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# Journal of Family Issues

## Active fathers in the US: Caught between de-gendering care and caring masculinities

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**Active fathers in the US: Caught between de-gendering care and caring masculinities**

**Abstract**

The United States occupies a unique position among OECD countries because there is little policy support for working parents. Despite the resulting extreme time scarcity, US fathers perform similar amounts of child care as European fathers under more family-friendly policy conditions. Using recent national time use survey data, this paper examines whether time scarcity among American working parents, coupled with limited access to affordable child care and traditional masculine identity is associated with American fathers' involvement in the daily care of their young children. Results show that fathers do one third of all care activities, contribute one third of the care time, and perform over one half of the 10 activities analyzed here daily. Multivariate analysis indicates that time scarcity, lack of alternative childcare options and traditional masculine identity affect the degree of fathers' involvement in daily care activities with their under 5 year olds. Implications for the development of caring masculinities are discussed.

**Key words: fatherhood, father involvement, gender, care work, masculinities, doing gender**

For Peer Review

**Active fathers in the US: Caught between de-gendering care and caring masculinities**

**Introduction**

The everyday 'doing family' of employed parents places complex demands on their ability to balance work and family in both Europe and the US. The contemporary discourse about care sharing between mothers and fathers often includes assumptions about intensive mothering and frames fathers' capacity to care from a deficit perspective (Brooks & Hodkinson 2021). At the same time, the cultural imperative of the 'active' or 'engaged' father, i.e., fathers involved with the day-to-day care of their children, is challenging traditional norms of masculinity and is beginning to shape family policies in the European Union. However, there are a number of structural, cultural and workplace factors that prevent fathers from modifying their identities to accommodate caring masculinities and thus, limit their ability to live out active fatherhood (Hobson & Fahlén 2012; Brooks & Hodkinson 2021). In the US, the requirement of unrestricted availability for gainful employment and long work weeks is no longer as gendered as in the past. The demands of this work-centered culture with little policy support for families leaves little time for either parent and makes care sharing a necessity, albeit difficult. Paradoxically, or

consequently, it is in this context that American fathers have begun taking on a wider range of caregiving activities, including some traditionally reserved for mothers (Yoshida 2012).

Previous research on cross-national differences in father involvement with young children have revealed variations in active fatherhood under various family policy conditions (Adler & Lenz 2017; Hobson & Fahlén 2012; Hobson 2002). Nevertheless, these case studies of the day-to-day care practices of fathers with children under the age of five in various OECD member states indicate that there is no clear correlation between the generosity of family policies and the extent of father involvement. Most importantly, it becomes clear that the United States occupies a unique position among OECD countries (Adler 2017). Although families with two full-time earners are the norm in both the US and in Nordic countries, the proportion of families in which both parents work more than 40 hours a week is much higher in the US. Despite the resulting extreme time scarcity, US fathers perform similar amounts of child care as Finnish fathers under more family-friendly policy conditions. For example, the Finnish state provides families with financial support, an extensive public childcare system, 17 weeks of paid maternity and 9 weeks of paid paternity leave, and 6.5 months paid sharable parental leave (Huttunen & Eerola 2017). With all this assistance for Finnish fathers, they spend an average of 1 hour 23 minutes a day with

child care while American fathers spend on average 1 hour 41 minutes a day. One reason for this comparatively lower time commitment is the culture of 'intensive mothering' in Finland, which is reinforced by the fact that mothers typically stay at home until the child is 3 years old (Huttunen & Eerola 2017).

This paper examines whether time scarcity among American heterosexual working parents, coupled with limited access to affordable child care and traditional masculine identity views is associated with American fathers' involvement in the daily care of their young children. In order to accomplish this, I will first examine the concepts of doing gender and de-gendering as they pertain to the care practices and masculine identity of American fathers. Next, the exceptional social context in which 'doing fatherhood' American style occurs, is described. The empirical analyses of recent time budget data will then examine the daily care activities of American fathers and whether time availability, resources for care alternatives and masculine values help shine light on the comparatively high level of father involvement in the US. Finally, the results are discussed in the context of emergent alternative and caring masculinities, which could facilitate the normalization of involved fatherhood.

**Doing Gender and De-gendering care work**

Theories on the social construction of gender recognize that mothering or fathering activities are rooted in the categories of

'woman' and 'man.' In this view, gender is conceptualized as a practice and the accomplishment of gender-typed activities, such as everyday care work (see West & Zimmermann 1987). In contrast to the increasingly egalitarian ideals about care sharing, individual gender-typed patterns of behavior tend to emerge in private spaces, which reveal differences in the parental practices of men and women (see Brooks & Hodkinson 2021). Although caring skills are recognized as acquired skills, fathers are often thought to lack the "maternal qualifications" for caregiving. There are in fact gender differences in the care activities performed with children: mothers do most routine care while fathers are primarily responsible for recreational and time-limited tasks (see Combs-Orme & Renkert 2009; Gray & Anderson 2010; Yeung et al. 2001). In everyday practice, care sharing fathers do not replicate maternal care, but rather attempt to actively reshape their care work. The question arises as to whether the regular performance of female-typed care work by fathers represents a de-gendering of care work (Risman 2009; West & Zimmerman 1987) or a form of undoing gender (German 2007). Fathers involved in care work may reject traditionally masculine traits, but de-gendering would require a neutralization of any gender differences in the activities (Doucet 2006; Lorber 1999). Because care sharing fathers can continue to be perceived as masculine, this may rather constitute a transformation of care work. For example, surveyed fathers described



their care work as "hard work" (Brandth & Kvande 2018, p. 72) or as "challenging" (Hanlon 2012, p. 142). Other fathers even equate their care work with an engineering job, which deals with planning, information gathering and acquired competencies in the care practice (see Kaplan & Knoll 2019). That is why Andrea Doucet answered the question "*Do Men Mother?*" with a clear no – the parental care practices of fathers are different from those of mothers. Her research shows that "...the fathers re-gendered (child)care, emphasizing masculine parenting practices of fathers around play, physical activity, and encouraging children to take risks" (Doucet 2006, p. 238). Some care practices are even 'masculinized' by fathers. Jordan (2018) shows for example, that men emphasize the unique qualities of male parenthood when describing their daily parental practices. Their stories show that they no longer perceive their care work as 'unmanly' and that they feel an increased sense of self-esteem due to the development of new skills (see Beglaubter 2019; Brandth & Kvande 2018; Hanlon 2012).

Care sharing may also give fathers an opportunity to engage in alternative masculinities. Fathers can integrate care into their masculine identity, (re)construct it and reject hegemonic masculinity, or even try to undo gender in their care practice (Deutsch 2007). However, it has been shown that masculine identity is quite differentiated, and that doing gender and undoing gender can occur simultaneously (Miller 2011; Connell 2010; Doucet 2006).

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3 In their everyday lives, fathers can both maintain and deviate from  
4 facets of gender, so that masculinities are generated (doing  
5 masculinities), discarded (undoing masculinities) and restored (re-  
6 doing masculinities) (Scheibling 2018).  
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12 In this context, Elliot (2016) conceived the concept of  
13 'caring masculinities,' which refers to the care practices of  
14 fathers who reject male dominance and associated characteristics,  
15 and actively integrate female-typed values and emotions into  
16 their identities. They redefine masculine values, such as  
17 protection and providing, in terms of relationships, reciprocity and  
18 care. Research results have confirmed the development of caring  
19 masculinities through the practice of care work (Coltrane 1996).  
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21 This hybrid form of masculinity (see Eisen & Yamashita 2017)  
22 destabilizes the essential understanding of masculinity, but does  
23 not negate the relevance of gender as a social category (Connell  
24 2010). Based on these insights, the present analysis will  
25 include a proxy indicating whether fathers adhere to traditional  
26 masculinity norms.  
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#### 44 **American fathers as an 'unusual case' among advanced countries**

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46 In the highly individualistic culture of US society, men are  
47 expected to be independent and self-sufficient citizens rather than  
48 claimants of state support (Orloff & Monson 2002). In fact, in the  
49 prevailing social context of independent family responsibility, the  
50 full-time employment of both parents is assumed. This two-full-time  
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worker model, combined with the general lack of affordable childcare options, and the demands of a neoliberal 24/7 economy, puts American parents under conditions of even greater time scarcity compared to parents in other OECD countries. In addition, US social policies are characterized by a 'political silence' about engaged fatherhood (Marsiglio & Roy 2012, p. 7). These 'family-unfriendly' conditions combine to create the unusual position of American fathers.

About 76% of all mothers in the US work full-time, and 72% of them have children under three years of age (US Department of Labor 2016). In addition, about 59% of first-time mothers, who worked during pregnancy returned to full-time work three months after the birth of their child, and 40% of them returned to full-time work even earlier (Laughlin 2011). These data are in stark contrast with patterns in European countries, where mothers take mandatory paid maternity leave after childbirth, thereafter are entitled to paid parental leave, and generally stay at home until the child is 2 or 3 years old.

In contrast, American parents enjoy no legal entitlement to maternity or paid parental leave. The only parental leave legislation is the *Family and Medical Leave Act* of 1993, which grants parents who have been working for more than one year at a company with at least 50 employees the right to 12 weeks of *unpaid* parental leave (Hara & Hegewisch 2013). However, this only applies

to about 40% of all employees (Heilman et al. 2016). Because most parents cannot afford this loss of income, they do not make use of this entitlement. Instead, if their employer provides paid sick days, parents will accumulate those for use after childbirth. Several U.S. states and companies offer workers up to six weeks of paid parental leave, but that only applies to about 17% of all working parents (US Bureau of Labor Statistics 2018). At the lower end of the wage distribution, this share is only 5% (Heilman et al. 2016). In short, it is simply not financially viable for average American parents to stay at home for several months after having a baby and/or to reduce their working hours.

However, childcare costs are also very high, and the US government does not provide public child care for average earning parents. The culture of individualism has resulted in a privatized care infrastructure that must be financed by the working families themselves. All-day childcare currently costs on average about \$1230 per month per infant or toddler in a licensed daycare center and about \$800 in family-like day care (Workman & Jessen-Howard 2018). Middle-income parents spend about 18% of their income for the care of one child. Only 28% of American children under the age of three and 66% of 3- to 5-year-olds are currently cared for in formal day care (OECD 2019). About 36% of under 3s and 29% of 3- to 5-year-olds are cared for informally and free of charge, usually by a parent and/or other family members (see Laughlin

2013). Thus, the present empirical analyses will include income and presence of older children in the household as proxies for alternative child care resources.

The demanding working time and the strong work ethic, which require a very high level of time commitment, make it difficult for parents to achieve a work-life balance. Time itself has become "a new form of social inequality" that divides society into time-poor parents and time-rich non-parents (Jacobs & Gerson 2004, p. 26). Compared to other OECD countries, Americans are more likely to work over 40 hours per week (Jacobs & Gornick 2001). In 2018, Americans worked an average of 1786 hours a year compared to Finns' 1555 hours (OECD 2020). In addition, 59% of all US fathers and 52% of all US mothers living with at least one child under the age of three work 40 to 44 hours per week (OECD 2020). In comparison, it was 42% and 17.0% for Finnish parents, respectively. These statistics show the different contexts for parents, indicating the comparative lack of time of American care sharing fathers (Jacobs & Gerson 2004). However, these fathers may not necessarily spend more absolute time on care work than fathers in other countries, but may perform a higher proportion of the total care work. This means that the less time working mothers spend with their children, the more the time commitment of fathers increases (Pleck & Masciadrelli 2004). The more hours mothers spend at work, the more fathers take care of their children alone, in particular doing routine care work

(Raley, Bianchi, & Wang 2012). Thus, this analysis will examine whether the time scarcity created by the fact that both parents work full time increases fathers' involvement in care activities.

### Methodology

In the following analyses, I examine how active American fathers are in caring for under five-year old children and what factors may be associated with the amount of father involvement. The descriptive analyses assess how much absolute and relative time fathers spend daily with their young children, which care activities they are engaged in, and the extent to which there are race/ethnic differences in these patterns. The multivariate analysis will test three hypotheses about the degree of father involvement in the US based on being an 'unusual case':

1. The "alternative child care resources" hypothesis relates to the general lack of affordable child care and states that income and the presences of older children in the household will be negatively associated with father involvement, when controlling other factors.
2. The "masculine identity" hypothesis is based on research that shows that help-seeking behaviors, such as health screening doctor's visits are regarded as 'unmasculine' or 'weak' by men who adhere to traditional masculinity norms (see

O'Brien et al. 2005; 2007). Therefore, it states that believing that men should only see a doctor when they are sick is negatively associated with father involvement, when controlling other factors. In addition, based on previous research (see Cabrera et al. 2013; Yoshida 2012) it is expected that Hispanic fathers are less involved with their young children than others because of the salience of traditional masculinity norms.

3. The "time scarcity" hypothesis is based on Jacobs & Gerson's contention that dual earner parents are 'time poor' and states that both parents being employed fulltime is positively associated with father involvement, when controlling for other factors.

**Data sources and sample**

The descriptive analysis uses data from the *American Time Use Study* 2019 (ATUS) (US Bureau of Labor Statistics 2020). The ATUS is collected annually by the *Bureau of Labor Statistics* and the *U. S. Census Bureau* and is based on the self-reported time budgets of adults over 18 years of age. The data for the multivariate analyses come from the *National Survey of Family Growth* (CDC/NSFG 2019) for the period 2015 to 2017. The NSFG was collected by the *Center for Disease Control* (CDC) and the *National Center for Health Statistics* (NCHS) and included 1793 fathers between the

ages of 15 and 49, who had biological or adopted children. The response rate for men was 63.6%. The sample for my analyses refers to married or cohabiting fathers with a co-residing "focal child" under five years of age in the household (N=674). The "focal child" is the child to which the father's statements about his care activities relate.

## **Variables and measurement**

### Dependent variable

In the NSFG, fathers were asked about 13 care tasks they have performed with the focal child over the last four weeks. Possible answers are: "not at all", "less than once a week", "about once a week", "several times a week", "every day" (i.e., at least once a day). For the purpose of this research, "active fathers" are defined as fathers who perform the care activities at least once a day, meaning that caring for their children is part of their daily routine. Hence, each activity is coded 1 (yes) if it is done daily and 0 (no) if it is not done daily. The care activities in the data set were: showing affection, giving a bath, putting to bed, diapering, taking on errands, feeding or giving a bottle, eating meals together, playing, praising, reading to or with the child. I excluded three additional activities from the analyses because they were not daily routine tasks - disciplining the child, and



excursions and appointments with the child - and thus, are not necessarily performed every day.

A 'Care-Activities Index' was constructed to serve as the dependent variable in the multivariate regressions. The index is the sum of the daily performed care activities. A factor analysis confirmed that all ten of the care activities loaded high on one factor and thus, can be combined into one variable. For this sample, the reliability coefficient *Chronbach Alpha* of the index was 0.81, which indicates high reliability. The mean of the care activities index was 5.55 and the standard deviation 2.72 (Range = 0-10). A higher score indicates that more activities are performed every day.

Independent variables

Race/ethnicity was coded into 3 dummy variables indicating African-American, Hispanic, and "Other", with Non-Hispanic White as the reference category. The term 'Hispanic' is taken from the original survey and refers to men with Latin American roots. Income was included as an indicator of resources to purchase alternative child care. It was measured as total annual family income in 15 categories, ranging from 'under \$5000' to 'over \$100,000.' The number of children aged 5 through 18 in the household was recoded to a dichotomy indicating the presence of children over 5 in the household (0=no/1=yes) and is used as a proxy for potential help with care giving. To estimate the time

scarcity of dual full-time employment (Jacobs & Gerstel 2005), the variables for respondent's and spouse/partner's employment status last week (employed full-time, part-time, not employed) were combined. A dummy variable was created to indicate whether both partners work full-time or not (1=yes, 0=no). To assess the effect of traditional masculine identity, the attitude variable 'men should only go to the doctor when they are sick' was recoded from a Likert-style scale of agreement to a dummy variable. Strong agreement and agreement were recoded to 1 (yes) and the other categories are recoded to 0 (no).

#### Control variables

Previous research has identified age and education as potential influences on father involvement. Respondent age at interview was coded in years. Education was coded as years of education based on information about grades and degrees completed.

#### **Analytic strategy**

The statistical method for the comparisons of means among fathers by race/ethnicity was one-way ANOVA. In order to test the three hypotheses, Ordinary Least Squares (OLS) regression models were performed, using the CAI as dependent variable. The first model included the race/ethnicity dummies, income, the proxy for masculine identity, presence of children, age and education to test Hypothesis 1 and 2. The second model added the

indicator of time scarcity to test Hypothesis 3. In separate analyses interaction effects were tested.

**Results**

**Absolute and relative time spent with care activities**

According to the ATUS 2019, employed men with at least one child under the age of six spent an average of 1.31 hours a day in the household with childcare as their main activity, compared to 2.20 hours for comparable employed women (US Bureau of Labor Statistics 2020). In other words, men took over about one third of the total daily care time. For the combined data from 2015 to 2019 (see Table 1), men generally cared for children under the age of six in the household on weekdays for 1.42 hours and women for 2.74 hours. Thus, during the week men accounted for about 34.1% of the total care time. On weekends, men's care participation increased to 1.54 hours and the care time for women was reduced to 2.36 hours. Men were responsible for 39.5% of the total weekend care time. The proportional participation in various care activities shows that men spend about 31.7% of their daily childcare time with the physical care of children (female-typed activities) and 36.6% with playing games (male-typed activities), compared to 40.5% and 37.4%, respectively for women. In addition, men provided 44.4% of the total playing time and 28.8% of physical care time during the week. On weekends,

this increased to 46.9% of the play time and 31.5% of the physical care.

TABLE 1 HERE

### **Bivariate analyses of daily care activities by race/ethnicity**

Table 2 presents the results using the NFSG data for the comparison of fathers by race/ethnicity. It shows that the most popular care activities in general are showing affection, playing and praising the child. Taking the child on errands, bathing and reading to the child are the least performed tasks. These activities typically are more time intensive. The analysis also shows that only 15,1 % of the white fathers take their children on daily errands. This is much lower when compared to 29,7 % of the African-American and 25,1 % of the Hispanic fathers. Significantly more African-American fathers bathe their child daily (41.4%) than members of other racial/ethnic groups. While nearly two-thirds of white and African-American fathers change diapers daily, less than half of Hispanic fathers and 53.3% of fathers with different backgrounds do so. In addition, more white and African-American fathers spend time feeding their child. About 83.4% of white and 80.2% of African-American fathers praise their children daily; for other ethnic groups, this is only about two-thirds. While more than a third of

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fathers read to their child, only 19.4% of Hispanic fathers do so. In general, Hispanic fathers are characterized by the lowest percentages for care activities. The proportion of fathers involved in the female-typed physical care activities diapering (58.6%) and feeding (60.0%) is relatively high. In addition, 90.1% of the fathers in the sample report showing affection to their child every day and about half of all fathers put their child to bed every day. These activities are also typically associated with emotional and physical care. More than 60% of fathers eat and over 70% play with their children every day.

TABLE 2 HERE

The overall care activities index mean of 5.55 indicates that on average fathers in this sample did more than half (55%) of the ten care activities every day. The comparison of the care activities index by racial background confirms the observed differences for the individual items: African-American fathers have the highest mean score, followed by whites; Hispanics and fathers with other ethnic backgrounds have the lowest index scores. These differences may mean that traditional masculinity values about care giving as female-typed work only partially or selectively apply to minorities (see Hodges & Budig 2010). Previous research has shown that the breadwinner model has great

significance for the identities of Hispanic fathers and is related to traditional gender attitudes (see Cabrera et al. 2013; Yoshida 2012). In contrast, African-American fathers may give priority in their identity and parenting to participating in care activities and spending time with their children rather than providing financial support (see Roy & Dyson 2010). As a historical legacy of slavery and current structural racism, African-American men were both denied the traditional role of fathers by banning marriage, separating families, and racial oppression (for example, mass incarceration and poverty) and thus undermining the role of family breadwinner (see Hofferth 2003). Overall, these results appear to support the idea that specific masculinities can be activated in the context of care work by race and ethnicity (see Gough 2018).

### **Multivariate analyses of the Care Activities Index**

Table 3 presents the characteristics of the analytic sample used in the multiple OLS regressions. On average, the 542 fathers scored 5.72 on the care activities index (sd=2.55), indicating that they perform more than half of the 10 care activities daily. The sample includes 16% African-Americans, 24% Hispanics, 54% whites and 8% fathers with other racial identities. The mean income is income category 11, which stands for about \$45,000 (midpoint of the interval). About 45% of the households included

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children over the age of 5 and about 29% of the fathers hold the traditionally masculine attitude that men only should see doctors when they are sick. The fathers have an average age of 33 (sd=6.1) and an average of 14 years of education (sd=2.8). Fifty-seven point two percent of the fathers are part of a dual full-time worker couple.

TABLE 3 HERE

The goal of the OLS regression analyses was to examine whether traditional masculine identities (racial/ethnic identity and traditional masculine attitude), alternative child care resources (income and older children) and time scarcity (dual full-time employment) are associated with the degree of father involvement in care (care activities index, ACI). In step one, Hispanic fathers ( $b=-0.837$ ;  $p<0.01$ ) have statistically significantly lower ACI scores than white fathers when income, presence of older children in the household, traditional masculine identity age and education are in the model. This reinforces the bivariate finding that Hispanic fathers are less involved in child care. Nevertheless, no effect is observed for African American fathers and the effect of fathers with other racial identities is only marginally lower ( $-0.689$ ;  $p<0.10$ ). As total household income increases ( $b=-0.125$ ;  $p<.001$ ), when older

children are in the household ( $b=-0.761$ ;  $p<.01$ ), and when respondents hold traditionally masculine beliefs ( $b=-0.698$ ;  $p<.01$ ), father involvement is significantly lower. These patterns support the first two hypotheses. Thus, higher income households may be able to purchase child care and older children in the household may provide alternative child care and thus, reduce the pressure on fathers to provide care. In addition, as expected, a traditional masculine identity and being Hispanic reduce fathers' participation in child care.

TABLE 4 HERE

In step 2 the measure indicting that both parents work full-time is entered into the model to test the time scarcity hypothesis. The variable is statistically significant ( $b=0.679$ ;  $p<.01$ ) and the other coefficients remained stable. Hence, as expected, even after controlling for racial/ethnic background, income, older children and masculine identity, the time scarcity created by two full-time earners increases fathers' involvement in care work. Finally, a test for interaction between race/ethnicity and both parents working full-time indicates a negative, statistically significant interaction effect for Hispanic fathers ( $-1.384$ ;  $p<.01$ ; not shown). This indicates that when controlling all other factors, full-time employed Hispanic fathers with full-time employed partners are less likely to be involved with their children. This would point to the cultural



explanation of Latin American masculinities that include a reluctance to embrace child care, which is strongly associated with mothers, as part of their masculine identity.

**Discussion and Conclusion**

This research was based on the argument that American fathers are an unusual case in terms of father involvement when compared to European fathers because of their relatively high participation in child care despite lacking government support for working families. This paper examined how active American fathers are in caring for their under five-year old children and tested three hypotheses in order to identify factors associated with the amount of father involvement. The results show that American fathers do about one third of all care work and perform over 50% of all examined care activities daily, including female-typed activities. In addition, results support previous findings that Hispanic fathers do significantly less care work than members of other race/ethnic groups (Yoshida 2012; Raley, Bianchi, Wang 2012). Finally, the three multivariate hypotheses were supported, indicating that time scarcity, access to alternative childcare for working parents, and traditional masculine identities affect US father involvement.

These results emphasize the importance of the socio-cultural contexts in which doing fatherhood takes place. In the

US, full-time employment is no longer a gendered marker because both mothers and fathers are expected to work full-time. The data presented here show that gender as a defining feature of working life seems to have lost some relevance while the de-gendering process in terms of care work is not yet that advanced. Care activities are not distributed equally between parents and there are still gendered preferences among care practices. However, fathers do one third of the care activities, contribute one third of the care time, and perform over one half of the 10 activities analyzed here daily. The facts that most mothers are employed full-time and that there is a great need for care time at home because of the lack of public child care, seem to encourage US fathers to do a significant proportion of the care work, especially by international standards (Raley, Bianchi, Wang 2012).

Active fathers are making inroads into previously mother-dominated territory. Between 50 and 90% of US fathers provide numerous care activities for their children every day, including tasks usually attributed to mothers, such as routine physical care. This reflects a gradual erosion of the boundaries between father-typed and mother-typed caregiving. The combination of the economic necessity to have two earners and no government support for families has helped to normalize caring masculinities for some fathers, blurring the lines of doing gender in care

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sharing, and is paving the way for increasingly de-gendering of care work. According to Scott Coltrane (1998), this could be an expression of a movement towards the decoupling of gender and care. But it can also be interpreted as a pluralization of care practices that are less gendered as part of a slow general process of transforming masculinities to include various forms of caring.

As shown, there are some opportunities for a shift to an everyday, caring fatherhood norm, including 'new' caring masculinities. The extreme time scarcity seems to also prevent American fathers from fully implementing the active fatherhood ideal with caring masculinities. Therefore, it can be assumed that family-friendly workplaces with shorter and flexible working hours could have significant care sharing consequences for both parents. It would also be interesting to see to what extent the introduction of universal paid parental and other leave and the development of public affordable childcare alternatives would influence father involvement and an improved work-life balance for both parents in the US. As fathers become more visible and accepted as caregivers, cultural norms can be reshaped to include a variety of masculinities, including caring ones.

An important open question remains, however: why do fathers in European countries, who enjoy an extensive family support

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3 infrastructure, not spend more time with their children than  
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5 American fathers? The study of doing fatherhood through the lens  
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7 of alternative masculinities clearly requires more quantitative  
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9 international comparisons. A promising start is the recent study  
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11 by Arnalds and colleagues (2021), who compared father  
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13 involvement in Iceland and Spain and found that leave use and  
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15 reduced working hours increased care work participation. Future  
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17 studies on the intersections of masculinities, fatherhood and  
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19 mothering should also examine possible transformations of gender  
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21 differences within care practices under different national  
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23 conditions. For example, the "suppressor effect" on father  
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25 involvement related to the intensive mothering culture in Nordic  
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27 and other European countries, which is reinforced by policies  
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29 increasing mothers' ability to take very long leave, should be  
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31 studied comparatively. Is the culture of intensive mothering  
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33 preventing the success of generous policies that aim to  
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35 encourage father involvement? Beglaubter (2019) recently showed  
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37 that those Canadian fathers on leave who cared for their  
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39 children without the mother's oversight were most likely to  
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41 embrace caregiving as part of their identities.  
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49 Clearly this analysis has a number of limitations. Data  
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51 availability has restricted the choice of indicators for the  
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53 hypothesis tests about time scarcity, masculine identity and  
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55 child care resources. The proxies used here by necessity leave  
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room for speculation and do not allow generalizations. Future efforts in data collection must focus on developing reliable measures of these concepts. While the present model identifies potential key drivers of fathers' care giving, future research must identify additional factors not captured here to explain the variation in fathers' participation in care activities with their young children.

Finally, the COVID-19 pandemic has affected the dynamics of child care provision in 2020-2021 dramatically. As some parents moved their work to a home office, others, such as first line employees, had jobs that could not be done remotely. Whether working parents lost or had to transform their jobs, their struggles to balance the demands of work and caring for their children intensified during the pandemic. In either case, dealing with small children at home as centers closed has increased the stress and costs for parents and care givers. Lockdowns, closures, lay-offs, new routines and operations have taken a toll on parents and child care providers. Estimates suggest that the costs of center-based care have risen by about 47% and family-based care by 70% during the pandemic (Workman & Jessen-Howard 2020). Hopefully, future research can capture the effects of these changes on father involvement with small children. Clearly there is a need for increased support for US parents during and after the pandemic.

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**Table 1. Time spent by adults caring for children under six years of age as primary activity, by day of the week, average in hours per day, for the combined years 2015 to 2019 (persons over 18 years of age living in households with children under the age of six)**

	Total		Weekdays		Weekend	
	Men	Women	Men	Women	Men	Women
Care activities						
Child care as main activity	1.42	2.74	1.37	2.90	1.54	2.36
Physical care	0.45	1.11	0.45	1.16	0.46	1.00
Educational activities	0.05	0.12	0.06	0.16	0.02	0.03
Reading to or with the child	0.05	0.09	0.05	0.09	0.05	0.07
Conversations with the child	0.03	0.05	0.03	0.05	0.02	0.03
Playing or hobbies	0.52	0.65	0.44	0.60	0.67	0.76
Generally supervise	0.09	0.18	0.07	0.16	0.14	0.23
Participation in children's events	0.03	0.05	0.03	0.05	0.04	0.05
Outings with the child	0.13	0.28	0.15	0.36	0.09	0.10
Other activities	0.08	0.22	0.09	0.27	0.05	0.08
Source: ATUS data, Table 9, <a href="https://www.bls.gov/news.release/atus.t09.htm">https://www.bls.gov/news.release/atus.t09.htm</a>						

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**Table 2. Comparison of fathers (N=674) of children under the age of five who do various care work on a daily basis, by race/ethnicity (2015-2017)**

Daily Care Activities (%)	All Fathers (674)	Hispanic (171)	White (332)	African-American (111)	Other or multiple ethnicities (60)	ANOVA (oneway) significance
Show affection	90.8 612	90.1 154	93.4 310	86.5 96	86.7 52	N.s.
Give the child a bath	28.5 192	28.7 49	24.1 80	41.4 46	28.3 17	P<0.01
Put the child to bed	48.4 326	48.0 82	48.2 160	53.2 59	41.7 25	N.s.
Diaper the child	58.6 395	49.1 84	63.0 209	63.1 70	53.3 32	P<0.05
Take the child on errands	20.5 138	25.1 43	15.1 50	29.7 33	20.0 12	P<0.01
Feed/give bottle	66.0 445	55.6 95	71.7 238	72.1 80	53.3 32	P<0.001
Eat meals together	61.7 416	63.2 108	63.0 209	58.6 65	56.7 34	N.s.
Play with the child	72.0 485	66.1 113	73.5 244	75.7 84	73.3 44	N.s.
Praise the child	77.9 524	67.8 116	83.4 276	80.2 89	71.7 43	P<0.01

Read to or with the child	29.6 199	19.4 33	32.2 107	36.0 40	31.7 19	P<0.01
Care Activities Index	5.55 (2.72)	5.15 (2.82)	5.69 (2.48)	5.96 (3.01)	5.17 (3.01)	P<.0.05

Quelle: CDC/NCHS, National Survey of Family Growth, 2015–2017

**Table 3. Sample characteristics (N=542)**

Variable	Mean	SD
Care Activities Index	5.72	2.55
Race/Ethnicity:		
African-American	16.2 %	
Hispanic	24.0 %	
White	54.1 %	
Other	7.9 %	
Total family income category	11.42 (~\$45,000)	3.554
Presence of children over age 5 in the household	45.6%	
Men only see the doctor when sick	28.8%	

Respondent age	33.02	6.10
Years of education	14.02	2.80
Both parents work full-time	57.2 %	

Table 4. OLS regression analysis predicting CAI (N= 542)

Independent Variables	Step 1		Step 2	
	Beta	B.	Beta	B.
African American	0.018	0.003	0.016	0.002
Hispanic	(0.307)		(0.305)	
	–	–0.141	–	–0.140
	0.837**		0.836***	
	*		(0.269)	
	(0.272)			
Other (Ref = White)	–0.689	0.073	–0.617	–0.066
	*		(0.396)	
	(0.399)			
Family Income	–0.125	–0.175	–0.134	–0.187
	***		****	
	(0.036)		(0.036)	
Presence of kids over 5 in Household	–	–0.141	–	–0.134
	0.761**		0.682***	
	*		(0.220)	
	(0.243)			
Men should only see doc when sick	–	–0.136	–	–0.133
	0.698**		0.747***	
	*		(0.241)	
	(0.235)			
Age	0.019	0.044	0.013	0.031
	(0.019)		(0.019)	
			–	
Years of education	–0.058	–0.063	0.051	–0.056
	(0.048)		(0.047)	

Both parents work fulltime	-----	-----	0.679 *** (0.214)	0.132
Intercept	8.144 ****		7.915 ****	
Adjusted R- Square	0.069** *		0.096*** *	

Note: Standard Errors in parentheses; \*  $p < 0.10$ ; \*\*  $p < 0.05$ ; \*\*\*

$p < 0.01$ ; \*\*\*\*  $p < 0.001$

For Peer Review