Awareness fact sheet

WHEN PERCEPTIONS CAN SHAPE PRACTICE

THE CASE OF MEN FROM IMMIGRANT BACKGROUNDS WHO PROVIDE CARE

In Quebec, generally, women are more often associated with care, looking after, and supporting loved ones [1]. Men, by contrast, are more absent from public discourse, policies, and in the provision of support services. Yet the data show that a good number of them care for a loved one, in part or in full [2].

Among immigrant and/or racialized populations in particular, men are just as likely to be caregivers as women [3], but we still know little about them — including in research.

The few studies on male caregivers in Quebec do not account for men from immigrant backgrounds [here, immigrant men, as well as those who have immigrant parents], and as a result their findings are not generalizable to this population.

Limited knowledge about men from immigrant backgrounds and about male caregivers, together with certain preconceived ideas about these populations, can have concrete **repercussions on their access to resources, their own perception of their role, and how services respond to their specific needs.**

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WHAT ARE THE PRECONCEIVED IDEAS ABOUT MALE CAREGIVERS?

In a sense, male caregivers are often portrayed as less inclined than women to take on a caregiving role. When they do:

- Their contribution is said to be primarily financial or material, rather than associated with direct forms of care or psychosocial support [4] ;
- Their role is also said to be more temporary or secondary;
- They are said to use available services and resources less often and to be more reluctant to ask for help [5].

Some portrayals suggest that men react differently to a diagnosis, do not express their emotions very much, and experience fewer negative impacts from their caregiving experience (a perception of lighter burden, reduced distress, etc.) [6]. Other studies, however, highlight diverging findings, underscoring the importance of not generalizing the results of specific studies to all male caregivers.

While studies suggest they experience fewer caregiving-related impacts, men are reportedly more likely than women to recognize themselves as caregivers. They are also said to have a greater capacity to set boundaries and to seek professional support — support that is more readily heard and valued by practitioners than when it comes from women [7].

WHAT ARE THE PRECONCEIVED IDEAS ABOUT MEN FROM IMMIGRANT BACKGROUNDS IN CARING FOR A LOVED ONE?

Representations of hegemonic masculinity (the traditional masculine ideal) deeply shape how men from immigrant backgrounds are perceived in the domain of care [8]. They may, for example, be associated with negative stereotypes: sometimes described as violent, domineering, or alcoholic [9]. In some discourse, their masculinity is reduced to a sexualized and aggressive dimension. In others, male migration is frequently framed through the lens of work and the economy, which reinforces the image of the provider [10].

Other documented beliefs:

- That within certain groups, notably among minority ethnocultural groups, men are less involved in care tasks;
- That men, particularly immigrants, are less inclined than women to ask for support and that they perceive asking for help as a weakness;
- That they have the same access to resources as the rest of the population and therefore need no specific accompaniment;
- That people from immigrant backgrounds favour only the services offered by their own ethnocultural or religious groups, at the expense of the public system or resources for the general population.

Even though some men may fit these profiles, this is not the case for all of them. However, generalizing these perceptions makes it harder to recognize immigrant men as caregivers, since the image associated with the immigrant man is often difficult to reconcile with that of someone who cares for another person.

> ***I was the one who washed his clothes, and most of the time I was the one who changed the diapers. […] When my mother took a shower, I was the one doing it, I was the one cooking, I was the one feeding her, and I was the one cleaning. I did everything. […] Yes, I was the one who went with her, whether to the hospital or to see the family doctor — yes, I always went with her […]. At the beginning I felt all alone because I didn't know the resources, I didn't know where to go.***
>
> *(A man who cared for his mother with Alzheimer's for 14 years)*

WHAT ARE THE CONSEQUENCES OF THESE PRECONCEIVED IDEAS FOR PRACTICE AND THE SUPPORT OFFERED TO MEN?

Invisibilization

Because caregiving is still largely perceived as a female role, the involvement of men from immigrant backgrounds tends to be minimized or misread — whether by those around them (family, friends, neighbours) or by institutions, support organizations, and their practitioners.

The emphasis sometimes placed on culture in the analysis of gender roles often contributes to making the diversity of their motivations and responsibilities invisible. Migration may indeed lead to a renegotiation of conceptions of masculinity [11], but caring for a loved one does not necessarily constitute a rupture for these men. They do not automatically perceive providing care as a contradiction with their masculine identity.

The dominant stereotypes continue to confine them within a fixed representation, and the image that professionals reflect back to them often remains out of step with their reality.

> ***«All the healthcare professionals always told me that what they were seeing was rare... that a man would take care of his mother»***
>
> (Man born in Quebec, to immigrant parents)

> ***« We caregivers, who have decided to care for one, or two, or three people around us — usually it's one person, but in my case it's three — we hope the government understands that we are human beings, that we do it with affection, with love. »***
>
> (Allophone immigrant man in his late forties, in Quebec for less than 10 years)

Structural reasons can also reinforce the invisibilization of these men, notably when their work obligations prevent them from attending appointments and little effort is made to include them in other ways. Male caregivers are in fact more likely to have to balance caregiving with full-time employment.

(Self-)recognition

Gender stereotypes can limit the recognition of men as caregivers:

- They are sometimes perceived as uninvolved, even as they take on an active role — but in less visible forms, or forms that differ from traditional models of caregiving;
- They may be viewed with suspicion when caring for vulnerable people (children, the elderly, women), which can lead to excessive monitoring by care providers.

« So I also felt I was being questioned a bit like, like a criminal. 'You have to tell us where Mom [my wife] is, is Mom okay, are you sure she's gone, etc.?' »

(Man, late forties, who arrived in Quebec more than ten years ago)

Gender stereotypes can have direct repercussions on how men experience their caregiving role, notably by:

- Making self-recognition more difficult
  - It can be hard to see oneself as a caregiver when one doesn't know what the role involves, or isn't aware of the laws and rights that recognize this role in Quebec.
- Restricting the expression of emotions
  - Intervention approaches with men rarely emphasize this aspect, at the risk of reinforcing the idea that a man must stay strong and not show vulnerability.
- Discouraging help- and support-seeking
  - The fear of being judged or seen as incompetent by professionals can hold back requests for help or accompaniment.

They assume I'm not the caregiver. So I'm just the translator, right? Because I'm going to translate for my father. Their assumption is that I'm the translator, and that someone else is probably taking care of him. But if they ask me, I'd tell them no, I'm the one doing all of it [the interpreting, but also the care and the emotional support]. Then they'd say: 'Oh, well, in that case, you... you should do this, this, and that

(Young immigrant male caregiver, in Quebec for 5 years)

Access to resources

When the culture of men from immigrant backgrounds is perceived as incompatible with that of the host country — and with the norms associated with care and caregiving, **they risk being excluded as care partners and not receiving the support they need.**

This can manifest in several ways:

- Because they belong to a minority ethnocultural group, it is sometimes assumed that their involvement is "normal" and expected, which can increase their burden;

> ***When it comes to hospitals, doctors, and the CLSC, they never consider us as caregivers... (...) The assumption is that your family is there 100% of the time, available to do everything. And that it's your job... (...)***
> (Man in his fifties, born in Canada, to immigrant parents)

- Their request for support may be ignored when they don't explicitly express their distress, or when the question isn't raised;
- They often don't receive the support or the explanations needed to carry out their responsibilities, and some men don't dare to ask. It is not always assumed that they will be the ones handling the hygiene and health care of the person being cared for.

> ***« Yes, I learned [on my own] — he wasn't eating, he had a feeding tube; I learned how to set up the device, the fluid, and everything. By doing it over and over, I also watched the nurses and the orderlies — how to clean him, how to change his diaper, how to give him his medication. I learned a bit, I observed a lot. [...] I didn't ask, just by doing it over and over... [makes the gesture of observing] »***
> (Man in his early thirties, without status, in Canada for a few years)

- If they aren't recognized as caregivers, or don't present themselves as such, support services can't be offered to them and their rights aren't explained to them.

IMPLICATIONS FOR INTERVENTION AND SUPPORT PRACTICES

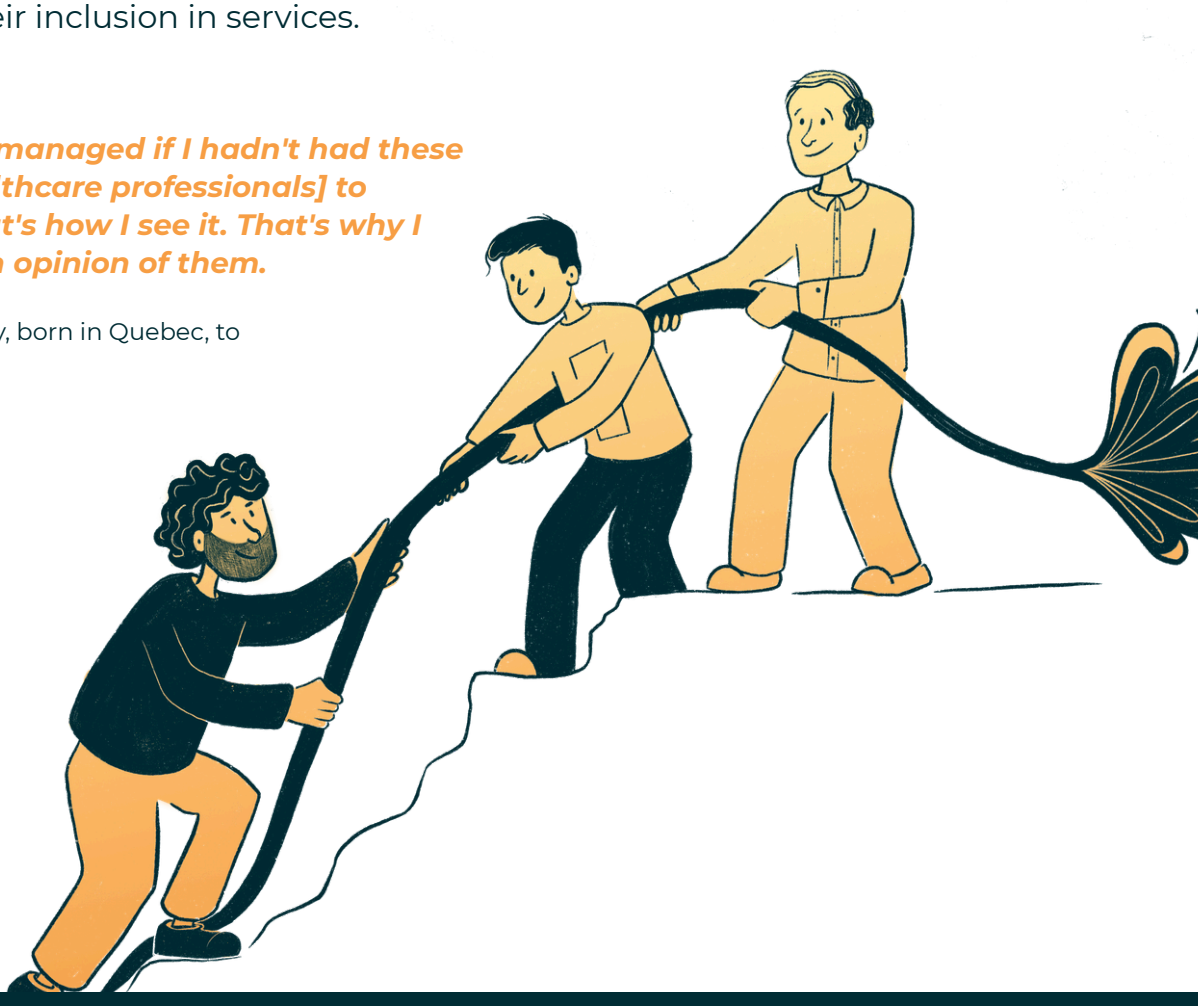
It's important to recognize that male caregivers — whether from immigrant backgrounds or not — may experience caregiving differently. They may have varied strategies for managing stress and burden, or offer less traditional forms of help. **It is therefore essential not to lock them into a limiting or stereotyped identity.**

Recognizing the diversity of their realities is essential to understanding their needs and effectively supporting their role. The experience of men from immigrant backgrounds may also differ from that of men in the majority. **Within ethnocultural groups, gender gaps in caregiving are often less pronounced.**

Experiences can also be positive. A good relationship with care providers, access to information, recognition, and openness on the part of the system can greatly ease these men's experience. **Practitioners play a decisive role** in supporting them and fostering their inclusion in services.

I wouldn't have managed if I hadn't had these people [the healthcare professionals] to support me. That's how I see it. That's why I have a very high opinion of them.

(Man, around seventy, born in Quebec, to immigrant parents)



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