 2016). In other words, research must be driven by the caregiving men themselves. Do they seek to be seen? Do they seek a spotlight on their experiences? If so, then researching is an act against invisibility and against the social act of “forgetting” these men. However disruptive white feminists seek to be, these caregiving men are not mere subjects. These men are acting in normatively challenging ways and potentially re-making

gender norms. It is the task of the feminist researcher to shed light on this disruption, and take credit for little else. It is from this reflexive position that this paper has been written.

Gendering care work

Socially created separations between men and women rest in certain gendered binaries. For instance, the public/private binary. Public spaces of work and government are the domains of men, while private domestic spaces are seen to be naturally feminine (Young 2003; Bezanson 2006; Fakier and Cock 2009; Lonergan 2015). Women have increasingly begun to enter the public domain through paid work, outside of the home. There is still a gendering of the workplace, where women are expected to take on secondary professional roles as teachers and nurses (Faranaaz Parker 'Women still struggle for equality', *Mail and Guardian,* 1 September 2009; Shakwane 2014). This is, to some extent, changing, but the idealisation of doctors as men and women as nurses remains a persistent idea (Clow et.al. 2014). Women are defined as natural caregivers based on assumptions regarding their inherent emotional capacity. This may explain why so many women, both globally and in South Africa, are employed in teaching, nursing, and service work (StatsSA 2014; United Nations 2015).

Men who perform feminised jobs, like nursing, are treated like outliers in the formal health care sector in the global north (Kouta and Kaite 2011). Closer to home, the Democratic Nursing Organisation of South Africa (DENOSA) has called for greater efforts in the retention and recognition of male nurses. While lauding a small, but significant, increase in the number of male nurses, men remain under-represented in this profession. Moreover, patients continue to express a strong preference for female nurses (Nosipho Mngoma,' Male nurses make inroads' *IOL,* 14 May 2013). While the actual number of male nurses is growing in South Africa, a real increase in percentage terms has not been seen. The number of male nurses has remained at a stagnant 9% of the total nursing population, from 2013 to 2016 (SANC 2013; SANC 2016). Perceptually, the nursing profession is still defined as a feminine space by South African nursing students (Buthelezi et.al 2015). Why would black men choose to nurse under these conditions? It may likely be that they are compelled to find any entry into professional or skilled work in such an unequal labour market (Statssa QLFS 2017).

If caregiving men struggle against gender stereotypes within higher class status work such as nursing, how do informal sector caregiving men fare? Previous research suggests that

informal caregivers face similar challenges to male nurses (Dworzanowski-Venter 2008). Indeed, we could argue that informal care workers face even greater challenges than male nurses for numerous reasons. First, caring for ill people outside of hospitals places puts informal sector care workers in an unseen, underclass position, deprived of formal class status as professionals (Fourie 2016). Second, informal sector care work happens in homes and communities. Working within the domestic or private space of the home adds to invisibility (Schwenken and Heimeshoff 2011). Third, as I have written elsewhere, care work is defined as the domain of women. In the case of palliative care, it is emotion work, done to help those who are dying. It seemingly does not directly contribute value to the free market (Dworzanowski-Venter 2008; Dworzanowski-Venter 2010). Feminist economists would not agree as they rightly argue in favour of valuing social reproduction and its role in the generation of workers and consumers in capitalist society (Folbre 1986; Sen 1987; Driscoll and Krook 2008). However, in the dominant socio-economic system, caregiving men might well be "forgotten" by society. One benefit of "forgetting" them is that their potential disruption of gender binaries can be marginalised and ignored.

Identities are socially constructed to allow for the control specific groups of people, be they poor, non-white or female. People are often marginalised from mainstream society to justify power being exerted over them (Crenshaw 1991; Farmer 1996; Ballard et.al 2005; Bruce 2006). Men involved in formal sector care work, as qualified nurses, cannot be dealt with by "forgetting", as with those in informal work. However, they can be dealt with by entrenched gender norms, and discipling enactments of power and control through the stigmatisation of themselves and their work.

The relative accuracy of the above introductory statements is borne out by the findings presented in this paper. Before these findings can be presented, however, the methods employed in this study will be set out.

Methods

How can the intersection of gendered work norms and class status shape the masculine identities of young, black caregivers in South Africa? Does class status impact gendered work and social norms regarding the feminisation of care work? To begin to answer these sorts of questions, this study focused on black men, involved in care work, at opposite ends of the South Africa care work spectrum. It is important to focus on black men as they form a small,

but increasing, cohort within the nursing profession. This said, not all black men have an opportunity to study nursing. With black men making up the largest racial group involved in low-skilled work in South Africa (StatsSA QLFS 2017), it becomes important to look into the experiences of informal caregiving men as well. Both groups of men are trying to enter the labour market and earn an income. As Ratele (2006) reminds us, wealth (through breadwinning) is an important signifier of masculinity. Therefore, opportunity to earn an income, or even gain work experience, is crucial to the development of a masculine identity at any point on the care work spectrum.

The first case is informal sector home-based AIDS care provided in Orange Farm by an initially all-male caregiving staff. Five of the black, male caregivers were interviewed in 2005; a follow-up interview was conducted in 2010 and three additional interviews with one male caregiver, one female caregiver and a supervisor was conducted in 2013. The second case is based on eight interviews conducted in 2006 with oncology nurses across both genders, and two follow-up interviews with female nurses in 2010. All oncology nurses interviewed were engaged in formal sector palliative care work in one of three hospitals in Johannesburg.

At each of the 19 interviews conducted, a semi-structured interview schedule was employed. The major themes explored included questions regarding remuneration, motivation to engage in care work, experiences of gender norms in the workplace, caregiver / nurse class aspirations, and gendered views of caregiving within communities and society at large. All data was gathered by trained research assistants, who were senior postgraduate students in Sociology, at the time. These assistants were hand-picked as they both had prior relationships with relevant gatekeepers in AIDS and cancer care environments. The AIDS care site respondents were interviewed in Zulu and Northern Sotho. The research assistant that acted as interviewer was fluent in both African languages, as well as in English. Therefore, this assistant transcribed and translated the interviews into English. Interviews were conducted in English with the oncology nurses, prior to transcription by the second research assistant. Data analysis took place by means of thematic coding. Masculinity signifiers were noted and alignment to class status was of importance. Connections between gender identity, gender norms and class status were sought in order to begin to pinpoint an intersectional aspirant masculinity.

It may have been limiting in that both research assistants were female, and some male respondents might have felt uncomfortable during the interview process due to the gender of the interviewer. However, as this was only reported by a single interviewee it did not prove to be a serious limitation.

Gender norms surviving disruption: a normative rubber band effect in AIDS care (Orange Farm)

Orange Farm is located on the urban-rural fringe in the southern region of the Gauteng province. This is a former township, consisting of numerous informal dwellings and was created by an influx of poor, economically marginalised black South Africans. In 2005, a small, poorly funded 'males-only' corps of caregivers created an informal NGO to provide much-needed home-based AIDS care. Two directors and a single administrator gave organisational support to 13 male caregivers and two volunteers. No formally qualified health care professionals were attached to the caregiving staff from 2004-2010. The state did allow the men to hold meetings at a local clinic, but no government funding was made available to them. Significant funding from local and global NGOs was fairly non-existent in 2005. This severely limited both the services offered and the remuneration earned by caregivers. This small care organisation pooled limited local resources and various small, local, charitable contributions to remunerate caregivers.

Despite clear financial limitations, the all-male staff compliment continued their work for six years. In 2005, most of the men interviewed said that they were carrying out feminised, or emotional, aspects of care work. As Vuyo[1] explained: 'a caregiver should know their duties and responsibilities like listening and understanding. You must also show empathy and not just sympathy'. From Vuyo's statement, it becomes clear that these caregiving men grasped the complexity of performing the emotional labour of care work, had given thought to the emotional representation of the caregiver and understood the importance of authentic emotional responses to patient needs. The impact of carers deep empathy is seen in Xolani's psychosomatic responses:

> The trauma is just too much to bear. After work, I go home and become so sad thinking about what the killer disease is doing to our country, especially among the poor. At first, I lost appetite and was so restless and at times I vomited after caring for terminally ill patients.

[1] Please note: all names used in the text of this paper are pseudonyms.

Vuyo was similarly impacted:

> AIDS care is one emotional job that I didn't know what I was getting myself into in the beginning. You see dying people every day and sometimes you get disgusted. Most of the time you even lose your appetite. It is actually easier said than done. At first it was hard for me to eat something.

Added to the obvious emotional component of their work, these men found that their work conflicted with normative expectations of men in two ways. First, there was a sense that men cannot function as overt emotional beings, as explained by Lungisile:

> AIDS care work is something that makes a man cry. One cannot be a caregiver without being emotional. Trust me at first I thought I was just doing it because I was bored but now I have realised that I have an emotional attachment with my patients. One has to care, love, listen and understand the patients. It's more like the doctor and patient relationship or mother and child. Now I feel sad and feel like crying most of the time but in my culture a man is not supposed to cry….

Second, was the conflict between the masculine occupations and carrying out 'women's work'. Lungisile felt this when talking to his male friends: 'I do talk to my male friends but sometimes they discourage me because they always remind me that I'm doing women's job … but if I could get another job I'd definitely take it because what I'm doing is suitable for women.' Lungisile was not the only caregiving man impacted by strongly gendered judgements of his work. All of the Orange Farm caregivers faced this pressure to work in spaces that were seen as more suitable for men. In fact, race and class also played a role, for these men idealised white-collar, professional work as the most suitably masculine. For instance, the more scientific, rational, and removed the work is, the more it is defined as masculine. As such, medical doctors and pharmacists are regarded to be more masculine than nurses for their wealth of science-based knowledge, as well as rational, brief patient interactions contrast with the longer term, emotion-laden care involved in nursing. As such, it was unsurprising that caregiver Bongani idealised a career in pharmacy, and most other men alluded to the need for better paid work in the formal sector (Dworzanowski-Venter 2010: 167-170).

In 2005, these conflicts seemed to have been overcome, at least in part, through caregiver-caregiver solidarity and a sense that these men were challenging the status quo. When mocked by male friends, Lungisile would turn to other caregivers for support. Bongani clearly grasped this work as subversive of gender norms: 'You know they say men are not good with feminine related jobs, well *here we have proved people wrong* [my emphasis

added]'. However, as seen above, Bongani had devised an exit strategy, demonstrating the pressure to conform to an idealised, masculine worker ideal of the top earner, who is a well-qualified professional.

By the end of 2010, the funding crisis had peaked. The males-only care corps had failed to secure funding from the state, NGOs and other donors within this original gender disruptive care formation. The Orange Farm caregivers decided to join forces with an international NGO. The male caregiving staff was augmented by female caregivers, nurses, social workers and supervisors. Follow-up interview respondent Malaika suggested that men would remain in caregiving, but only if they could walk the path towards professional work in this way. Or put differently, there was a clear sense that men would continue to perform 'women's work', if the professional recognition received could outweigh the social judgements they faced (Dworzanowski-Venter 2010: 167-170).

By 2013, due to the affiliation with an internationally known NGO, male caregivers enjoyed greater recognition, dampening the subversive effect of their percieved feminine work. In addition, gender norms had also reasserted themselves as women were again dominating caregiving roles. This indicates a "rubber band effect", where the gendering of care work norms was stretched – as caregiving men had acted against the idea that women are natural caregivers – only to bounce back and reassert themselves.

In 2005, the caregiving men were conflicted. They saw themselves as emotional beings, involved in all aspects of care work. They also knew that their male friends judged their work as insufficiently masculine. In 2013, there was no conflict. Male and female follow-up interviewees asserted clearly essentialist ideas about care work. For example, Jackson, a seasoned male caregiver and holder of an additional counselling qualification, reported relief at having women enter the care workforce in Orange Farm. 'Women perform care differently from men because they are caring in their nature; they always have a soft spot for people and always take care of their patients' needs before their own …. We are more relieved and happier since women have joined because of their traditional roles as caregivers' (Dworzanowski-Venter 2010: 167-170).

Under these conditions, it is unsurprising that the remaining cohort of male caregivers were busily devising exit strategies. This underlining of the feminised nature of caregiving, would

further emphasise the importance of seeking normatively masculine work outside of the care sector. The intersection of masculine class aspirations, or the desire for the status of full bourgeois civility, and gendered care work norms, acted in unison to push these men out of the only work they might have been able to get in an economically depressed region (Dworzanowski-Venter 2010).

Gender norms proved most powerful of the intersecting forces, for the idea of professional, masculine work was idealised by these men. But, was it class aspiration or gendered care work that acted most profoundly upon exiting Orange Farm caregiving men? Would care work, if decently remunerated and attached to professional status, be enough to overcome gendered work norms? In other words, what happens to gender norms when care work is carried out by men in upper class environments characterised by good pay and professional status? This alternative class/gender intersectional scenario is explored in the following case.

Oncology nursing case: Male caregiving work at the top (private hospitals, Johannesburg)

Care work carried out in private clinics was conceived of quite differently from that in the informal sector care. Female oncology nurses saw emotional labour as central to their work. Their male counterparts located emotion work at the periphery of their daily tasks. The specialised or professional cachet of cancer care mattered most to the men.

> That's what we specialise in. Cancer… people with cancer come here for their treatment….Before I worked with cancer patients I was in a general ward with all kinds of illnesses, AIDS… but the opportunity arose and…hmm… helping cancer patients is my life now.

In purely physiological terms, AIDS and cancer could both be regarded as syndromes, or made up of a multitude of medical conditions with differentiating symptoms. Despite this, Cebo defined cancer care in specialised terms and relegated AIDS care to the realm of non-specialisation. Male nurses like Cebo are undoubtedly in possession of formal qualifications, and are in these terms more qualified than informal sector caregiving men. Surely this clear difference in qualifications would elevate the likes of Cebo far above the Orange Farm caregivers (many of whom hold a matric certificate at best) (Dworzanowski-Venter 2010: 178-188).

Why, then, the need to further justify the profession, and occupational status of the oncology nurse? The answer might lie in the colonial notion of 'bourgeois civility'. Cebo is not competing with Orange Farm caregivers, he is competing with an idealised notion of masculinity. This ideal relies on whiteness, maleness and well-remunerated professional work. As Cebo puts it:

> Not all men want to do this job. They want to be lawyers and managers of big companies. Power. They want power…[for men] money equals power. If you have money you have the power. In this profession you don't get a lot of power …ag, I mean money. You get enough to support you and your family. And to live a … and to live a respectable life. But most men want the big houses and the fancy cars.

In a world where colonial notions of masculinity may continue to influence contemporary black men, nursing remains secondary to primary medical professions. The oncologist is the primary professional faced by Cebo daily. Cebo may have felt that he had to justify his role against that of the oncologist, who represented the pinnacle of male success this case.
Was Cebo able to level the playing field? By invoking respectability or a key facet of bourgeois civility, Cebo focused on the class-based gains of being a secondary professional. The notion of professional nursing as respectable work is tied to honest earnings, family pride and overcoming the legacy of racially defined employment barriers. Cebo maintains:

> It's a good job to have. Respected! That's the word I was looking for. I have a 3 year old son, and I want him to know that what I do is respectable and if he wants to be a nurse one day I will be very proud…. I had to make a choice, right. I could either become like my cousins and stay in the townships and rob and kill for money. I didn't want that. My mother didn't want that for me. So when the opportunity presented itself for me to get an education and study I did it ….And became something that my mother can be proud of …. She's very proud. Very proud. To this day she brags about me being a nurse and working in a fancy hospital ….It's because for blacks that it is a good, respected…respectable job to have that I became a nurse … but for me growing up in the townships it's always better to become a registered nurse. Doing a job that will make your family proud …. I am now respected in my community. I don't know if a white nurse will get the same respect. No! No. I think they will. But in the black community it's different. I made something of myself and everyone is proud of me …. I think there are a lot of blacks that want to do this job. You see, to us … to us it is a very high status job. To do this job is celebrated in our community.

Fellow male nurse, Koto also used the term 'respectable': 'I just think some people don't understand it, but to those who do it's a very respectable job'. Yet, in spite of the status and respectability attached to oncology nursing, male nurses do contend with negative community judgements of their gender disruptive career choice: 'but sometimes I get upset when my cousins joke about me being gay. Which I am not' (Cebo). Koto proved more dismissive of

gender-based stigma, and tends to reject essentialist notions about women and care work. For example, he contends:

> I think they [people in general] think that women can do this job easier because they are women. Because they are born with like a caring-gene or something …. But that is not the case…. Ja, men and women can do this job equally good…. I mean this is not the Dark Ages anymore. No man should be punished for doing this type of job. They should be rewarded!

This is a promising coping mechanism for Koto who overtly rejected gender essentialist notions about the feminisation of care work. However, this did not make an activist out of Koto, for he made no attempt to pass along his ideas to others. This was common to all oncology nurses interviewed. In a 2010 follow-up interview, oncology nurse Linda stated that 'there is a shortage of specialised nurses'. In fact, the shortage was so serious that male nurses had been recruited from India to work in her oncology unit. This suggests that men like Cebo and Koto certainly possess a good deal of bargaining power. However, this is never used to gain higher wages or more status for their secondary profession (Dworzanowski-Venter 2010: 178-188).

Despite the lack of overt activism on the part of these men, male oncology nurses do remain hard at work in wards across the Gauteng province. This highlights the insulation effect of professional qualifications and status for male nurses involved in cancer care. There is no sense of any exit strategies at play, and the men have continued to use their class status as a bulwark against those who seek to essentialise and stigmatise their work.

What is concluded and what is to be done?

Intersectional analysis of black, male, caregiving across formal and informal care sites in Gauteng, highlights the importance of class in the analysis of gendered work norms. There are clear intersections between class and masculinity evidence in this paper. Informal sector care workers clearly occupy a lower class status than oncology nurses. By gaining formal qualifications and engaging in specialised oncology nursing, Cebo and Koto refuse to be "forgotten men". AIDS care in Orange Farm is no longer a male care work enclave. When part of a males-only care organisation, these were truly societally "forgotten men" who could not obtain decent funding for their caregiving efforts. When they challenged the idea that women are natural caregivers, their care work was not rewarded. Alignment with a large organisation and the reinsertion of women into the care terrain, allowed for more money to be

earned. This bolstered their earnings potential, and potentially their masculinity as well. However, the re-introduction of women reinstated the 'women as carer' gender norm. From this, we can see that an increase in wealth, was accompanied by a decrease in gender norm disruption.

Professional status insulated Cebo and Koto from being "forgotten men". However, they made efforts to ignore the emotional aspects of their work, while exaggerating the specialist components of cancer care. While neither of these men seemed to feel slighted by this denial of emotion work, they have relinquished both self and social acknowledgement of the full spectrum of their caregiving talents. What this means is that they have implicitly attached gendered meanings to nursing. In so doing, there is now one fewer commonality between male and female nurses. This might have an adverse impact on male-female solidarity within the realm of oncology nursing.

Despite the insulating effect of class for oncology nurses, both sets of caregiving men faced social stigma for performing work most often associated with women. Unlike oncology nurses, caregiving men in Orange Farm are not insulated from this deeply oppressive stigma by class status, decent wages and a sense of respectability. The oppressive nature of the gender-based work stigma is augmented by the lack of professional recognition and low wages. It is no wonder that these men have planned to exit the informal AIDS care domain. Being a member of an economically oppressed underclass may push poor men, like those in Orange Farm, into care work. However, gender norms may have pushed them out as there is no professional status protecting them within this care arena.

The question now becomes, how are male caregivers to be kept within informal AIDS care work? This is where they are most needed, yet most invisible, most undervalued and most forgotten. They are forgotten for they are the furthest away from an idealised, white colonial professional masculinity. One of the key ways to dismantle a colonial reinvention is to turn the power that it may have, against it. What we have learnt from this intersectional analysis of class and gender, is that male oncology nurses are willing to stay in care work if the feminised work has a professional cachet. This tells us that we would do well to add such a professional cachet to informal AIDS care work.

Professions are built through collections of skilled workers. For instance, guilds are created by groups of workers that share common skills sets. Guilds are potentially very powerful as they govern a particular knowledge base and can mediate relations between the state and the guild members (De Munck et.al. 2006, Reid 1974). In so doing, guilds form the first building block of future professions. These forgotten men, or AIDS caregivers, are already guildsmen. They are informally recruited, and perform work in order to meet an important social need, and to satisfy their personal need to act in a productive manner, despite their (usually) unemployed status. Their work does not have the direct economic value conventionally attached to craft work. Yet, if these caregivers are skilled emotional labourers. They are a germinating guild and a potential profession.

Should this sort of guild be formed, it may not guarantee improved conditions via collective action. Even if the guild confers professional status and membership of a collective to black men involved in AIDS care, they may decide not to act as activists. Oncology nurses in this study have not harnessed their professional power as yet. However, the formation of a caregiving guild would go a long way to creating some form of solidarity amongst caregivers engaged in fairly atomised work. It may provide a platform from which to spark collective action based on their own acknowledgement of the emotional labour involved in AIDS care. At this juncture they may also come to grips with the structural forces that prevent their demanding additional support from the state, and come to understand that what they idealise is within their grasp when they form part of a group of like-minded souls. They have the potential to forge a world where they cannot be forgotten men. Hopefully, male and female caregivers could band together and ensure better conditions and recognition for all. In this way, these men will also begin to place value on the emotional component of care work, thereby improving the visibility of work defined as feminine. In so doing, the intersectional study of class and gender in male caregiving work may illuminate potential for a radical change and just outcome for those involved in caring for the ill and dying.

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