



**STATE OF
AMERICA'S
FATHERS 2023:**

**Mobilizing
men to
help build a
better care
ecosystem**

equimundo

MenCare

TABLE OF CONTENTS

| | |
|---|-----------|
| Acknowledgments | 3 |
| Foreword | 4 |
| Executive Summary: State of America's Fathers 2023 | 6 |
| SECTION 1 | |
| INTRODUCTION: WHAT IS THE STATE OF AMERICA'S FATHERS? | 9 |
| SECTION 2 | |
| METHODOLOGY: WHAT IS THE SAMPLE FOR THE STATE OF AMERICA'S FATHERS 2023 REPORT? | 12 |
| SECTION 3 | |
| THE STATE OF AMERICA'S FATHERS IN 10 HEADLINES | 17 |
| HEADLINE 1 Fathers, mothers, and all of us overwhelmingly view care as positive, despite having multiple care responsibilities. | 18 |
| HEADLINE 2 Post-pandemic, mothers are spending more time on parenting care than fathers, but many fathers report doing an equal share. | 20 |
| HEADLINE 3 In households with young children, the care burden and gender gap are higher. | 21 |
| HEADLINE 4 Universal paid leave is the only way to correct the wide inequalities in access to leave in the US. | 22 |
| HEADLINE 5 Most dads say they would work less to spend time with their newborn children and are willing to take action to do so. | 23 |
| HEADLINE 6 Most people and especially parents (particularly dads) are ready to be activists for care policies. | 26 |
| HEADLINE 7 Even when entitled to paid parental leave, fathers take less than half of what mothers do. | 28 |
| HEADLINE 8 Higher income men and women outsource more of the care work, but men do so at lower income levels than women. | 30 |
| HEADLINE 9 Fathers of color – Black fathers in particular – report doing more hours of care than white fathers even after controlling for income, education, age, employment, and residential status. | 31 |
| HEADLINE 10 Men who believe care work is a man's role are more likely to do the care work. | 33 |
| SECTION 4 | |
| CONCLUSIONS AND RECOMMENDATIONS | 35 |
| References | 38 |

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ABOUT EQUIMUNDO

Equimundo: Center for Masculinities and Social Justice has worked internationally and in the US since 2011 to engage men and boys as allies in gender equality, promote healthy manhood, and prevent violence. Equimundo works to achieve gender equality and social justice by transforming intergenerational patterns of harm and promoting patterns of care, empathy, and accountability among boys and men throughout their lives.

ABOUT THE STATE OF AMERICA'S FATHERS AND MENCARE:

This study is part of the MenCare Campaign, a global effort active in more than 60 countries to carry out advocacy, joint research, and program development to promote men's involvement as equitable caregivers in partnership with key women's rights and care economy organizations. See more at www.men-care.org. The State of America's Fathers report follows up on our 2016 State of America's Fathers report, see [here](#), and consultations and engagement with leaders in the involved fatherhood and care space in the US. See our previous report mapping organizations and themes in the work in fatherhood in the US [here](#).

FOREWORD



Ai-jen Poo

Co-Founder and Executive Director, Caring Across Generations

I come from a long line of people who provide and rely on care – my grandmother was a nurse, and she also helped raise me. And as she aged, she needed care so that she could stay in her home, where she was most comfortable, and remain active in her church and community. Throughout her life, she provided care to many who needed it, and in turn, our family and the wonderful care workers who helped her live independently cared for her when she needed it.

Care is at the center of the human experience. From the time we are born, we rely upon the care of others – it is the work that makes all other work possible. And it is not just work, it is a fundamental part of life, and for many care workers, it is a calling. Childcare and early education enable children to see and reach their full potential in life, and direct care supports the dignity and agency of aging and disabled people in our families and communities. Yet it remains invisible and deeply undervalued in our society. Our relationship to care has its roots in long-standing hierarchies of power that have assigned us roles and devalued the contributions of women and people of color, particularly Black women, whose caregiving labor has been exploited for generations.

Today, too many of us are providing essential care while feeling invisible, undervalued, and alone. Despite doing the very best we can, our struggles to provide and afford care are treated as personal failures as opposed to systemic failures. Until we transform our cultural norms and policies, millions of us across all genders, including 44 million men in caregiving roles, remain isolated and unsure of where to turn for support.

This report, the State of America's Fathers 2023, highlights the experiences of caregiving men, and in doing so, challenges traditional and outdated gender norms. It also underscores how much further we need to go to transform the way we value and support care for people of all genders. Our relationship to care is part of a larger story about how we must change our understanding of gender and shift long-standing cultural expectations of men and narratives about masculinity if we are to change the ecosystem of care for the better.

And the seeds of change are there. For example, this report highlights that, while men take less parental leave than women due to overwhelming societal pressures to be the provider, the majority of men – and especially younger dads, dads of color, and lower-income dads – express

willingness to advocate for universal childcare. Changing the way that care and caregivers are represented in the cultural landscape – in pop culture, film and television, and mass media – can reflect these hopeful signals and accelerate positive change.

As our nation ages, care roles shift, and families require more support, the need for a stronger care infrastructure will only intensify. Every year, almost four million of us turn 65 and almost four million babies are born. Right now, our families are struggling to care under the weight of a fragmented, outdated, and biased system. Caregivers come in and out of the workforce, losing crucial benefits and opportunities for career advancement. The cost of childcare and direct care continues to rise. New parents are faced with impossible choices between working to pay their bills and spending precious time with a newborn. As this report lays out, universal policies for parents such as paid leave and publicly funded care programs are important first steps to meeting these needs and addressing inequities so that all caregivers – including fathers – have the ability to care for the people they love.

Caregiving can be tough, messy, and intimidating. It is also enriching, rewarding, and life-affirming. People of all genders feel a tremendous amount of pride and purpose in their roles as parents, caregivers, and care workers. We have a once-in-a-generation opportunity to change our culture and policy to enable disabled people and aging adults to live with dignity in the setting of their choice; to ensure that our children can receive supportive and flexible childcare; to guarantee we can take time to care for our loved ones and ourselves when we need it; and to guarantee that our nation's care professionals can support their families with real, life-sustaining wages and benefits. What could be more important?

Together, we can create a future in which caring for our loved ones is no longer an isolating experience, with some of us bearing the lion's share of the weight while feeling alone and invisible. By recognizing that we all have care in common, we can ensure that we are connected, supported, and uplifted as we care. In doing so, we not only build a stronger, more equitable, and resilient economy but we also free future generations from the norms that keep us from the care we deserve.

—

Ai-jen Poo is an award-winning organizer, author, and a leading voice in the women's movement. She is the President of the National Domestic Workers Alliance, Executive Director of Caring Across Generations, Senior Advisor to Care in Action, Co-Founder of SuperMajority, and a Trustee of the Ford Foundation. Ai-jen is a nationally recognized expert on caregiving, the future of work, and what's at stake for women of color. She is the author of the celebrated book, The Age of Dignity: Preparing for the Elder Boom in a Changing America. Follow her at @aijenpoo.

EXECUTIVE SUMMARY:

State of America's Fathers 2023

Men in the US want to care, and they are doing more of the care work than ever before. This study and report start from the belief that empowering and supporting men to be caregivers is necessary for all of us – for women and gender-diverse individuals and the equality they deserve, for children, for men themselves, and for our country. Promoting men's caregiving is not instead of the work that needs to happen to support women who continue to do the majority of care in this country. This is bringing men into that conversation as allies, and acknowledging the millions of men who already are allies, for the care policies, supports and equality we all need. Discussing men's caregiving is also an opportunity to break out of political polarization and call all men into being their most connected, empathetic, equity-seeking selves, and achieving the care policy advances we all need to thrive.

We acknowledge the diversity in men's caregiving in the US including the diversity of nuclear, extended, and blended families; families and caregiving in households in all their diversity of gender and sexuality; and households of diverse ethnic origins. And most importantly, *it is imperative to discuss the racial injustices, job disparities, and income inequalities that affect the poorest households and impact their ability to provide care. These inequalities have been further exacerbated by the past few years of the coronavirus (COVID) pandemic.*

We must acknowledge the fact that we have not achieved care equality in the US – women are still doing more of it on average and are paying the price in lower salaries and curtailed career advancement. Gender equality is still a ways off, and more is needed to achieve it, both in terms of men doing an equal share and, just as important, carrying out the policy changes that will attain nationally mandated paid leave and subsidized, high-quality childcare, among other improvements.

This edition of the State of America's Fathers report draws on data with 1,589 men and women between the ages of 25–65 years located across the United States. The key findings:

Care is seen as overwhelmingly positive by everyone. Words like 'love', 'kindness', 'compassion', 'help', 'patience' were used by men and women to refer to care. While perhaps obvious, it is this centering of care in men's lives that must be part of the change – and that presents the opportunity to engage men not only in doing the care work in our homes but also in the activism needed to achieve care policies we all need.

Nearly all of us have care responsibilities. These survey results find that men make up more than 40 percent of the primary caregivers of disabled or aging loved ones, yet men's caregiving is often diminished by cultural stereotypes and expectations. From our sample, 25 percent have older adults under their care and 25 percent currently take care of someone with a disability, permanent limitation, or chronic illness that requires regular management. Yet, as we examine work lives and care equality, and discuss topics like the "mental load," it is often easy to think of care only as a duty or a burden. But care is also love and kindness and it is universal.

COVID meant more care work for everyone, but post-pandemic mothers continue to do a greater share of care work. Results of the survey found that 35–46 percent of men and 27–46 percent of women across all kinds of care tasks reported increasing their care work during COVID. Compared to men, women still do more physical and emotional care of children, more daily care of the household and food needs of the family, and generally more "parenting" (a category that combines childcare, household care, and the mental load of planning logistics for the family). Of parents who reported engaging in all three types of care activities (childcare, daily care of household, and mental load), 72 percent of women do so at

high care levels (more than 2 hours/day) versus 62 percent of men who reported similar levels of care. In other words, as the intensity of the care work increases – both by hours and by kinds – women are doing more.

In households with young children, the challenges of caregiving are highest as is the gender gap. Parents with young children display a wider gap in the amounts of daily care – and the gap is widest for those with the youngest kids. Fathers of preschool-aged children (0–3 years) do 36 fewer minutes of childcare per day (physical and emotional care of the youngest child) than mothers. This gap increases even more when children are of daycare age: fathers of daycare-aged children do 120 fewer minutes of combined childcare, household care, and family logistics planning than mothers.

US families urgently lack access to paid leave and even when they have it, often fail to use it due to concerns about their jobs. The US is the only wealthy country not to guarantee paid maternity leave and one of a handful not to guarantee paid paternity or parental leave to its workers. In the absence of a federal leave policy, states and cities have filled the gap in a few important cases. But overwhelmingly it is still the workplace that most workers depend on for paid leave. Leave entitlement is low overall, but to compound that, there is a large and significant gender difference in entitlement to care between men and women: In this survey, 38 percent of moms vs. 46 percent of dads get any leave at all.

Workplace norms continue to be the biggest barrier to uptake of parental leave, even more so for men. Although men said that more paid leave would be beneficial to them, their partner relationships, and their children's development, double the number of moms took their full parental leave entitlement as compared to dads (34 percent vs. 15 percent). For those who did not take the full extent of the paid leave they were entitled to, the overwhelming majority of dads (85 percent) reported normative pressures to keep working.

The poorest families – and particularly low-income families of color – have the least access to parental leave.

Our data show that 20 percent of respondents have access to paid leave if they fall below the poverty line vs. 37 percent if above the poverty line. Sixteen percent fewer Black parents were entitled to access leave than white parents (32 percent of Black parents vs. 48 percent of white parents). Gaps of nearly 10 percentage points were also found between white and Hispanic parents (39 percent of Hispanic parents compared to 48 percent of white parents had access to leave).

Fathers affirm they are willing to work less to spend time with their children and that they will take action to do so.

If intentions were enough, the US would have achieved care equality. As this survey finds, women and men affirm in high numbers that they are willing to take less work and less pay to have more time for their caregiving roles. And men show this willingness to change their work lives at even higher percentages than women. Over 60 percent of the participants (67 percent of women and 62 percent of men) said that they would consider working less if they had a/another child.

All people – mothers, fathers – are willing to engage in activism for care policies.

Most of the advocacy for care policies has been led by women – with good reason: Mothers and women continue to do the most amount of care work and should rightly have their voices at the center. This reality though leads to another gender burden: Women do more of the care work in the home and also lead more of the activism for care policies. In other words, the care burden on women continues from the home to offices to statehouses. In the process, it is easy to think that men and fathers are not interested in being advocates for care policies.

While the percentage of men who endorse care policies is lower than women, almost three-fourths of fathers affirm their support for key care policies.

Low-income dads are more likely to support universal public full-time childcare (84 percent below poverty vs. 68 percent median national income and above), as are fathers of color vs. white dads (79 percent vs. 69 percent).

Lower-income households have the highest care burdens.

As would be expected, the more income one has, the less time one spends on care, and this is true for both men and women, though in different ways. As income goes up (or at higher income levels), fathers substantially reduce their hours involved in care work. For fathers, this starts at the income level just above the poverty line. For mothers, there is an initial increase in the number of hours spent on care and a subsequent large decrease as they move up income categories. That is, mothers whose incomes are above the poverty line report an increased intensity of childcare as compared to below-poverty-line mothers.

Black fathers do double the care of white fathers. Black fathers were more involved than white fathers in all types of care – physical and emotional childcare, daily household care, and combined childcare, household care, and mental load care. Overall, Black fathers were 2.8 times more likely to be highly involved in “parenting” care than their white counterparts. This gives a strong argument against the long-held and still widely held racist myth of the absent father of color. Clearly, generations of poverty and the lack of supportive policies mean that racial minority households have long had to go it alone when it comes to childcare, and this has meant that men are more likely to do the work as well.

Men who believe care work is men’s work tend to do more care work. Our results show that across all the questions on who should do care work in the home, women showed more equitable views compared to men. Moreover, dads with more equitable attitudes related to gender are 1.6X more likely to be highly involved in parenting care, including childcare, household care, and mental load, than fathers who have more inequitable attitudes.

What actions are needed? Achieving men’s greater participation in caregiving requires supporting men and fathers to be fully involved caregivers and, crucially, transformations in the structural factors that drive and

influence the value of care in society and who undertakes that work. We must make changes in culture that shift us away from seeing care through an individual lens and toward shared problem-solving and public solutions. Specific interventions – large and small – can help lead us to a world where we can all manage our professional and personal lives with dignity, opportunity, and inclusion for all people and families.

This includes changes in laws and policies, with adequate resourcing and clear implementation plans; changes in schools, workplaces, and health facilities; changes in cultural narratives; changes in gender norms around care work; and changes in our public and private lives and livelihoods. Specifically, we must:

- Support national paid leave policies along with workplace policies that support men (and all caregivers) to take leave and to step up to care.
- Affirm that care matters to men, a point that should be reinforced both online and in all the physical spaces where men hang out.
- Engage men as activists and advocates for care policies and encourage them to vote accordingly.
- Support the media to tell the stories of men’s caregiving.
- End the pernicious racist stereotypes about fathers of color.
- Activate the corporate and private sectors in the US to an even greater extent to be allies for better leave policies – in the workplace and in national and local legislation – and to encourage norm change so that workers feel empowered to take it.
- Start with boys: revolutionize the way boys are taught about care by teaching boys from early ages that care is also their responsibility.

SECTION

1

Introduction: What is the State of America's Fathers?



This study and report start from the belief that empowering and supporting men to be caregivers is necessary for all of us – for women and gender-diverse individuals and the equality they deserve, for children, for men themselves, and for our country. Promoting men's caregiving is not instead of the work that needs to happen to support women who do the vast majority of care in this country. This is bringing men into that conversation as allies, and acknowledging the millions of men who already are allies, for full care equality. Discussing men's caregiving is also an opportunity to call men into being their most connected, empathetic, equity-seeking selves, and achieving the policy advances we all need to thrive.

Men in the US want to care, and they are doing more of the care work than ever before. Other studies have shown that between 1965 and 2011, men have doubled the time they spend on housework,¹ and the number of stay-at-home dads has also doubled.² In an era marked by political polarization and calling out of harmful forms of manhood, care, caregiving, and fatherhood offer an opportunity to advance gender equity. The results from this new national survey affirm that men in the US are doing more when it comes to the care of children and care of the elderly than they have in the past – and that they are willing to advocate for policies that enable women and working families to thrive. They are already speaking up about it – and they are ready to speak out more.

Equality is still a ways off. We must acknowledge the fact that we have not achieved care equality in the US – women are still doing more of it on average and are paying the price in lower salaries and curtailed career advancement.^{3,4} In affirming that men are doing more care work than in the past, we must also mind the persistent gender gaps. Gender equality is still decades away, and more is needed to achieve it, both in terms of men doing an equal share and, just as important, carrying out the policy changes that will attain nationally mandated paid leave and subsidized, high-quality childcare, among other improvements.

We must discuss fatherhood and men's caregiving in ways that take diversity into account – including the diversity of nuclear, extended, and blended families; families and caregiving in households in all their diversity of gender and sexuality; and households of diverse ethnic origins. It means

acknowledging the multitude of ways in which men care for those around them, including:

- Men who care for elderly parents
- Men who advocate for reproductive justice and maternal health
- Men in care professions, which continue to be largely underpaid and mostly carried out by women
- Men who care for disabled family members
- Men in heterosexual households, in same-sex households, and transgender men who care for children and others in a myriad of ways
- Men who live in households with their biological and/or adopted children and men who care for children they do not live with
- Men who migrate across states or from other countries and continue to be connected to those they care for
- Boys who carry out household chores and care for siblings, cousins, and other family members

It is imperative to discuss the racial injustices, job disparities, and income inequalities that affect the poorest households and impact their ability to provide care. The legacy of poverty and mass incarceration of men and fathers of color in the US has contributed significantly to the “father absence” crisis, which was first reported in the 1990s. These harmful and often punitive policies and the lack of racial equity in the US mean that structural support is urgently needed to repair the damage done to families of color and to end harmful and racist stereotypes about fathers and men of color in the US. Research has long confirmed that lower-income fathers – who are disproportionately men of color – are more likely to be nonresidential, or not living with their biological children, largely due to poverty. However, research has consistently found that being “nonresidential” is not the same as being absent.⁵ Indeed, numerous studies have affirmed that low-income nonresidential fathers report even more hours and caregiving than residential fathers.^{6,7} In sum, there is a need

for policies that redress the income and employment gaps facing the lowest-income families in the US and a need to move past the racist trope of absent fathers.

The past few years of the coronavirus (COVID) pandemic and the ongoing recovery have exacerbated a care crisis. A [previous survey carried out by Equimundo and Oxfam America](#) in 2020 during the height of COVID lockdowns found that the pandemic disproportionately affected low-income households of all kinds, particularly Black and Latino workers, who faced the highest levels of layoffs and were the least able to work remotely from home. That survey also found that employed men were more likely to continue to be able to work from home (62 percent) compared to employed women (47 percent). Lower-income employed women and men, particularly Black and Latino workers, reported the least support from their employers in being able to work from home.⁸

Not surprisingly, the 2020 Equimundo-Oxfam study found that nearly all women and men with children reported increases in the daily demands for care work, with 64 percent of men reporting that their care work had increased overall – an even larger percentage than the 55 percent of women who said the same. In terms of time use, 26 percent of women and 32 percent of men said their household's daily domestic and care work had gone up by at least three hours – a major leap in care duties for all caregivers.

What is the state of men's caregiving post-COVID? Even with this reported increase in men's care work during COVID, what has happened since? Have these changes continued? US national data from the 2018 Bureau of Labor Statistics (BLS) time-use survey found that all women over age 15 carried out on average 5.7 hours per day of unpaid care compared with 3.6 hours for men.⁹ That translated into 37 percent more time spent on unpaid household and care work by women than by men.¹⁰ Data from the same national BLS time-use survey in 2019 found a similar but slightly reduced gap: On the days they did household activities, women spent an average of 2.5 hours on these activities, while men spent 1.9 hours. *Overall, the trend has been that more men report doing care work and spending more time on it, but the gender gap persists.* Indeed, from 2003 to 2019, the percentage of men who say they do household chores (such as preparing food and cleaning) increased from 35 percent to 48 percent, while for

women, it increased from 66 percent to 70 percent.¹¹ Everyone is doing more in their homes, and while men have increased their hours of care work, equality has not been achieved.

More recent studies carried out on the topic since COVID find that new workplace flexibility for some workers is encouraging men to do more of the hands-on care work. Richard Petts and colleagues have found that fathers' remote work has been central in more equitable care work, while for women, it works in the opposite direction. When fathers work from home and mothers outside the home, men tend to do more, thus enabling women to do more paid work outside the home. Their research found that this equality tends to stick only when fathers work from home. However, when mothers work from home or have job flexibility, they tend to do more of the household work and work fewer hours outside the home.¹² **Overall, this research suggests that care equality is more likely to emerge when external forces drive it than merely individual decisions made by couples.**

Achieving men's greater participation in caregiving involves supporting individual men and fathers to be fully involved caregivers and, more crucially, transformations in the structural factors that drive and influence the value of care in society and who undertakes that work. We must make changes in culture that shift us away from seeing care through an individual lens and toward shared problem-solving and public solutions. Specific interventions – large and small – can help lead us to a world where we can all manage our professional and personal lives with dignity, opportunity, and inclusion for all people and families. These factors include changes in laws and policies, with adequate resourcing and clear implementation plans; changes in institutions such as schools, workplaces, and health facilities, including in how they work; changes in culture, narratives, and gendered norms around care work; and changes in our public and private lives and livelihoods.

All of these topics and trends were taken into consideration for this State of America's Fathers report. The questions asked emerged in dialogue with colleagues internationally and in dialogue with researchers and activists who have led fatherhood and care equality advocacy in the US. Equimundo is honored to be able to partner with the many organizations in the US leading work with fathers and male caregivers and in care policy activism.¹³

SECTION

2

**Methodology:
What is the Sample
for State of America's
Fathers 2023 report?**



The data presented in this report come from an online questionnaire administered in March 2023 to 1,589 men and women ages 25–65 years. The sampling was representative probability proportional to size (PPS) sampling, designed to reach fathers and mothers as well as people who care for elderly or disabled/sick relatives. The survey instrument included approximately 60 items and was developed by Equipundo in collaboration with international and US partners who applied a similar questionnaire in 16 additional countries in Latin America, Europe, sub-Saharan Africa, and the Middle East, and Canada and India.

The sample included a total of 1,020 men, 535 women, 4 transgender individuals, 11 people with other gender identities, and 19 people who answered “none of the above.” Trans-identifying men and women were integrated into the overall male and female categories. For ease of data interpretation, and because some participants chose none of the above, the analysis only focuses on men, women, and trans-identifying individuals. Of the total sample, 514 were non-parents and 1,075 were parents, of which 362 were mothers, 701 were fathers, and 12 were parents of other gender identities. Table 1 presents the diversity of respondents in our sample, which was deliberately large enough and stratified to allow for analysis between age groups and to represent the ethnic, economic, and regional diversity of the US.

Table 1. Socio-Demographic Characteristics of the Sample

| AGE GROUP | % | N |
|--|-----|-----|
| 25-34 | 26% | 405 |
| 35-44 | 26% | 418 |
| 45-54 | 23% | 367 |
| 55-65 | 25% | 399 |
| RACE & ETHNICITY | % | N |
| White, non-Hispanic | 50% | 795 |
| Black or African American, non-Hispanic | 19% | 294 |
| Hispanic/Latino/Spanish origin | 17% | 275 |
| Asian | 9% | 150 |
| Native America, Hawaiian, Pacific Islander, Alaskan Native | 5% | 75 |

| EDUCATION LEVEL* | % | N |
|---|-----|-------|
| High school or lower | 33% | 524 |
| Vocational school or Associate's degree | 14% | 226 |
| Bachelor's degree | 29% | 460 |
| Master's degree or higher | 17% | 271 |
| REGION | % | N |
| Northeast | 15% | 245 |
| Midwest | 30% | 464 |
| South | 39% | 605 |
| West | 16% | 253 |
| SEXUAL ORIENTATION* | % | N |
| Heterosexual or straight | 89% | 1,415 |
| Gay | 4% | 60 |
| Bisexual | 4% | 69 |
| Other | 2% | 24 |

* Answers do not add up to 100 percent due to missing responses

Table 2. Relationship Characteristics of the Sample

| MARITAL STATUS | % | N |
|---------------------------------|-----|-----|
| Single | 27% | 422 |
| Partnered, not living together | 3% | 55 |
| Partnered, living together | 8% | 127 |
| Married | 46% | 738 |
| Separated, divorced, or widowed | 15% | 238 |

| PARENTING STATUS | % | N |
|---|-----|-----|
| Non-parent (does not have children) | 32% | 514 |
| Fathers* | 44% | 701 |
| Black | 15% | 102 |
| Hispanic | 16% | 110 |
| White | 61% | 431 |
| Mothers* | 23% | 362 |
| Black | 20% | 71 |
| Hispanic | 22% | 79 |
| White | 41% | 147 |
| Nonresidential – co-parent but not living with children | 9% | 96 |
| Fathers | 79% | 76 |
| Black fathers | 18% | 14 |
| ELDER CARE AND DISABILITY CARE STATUS | % | N |
| Currently caring for an aging relative | 25% | 392 |
| Men | 22% | 116 |
| Women | 26% | 267 |
| Double carers – parents also caring for aging relative | 27% | 285 |
| Currently caring for a relative with a disability, chronic condition, or limitation | 25% | 398 |
| Men | 23% | 121 |
| Women | 26% | 263 |
| Double carers – parents also caring for relatives with disability | 27% | 294 |

* Answers do not add up to 100 percent due to missing responses

Economic hardship: Nineteen percent of people in our sample said that they experienced some amount of hardship securing basic items (like food and shelter) and 27 percent had trouble affording important items such as clothing or school fees. Women reported more economic hardship than men.

Residential status: About 9 percent (96) of parents are active co-parents that are not currently living with their children (i.e., nonresidential parents). Of those, 76 are men (11 percent of fathers) and 18 are women (5 percent of mothers). As such, the sample is slightly skewed toward residential fathers at a higher rate than the national census data.¹⁴

Figure 1 shows that of the 1,589 participants, 27 percent (n=422) were single; 3 percent (n=55) were partnered and not living together; 8 percent were partnered and living together; 46 percent were married; and 15% were separated, divorced, or widowed.

We use several overarching “types” of care that are combined from various items, such as:

- daily household care (includes daily family logistics planning, housework, and family food needs),
- daily childcare (includes child’s emotional and physical care),
- parenting care (a category that combines childcare, household care, and the mental load of planning logistics for the family),
- daily elder care (includes the emotional and physical care of older adults), and
- daily persons with disability (PWD) care.

Figure 2 represents the number of hours per day that respondents spend on each type of care.

Figure 1. Percentage Distribution of Participants’ Parenting Status

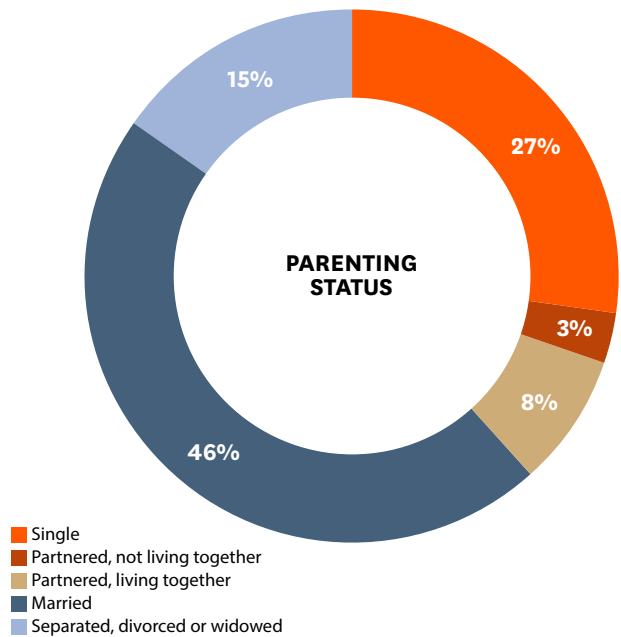
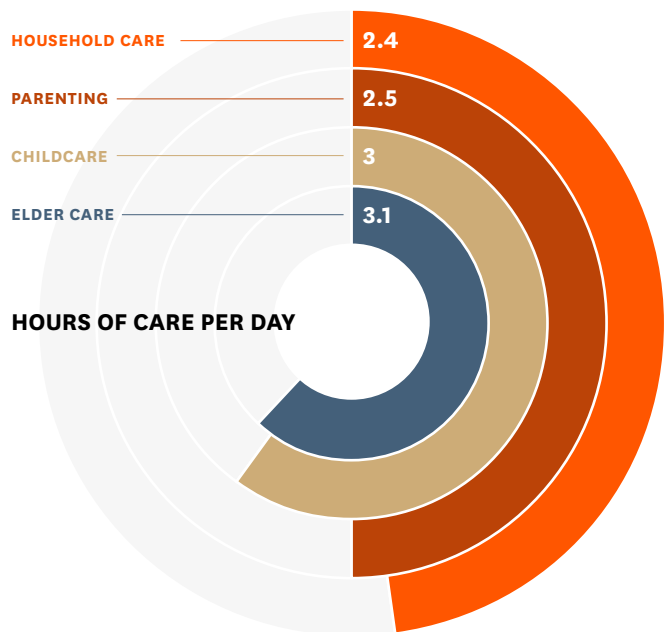


Figure 2. Types of Care



SECTION

3

The
State of
America's
Fathers
in 10
Headlines



HEADLINE 1:

Fathers, mothers, and all of us overwhelmingly view care as positive, despite having multiple care responsibilities.

It is easy to think of care only as a duty or a burden. The survey started with the simple question: what does care mean to you? While there are tasks and chores included in this word cloud, overwhelmingly the words fathers and mothers used were positive (Figure 3). While perhaps

obvious, it is this centering of care in men's lives that must be part of the change – and that presents the opportunity to engage men not only in doing the care work in our homes but also in the activism needed to achieve care policies we all need.

Figure 3. Participants' Words for 'Care'



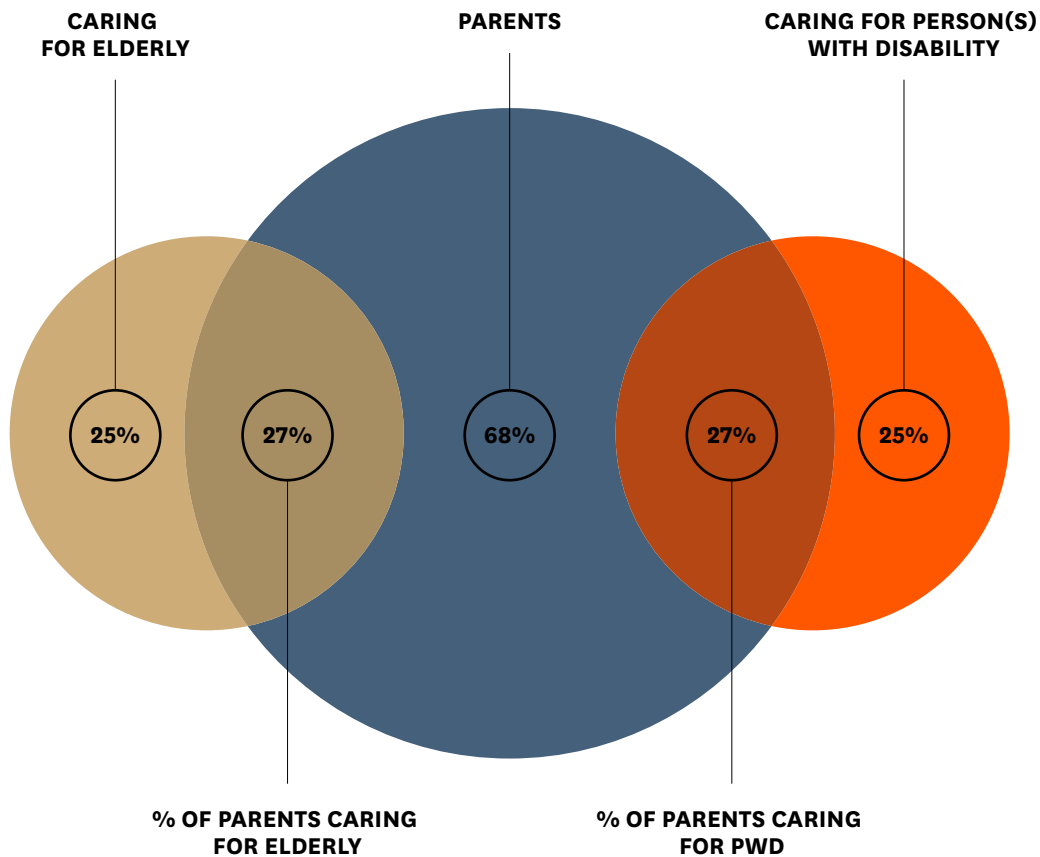
People have multiple care responsibilities. National data show that 40 percent of households have children under 18;¹⁵ 42 million persons without disability are living with and care for persons with disabilities¹⁶ and about a quarter (23 percent) of adults aged 45–64 care for an aging adult.¹⁷ Increasingly, these caregiving responsibilities are overlapping.

From this survey, fathers are providing more hands-on care to children than ever before, and men make up more than 40 percent of the primary caregivers of disabled or aging loved ones. From our sample, 392 (25 percent) care for older adults and 398 (25 percent) currently care

for someone with a disability, permanent limitation, or chronic illness.

Figure 4 shows the overlapping care responsibilities of parents. Of the 68 percent who were parents, many households had multiple care duties: **27 percent of parents are also caring for an elderly parent or relative, or caring for someone with a disability, permanent limitation, or chronic illness – they are “sandwiched” between child and parent care.** This is consistent with other national-level data. Pew Research Center found that a quarter of adults in the US are part of the “sandwich” generation.¹⁸

Figure 4. The Overlapping Nature of Care for Men and Women in the Sample



PWD: person(s) with disability

HEADLINE 2:

Post-pandemic, mothers are spending more time on parenting care than fathers, but many fathers report doing an equal share.

35–46 percent of men and 27–46 percent of women across all kinds of care tasks reported increasing their care work during COVID (Figure 5). These findings are similar to our 2020 Equimundo-Oxfam survey.¹⁹ There were no significant differences between men and women in these increases. In other words, everyone reported that COVID meant an increase in care work.

This study shows that post-pandemic there is no significant difference between men and women in the amount of daily care of the household (includes daily housework and family food needs), elder care (both physical and emotional), or PWD care that they reported doing on average. These findings suggest that in some kinds of care, the gap between men and women continues

to narrow (keeping in mind that the questions used in this survey were not the same as those used in the BLS data on time use cited earlier).²⁰ That said, Figure 6 shows that compared to men, women still do more physical and emotional care of children, more daily care of the household and food needs of the family, and generally more “parenting” (a category that combines childcare, household care, and the mental load of planning logistics for the family). Of parents who reported engaging in all three types of care activities (childcare, daily care of household, and mental load), 72 percent of women do so at high care levels (more than 2 hours/day) versus 62 percent of men who reported similar levels of care. In other words, as the intensity of the care work increases – both by hours and by kinds – women are doing more.

Figure 5. Percentage of Participants Reporting That Care Work Has Increased Post-pandemic

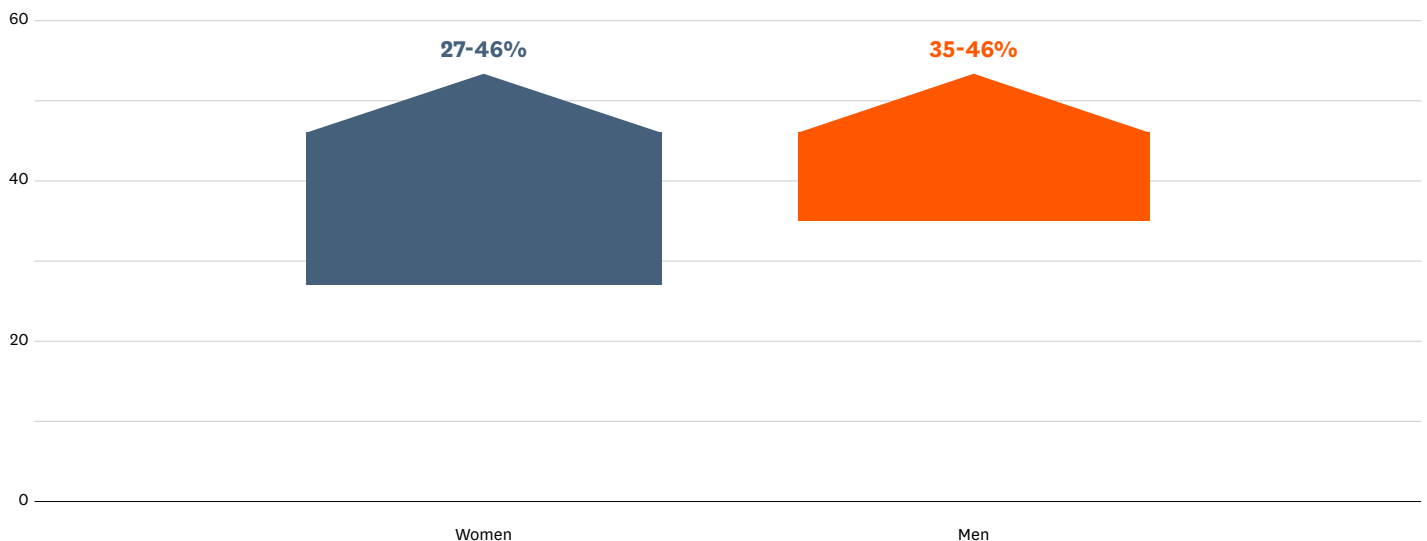
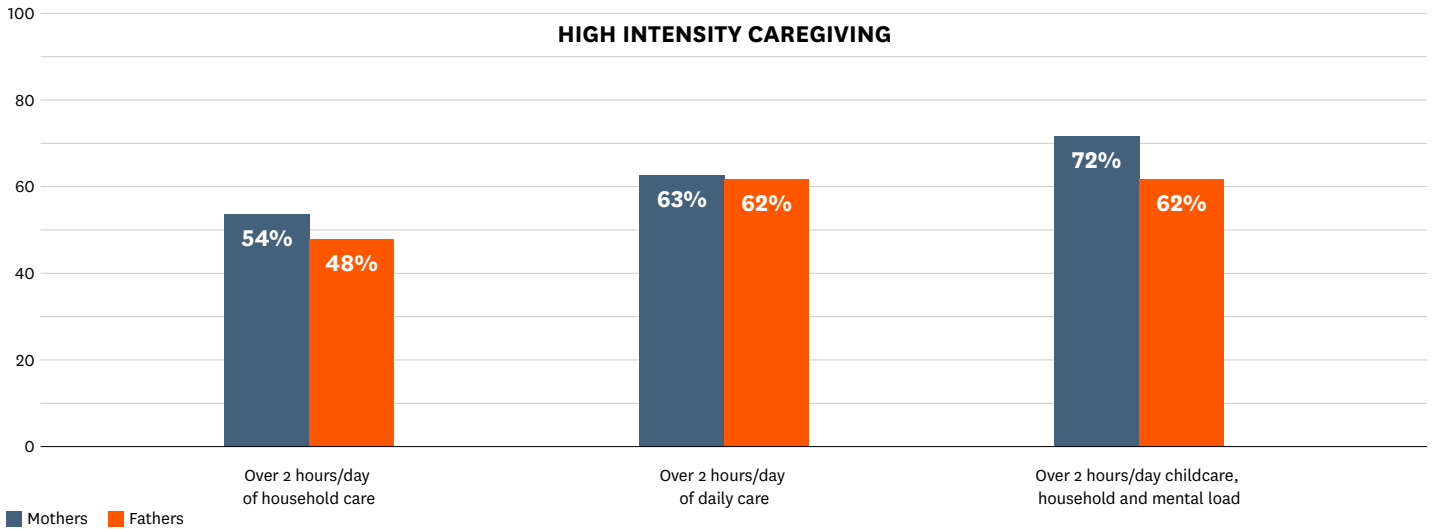


Figure 6. Differences Between Mothers and Fathers Doing Care Tasks for More Than 2 Hours/Day

HEADLINE 3:

In households with young children, the care burden and gender gap are higher.

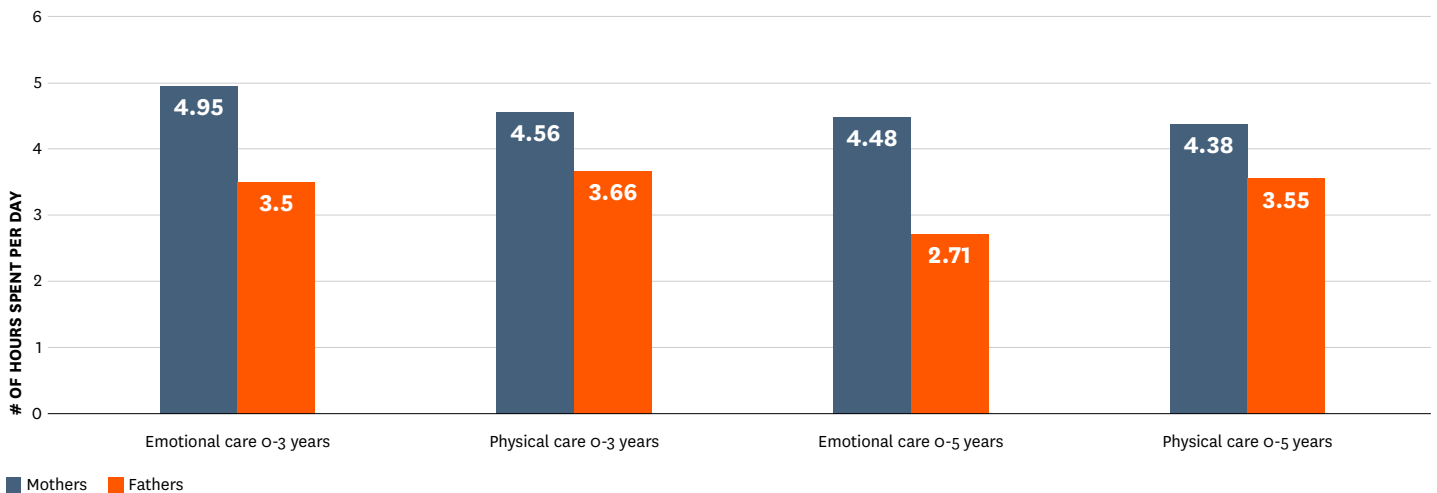
Zooming in to look at parents of preschool-aged children (0–5 years) and daycare-aged children (0–3 years), the gender care gap becomes wider. Parents with young children display a wider gap in the amounts of daily care – and the gap is widest for those with the youngest kids.

This might be because there is more intensive childcare to be done in the early years of the child, as well as lesser recall bias in this group of parents because their experiences of caring for their youngest child are more recent. Overall, the finding is that fathers of preschool-aged children (0–3 years) do 36 fewer minutes of childcare per day (physical and emotional care of the youngest child) than mothers. This gap increases even more when children are of daycare age: **Fathers of daycare-aged children do 120**

fewer minutes of combined childcare, household care, and family logistics planning than mothers.

As children go from the pre-walking stage to being toddlers to interacting outside the home in childcare and other spaces, the amount of care required often increases and data from this survey suggest that it is mostly mothers who take on that increase (see Figure 7). This finding underscores the urgent need for expanding access to paid or subsidized high-quality childcare in the US. Women continue to pay the price in their incomes and their career advancement and face a lion's share of the added stress of the intense care that young children require.

Figure 7. Number of Hours Spent by Mothers and Fathers of Children (0–3 years and 0–5 years) on Their Emotional and Physical Care



HEADLINE 4:

Universal paid leave is the only way to correct the wide inequalities in access to leave in the US.

The US is the only wealthy country not to guarantee paid maternity leave and one of a handful not to guarantee paid paternity or parental leave to its workers. In the absence of a universal and paid federal leave policy, states and cities have filled the gap in some cases. But overwhelmingly it is the workplace that most

workers depend on for paid leave. **The result is that leave entitlement is low overall, and there is a large and significant gender difference in entitlement to care between men and women: In this survey, 38 percent of moms vs. 46 percent of dads had access to any leave at all.**

Oxfam America

In a forthcoming labor index from Oxfam America comparing the United States and 37 of its economic peer nations, *Where Hard Work Doesn't Pay Off*,²¹ the US stands out as the only country without weeks of guaranteed paid leave. In another forthcoming Oxfam study, *The U.S. Care Policy Scorecard*,²²

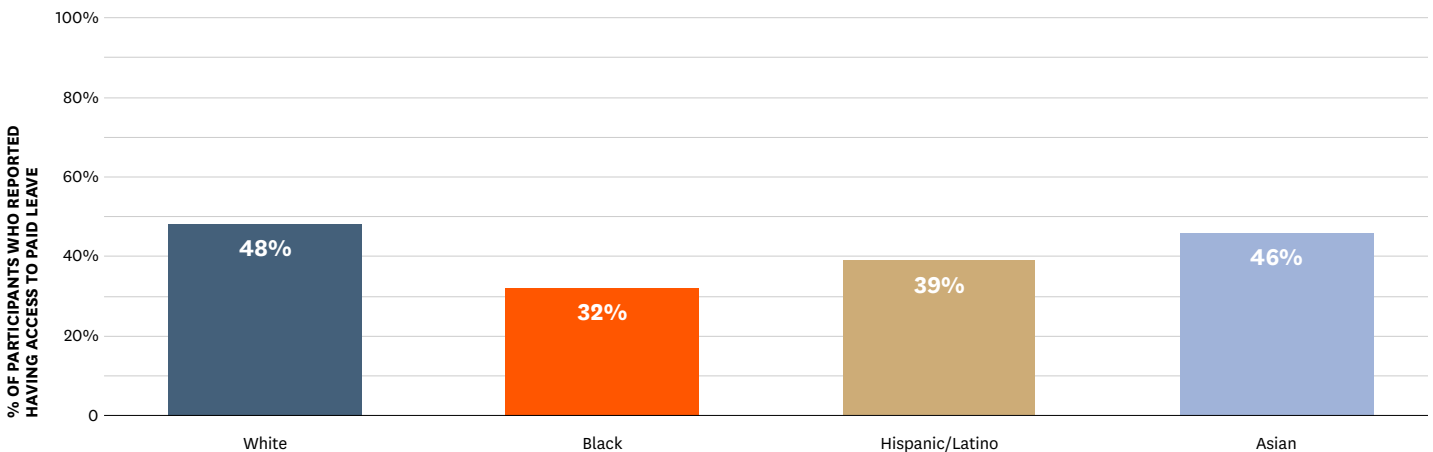
the United States receives a failing score, providing little to no support to the most vulnerable communities.

United States federal policy simply does not measure up and can do so much more to support caregivers, whether paid or unpaid.

Because employment (and often full-time salaried work only) is the gateway to paid leave benefits both from employers and from the state, low-income parents have less access to paid parental leave than higher income parents. Our data show that 20 percent of respondents have access to paid leave if they fall below the poverty line vs. 37 percent if above poverty line but below median national income vs. 53 percent if median and above. The lack of nationally supported paid leave in the US means that the onus is on individuals to “get their own” or have nothing, as is the case for far too many families.

Income inequality and racial disparities interact to create the largest family leave gaps for families of color (Figure 8). Sixteen percent fewer Black parents were entitled to access leave than white parents (32 percent of Black parents vs. 48 percent of white parents). Gaps of nearly 10 percentage points were also found between white and Hispanic parents (39 percent of Hispanic parents compared to 48 percent of white parents).

Figure 8. Racial Differences in Access to Paid Leave After the Birth or Adoption of a Child in the US



HEADLINE 5:

Most dads say they would work less to spend time with their newborn children and are willing to take action to do so.

If intentions were enough, the US would have achieved care equality. As this survey finds, women and men affirm in high numbers that they are willing to take less work and less pay to have more time for their caregiving roles. And men show this willingness to change their work lives at even higher

percentages than women. These findings should be taken seriously by workplaces trying to attract and keep workers and by policymakers who still show reticence or refusal to support the care policies we all need.

POLICY PRIORITIES

Over 60 percent of the participants (67 percent of women and 62 percent of men) said that they would consider working less if they had a/another child (see figure 9). And fathers who already took leave in the past to care for a child were more likely to agree with this statement than fathers who did not fully take their entitled leave in the past (67 percent of full leave-takers vs. 63 percent of non-leave-takers [not entitled to leave] vs. 58 percent of partial leave-takers who did not take their full leave entitlement).

People generally – and especially parents (vs. non-parents), fathers (vs. mothers), higher-income fathers (vs. lower-income fathers), and dads of older children (vs. daycare-aged children) – are willing and ready to take action to support, encourage, and help enact care policies (Figure 10).

- Fathers are a key group actively engaged in activism around paid leave (particularly high-income dads with older kids).
- Those who stand to benefit the most (moms, low-income dads, and dads of daycare-aged children) are less involved in their advocacy for new legislation – presumably, they are more immediately occupied with their childcare responsibilities to participate in activism.
- Societal benefits of paid leave should be communicated and disseminated among non-parents, lower-income dads, and dads of younger children in order to encourage deeper engagement and mobilization.

Figure 9. Men and Fathers Valuing Care Responsibilities and Wanting Them to Be Part of Policy Priorities

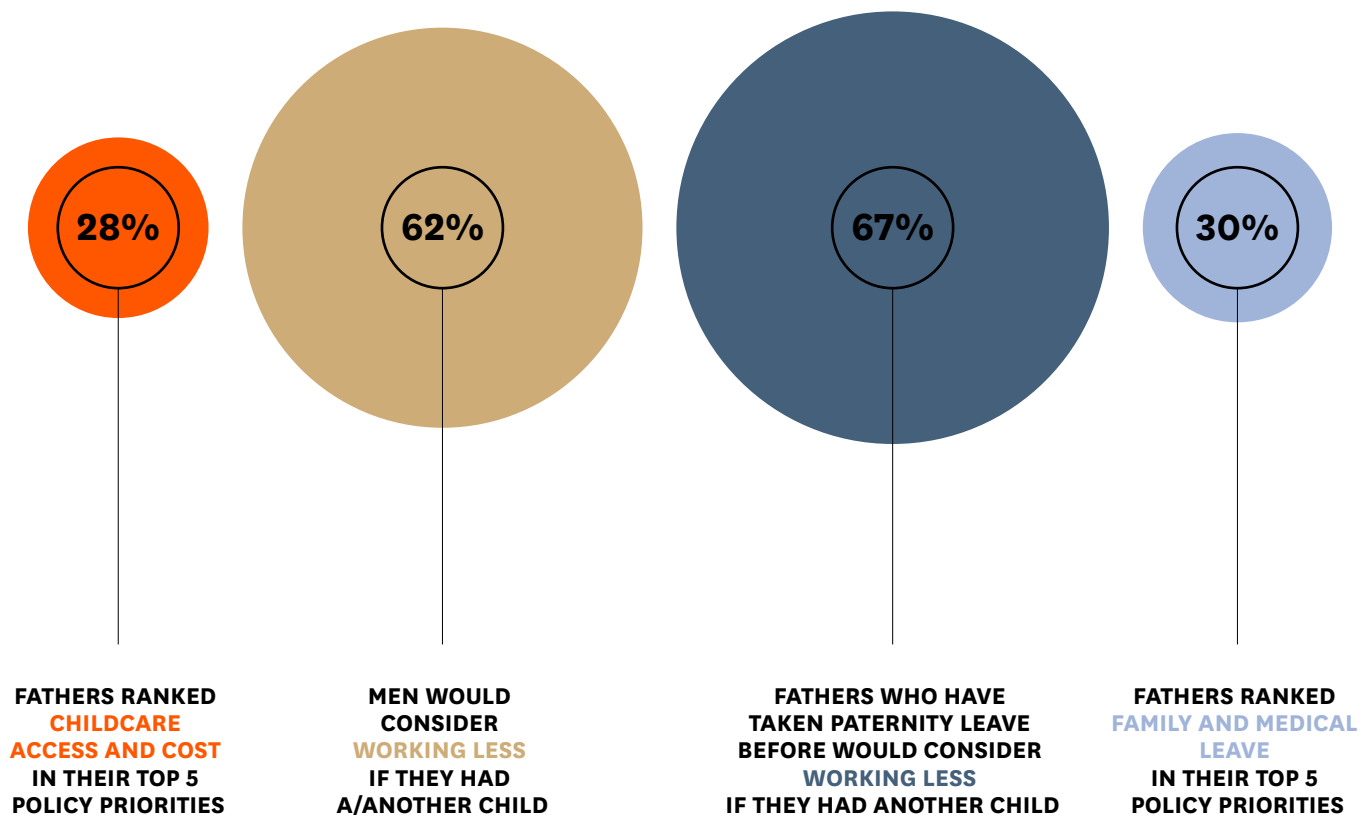
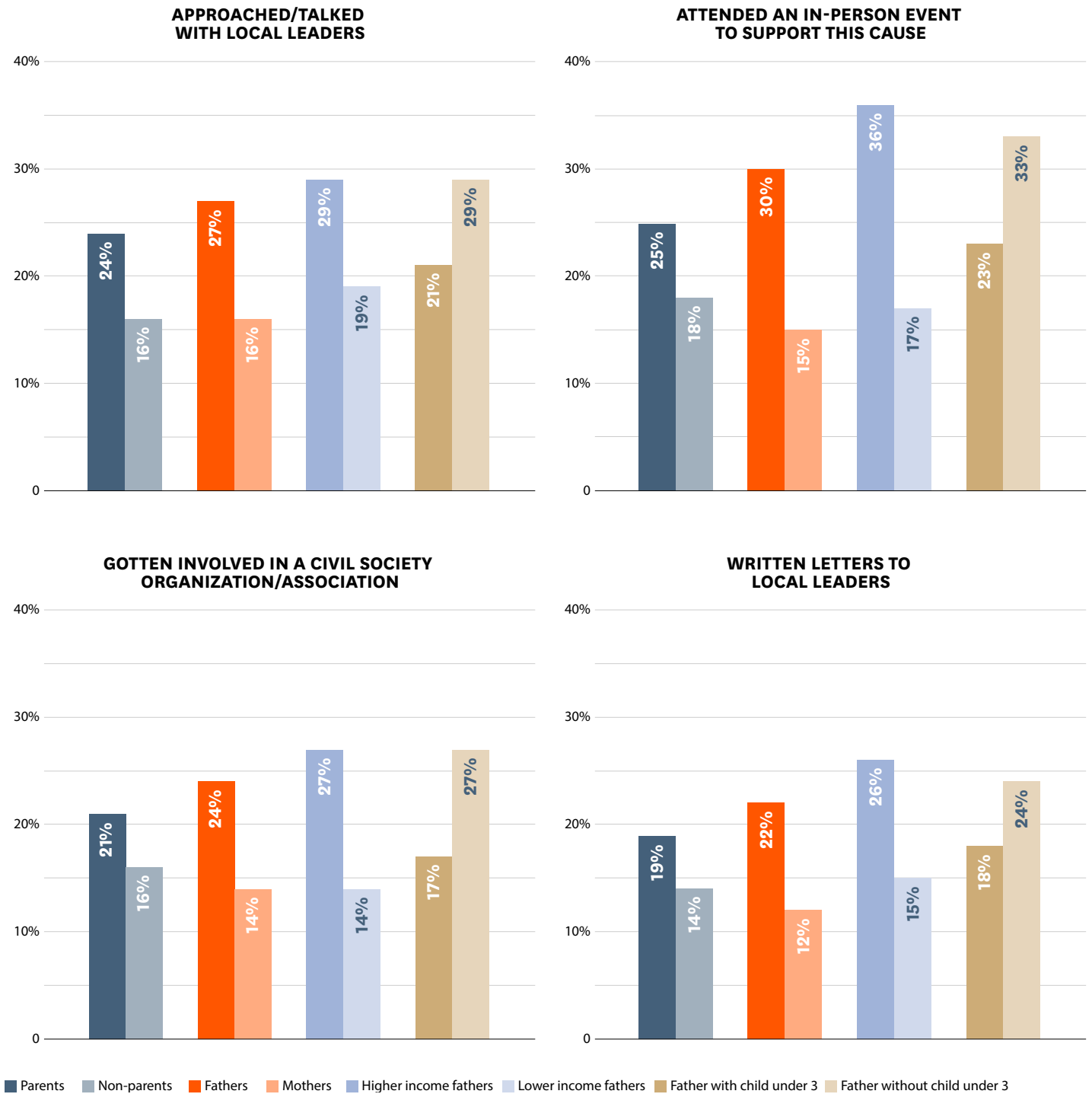


Figure 10. Actions Taken by Parents, Non-parents, Fathers, Mothers, Fathers in Different Income Groups, and Fathers of Young Children to Support Care Policies in Their Lives



HEADLINE 6:

Most people and especially parents (particularly dads) are ready to be activists for care policies.

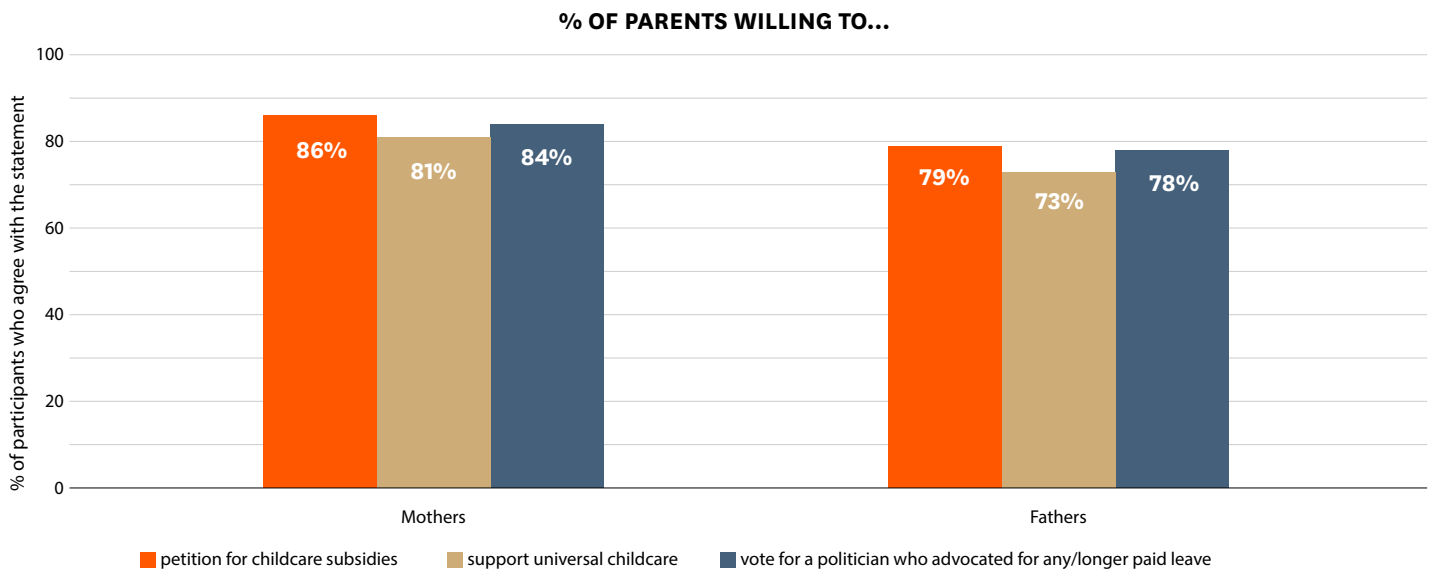
For advocates in the care equality and care economy space, most of the charge has been led by women – largely with good reason: Mothers and women continue to do the most amount of care work and should rightly have their voices at the center. This reality though leads to another gender burden: Women do more of the care work in the home and also lead more of the activism for care policies. In other words, the care burden on women continues from the home to offices to statehouses. In the process, it is easy to think that men and fathers are not interested in being advocates for care policies. While the percentage of men who agreed with care policy activism statements is lower than women, almost three-fourths of the fathers in the sample confirmed **that men are highly likely to report their willingness**

to be involved in care policy activism (Figure 11). The challenge, of course, is to turn these good intentions into sustained political action.

Low-income dads are more likely to support universal public full-time childcare (84 percent below poverty vs. 68 percent median national income and above), as are fathers of color vs. white dads (79 percent vs. 69 percent).

As Figure 12 shows, fathers who took leave in the past (vs. those who did not) are also more willing to take all three advocacy actions – **support better childcare subsidies**, **petition for universal childcare**, and **vote for a politician who supports paid leave**.

Figure 11: Willingness to Petition for Childcare Subsidies, Support Universal Childcare, and Vote for a Politician Who Advocates for Any/Longer Paid Leave.



PAID LEAVE IS STILL MOSTLY PROVIDED BY EMPLOYERS, IN SPITE OF GROWING STATE AND MUNICIPAL PAID FAMILY LEAVE POLICIES

Parental leave benefits in the US are mostly provided by employers. The uptake of state schemes for paid family leave is still very low. Between 15 and 20 percent of those entitled to state leave schemes from our survey (who are less than 50 percent of the parent population) receive at least a portion of it from their state or municipality.

Eleven states have passed any form of paid family leave: California, Colorado, Connecticut, Delaware, Massachusetts, Maryland, New Jersey, New York, Oregon, Rhode Island, and Washington state, along with Washington, D.C. (Figure 13).²³ Full-time work in these states is higher than the uptake numbers would suggest, so employers must educate their employees about their rights as parents and continue to promote the existence of paid leave.

Figure 12. Percentage of Fathers Who Took Leave in the Past and Are Willing to Take Advocacy Action for Better Care Policies

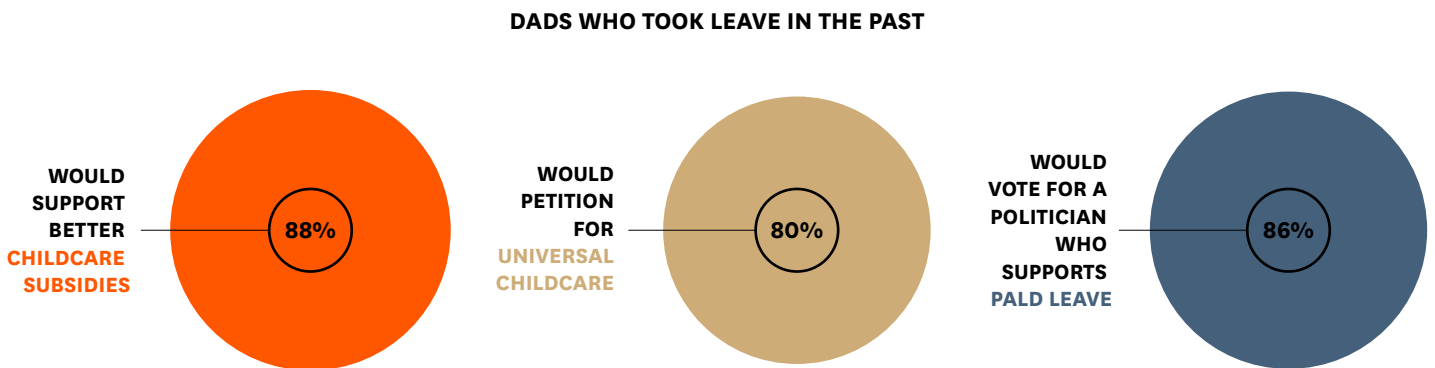
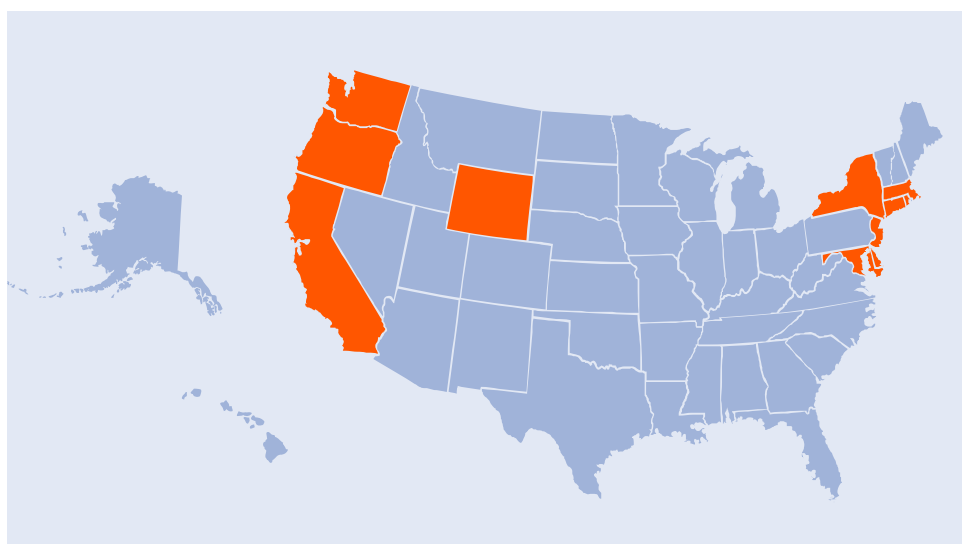


Figure 13. States That Have Passed Paid Family Leave Laws



Parental leave benefits in the US are mostly provided by employers. Uptake of state schemes for paid family leave is still very low.

BETWEEN 15-20% of those entitled to state leave schemes (who are less than 50% of the parent population) receive at least a portion of it from their state or municipality.

11 STATES AND THE DISTRICT OF COLUMBIA have passed any form of paid family leave:

- CALIFORNIA
- COLORADO
- CONNECTICUT
- DELAWARE
- MASSACHUSETTS
- MARYLAND
- NEW JERSEY
- NEW YORK
- OREGON
- RHODE ISLAND
- WASHINGTON STATE
- WASHINGTON, D.C.

GOOD PRACTICE EXAMPLE: Using ranking to encourage state-level policies to support care work

Oxfam America releases an annual Best States to Work Index (BSWI). It ranks all 50 states of US plus the District of Columbia and Puerto Rico across three policy dimensions meant to support workers and working families: wages, worker protections, and rights to organize. States with paid leave policies consistently outperform others; most are in the top ten. Oxfam research demonstrates that states that support workers and working families have lower instances of food

insecurity, poverty, and infant mortality. Essentially, states that invest in the well-being of workers with policies like paid leave invest in the broader well-being of all residents. The BSWI is a tool to celebrate states that have stepped into gaps left by federal inaction, to motivate other states to improve their policies, and ultimately, to inspire the federal government to raise the bar for everyone.

HEADLINE 7:**Even when entitled to paid parental leave, fathers take less than half of what mothers do.**

Although men said that more paid leave would be beneficial to them, their partner relationships, and their children's development, **double the number of moms took their full parental leave entitlement as compared to dads (34 percent vs. 15 percent)**. The reasons are overwhelmingly normative – men feel like they have to be providers or feel they will be seen badly in their workplaces if they took long leaves, even when employers are just as supportive of fathers taking their full leave as they are of mothers. The data are consistent with a 2018 Equimundo survey on men and paid leave: the survey confirmed that men want to be involved caregivers, but what holds them back are outdated societal expectations as well as other social touchpoints.²⁴

Clearly, mothers feel these pressures as well, as only about one in three took the full leave they were entitled to.

There is an urgent need both to expand leave – and also to engage workplaces, media, and all of us in supporting all caregivers in taking their full entitled leave. Among parents of younger children, in spite of awareness-raising campaigns to promote men's involvement in early care, including the "Take time to be a dad" campaign, fathers' attitudes – and workplace attitudes – on leave are not evolving fast enough for the benefit of us all.²⁵

Reasons for not taking full leave entitlement are mostly related to men's perceptions about their workplace: As Table 3 shows, for those who did not take the full extent of the paid leave they were entitled to, the overwhelming majority of dads (85 percent) reported normative pressures to keep working, even as employers support men and women equally in their uptake of full leave entitlement.

Table 3. Percentage of Agreement by Fathers and Mothers on Barriers to Taking Their Fully Available Paid Leave After the Birth/Adoption of Their Child

| REASONS FOR NOT TAKING FULL LEAVE ENTITLEMENT | FATHERS | MOTHERS |
|---|---------|---------|
| "I thought it was my responsibility that I keep working" | 83% | 54% |
| "I like working more than I like doing care work" | 37% | 18% |
| "The entire duration of the leave was not 100% or fully paid" | 32% | 31% |
| "I thought it would affect my chances of getting a promotion in the future" | 31% | 40% |
| "My manager was not supportive of me taking more leave" | 30% | 18% |

The impact of paid leave is seen as positive: Additionally, as seen in Table 4, no one seems to doubt the benefit of leave; the vast majority of men said more paid leave would affect them, their partners, and their children positively.

Table 4. Percentage of Agreement by Fathers and Mothers on How Beneficial Maternity/Paternity Leave Will Be for Their Partner, Their Children, and Themselves

| IMPACT OF TAKING LEAVE | FATHERS | MOTHERS |
|--|---------|---------|
| Agree that... | | |
| "It would be beneficial for my partner" | 83% | 83% |
| "It would be beneficial fro my children" | 82% | 91% |
| Disagree that... | | |
| "If I were able to take more leave, it wouldn't affect me" | 31% | 40% |
| "I would not make use of it" | 61% | 70% |

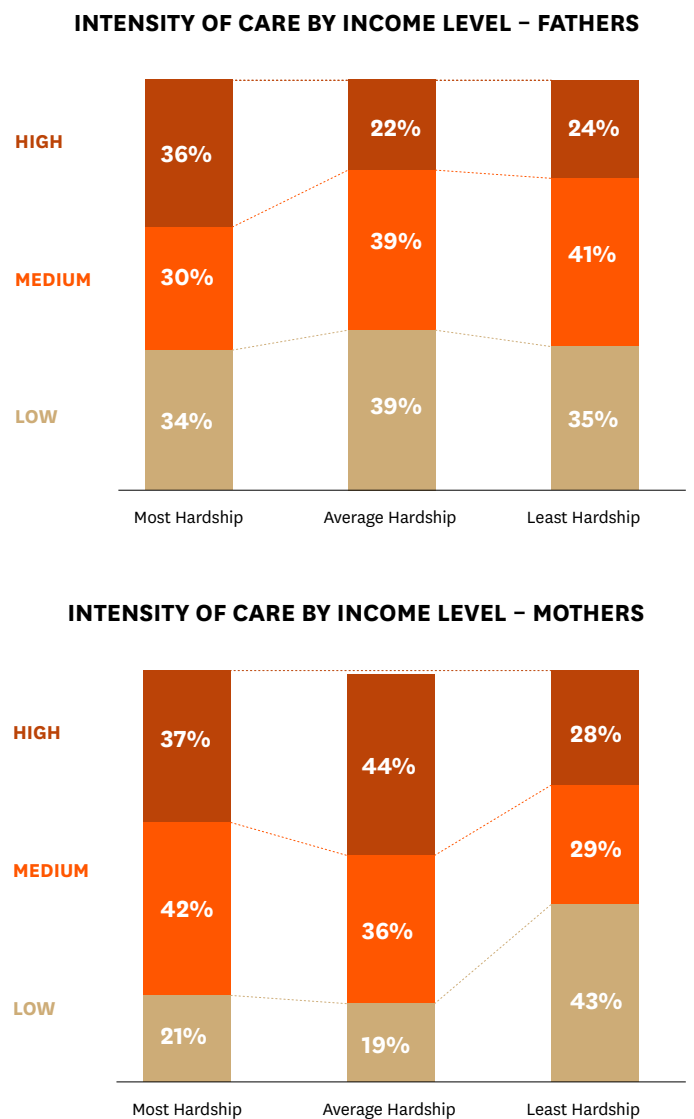
HEADLINE 8:

Higher income men and women outsource more of the care work, but men do so at lower income levels than women.

As would be expected, the more income one has, the less time one spends on care, and this is true for both men and women, though in different ways. As income goes up (or at higher income levels), fathers substantially reduce their hours involved in care work. For fathers, this starts at the income level just above the poverty line. For mothers, on the other hand, there is an initial increase in the number of hours spent on care and a subsequent large decrease as they move up income categories. That is, mothers whose incomes are above the poverty line report an increased intensity of childcare as compared to below-poverty-line mothers. As income continues to grow (as measured by economic hardship which is the degree to which men and women perceive they can afford basic items), mothers start doing less of the care work themselves, but not as easily as men (see figure 14). In fact, our data show that a larger proportion of women than men – and of women at median income levels than women below the poverty line – do the high-intensity childcare themselves even as their households earn above median incomes. With higher incomes, it's likely that parents are outsourcing care work to nannies etc.

These findings suggest that men, in effect, buy themselves out of doing more of the hands-on care work as their incomes increase. Working full time and working to advance in their workplaces requires them – or they perceive it requires them – to work more hours and to devote more energy to their careers, so they do less care work. Women do the same but face or perceive greater pressure to continue to do more of the care work – and likely managing logistics of the care work (the mental load). These trends no doubt reflect the gender norms that couples themselves perceive, as well as the gender norms that are produced in workplaces.

Figure 14. Childcare Performed by Fathers and Mothers Across Income Levels



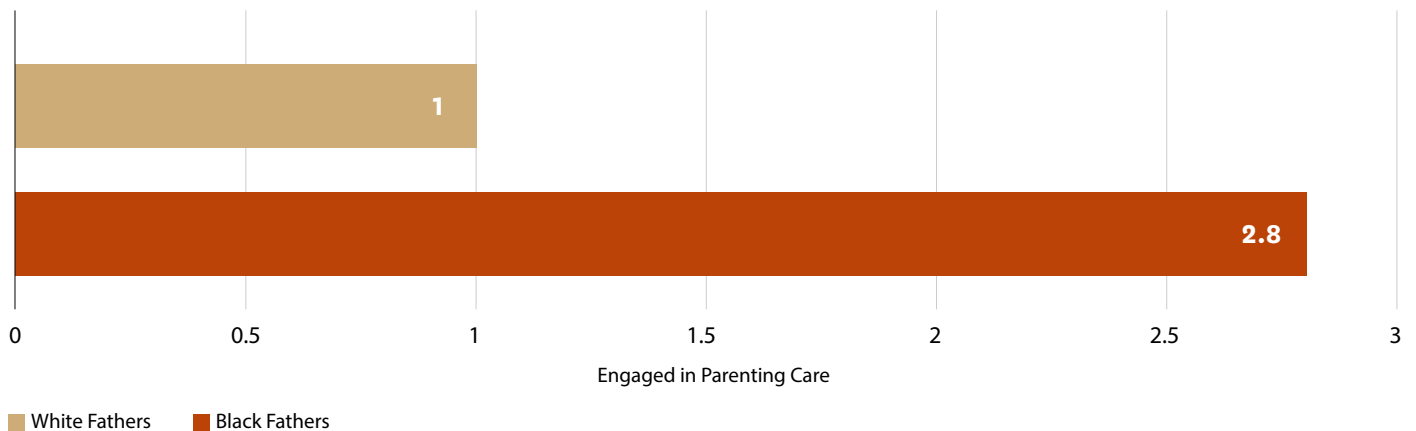
HEADLINE 9:

Fathers of color – Black fathers in particular – report doing more hours of care than white fathers even after controlling for income, education, age, employment, and residential status.

Black fathers were more involved than white fathers in all types of care – physical and emotional childcare, daily household care, and combined childcare, household care, and mental load care. These findings hold in a multi-variate analysis controlling for income, education, age, employment, and residential status. In other words, this relationship holds strong no matter one's income, education, age, employment, and whether the father resides with the child or not. **Overall, Black fathers were 2.8 times more likely to be highly involved in “parenting” care (combined care) than White fathers (see figure 15).**

A national study by the Better Life Lab at New America found a similarly strong commitment to caregiving among Black fathers. The New America study found that Black men and White men were equally likely to provide hands-on care and to face hardships in taking leave from work to do so – but Black men faced more financial challenges when doing so by being twice as likely to dip into savings earmarked for health needs. The New America report called for the need to end the harmful and racist narratives around missing, absent, or deadbeat fathers of color.²⁶

Figure 15. Racial Differences in the Number of Hours Spent on Parenting Care



Better Life Lab at New America

“A major takeaway of this study is that Black men are crucial to the health and wellbeing of their families and the development of young children. However, without adequate access to workplace accommodations and paid leave, Black men face barriers to fulfilling the role of caregiver or father.”

A Portrait of Caring Black Men, Better Life Lab at New America, February 2021

Indeed, our data gives a strong argument against the long-held and still widely held racist myth of the absent Black or minority father. The finding from figure 15 suggests that generations of poverty and the lack of supportive policies means that racial minority households have long had to go it alone when it comes to childcare, and this has meant that men are more likely to do the work as well.

There are men of all ethnicities doing their share of care work and centering it in their lives. But these findings affirm that Black fathers and Black families have long had to rely on their own ability to provide care for children, and that historical legacy pays forward in the lengths that Black fathers go to be involved in their children’s lives (Table 5). After separating residential and nonresidential fathers, our relatively small sample of nonresidential fathers (n=76) showed less participation in care work compared to residential fathers. Not surprisingly, nonresidential fathers reported more relationship stress with the mother of their children: 29 percent of nonresidential fathers said that their relationship with

the mother of their kids was tense or restrained, and 13 percent claimed that there was no relationship. In addition, 38 percent also felt like the child’s mother only gave them access to the child when they contributed financially, and 78 percent of nonresidential dads said that they were treated with respect by teachers, social service workers, and childcare workers.

Our data are consistent with findings from a US Congressional study on nonresidential fatherhood as well as the 2016 *State of America’s Fathers* report from Equimundo, which showed that against the cultural narrative or stereotype of absent fatherhood, the majority of nonresident fathers are consistently active in the lives of their children. The evidence underscores a need to reframe the conversation about economically vulnerable nonresident fathers in order to focus on the caregiving contributions they can and do make to their children’s lives.^{27,28}

Table 5. Racial Differences for Fathers Involved in Childcare and Overall Combined Care (Household, Childcare) for More than 2 Hours a Day

| RACE | HIGH-INTENSITY CHILDCARE | HIGH-INTENSITY COMBINED CARE |
|-----------------|--------------------------|------------------------------|
| White | 59% | 58% |
| Black | 73% | 79% |
| Asian | 43% | 44% |
| Hispanic/Latino | 63% | 61% |

HEADLINE 10:

Men who believe care work is a man's role are more likely to do the care work.

Who does the care work at home is highly shaped by who believes the care is their responsibility. Gender norms that hold that care work is women's work are changing – but clearly not quickly enough. A recent study by the FrameWorks Institute showed almost no difference between men and women on domestic tasks but found that gender attitude differences continue to exist in terms of workplace roles.²⁹ **Our results show that across all the questions on who should do care work in the home, women showed more equitable views compared to men** (Table 6). This is in line with the findings from Equipundo's [International Men and Gender Equality Survey \(IMAGES\)](#) research across 32 countries as well.³⁰

It should also be noted that the questions used in the State of America's Fathers survey were different from those used in the FrameWorks study, which might also explain some of the difference in attitudes around domestic tasks. Our questions were framed in a way that affirmed the gender stereotype; experience has shown that such questions may lead participants to affirm in ways that more accurately reflect their true beliefs about gender norms. Our experiences suggest that when asked to affirm gender equality, participants sometimes respond in the socially desirable or "politically correct" way and may overstate how much they actually support gender equality when we compare these attitude responses with other key items.

As seen in Table 6, all the attitude questions – in all seven attitudes that the survey asked about – exposed large and

significant differences between men and women, **whether or not they were parents**.

As men take on more care work as fathers, they tend to change these gendered beliefs, but results found that **even after becoming fathers**, generally, men held more inequitable views about gender than mothers.

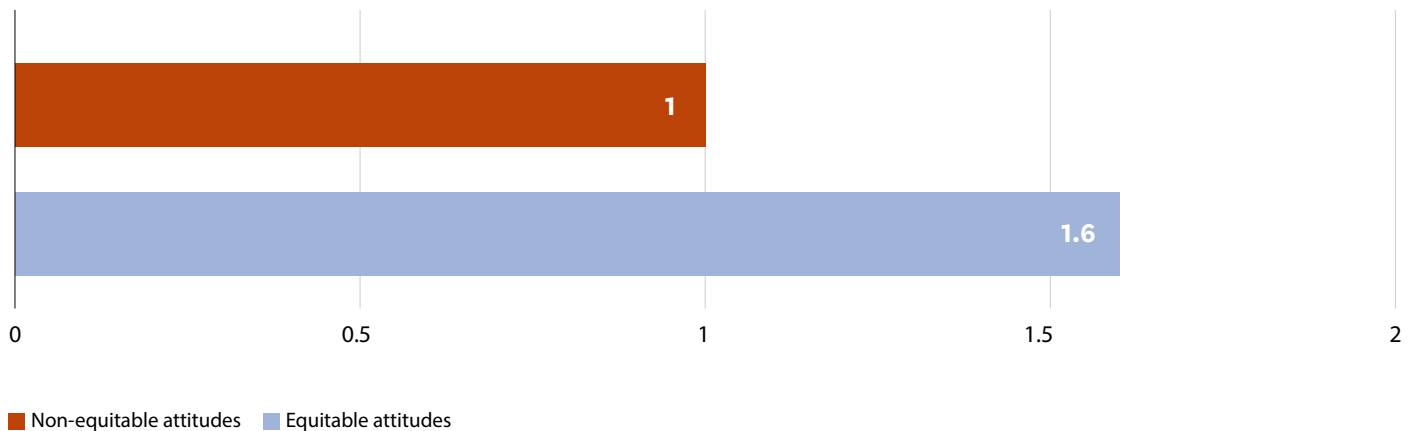
Early parenthood does change ideas about gender, power, and caregiving responsibilities. Results show that **parents of young children** have more equitable attitudes than parents of school-aged children and older. It may be that men, when they are just beginning fatherhood, believe that they can achieve greater gender equality, a belief that diminishes over time as they are faced with workplace realities that fail to provide necessary support structures for working families.

These attitudes about whose responsibility it is to care matter. Combining all of these attitudes into a scale composed of seven attitudes shows: **dads with more equitable attitudes related to gender are 1.6X more likely to be highly involved in parenting care**, including childcare, household care, and mental load, than fathers who have more inequitable attitudes in a regression controlling for race, age, education, and income. It matters that fathers believe in healthier, equitable views on who does what in the home – so fathers can step up and do the care work.

Table 6. Differences in Gender Attitudes of Participants

| THEME | ITEM | BOTH PARENTS AND NON-PARENTS | | AFTER BECOMING PARENTS | | AGE OF CHILDREN | |
|---|---|------------------------------|-----------------|------------------------|---------|-----------------|-----------------|
| | | MEN | WOMEN | FATHERS | MOTHERS | CHILD > 3 YEARS | CHILD < 3 YEARS |
| Power | A man should have the final word on any decisions in the household. | 39% | 20% | 39% | 20% | 37% | 30% |
| Emotions | Men should not be too quick to tell others that they care about them. | 33% | 28% | 35% | 28% | Not significant | Not significant |
| Roles | Boys should not be taught to take care of the house. | 24% | 15% | 25% | 16% | Not significant | Not significant |
| | Boys should not be taught to take care of their siblings. | Not significant | Not significant | 23% | 15% | Not significant | Not significant |
| Division of care based on child or parent sex | Bathing and grooming girls is a mother's job exclusively. | 33% | 28% | 34% | 30% | 35% | 28% |
| | Changing diapers is a mother's responsibility. | 24% | 18% | 25% | 18% | 25% | 18% |
| | Making sure children are fed is a mother's responsibility. | 27% | 35% | 27% | 37% | 29% | 22% |

Figure 16. Likelihood of Being Involved in Parenting Care Based on the Type of Gender-Equitable Attitudes Men Hold



SECTION

4

Conclusions and
Recommendations



The daily care of all those we love is too often overlooked and undervalued, and too often underpaid when it is paid, and still carried out more frequently by women. We continue to be the only wealthy country without nationally guaranteed paid leave for any parent, and our coverage for subsidized and affordable child and elder care continues to be covered – or mostly not covered – by a patchwork of employer-provided leave (or no leave) and self-paid leave for child and elder care.

We need men to do their share of the care work at home, and we need to create societal changes so that men can do so. However, solving the US care crisis requires not only men doing their share but also examining the structural changes we need, such as affordable childcare, support for low-income families, paid leave for all caregivers, and much more.

This year we have been in dialogue with the leading groups working in fatherhood and the care economy in the US.³¹ The conversations about fatherhood in the US are often divided by ethnicity or income or sometimes by whether they seek dialog with key women-focused organizations in the care space. Equimundo believes that by bringing together actors in various sectors related to caregiving, helping them learn from one another, helping identify shareable values and resources, and amplifying their collective work, we can make the urgently needed paradigm shift in men's participation in the US care economy – one that brings together diverse voices centered around both achieving care equality and racial justice and promoting collective advocacy for the care policies we all need.

RECOMMENDATIONS

1) Introduce national and universal paid leave along with workplace supports that enable men (and all caregivers) to step up to care. If national and state-level policymakers hope to see gender and economic equity outcomes from these new policies, they must be designed to encourage men to take leave after the birth or adoption of a child or to care for a family member. Examples include

financial remuneration that men will consider adequate to compensate for their time off from work, affordable childcare, and paid caregiving leave for both parents throughout their children's lives – all essential policies to allow dads who already are actively engaged in their children's daily care to take on an even greater role.

2) Care matters to men – that point should be reinforced both online and in all the physical spaces where men hang out and to politicians. In a moment of intense political polarization – including the weaponization of discussions about manhood – highlighting what care means in men's lives is a way to reduce anger, fill loneliness gaps, and engage men and boys to be connected, caring citizens and human beings. Furthermore, men's positive involvement in care work seems to be something we all believe in.

3) Men need to be – and are ready to be – engaged in advocacy for care policies. Some voices are figuring out how to mobilize millions of men with their messages of fear, division, and resentment. On the progressive and moderate sides, much more needs to be done to bring men into conversations about what matters to them: their families, those they love, and those who depend on them. Men say they are willing to go to great lengths to care for their children, including signing petitions and voting accordingly. Let's remind them of that.

4) The power of media must be harnessed to tell the stories of men's caregiving. An Equimundo study in partnership with the Geena Davis Institute looked at representations of men's caregiving in popular TV and found that while men are depicted doing hands-on caregiving at higher rates than in the past, they are still too often shown as abusive, incompetent, and/or emotionally distant. Structural racism means that too often media tells stories of fathers of color who are shown as derelict or irresponsible fathers instead of lifting up our collective responsibility for the glaring inequalities that shape how all of us are able to care for our families. Caring Across Generations, Better Life Lab at New America, and Equimundo have engaged in efforts to change the narrative about men's care in a recent workshop with the Writer's Guild of America – the members were briefed on a care "lens" for writing more representative and inclusive stories.

We must continue the development of cultural narratives encouraging commonly held values of caregiving, the importance of fathers, and the role of men in building equitable systems, with support and infrastructure for disseminating these narratives to key media and content producers and to organizations that seek to influence media content production.

5) End the pernicious racist stereotypes about fathers of color. Key in this process is an array of work in the fatherhood space led mostly by men of color. Some of the most extensive programming in the US is being led by organizations like Fathers Incorporated which focuses on fathers of color who have faced historical and ongoing legacies of mass incarceration, harmful immigration policies, and other policies that have disproportionately harmed male caregivers of color. Their work deserves greater attention in order to reach all regions of the issue landscape and ensure that marginalized communities are not disqualified from receiving necessary resources due to cultural divisions or structural biases.

6) Activate the corporate and private sectors in the US to an even greater extent to be allies for better leave policies – in the workplace and in national and local legislation – and to encourage norm change so that workers feel empowered to take it. Leave should be longer than just after birth. As data show in this report, the time required to care for children often increases as babies become day-care age. Workplace leave policies should adapt as a result. Workplaces and employers should also engage in advocacy beyond their own walls and brands to

support national legislation. Families cannot go it alone, and no individual corporation should either. Consumers, shareholders, and corporate leadership need to see the benefit of national, paid leave for all Americans and advocate for it.

7) Start with boys: revolutionize the way boys are taught about care. Research confirms that boys who see their fathers do care work are far more likely to carry it out. Boys need to do hands-on care work early on. Changing how boys learn gender norms and engaging boys in hands-on care will not be a small, one-off, or led by a single “project.” It will instead require schools, media, parents, after-school programs, coaches, writers of children’s books, and other educators to make this a concerted, combined effort: teaching boys to do and value hands-on care. It is about changing childhoods for boys and girls, making care normal and equitably shared, and making care professions aspirational for boys and girls. Through the [Global Boyhood Initiative](#), Equimundo and partners are seeking to change broader societal narratives about boyhood to plant the seeds for caring, equitable, nonviolent boyhood from early ages.

8) Engage men as “care citizens” joining in allyship with women for activism and advocacy around care policies. Ultimately, this work is about supporting men to be the caregivers we want them to be, and it is also about calling men in to be activists on this – to vote as if care is the *most important thing in our lives* – because it is. We need to empower men to care about care, to vote for care, and to be activists alongside women for the care policies that we all need.

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