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Beyond the 'Male Breadwinner' Model¹

One of the major changes in the organisation of 'work' over the last forty years has been in the division of labour between men and women. I use the 'male breadwinner' model as an ideal type from which to begin to analyse these changes. Here I will draw together a number of themes. First, there is the question of national variations in the way in which the male breadwinner model has evolved and been modified. A major sub-theme structuring the discussion here will be the question of equality – both between women and men, and within society as a whole. My recent research has shown that different national patterns of gender arrangements are crosscut by systematic similarities in the way in which men and women organise their lives, in which occupational differences play a major role. This raises the important question of the significance – or otherwise – of individual choice in shaping the gender division of labour, and the nature of gender relations, amongst particular individuals and their families. Finally, there is the question of how individual choices are reflected in the transformation of institutions and gender norms, and vice versa.

The 'male breadwinner' model of the gender division of labour

The gender coding of particular kinds of work has been ubiquitous, although there has not been consistency in the allocation of particular tasks. The 'male breadwinner' model is an ideal-typical description of a form of the gender division of labour which emerged alongside the process of industrialisation in many societies. Caring work and market work were gender coded, and only the latter was regarded as 'work'. Beck has described this as the 'feudal' model of the gender division of labour, in that whereas a man's 'life changes' might be seen

¹ The paper is based on Chapter 10 of Crompton, Rosemary (ed): *Restructuring Gender Relations and Employment : The Decline of the Male Breadwinner*. The speech was held at the project conference in Toulouse, June 2000.

as being largely determined by the market, women were from birth largely fated for an adult lifetime of domestic labour.

However, we should be careful of making the assumption that the 'breadwinner' model has been either an inevitable or universal stage of societal development. In making use of this ideal type, therefore, our assumptions must be tempered by a recognition of national differences, as well as class differences within predominantly 'male breadwinner' nation regimes – as has frequently been pointed out, sole 'breadwinning' is often not a viable option for the poorest in society.

Nevertheless, in Europe, North America and Australasia, the gender coding of caring and market work, corresponding to the breadwinner model, has been incorporated into many of the major institutions of 'industrial society', including welfare states, education systems, and systems of labour market and occupational regulation. It has been reflected in a range of other practices including retail opening hours and the length of the school day. In the labour market, women have been historically subject to direct and indirect exclusionary practices including their exclusion from professional and skilled craft occupations, the blocking or absence of promotion opportunities, the marriage bar (not, of course, ever applied to men), as well as sexual harassment and other forms of discrimination. Thus the labour market has been characterised by systematic occupational segregation, in which women have been concentrated in sex typed and poorly paid occupations.

Given the cumulative disadvantage suffered by women in the labour market, as well as in other aspects of the civil sphere such as the right to hold property, take out mortgages, open bank accounts, etc., the most rational strategy for the vast majority of women has been to ensure they had access to a 'breadwinner' of suitable quality. In order to attract and retain a breadwinner, women were often constrained to behave in a manner that reproduced the normative conditions of their exclusion and subordination – showing suitable deference to the male sex and abstaining from open competition with men, together with hostility and resentment towards those women who transgressed gender norms. These might be prostitutes, unwed mothers, or simply other women who 'got above themselves'. Conformity to gender norms might not be *experienced* as 'constraint', but the outcome – that is, the reproduction of gender practices that subordinate women – is the same in any case.

Thus the superior material and political power of men has historically been accompanied by a set of normative prescriptions which justify and reproduced it. These have included not only the preferred styles of behaviour indicated above, but also ideas about what is right and proper in respect of social reproduction –

that women should care, whereas men should work. However, the male breadwinner model itself was unstable, and led to considerable tensions. Its institutionalisation structured, along gender lines, the conflict between altruistic family caring ('non-productive') and market rationality ('productive'). The gender division of 'work' served to reinforce a misleading emphasis upon the separation of the 'economic' and the 'social', which persists until this day. Besides these distortions of perception, the model also had inherent practical flaws in that breadwinners might be in short supply or at times unavailable, and in some cases personally inadequate, leading to poverty and destitution for many women and families.

From the eighteenth century onwards, therefore, feminists have been arguing that the rights of some individuals (men) have been bought in the absence of rights for others. First wave feminism sought to establish women's rights as individuals, but second wave feminism (which might be approximately dated as having been influential from the 1960s) has systematically challenged both the norms as well as the institutions that have reproduced women's labour market subordination. The breadwinner model depended on formal restrictions on women's choices, and the widespread institution of a 'breadwinner' wage for adult males. In part as a consequence of pressure from feminists, these conditions no longer hold.

Nevertheless, as Folbre (1994: 10) has noted, although the 'male breadwinner' model was never fair, at least it was partly functional in that it underwrote social reproduction. As more women go into paid employment, (to paraphrase Folbre) who cares for the kids? Or to put the same question in a rather different fashion, the 'breadwinner' model may be on the wane, but what is taking its place?

Gender Systems

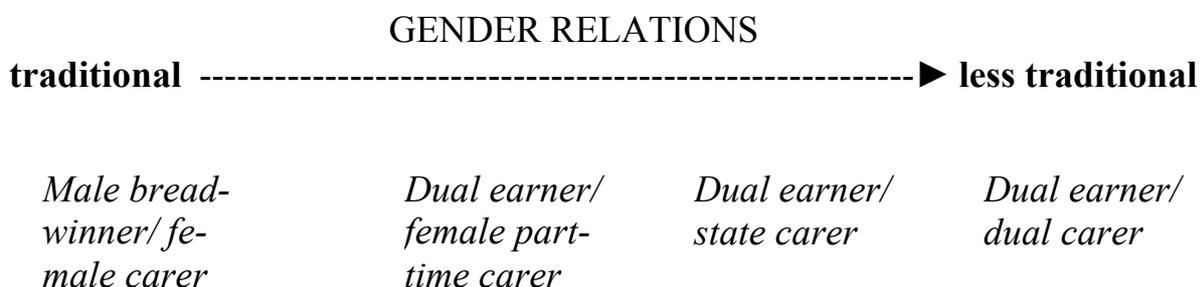
Increasingly, these topics are being explored via a 'gender systems' approach. Although the precise labels used by different authors in describing gender systems vary, gender systems approaches share two important characteristics. First, they recognise the complexity of the structuring of gender relations and the multiplicity of their origins, thus economic determinism is avoided. Second, gender essentialism is rejected, and gender relations are viewed as socially *constructed*. Both cultural and interpersonal factors are seen as playing a part in the economic determinism of approaches such as 'human capital' theory. As 'gender systems' and 'gender relations' are socially constructed and therefore variable, then although 'patriarchy' might be used to describe particular kinds of gender relations, the concept is not employed to describe their totality. In addition to the

authors represented in this book, the 'gender systems' label would include Connell (1987), Rubery et al, (1998) O'Reilly and Fagen, (1998) Duncan (1995), Hirdmann, and Leira (1992).

Within the 'gender systems' approach, the division of labour is seen as a major element of any 'gender order' or 'gender regime' (Connell 1987). As I have emphasised, even in capitalist industrial societies, the division of labour is never merely an economic, but also a *cultural* phenomenon – as the gender coding of particular tasks attests. Thus a major dimension structuring the gender division of labour has been the gender coding of caring and market work, which reaches its extreme form in the breadwinner model. There are national variations in gender arrangements or divisions of labour, and trajectories between different types. For example, Scandinavian welfare states such as Denmark and Sweden may be described as having moved from a 'male breadwinner/female carer' model, towards a 'dual earner/state carer' model.

In Figure 1, the male breadwinner/female carer model has been taken as a base (or 'ideal type') from which to explore a range of possible earning (i.e. 'breadwinning') and caring alternatives. The point of the exercise is not to provide a matrix, or static taxonomy, within which nation states may be precisely located. Rather, the aim is to develop a flexible framework through which change may be conceptualised. It will also be used to suggest that variations in earner(carer gender arrangements may be linked with systematic variations in both gender equality, as well as in more general material inequalities. Thus Figure 1 ranges gender arrangements along a continuum reflecting the possibility of transformation in gender relations:

Figure 1



If we first examine the poles of this 'continuum', it may be suggested that the male breadwinner/female carer model is most likely to reproduce the normative conditions of female subordination (or traditional gender cultures). At the other pole, by definition (given that the gender coding of care and market work is in-

tegral to a powerful normative conception of 'gender'), the dual earner/dual carer model is most likely to generate less traditional gender relations.

The dual earner/female part-time carer arrangement has emerged strongly in some countries, particularly Britain. However, a range of evidence relating to the division of domestic labour, control of money within households, and attitudes to gender roles more generally indicates that women's part-time working has not been associated with any substantial change in gender relations (Gershuny et al (1994), Vogler and Pahl (1993)). The same empirical evidence suggests that women's full-time work makes more of a difference. Dual earner/female part-time carer arrangements, therefore, represent a modification of the breadwinner model, rather than its transformation.

Facilitating women's full-time employment by substitute care has been associated with a complex set of outcomes as far as gender relations are concerned. When women work full-time, care may be organised by the state, or within the marketised female domestic economy. The ex state socialist countries instituted a dual earner/state carer model of 'liberation' paid little attention to the prevailing gender culture, which remained, and still is, very traditional (Crompton (ed) 1999 Chapter 6). Thus in Eastern Europe, women remained the carers, and the major organisers of 'self-welfare'. Following the collapse of 'state socialism', gender roles and gender role attitudes remain highly traditional in these countries, and in some quarters women's employment is regarded as a discredited hangover from the state socialist past.

The Scandinavian countries have also developed versions of a dual earner/state carer model, as well as encouraging the dual earner/dual carer model (Crompton ed chapter 3).² However, these have been developed in a context much influenced by second wave feminism – that is, sustained efforts to transform gender cultures have accompanied structural changes in the gender order. The concept of the 'woman-friendly' state, which might redress patriarchal inequalities and oppressions, has been developed in this context. Although there is not complete equality between the sexes, these policies have been followed by a narrowing of the wage gap in the Scandinavian countries, and attitudes to gender roles have moved a considerable distance away from those associated with the male breadwinner model. Thus, in contrast to Eastern Europe, the male breadwinner/state carer model in Scandinavia has been associated with greater gender equality. This contrast between two versions of the dual earner/state carer model

² There is considerable variation amongst the Scandinavian countries in the extent to which this model has been followed. Denmark and Finland are the closest exemplars. Sweden has provided extensive caring leave – i.e. time for care as well as substitute care – as has Norway, which has historically low levels of state childcare – there have been substantial increases recently.

in Scandinavia and Eastern Europe serves to underline our previous point concerning the importance of gender cultures, and the role of feminism in shaping these cultures.

In many countries, however, the state plays little part in providing substitute care and the increase in women's paid work has been followed by the development of dual earner/marketised female domestic economy gender arrangements (Yeandle in Crompton ed Chapter 5). The US and the UK might be cited as examples here. What are the consequence for gender equality of this model? The evidence suggests that some women in dual earner/marketised carer arrangements may do very well – for example, recent evidence suggests a relatively rapid increase in the proportion of women moving into higher-level jobs in the US and UK (Crompton 1998). Thus in respect of access to employment, gender inequality *per se* would seem to be in decline.

Women's full-time work in combination with substitute care, therefore, is more likely to result in less traditional gender relations and greater gender equality – with the important proviso that this economic association is by no means automatic. In countries like the Czech Republic (and Eastern Europe more generally), gender cultures have to change, as well as the gender division of labour in employment. This fact – that gender systems and arrangements *are* multidimensional, means that the 'continuum' in Figure 1 is not in fact such, although the heuristic value of the figure may still be defended.

Dual earner/dual carer models are, by definition, associated with less traditional gender relations. The full implementation of such a model would be likely to be associated with a radical restructuring of paid employment itself – indeed, 'full-time' work as we know it might be superseded. As O'Reilly and Fagan (1998: 23) have suggested, 'good' part-time work might be an element in a re-negotiation of gender arrangements that would resolve existing tensions between earning and caring work (in Chapters 3 and 4 of Crompton ed Ellingsaeter and Pfau-Effinger describe moves towards this solution in Norway and the Netherlands).

Societal Inequality

To turn to the question of inequality more generally, rather than gender equality in particular. The development of the full-blown male breadwinner model has, historically, often been associated with the reduction of material inequalities between households. Trade unions have used breadwinning as a lever to increase wages, and the removal of women has reduced labour supply and further con-

tributed to raising wage levels (Humphries 1984). However, the entry of women into paid employment may be associated with an increase in levels of inequality between households, in particular where there is a widening gap between dual earner and no earner households. This situation was actually encouraged by state benefit rules in the UK, when women's earnings were counted against state benefits received by her husband.

The relativation of dual earner/substitute care gender arrangements to patterns of equality varies depending whether substitute care is provided largely by the state or market. State socialist dual earner/state carer models were associated with greater material equality, even if gender equality was not necessarily part of the picture. The state provision of care (and welfare services more generally) has been associated in the Scandinavian countries with the development of high quality jobs, thus the expansion of caring employment has run in parallel with increasing equality. However, dual earning in combination with a marketised domestic economy has led to the expansion of 'junk jobs' and thus an increase in inequality (between men as a whole and women as a whole). Dual earner/dual carer gender arrangements should logically result in an increase in societal equality in that the labour market regulation and restructuring required to secure this outcome will result in properly regulated caring jobs, as well as non-marginal part-time employment.

Different types of earning/caring gender arrangements, therefore are associated with different levels of inequality. Greater equality as between the sexes does not necessarily lead to greater equality overall – indeed, the dual earning/marketised domestic care economy is particularly likely to be associated with rising levels of societal inequality.

Thus the dual earner/dual carer gender arrangement is most likely to be associated with both gender equality and equality more generally. However, this arrangement is unlikely to emerge in the absence of some kind of regulation. Although markets might sometimes serve to undermine ascriptive inequalities, the major impact of a lack of regulation (or deregulation) of markets is to increase inequality. As has been widely acknowledged, the neo-liberal turn to the market in politics and economic policy, which has taken place over the last two decades, has resulted in a considerable widening of economic and social inequalities.

In respect of gender, these arguments are supported in Ellingsaeter's analysis of the Norwegian case (Crompton 1999 Chapter 3). Her comparison between public and private sector employment in Norway demonstrates that the public sector is more woman friendly, and family friendly, than the private sector. Competi-

tive private sector employment cultures mitigate against the full taking up of the generous statutory family leave available, and working reduced hours, and/or taking up parental leave, has a negative impact on promotion. This is not found in the case of public sector employment. Ellingsaeter argues that this is because the public sector in Norway is still characterised by less of an emphasis on cost-benefit criteria, includes a high proportion of well educated and well organised women, and has developed a culture favourable to more flexible employment models which do not put the worker involved at a disadvantage.

Our discussion so far has tended to have a primary focus on the impact of structural factors and their impact on gender relations, particularly form of the gender division of labour – although the key role played by gender cultures has also emerged from our discussion. As previously stated, however, gender systems approaches are not structurally determinist. Thus in recent research I have explored the significance of the individual's employment biographies, and their importance in transforming gender relations. These arguments parallel the social theories that have recently been developed by Giddens (1991) and Beck (1992), who have argued that in 'reflexive modernity', individual women (And men) are increasingly cut loose from tradition (including traditional gender norms) to develop their 'own' biographies.

Employment and Caring

National differences reveal themselves in aggregate level statistics, but a wide variety of practices will be found within any particular national set of characteristic gender arrangements. The different national categories that we have discussed above are manifest at the level of the household, and it is of course that case that every one of these categories will be represented (to some extent) within particular nation states.

My research has demonstrated that these variations in household arrangements are systematically related to occupational differences. The occupations studied in the Gender Relations project – medicine and banking – were selected with a view to contrasting 'professional' with 'managerial' women. Although we were, therefore, expecting to find differences between these occupation groups, they were rather greater, and rather different, from those which we had anticipated.

Our findings may be briefly summarised: in all countries, we found that the doctors were more likely to have a relatively more conventional domestic division of labour, in which the woman assumed the major responsibility for housework and childcare, than the bankers. This point may be summarised with a simple

statistic. Of those women interviewed who had had children (111 out of the 152 women interviewed), 54% of the bankers, but only 23% of the doctors, reported that their husbands/partners had helped with childcare. Other forms of childcare included nannies and childminders, kindergartens, and relatives – as well as taking a child-rearing break in employment or working part-time. There was little variation in the extent to which these forms of childcare had been used as between the two occupational groups – in contrast to the relative involvement of partners which as we have seen was twice as more likely amongst bankers' partners as amongst doctors'. Another difference between the two groups was in number of children. Doctors were (statistically significantly) more likely to have had two or more children than bankers. We have subsequently interviewed comparable male doctors and bankers in Britain, France and Norway. Although the male doctors did have more children than the male bankers, this difference was not statistically significant, as it was in the case of the female doctors and bankers.

We have explained the differences between women doctors and bankers with reference to the relative opportunities for 'lifecourse planning' offered by the two occupations, which are related to their characteristic career trajectories. Women who go into medicine make a career decision at a relatively early stage, and will decide, during or shortly after their period of training, which branch of medicine they wish to practice in. The relative advantages – and disadvantages – of the possibilities offered by different branches of medicine of combining employment with family life are well known within the profession. Thus women doctors tend to cluster in medical specialties that facilitate the combination of medical practice and family life – notably in not making too excessive time, demands, and enabling working hours to be controlled. As we have found in subsequent research, male doctors who choose to give priority to family life (or simply, a life outside medicine), make similar decisions concerning their specialties, choosing, for example, dermatology, or in Britain, group GP practices. Indeed, our findings from the second stage of the Gender Relations project serve to demonstrate the point that the work of caring is gender coded, rather than intrinsically 'gendered' as such. That is, when men make 'female' choices in giving priority to family over paid employment the outcome is very similar. In the case of men we can argue that these choices are real ones, given the relative pressures of conventional gender norms on men and women.

These trends are found cross-nationally, notwithstanding the national variations in gender systems I have identified.³ Our interviews showed that the 'forward planning' reflected in these women doctor's medical careers was to consider-

³ The medical specialties facilitating the control of time use are not identical cross-nationally, as we have seen in Chapter 9.

able extent reflected in their family lives as well. Many had assumed that they would take the major responsibility for domestic life and childcare, and this assumption served to reproduce a relatively conventional set of gender roles.

In contrast, women bank managers had had less opportunity for work-family career planning. Rather, they had been successful in their careers because they had responded to *organisational* demands, and had taken advantage of opportunities when they became available. In all of the five countries in which we carried out our research, the banking industry has been in turmoil. Career paths have been transformed away from the stable masculine bureaucratic hierarchies that once prevailed (see Crompton and Jones 1984). As a number of other recent studies have demonstrated, the pressures and insecurities that often accompany recent developments in organisational and managerial practices are not particularly compatible with family life (Hochschild 1997, Halford et al 1997). Under these kinds of pressures, many of those women bank managers who had had children had been 'forced' to involve their partners in child care.

Similarly, we found that men with an increased share of caring responsibilities due to the loss or illness of a female partner found the combination of employment and caring problematic in career terms in that their careers had suffered. This was the case for both doctors and bankers. These men had not chosen their domestic situations. However, these cases serve to further emphasise the current incompatibilities between market work and caring responsibilities, given the manner in which market work is organised. Indeed, many of the male bankers, in all three countries, suggested that recent changes in the banking industry (increased competition, the development of a selling culture, longer hours), had made employment and family life less compatible.

The fact that different occupations offer different possibilities for work-family combinations is hardly a startling new finding (consider the widespread feminisation of the teaching profession). It is, however, of some interest that these associations persist despite considerable cross-national variations in gender systems, suggesting that although national differences are very important, nevertheless, there remain substantial underlying continuities in gender relations that are reflected in the allocation and taking up of caring responsibilities.⁴

That women doctors across a range of countries seem to have 'chosen' a relatively conventional set of gender arrangements leads us inevitably to raise another question. Might it not be the fact that doctors and bankers are just very different kinds of people? Thus the differences we have documented reflect not the

⁴ This should not be taken as a retreat into essentialism. To recognise the ubiquitousness of gender role allocation does not mean that this cannot be changed.

different patterns of choice and constraint available in the two occupations, but rather, the personal choices of the women who have taken them up?

An argument along these lines has been developed in Hakim's (1996) contentious account which explains patterns of gender segregation by sex in terms of first, the innate differences between men and women, and second, the fact that there are different 'types' of women making different 'choices'. This 'either/or' debate, we have argued, is not very productive. It is true that doctors have been able to take work/family life more into account in developing their careers, but it would be difficult to argue that women doctors have chosen to go into medicine because they were family-oriented, or that a medical career was particularly compatible with family life. Working hours in medicine are uniformly long – 'part-time' doctors in the UK, for example, work 37 hours a week. The Norwegian example is a case in point here. Although Norwegian women doctors' average hours are lower than those of male doctors, nevertheless, women doctors in Norway work on average 47 hours a week, a figure that is ten hours more than the national average.

Medicine has historically been regarded as a 'masculine' profession, and the women who first went into medicine were regarded as gender 'pioneers'. However, it is amongst the members of this profession that we find the more frequent adoption of employment/family combinations that are likely to result in the reproduction of relatively stereotypical gender role relationships. We have explained this pattern via our finding that many women intending to be doctors engage, as individuals, in career planning which incorporates stereotypical gender role 'tracks' and thus their reproduction. This is the case even amongst those women doctors (of which there were a substantial minority) who had adopted a 'transgressive' gender role strategy in behaving as 'surrogate men', as discussed by Le Feuvre (Crompton 1999 Chapter 8). Women who transgress gender norms by striving for occupational or professional success are at the same time reinforcing them if they work with the assumption that women – but not men – who seek this kind of success must forgo domestic partners and/or families. However, within the medical profession itself, there is increasing concern at gender segregation within it, and as more women enter the profession, it is likely that the internal organisation of the profession will itself be transformed. This will not be because of the importation of a 'feminine' ethos, as some have argued, but rather, because of the necessity to recognise the 'caring' responsibilities of 'workers' within the medical profession. These views were extensively reflected amongst the male doctors interviewed during the second stage of the research, and indeed, working hours in hospital medicine in Britain have been brought down.

In contrast to the doctors, because of the turbulence of the finance sector, bankers who have achieved management positions have found it less straightforward to follow through conventional gender rules, particularly in a normative fashion, in relation to their family/employment workload. In some cases, the relative failure of such gender rules, when brought into conflict with organisational pressures, may generate biographical 'reflexivity', that is, the assertion of individual autonomy and a questioning or reflection of conventional gender norms. Such reflexivity is more likely to be associated with less traditional gender relations at both the interpersonal and occupational level.⁵

It is important to remember, however, that *all* of the women interviewed during the course of the Gender Relations project had achieved a measure of autonomy via their access to relatively well-paid jobs. Conversely, women (and men) who are at a relative disadvantage in relation to employment are, *de facto*, less 'autonomous' than more successful women (and men). However, (Millar in Crompton ed Chapter 2), some welfare systems offer women a degree of autonomy as mothers (rather than employees), serving to remind us that 'autonomy' and 'dependency' are to a considerable extent constructs of welfare regimes and legal regulation. That is, 'autonomy' should not be seen as simply being an outcome of individual choice, even if discourses relating to autonomy are becoming increasingly pervasive. A parallel argument may be made in respect of 'reflexivity'; some are born reflexive, some achieve reflexivity, and some have reflexivity thrust upon them.⁶ Many women who begin their work-life biographies in pursuit of a 'normative' gender strategy find themselves in essence 'forced' into reflexivity – although this does not mean that the changes in the way that such women 'do gender' is any less real. Of course, for some women, 'reflexivity' might reflect more of a lifestyle choice.

Conclusion

We have assumed a position of theoretical pluralism as far as both the nature of sociological explanations, as well as our understandings of gender, are concerned. Thus human behaviour has been analysed as reflecting both social structure and individual action. As Folbre has argued, we need to develop an ap-

⁵ We are not suggesting that the extent of 'reflexivity' is occupationally-specific, but rather, that the circumstances of some occupations might make it more likely.

⁶ This tongue-in-cheek statement has also a serious intent. It serves to reinforce the point that despite the identification of individual 'pathways to reflexivity', as well as sets of circumstances which might be more likely to generate gender reflexivity in individuals, there still remains considerable variation in outcome.

proach that '... emphasises choice *and* constraint, co-operation *and* conflict, individual *and* group dynamics' (1994:4).

Following from this theoretical plurality, we have to recognise that the erosion of the male breadwinner model might be followed by a number of possible alternatives – there is not likely to be 'one best way' of organising the gender division of labour which meets every possible set of circumstances. Nevertheless, we can identify the combination(s) most likely to result in both gender and societal equality, and thus, arguably, the least long-term threat to the social fabric. Our discussion suggests that the most stable solution overall might be some version of a dual earner/dual carer model, backed up by some kind of state or collective provision.

This solution/conclusion might seem utopian, as likely to be followed by economic inefficiency (if not total collapse) and in any case requiring a radical restructuring of paid employment incompatible with either economic rationality or even gender norms themselves. Of course these arguments will be made, but before we reject these conclusions out of hand we should perhaps consider the alternatives. First, as a number of high-profile cases have demonstrated, the market on its own is an unreliable provider of care for the most vulnerable.⁷ Second, for women there is another solution to the problem of combining childcare with paid work under present conditions. This is to make sure it never happens, by having no children. European fertility is now below replacement level (note that fertility levels are actually lowest in those countries, such as Italy, with the historically most 'traditional' family structures. (See Yeandle in Crompton ed Chapter 5)). Unless the gender coding of employment and caring can be deconstructed, and some kind of alternative arrangement of employment and caring beyond the male breadwinner model can be found, therefore, social reproduction might itself be compromised. 'Finally, we should not forget the importance of normative changes which, certainly in some cases, are bringing about changes in the gender division of labour in both the 'private', as well as the 'public', sphere.

⁷ Parents mistreat their children, and families neglect their elderly relatives. Altruism is not unknown in the world of paid work. Nevertheless, as noted earlier, one negative by-product of the gender coding of care and paid work has been the association of the latter with maximisation, competition, etc., as well as the assumption of the inherent superiority of these features.

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