Original Article

Faith, Work, and Reciprocity: Listening to Mexican Men Caregivers of Elderly Family Members

American Journal of Men's Health
2018, Vol. 12(6) 1985–1993
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DOI: 10.1177/1557988316657049
journals.sagepub.com/home/jmh

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Abstract
The purpose of this qualitative study was to examine the role of Mexican men caregivers of older adults. Studies investigating male caregiving practice in Mexico are lacking. Listening events for older adults and family caregivers were held in six cities, obtaining an ethnically and socioeconomically diverse sample of 121 participants—81 older adults and 57 primary caregivers (including 17 older adults). Focus groups discussed end-of-life issues and challenges of care. Discussions were audio recorded and field notes were made. Framework Analysis was used to analyze data. Nationally, 37% of the caregivers were men. In the metropolitan area of Mexico City, 57% of caregivers were men. The men caregivers discussed their roles and experiences. The results were categorized into three themes: (a) reciprocity in family caregiving, (b) a practical work-oriented attitude toward caregiving, and (c) strong religious faith. Caregiving formed an important part of their masculine role. Stereotypes related to gender and care should be reexamined. Further research is needed to explore gender variations in caregiving, evolving gender roles, and needs for support and services.

Keywords
gerontology, masculinity, male caregivers, spirituality, qualitative research

Research on Mexicans and Mexican Americans caring for older or chronically ill family members is lacking. Little is known about family caregivers, family transitions in relation to the caregiving role, caregiver and care recipient interactions, adaptive strategies, caregiver gain, or specific caregiving burdens, and supportive interventions for family caregiving. The role of Mexican men as caregivers for older family members has not been examined, and there are no published studies on Mexican men caregivers. This article reports findings related to Mexican men providing primary care for older family members obtained in a national qualitative research project regarding end-of-life issues, including ethical and legal aspects, challenges of caregiving, and loss and mourning (Nance, Rivero-May, Flores-Padilla, Moreno-Nava, & Deyta-Pantoja, 2015).

Gender and Caregiving in Mexico

The experiences of Hispanic family caregivers and their subjective appraisals of how caregiving affects their lives have been little studied or described. If present at all in caregiving studies, less than 15% of samples included Hispanics, and only two studies that included minority caregivers included Hispanics (Evans, Belyea, & Ume, 2011). The term *Hispanic* covers a large cultural space of peoples who have the Spanish language in common and exhibit wide cultural variations. The presence of Mexicans in caregiver studies is even more of a rarity.

Daughters, wives, or daughters-in-law are considered more likely to be primary caregivers and to provide more hands-on personal care than sons or husbands, who are seen as helping more with financial management and

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transportation (Evans, Coon, & Crogan, 2007; White Means & Thornton, 1990). One study did report that more Hispanic husbands (14.6%) than daughters-in-law (6.3%) were caregivers (Robinson Shurgot & Knight, 2005). Sons giving personal care for their aging mothers in Mexican American families has been reported by Evans et al. (2007) and by Evans et al. (2011). Although it is expected that daughters, particularly the youngest daughter, will care for aging family members, they may not be available. Sons may act as caregivers simply because there is no one else.

In the United States of America, an estimated 25% to 41% of caregivers are male. The numbers of male caregivers may be increasing and will continue to do so due to a variety of social demographic factors. There has been a 50% increase in men becoming primary caregivers between 1984 and 1994 (U.S. Department of Health and Human Services, 2003). An increase in male caregivers may also be happening in Mexico, but data are lacking.

Mexico lacks a nursing home infrastructure, either public or private, and many older adults expect to be cared for by family in the home. The health care system has little home care provision for older adults. Older Mexican adults rely primarily on family members for help with financial, medical, or personal problems (Clark & Huttlinger, 1998). International and national trends in family and kinship, demography, the social environment, and health conditions are reconstructing the nature of family roles. Decreased natality will significantly increase the numbers and the proportion of men caregivers, as the total number of children available to care for their parents declines sharply. The reality of increasing numbers of older adults and the increasing numbers and proportions of men caregivers needs to be taken into account for adequate health care planning by the Mexican government.

Literature on family caregivers of older adults in the United States speaks mostly of female caregivers (Kramer, 2005), and in Mexico, only of female caregivers (DiGirolamo & Salgado de Snyder, 2008). This exclusive focus on female caregivers results in an inadequate understanding of the experience of husbands, sons, and other men who care for dependent relatives.

Invisible in Plain Sight: Traditional Gender Roles May Make Male Caregivers Invisible

Mexican men as primary caregivers for family members have been culturally invisible. The artist Diego Rivera has been the most famous Mexican man who cared for a chronically ill family member. Throughout their marriage(s) and separations Rivera cared for Frida Kahlo, his artist wife, at home and in hospital. During her many severe illnesses, surgeries and recoveries, he fed her and cheered her by singing, dancing, and telling stories. Photographs of the two together in hospital or in her home sick room are well known. One of the last photographs of Kahlo, taken only a few days before her death, shows Rivera pushing her in a wheelchair at a demonstration. In her own words: "They amputated my leg six months ago. They have given me centuries of torture, I keep on wanting to suicide. Diego keeps me from it" (Kahlo, 2001). The caregiving role of this iconic artist, although in plain sight, has remained essentially invisible, as does caregiving by other less famous Mexican men. Informal caregiving research has focused primarily on women as the primary and sometimes the only caregiver (Dilworth-Anderson, Williams, & Gibson, 2002). The ranked preference of Hispanic caregivers by sex and kinship relation is as follows: (1) wife, (2) sister or other adult "blood relative," (3) female nonkin, (4) male "blood relatives," and (5) male in-laws (Henderson & Garcia, 1984). In this culturally determined hierarchy, male caregivers were at the bottom of the list.

Cultural values and norms govern familial relationships and the care of the elderly among Hispanics, where the extended family is expected to provide care to older relatives (Clark & Huttlinger, 1998; Cox & Monk, 1990). Culture is the collective shared meaning system through which the group's collective values, attitudes, beliefs, customs, and thoughts are understood. Culture is a consensus about the meanings of symbols, verbal and nonverbal, held by members of a community (Barnett & Lee, 2003). Culture dictates the expectations of gender roles in the family. These may include a restricted, negative view of hypermasculinity, or a more complete, bidimensional representation of masculinity.

Machismo is an important, but not well-defined, concept describing masculine behavior in Mexican culture. The concept of what it means to be a man in the Mexican worldview is an integral part of male development, which shows itself in normative behavior, relationships, and caregiving practices. In popular culture, the stereotyped macho is the one who drinks the most, sires the most sons, defends himself the most, dominates his wife, and commands the absolute respect of his children. There is little space in these stereotypes for a caring, nurturing masculinity. The monolithic simplifications embedded in the machismo mystique are increasingly being questioned by contemporary constructions of Latino heterosexual masculinity (Falicov, 2010).

Hispanic cultures often emphasize traditional gender roles, including the obligations of men as family providers and protectors and a reliance on family members for emotional support. Traditional gender roles for men are actually bidimensional, with both positive and negative characteristics (Arciniega, Anderson, Tovar-Blank, & Tracey, 2008). Negative characteristics can include heavy drinking, subjugation of women, high-risk activities, aggressiveness, and sexualized, dominant behavior related to the control of

women (Cervantes, 2006). Positive characteristics have been described as protecting family honor and welfare, hard work, being a good provider, nurturance, responsibility, spirituality, devotion to family traditions and values, and the protection of the young and the old (Casas, Wagenheim, Banchero, & Mendoza-Romero, 1994; Galanti, 2003; Mirandé, 1988, 1997; Roll, Millen, & Martinez, 1980). Clearly, these traits are not solely a Hispanic phenomenon.

The messages that Mexican men receive may vary, but they carry the intent of being a good man, and a "good man" cares for his family (Arciniega et al., 2008). Coltrane, Parke, and Adams (2004) observed that counter to macho hypermasculine stereotypes, Mexican-identified men are more likely to care for children and engage them in conventionally feminine activities than their more American-acculturated counterparts.

In the absence of relevant literature, the emerging theme of Mexican male caregivers is important. This current study, which was part of a larger study to determine the concerns, desires, needs, and concerns of older adults and/or their family caregivers regarding end-of-life issues, aimed to specifically investigate the experience of Mexican male caregivers.

Method

The qualitative method was chosen to obtain a more profound understanding of end-of-life and caregiving issues from the perspective of the participants and to better understand the meanings they give to their experience as older adults and/or caregivers. Focus groups to facilitate discussions among older people and informal caregivers were held to listen to their feelings, experiences, and concerns about various end-of-life issues, including caregiving. Focus groups have high face validity and are naturalistic, permitting the moderator to inquire into and examine unforeseen issues that may arise (Plummer-D'Amato, 2008).

The guide for participants, *Escuchando a los Adultos Mayores* (Nance & Moreno-Nava, 2012), developed by the authors, was used to facilitate discussion. The booklet is divided into three general themes: Legal and Ethical, with an emphasis on advance directives; Challenges of Care; and Loss and Mourning. Vignettes using stories of fictitious persons dealing with realistic situations are used to introduce care planning and communication about end-of-life issues. This method has been successfully used to address sensitive topics by stimulating and facilitating discussion (Clarke & Seymour, 2010; Seymour, Sanders, Clarke, Welton, & Gott, 2006). A group of nurses and social workers of the Instituto Nacional de Geriatria reviewed the booklet and considered it a culturally appropriate means for facilitating answers to the research questions. One vignette was of an older woman diagnosed with cancer. Her adult children are faced with the decisions of who will care for her and in what manner. Participants were asked if they had any advice for the family, and they began to discuss their own experiences in similar situations. This "advice-giving" helped the discussion to be more fluid and personal.

Focus Groups as Forum

The events provided a forum for the men to make their preferences heard; to express their concerns, wishes, and experiences; or to listen in silent agreement. They exchanged common experiences, fostered feelings of solidarity, and viewed caregiving more positively. Most participants spoke openly about their experiences and the challenges of caregiving. Several older indigenous peasants and agricultural workers spoke little but listened actively, nodded their agreement, and commented, "Yes, that's the way it is."

Participants, Sampling, and Setting

Twelve focus groups were held, two at each site. A purposive sample was used. Participants were recruited directly by Instituto Mexicano del Seguro Social (IMSS) staff, and through publicity in outpatient clinic waiting rooms and in social, recreational, and cultural centers for older adults. The IMSS is the largest government health care provider, with national coverage. Inclusion criteria were that participants be either 60 years of age or older and/or a family caregiver of an older adult, whether from the nuclear or the extended family. Older adults and family caregivers were mixed in the same focus groups, but family members were assigned to separate groups. Participants were assigned at random to one of two focus groups of 8 to 12 members each. Focus group discussions ran for 3 hours, with a break for refreshments.

Six areas were selected for their cultural, social, and geographic diversity. The sites were selected to gather a diverse range of views rather than to obtain a perfectly balanced demographic sample. Focus groups were held in Mérida, the capital of the southern State of Yucatán and the center of Mayan culture; San Pedro Xalostoc, a heavily industrialized working class area in the State of Mexico near Mexico City; San Juan Aragon, a middle to lower middle class residential area in Mexico City; Ciudad Juárez, Chihuahua, a sprawling manufacturing city and immigration magnet that shares the northern border with El Paso, Texas; Acapulco, Guerrero, a tourism-centered city on the Pacific coast with many Indigenous and Afro-mestizo migrants from nearby rural mountain and coastal areas; and Puebla, Puebla, a large city in east-central Mexico with strong colonial and religious traditions, and a number of universities. Each city has a strong, unique cultural identity, and geographically

they range from the southern to the northern border and from the Pacific coast to the eastern highlands, with two sites in the urban center of the country.

Data Collection and Analysis

Two team members took field notes in each focus group and all sessions were audio recorded. Framework analysis was used to facilitate rigorous and transparent management and analysis of data. Framework analysis uses a thematic framework to classify and organize data according to key themes, concepts, and emergent categories (Ritchie & Spencer, 1994). All team members reviewed the audio recordings and the field notes, read and commented on the analysis, adding to and amending the themes until an agreed framework of themes was developed. Analyzing the data in this way allowed participants' views, circumstances, and experiences to be explored within a common framework that was both grounded in and informed by their stories. This enabled the full range of perceptions and experiences to be compared and contrasted, ensured that the analysis was thorough and consistent, and that links with participants' own words were retained (Clarke & Seymour, 2010).

Ethical Considerations

The ethics committees of the Instituto Nacional de Geriatria and of the IMSS approved the study, with registry numbers IG-CEI-P-2012-02 and R-2012-3201-57, in accord with the World Medical Association Declaration of Helsinki. All participants received an oral and written explanation of the study and signed an informed consent for their participation that included permission to audio record and use anonymized quotations, and the assurance that all data would remain anonymized and confidential.

Results

Cultural Characteristics of Sites and Participants

The men participants in San Pedro Xalostoc were factory and construction workers who lived near their workplaces. Most of the men had only completed primary school. The focus groups were held in an outpatient clinic of the IMSS in this heavily industrial area.

The men of San Juan Aragon had the most diverse range of occupations and educational levels, including truck and taxi drivers, accountants, engineers, and oral surgeons. Their educational levels ranged from primary school to postgraduate. The focus groups were held in an outpatient clinic of the IMSS in front of a large park in this suburban residential area.

Table 1. Participants' Characteristics.

Participants: 121
Age range: 29-87 years
Average age: 52.5 years
Caregivers: 57
Age range: 29-86 years
Total male caregivers
37% males
Mexico City area caregivers
57% males
Age range: 32-73 years
Average age: 50.5 years
Marital status
62% married
19% widowed or divorced
19% single
Religion
81% Roman Catholic
17% Protestant or Evangelical
2% Mormon

The participants in Acapulco were all older adults and included many Afro-mestizos who were retired hotel and restaurant workers. Most had only a primary school education, and the group included a retired primary school teacher. The groups were held in a cultural and recreational center of the IMSS, which has many activities for older adults.

The participants in Mérida included three Mayan peasants who required translator assistance in Spanish. The majority of the participants were illiterate. Participants were recruited at an IMSS gerontology clinic and at a retirement home administered by the Catholic Church. The groups were held in the IMSS School of Nursing, where clinical services are available to the community.

The participants in Puebla had the highest educational levels, ranging from university students to postgraduate medical professionals, including nursing students and faculty. These participants expressed strong religious beliefs. The groups were held in a large clinic of the IMSS located in an area of high-density housing and shopping malls.

Ciudad Juarez had the highest number of fragmented families and older adults living alone. Contrasted with the other cities, none lived with an intact family. One 80-year-old retired government worker said, "I live for my social center and my friends here." One focus group was composed of retired government workers, and another consisted of residents of one of the poorest and most socially marginalized areas of Ciudad Juarez. These participants had formed an informal network of neighborhood caregivers. Groups were held in cultural and recreational centers of the IMSS and of the State of Chihuahua.

See Table 1 for participants' characteristics.

Emergent Theme of Men Caregivers

Apart from the three general topics that were identified in advance in the guide for participants, the discussions generated the new theme of men caregivers that emerged during the Challenges of Care section. Consistency in discussion among participants became apparent during the third listening event. Commonalities of opinions among men participants were similarly and clearly expressed throughout all the focus groups.

Gender Stereotypes and Popular Culture

In Mexico to be manly, or macho, has a bidimensional character. Machismo has been defined as both a positive construct and a negative construct (Casas et al., 1994; Mirandé, 1997; Neff, 2001). Machismo often has negative connotations that include sexism and violence; however, the positive qualities of machismo form an integral part of Mexican values of family-centeredness, respect, personalism, cultural pride, and dignity (Torres, Solberg, & Carlstrom, 2002). Men are expected to be strong, brave, courageous, and good family providers. Male caregivers in each focus group described themselves as "good men, good machos," as men who protect and care for their families.

These men did not feel that giving personal care to mothers, wives, or in-laws was unusual or that men were not expected to be caregivers. A 28-year-old factory worker caring for his mother in San Pedro Xalostoc said, "Unusual? I don't know anything about that, I just do what I have to do." A 33-year-old salesman in San Juan Aragon said, "My wife and I take turns caring for my mother-in-law. At first she wasn't comfortable with me washing her, but now she's used to it. My wife shouldn't have to do it all." Several older women participants said that they wished for a son-in-law like him. When men receive positive reinforcement from community members for their caregiving, feelings of role fulfillment and pride may be more readily expressed, and caregiver gain increased.

In this study, the focus groups of older adults in Acapulco had a lengthy discussion about the natural characteristics of women as caregivers and expected that their youngest daughters would care for them in their homes. When the group facilitator asked who their primary caregiver actually was, they unhesitatingly contradicted their own societal gender prejudices and stereotypes when 18 of the 21 older adults named their sons. Dominant cultural discourses become partially incorporated as values or ideologies, but they have a performative aspect as well, even a fictional aspect, that may not really fit with the individual's true feelings or ideas, or even with reality (Butler, 1990).

Mexican popular culture does present a comic version of stereotyped machos caring for an older family member. The film *Los Tres García* (Rodríguez, 1947) depicts a comically exaggerated machismo, where three stereotypical ultra-macho brothers compete for a young woman's heart by showering extravagant displays of affection on their grandmother. The brothers attempt to impress the young woman with their devotion, sensitivity, and attention to the older woman. Although the masculinity presented in *Los Tres García* has little relation to contemporary masculine identity, several participants humorously referenced the film in discussions related to role stereotyping in family caregiving. The men in the focus groups saw nothing feminine about caring for family members and felt that caretaking required being strong, brave, and dedicated.

Reciprocity in Caregiving

Reciprocity, the dynamic of giving, receiving, and returning, emerged as an important theme for the male caregivers in this study. Reciprocity and filial piety exert a strong effect on family loyalty among Mexican American caregivers toward their elders (Kao & An, 2012; Kao & Travis, 2005). Mexican American men caring for their mothers experienced caregiving as normative and reciprocal, as a source of happiness, and as a part of life (Evans et al., 2011). These men spoke repeatedly of caregiver gain, viewed the positive aspects of caregiving, helped with household chores, demonstrated long-term involvement in caregiving, and were proud to fulfill their family obligations as providers and protectors. Reciprocating for the care they received as children is an intergenerational priority, and filial responsibility is a powerful motive in caring (Delgado & Tennstedt, 1997; Evans, Belyea, Coon, & Ume, 2012).

Reciprocity and filial piety were exemplified by the comments of a 28-year-old factory worker from San Pedro Xalostoc:

> A lot of people think the daughters are supposed to take care of the mother. We are a family of 10 brothers and sisters. Except for me they all have their own families, so I made it my job to take care of Mom. My mother took care of me, so I take care of her. My family is proud of me for taking care of her.

The older women participants enthusiastically supported this young man's attitude with comments such as: "Now *this* is a good boy!" A 26-year-old construction worker and heavy metal rock musician in San Pedro Xalostoc said that when his mother was embarrassed at being given intimate care, he answered, "Mom, don't worry. When I was a baby you cleaned my bottom, now it's my turn." These male caregivers of mothers, wives, and mothers-in-law felt no

constraints or taboos regarding their caregiving roles, and viewed personal care as caregiver gain and fulfillment of reciprocity in which the love that has been given is returned (Funk, 2012). Caregiver burden can be alleviated by a sense of reciprocity or balance in the give-and-take between the caregiver and the care-receiver (Dwyer & Miller, 1990).

Noonan, Tennstedt, and Rebelsky (1996) reported that themes of caregiver meaning included gratification and satisfaction with the caregiving role and a sense of family responsibility and reciprocity. Caregiver meaning has both an emotional and a cognitive component that includes the searching for meaning and the finding of meaning. These male participants found meaning in caring for their family members.

Work-Oriented Pride in Caring and Caregiver Gain

Many studies of caregiving focus on negative effects of caregiving (caregiver strain/burden/burnout) and ignore the benefits (caregiver gain) received when caregivers act in accordance with cultural norms (Ayalon & Hyuck, 2001). Karlin, Weil, and Gould (2012) reported that Hispanic family caregivers scored below the stress level of non-Hispanic White caregivers. Rosas-Carrasco et al. (2014) focused on the negative effects of caregiving and high stress levels in Mexican women caregivers, but did not address cultural or religious factors or compare female with male caregivers. In Spain, del-Pino-Casado, Frías-Osuna, & Palomino-Moral, (2011) found that male caregivers more positively appraise the caregiving experience than do female caregivers.

Although stressors were certainly present, these men did not use concepts of strain, burden, and burnout, or of feeling overwhelmed or depressed. As with the Mexican American men interviewed by Evans et al. (2011), these male caregivers provided little evidence that strain, caregiver burden, or burnout were an issue. One 43-year-old truck driver in San Juan Aragon said, "Sometimes it's hard to take care of a person," and a 36-year-old insurance salesman answered, "Yes, it can be hard, but it's our responsibility." All the group participants emphasized the importance of responsibility to the family as more important than their own needs.

One 28-year-old factory worker in San Pedro Xalostoc explained, "It's my job. Taking care of my mother is the most important job I could have." His pride in caring was typical. These men had a work-oriented perspective and conceptualized caregiving as a job with problems that need to be managed with a practical, "just do it" attitude. The attributes of structure, organization, independence, and what Kaye and Applegate (1994) called a "tough-it-out" attitude were important to their sense of pride in a job well done.

Construction workers took pride in the use of their skills. A 32-year-old construction worker in San Pedro Xalostoc said, "I modified our house so as to take better care of my father-in-law. I did it well, it's well arranged." A 34-year-old construction worker in the same group said, "To make caring for my mother-in-law easier, I replaced the stairs with ramps and made the bathroom bigger. It's practical and it looks good. I have those skills." Their use of these skills for the family is an important part of their masculine identity.

Caregiver gain was closely allied with these men's vision of themselves as men and providers. Where caregiver gain ends and machismo begins may be difficult to determine (Evans et al., 2011). As caregiver gain is part of being a "good man," it may not be necessary, helpful, or even possible to search for an elusive conceptual dividing line. Their masculine values and behaviors include the ability to support and protect the family, to act responsibly with honor, to be respected, and to be resolute in his beliefs (Neff, 2001).

Religious Faith

Religious faith provides substantial support for Mexican families. Religious faith is manifest as the personal and collective responsibility for self, family, and community. Woven into daily life and expressed in the form of popular religiosity, faith exemplifies traditional cultural values and an enduring connection and commitment to family through intimate, active, everyday relationships with God, the Virgin of Guadalupe, and the Saints. Several non-Catholics participated in the focus groups, but as one 70-year-old retired teacher in Ciudad Juarez said, "We're all believers, in this we all agree."

The context of religious faith experiences is embedded within the family and the community. Religion and faith are bound in the caregiver's culture. These men were practical caregivers, and their religious faith supported them and gave them strength. A 68-year-old Mayan peasant in Merida said, "I trust in God, and he shows me the way. I can withstand anything with His help." A 51-year-old taxi driver from San Juan Aragon said, "You just do what you have to do, and with God's help, it's enough." A 38-year-old construction worker from San Pedro Xalostoc said, "Look for God, and then look for work to stay alive, and God will show the way." A 48-year-old accountant caring for his terminally ill mother-in-law in Puebla said, "God gives us the strength to care for our families, with His help we can handle anything in this life." A 72-year-old retired primary school teacher in Acapulco said, "We all have our little Saints to help us." Prayer, affiliation with a religious community, and spirituality are important in mediating men's stress. Spirituality significantly moderates the effect of caregiving stress on both physical and mental health outcomes (Allen Colgrove, Kim, & Thompson. 2007).

Need for Caregiver Training

The government health system, with few exceptions, has not provided training for family caregivers. Participants were emphatic regarding the need for training in basic nursing skills. Training in skills of moving, bathing, and feeding their ill or disabled family members would greatly improve the level of family care. Support groups for caregivers could offer practical skills training as well as emotional support for these work-oriented men. As Delgado and Tennstedt (1997) observed, though lacking formal preparation, these men have a good sense of what is involved in long-term caregiving from watching their own parents care for older family members.

Discussion

The theme of male caregivers arose during the Challenges of Care portion of the listening events. These caregiving men were heterogeneous. They exhibited wide-ranging social, ethnic, educational, occupational, and economic diversity, and represented three different generations. They cared for wives, mothers, fathers, and in-laws. Many of them were working outside the home as well as caring. Others were retired, some were unemployed, and some had taken more flexible jobs to be able to meet the demands of caregiving. The use of culturally based knowledge in caregiving can help compensate for functional decline and maintain well-being in older adults. These men showed creativity and adaptability in their different manners to meet the challenges of caregiving, and see caregiving as part of their masculine role.

Mexican families feel a strong moral obligation to unconditionally help and to care for parents, grandparents, or spouses, including providing physical and emotional support (Clark & Huttlinger, 1998). Caregivers anywhere experience stress. The challenges of caring typically can activate strong and conflicting emotions. Caregiving does not exist in a vacuum; it is embedded in intimate personal relationships and entails emotional management. The "work model" that these men follow may also be a successful strategy to manage complex feelings and minimize potential emotional conflicts (Thompson, 2005). Strong religious beliefs and a direct relationship with their patron saints supported practical caregiving and gave strength to these male caregivers. These men felt their patron saints actively supported their "work model" approach to caregiving, mediated their stress, provided guidance, and gave emotional support.

Researchers, social service providers, clinicians, and families have often been socialized to view caregiving as feminine and have not honored the fact that caring, compassion, empathy, and sensitivity are not traits specific to women (Thompson, 2005). Evans et al. (2011) saw pragmatic Mexican American men caregivers transcending a vigorous cultural taboo by giving personal care to their mothers. In these Mexican focus groups, some gender prejudice or stereotyping was heard, but no indication of taboos was heard from any of the participants. These men caregivers did not speak of experiencing role conflicts, and older women participants praised the men caregivers, and wished that they had a son or son-in-law like these men. When asked if there was a taboo against giving personal care to their mothers, one 52-year-old administrator in Puebla said "Taboo? It's a duty." Reciprocity and filial piety are important dynamics in family caregiving. Caring for older family members formed a part of the masculine identity of these male participants.

The focus groups provided a forum for the concerns of older adults and their caregivers regarding end-of-life issues to be heard. Despite the marked geographic and cultural contrasts of the diverse sites, and although participants were of widely varied ethnic, social, economic, cultural, and religious backgrounds, their comments were strikingly similar in themes, content, and tone. The men were very expressive regarding the challenges for caregivers and shared their opinions and experiences. Many participants had not had the opportunity to discuss these topics with families, friends, or health professionals. They appreciated the opportunity to be heard and to tell their stories and share their concerns. Focus groups have the flexibility to hear and respond to important themes that arise. The ability to adapt and respond to emerging themes makes this qualitative approach particularly appropriate for listening to culturally diverse heterogeneous groups.

Limitations of the Study

A diversity of opinions and experiences of men caring for older family members exists and not all of those experiences could be represented. Those who participated were those most likely to discuss their experiences and feelings. As participants were recruited through outpatient clinics and social, cultural, and recreational centers for older adults, less active persons were not included. Many older participants had chronic illnesses and disabilities, but the frail elderly were not represented. Indigenous groups other than Mayan were not represented. Indigenous groups and rural populations should be targeted in future listening events.

Conclusion

Gender stereotyping has contributed to the absence of research in Mexico regarding the realities of caregiving. This study indicates the need for a reexamination

of assumptions about gender and care in Mexico. Variations in men's caregiving, styles of caring, and needs for support and services from the health care system require further research and documentation, which can reconceptualize social expectations to more effectively support caregiving by men. Caring is not construed as an individual virtue that makes continuous demands on one party, but as a relational attribute. An ethic of caring is liberational rather than exploitative because the expectation is that all people, not just women, should act as carers (Noddings, 1990).

Caregivers do not make headlines; they perform their duties unnoticed, silently, imperceptible, and voiceless to most of society. They are quiet, unassuming heroes (Weigensberg, 2013). It may be reflexive gender prejudice that has made Mexican men caregivers invisible, or perhaps the general invisibility of all caregivers may be even more impenetrable for men. Older adults require caring, well-trained persons to provide personal care, often of an intimate nature, during a chronic illness or the final stages of life. Family members, including men, are often willing to fill this role. They require training and support from the health care system. The first step in receiving training and support is the recognition that they exist and fulfill an important societal and familial role.

Acknowledgments

We gratefully acknowledge the support of the nurses and social workers of the Instituto Mexicano del Seguro Social, Ayde Paulina Aguallo Dzul, Karla Karina Aguilar Martínez, Elsa Álvarez Bolaños, Sandra Abril Espadas Pacheco, María Elizabeth Gallegos Rendón, Teresa González Aguilar, Filiberto Paul Jiménez Hernández, Eyder Ley Paredes, Santa Nalleli Martínez Hernández, María Magdalena Mata Cortés, María Mirna Molino Navarro, Manuel de Jesús Moreno Ceh, Claudia Luz Razo Estrada, Petra Rodríguez Hernández, Maricela Torres Valdovinos, Juana Trejo Franco, Osmara Trillo Guerrero, and Alicia Velázquez Méndez, in recruiting participants, organizing the listening events, and recording the discussions. The authors would also like to thank Professor Oliva López Sánchez of the Facultad de Estudios Superiores Iztacala of the Universidad Nacional Autónoma de México for her valuable feedback on the first draft of this article.

Author's Note

Information regarding research materials may be accessed from the primary author.

Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding

The author(s) received no financial support for the research, authorship, and/or publication of this article.

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