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Unseen Efforts: Disparities in Unpaid Care Work Before and After COVID-19

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ABSTRACT

The COVID-19 pandemic brought to the fore the need for unpaid care work, as well as the highly unequal distribution of care work. This study contributes to the understanding of care work by providing post-COVID assessments of changes in unpaid caregiving by gender, race/ethnicity, and socioeconomic status. Using nationally representative data from 2018 and 2024, it finds that gender gaps declined yet remain substantial. In 2024, women spent an average of 2.5 hours per day on unpaid care, compared to 1.6 hours for men. Women of color, particularly Asian and Hispanic women, report the highest caregiving hours and gender care gaps. However, the gender gap narrows significantly in specific contexts: among full-time workers, women and men spend nearly equal time on care, and men's involvement in intensive elder care matches women's. The study uses the broader definition of unpaid child- and elder care which includes both primary and secondary care, capturing a fuller picture of multitasking and supervisory responsibilities—an important but often undercounted dimension of caregiving. It helps make visible the critical contribution of unpaid care to the US economy by applying full weight to primary care and a half-weight to secondary care. This yields a more accurate—and intentionally conservative—estimate of unpaid care's economic value, addressing limitations in prior studies that either excluded secondary care or treated all care time equally. Using a replacement-cost approach that accounts for multitasking, we value unpaid care at \$1 trillion annually, or 3.6 percent of GDP—rising to over \$2.4 trillion under higher wage benchmarks. These findings highlight the enduring importance of unpaid care and the need for policies that recognize and redistribute this labor more equitably.

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KEY TERMS

Primary care time: Direct, hands-on caregiving for any person in the household, irrespective of age.

Secondary care time: Supervisory or background care for a child younger than 13 years or a person aged 65 years or older while engaged in another task, such as cooking, cleaning, paid work, leisure, or religious or spiritual activities.

Participation rate: The share of individuals who spent at least 30 minutes on the diary day on a care activity.

Substantial caregiver: A person who spent at least 30 minutes on the diary day on a care activity.

Conditional hours: The average hours spent by substantial caregivers.

Child care: Care for a child younger than 13 years.

Elder Care: Care for a person aged 65 or older.

High frequency: Provides elder care daily or several times a week.

Moderate frequency: Provides elder care once a week or several times a month.

Low frequency: Provides elder care once a month or less.

Unseen Efforts: Disparities in Unpaid Care Work Before and After COVID-19

1. Introduction

Unpaid care work is a fundamental pillar of social reproduction by sustaining families and communities, yet it remains largely invisible in economic accounting and continues to drive gender inequality. In the United States, time-use data show that women continue to spend more time than men on unpaid caregiving activities—such as caring for children, elderly adults, and other dependents—though the extent of this difference varies across contexts (Hess, Ahmed, and Hayes 2020; US Bureau of Labor Statistics 2025). Societal norms and entrenched gender roles are a major factor perpetuating this imbalance (UNICEF 2023), but the unequal distribution of unpaid care is not merely a cultural artifact—it also reflects structural socioeconomic inequalities across dimensions of race, class, and family composition. The opportunity costs of unpaid care obligations constrain caregivers' labor force participation, career progression, and earnings potential, reinforcing gender gaps in income and wealth (Folbre 2018). The burden of unpaid labor has documented repercussions for caregivers' health and well-being, with caregivers reporting higher stress and depressive symptoms linked to juggling paid work and unpaid care (Peristera, Westerlund, and Hanson 2018; Magaña, Martínez, and Loyola 2020; Seedat and Rondon 2021). These gendered dynamics point to unpaid care work as a key mechanism reproducing economic and social inequalities.

The COVID-19 pandemic starkly exposed both the importance of unpaid care work and the fragility of existing support systems. In 2020, widespread closures of schools, child care centers, and elder care facilities greatly increased care demands within households. Women disproportionately absorbed these additional responsibilities (see, for example, Goldin 2022; Sandberg and Thomas 2020; Ranji et al. 2021) and care work increased particularly in households of people of color (Heilman, Bernadino, and Pfeifer 2020). This sudden shock amplified public awareness of the role of the care economy and sparked discourse on the need for policies to support caregivers (Bateman and Ross 2020). The experience underscored that, in the absence of adequate infrastructure—such as affordable child care, elder care services, and flexible work arrangements—care responsibilities tend to fall disproportionately on households with caregivers, particularly women. It also drew attention to long-standing gaps in the US care support systems and contributed to broader discussions about the need for more comprehensive care policies to support labor force participation across genders.

Unpaid care burdens are distributed unevenly across racial, ethnic, and socioeconomic lines. Women of color and low-income women often face the greatest challenges. Culturally and structurally, these groups have less access to market substitutes for care (such as paid domestic help or high-quality daycare) and often have more extensive family care responsibilities (see, for example, Blumenberg, Yan, and Wander 2023 and

Cohen et al. 2019). The financial strain of care is also significant: child care costs can consume over one-third of income for low-income families, far above the 7 percent affordability threshold suggested by federal guidelines (Center for American Progress 2020). The pandemic led to disproportionately high labor market exits among Black and Hispanic mothers of young children (compounding the heavy job losses experienced by women of color in low-paying jobs; Lim and Zabek 2024). These intersecting inequities mean that women of color and those in poorer households experience a compounded “care penalty.” They must navigate intense time demands and out-of-pocket costs, often at the expense of their own economic security and health.

In this context, it is crucial to comprehensively measure unpaid care work and understand its evolution over time. Many prior time-use studies focus only on primary (direct) care activities, thereby underestimating the true extent of caregiving labor—much of which occurs simultaneously with other tasks (Floro and Miles 2003; Folbre 2006). Children often need supervision even if the supervising adult is multitasking with another activity. By accounting for both primary and secondary care time (where primary care refers to direct, hands-on caregiving, and secondary care involves supervising a child or dependent while engaged in another task), we gain a more accurate picture of the total unpaid care workload.

This paper examines the state of unpaid child and elder care work in the United States in 2024 and how it changed between 2018 (pre-pandemic) and 2024 (post-pandemic recovery). It contributes to the literature in several ways. It offers one of the earliest post-COVID assessments using nationally representative time-use data to describe the level and distribution in 2024 and track changes in unpaid caregiving over time. By disaggregating patterns by gender, race/ethnicity, education, income, and household composition, the analysis offers new, policy-relevant insights into how unpaid care is distributed. Lastly, the paper provides a more comprehensive valuation of the economic value of unpaid care than other recent estimates by including primary and secondary care to capture a fuller picture of multitasking and supervisory responsibilities—an important but often undercounted dimension of caregiving.¹ By applying differential intensity weights—full weight to primary care and a half-weight to secondary care—following earlier time-use research on overlapping activities (Floro and Miles 2003), this intentionally conservative estimate of unpaid care’s economic value addresses limitations in prior studies that either excluded secondary care or treated all care time equally.

The remainder of the paper is structured as follows. Section 2 describes the data and methodology, including our approach to measuring unpaid care (encompassing primary and secondary activities) and valuing it using a replacement-cost framework. Section 3 presents the results on gender inequalities in unpaid care work in 2024 and explores

¹ See Folbre (2023) for a review of the development of the measurement of secondary child care in the American Time Use Survey (ATUS) over time.

how these patterns differ by age, race/ethnicity, education, income, household composition, and elder care responsibilities. We also analyze changes in unpaid care between 2018 and 2024, highlighting where gaps have narrowed or persisted and, finally, provide estimates of the economic value of unpaid care work under various wage assumptions, illustrating the substantial contribution of unpaid care to the economy and comparing our estimates to other benchmarks. Section 4 concludes with a discussion of the implications of our findings and recommendations for policy measures to recognize and alleviate the unpaid care burden.

2. Data and Methodology

This study uses data from the American Time Use Survey (ATUS) for the years 2017-2018 and 2023-2024. The ATUS is an annual national survey based on detailed 24-hour diaries asking how much time respondents spent caring for others or themselves, working, or socializing on a reference day; the survey is provided to a sub-sample of respondents to the Current Population Survey. The analytical sample in this paper includes 9,593 respondents in ATUS 2018 (4,318 men and 5,275 women) and 7,669 respondents in ATUS 2024 (3,563 men and 4,106 women). We define unpaid care work comprehensively to include both primary care activities and secondary care activities. Primary care refers to time spent directly caring for others—children or adults—as the main activity, such as feeding, bathing, or assisting with physical needs. Secondary care, also referred to as “supervisory” or “background” care, refers to situations in which respondents are responsible for a child under 13 or an elderly adult aged 65 or older while engaged in another primary activity—such as paid work, housework, leisure, or religious or spiritual practices—with the exception of times when caregiving is reported as the primary activity. In the ATUS, secondary care is recorded only for these two age groups. Because ATUS does not capture secondary care for children aged 13 and older or for adults under 65, time spent supervising teenagers or caring for younger adults with disabilities may be missing from official estimates. Our measure of total unpaid care work (in hours) includes both primary and secondary care, but to avoid double-counting, we ensure no overlap between them and count time only once when both secondary child care and elder care are reported during the same time slot. In formal terms, for each individual i :

$$\text{Total time spent in unpaid care}_i = H_i^{(P)} + H_i^{(S)}$$

where $H_i^{(P)}$ is hours spent in primary caregiving activities and $H_i^{(S)}$ is hours spent in secondary (simultaneous) caregiving. The analysis focuses on daily hours averaged across the population.

We also report participation rates, defined as the share of individuals who spent at least 30 minutes on any unpaid care activity during the day, and conditional average hours, which is the average hours among those who provided at least 30 minutes of care that day. These metrics help distinguish widespread low-level engagement from intensive caregiving among some individuals.

To identify relevant activities, we use ATUS activity codes following standard conventions. Primary caregiving activities include caring for and helping household members (ATUS category 3) and non-household members (4), associated travel related to care (codes 1803 and 1804), and certain care-related communications (e.g., telephone calls to/from care providers). Secondary child care and elder care are captured via flag variables in ATUS indicating when the respondent had a child under 13 or an older adult in care during any reported activity (apart from primary care activities themselves). By construction, there is no temporal overlap between primary and secondary care in the time diary: an hour spent doing another activity while supervising a child counts only as one hour of secondary child care. Similarly, one cannot double-count an hour as both secondary child care and secondary elder care simultaneously. These features ensure we can sum up primary and secondary care time without double-counting any minute of the day.

One limitation of the ATUS data is that it excludes caregiving by persons under 15 and misses secondary care for some groups (teenagers and non-elderly adults outside the elder care definition). Our estimates of total unpaid care time are therefore conservative, as some care provided by adolescents (e.g., sibling care) or secondary care for older children and younger adults is not captured. Despite these omissions, the ATUS provides the most comprehensive nationally representative data on unpaid care available for the US. All estimates in our analysis apply the appropriate survey weights provided by ATUS to account for the sampling design and to make results nationally representative of the US population aged 15 and over.

Analytical Approach

We primarily employ descriptive statistics to compare time use between women and men and across subpopulations. Key measures include (1) average daily care hours, (2) participation in unpaid care (defined as engaging in care activities for at least 30 minutes on the diary day), and (3) conditional care hours (the average among those who provided care). These metrics allow us to distinguish between the prevalence of caregiving and the intensity among caregivers. We begin by using two-tailed t-tests to evaluate gender differences in means and participation rates. To assess change over time, we estimate a series of ordinary least squares (OLS) regressions for each outcome, including indicators for gender, year (2024 versus 2018), and their interaction. This specification corresponds to a basic difference-in-differences framework, capturing whether the gender gap in unpaid care shifted significantly between the two survey years.

In the OLS analysis, we control for a range of individual and household characteristics to examine whether the gender gap in care outcomes changed over time, net of compositional factors. Specifically, we include controls for age, age-squared, race/ethnicity, education, marital status, and labor force status (full-time, part-time, or not employed), as well as household size (to account for dependents and other household members), and state fixed effects. By examining the interaction term

between gender and survey year (female \times 2024), we assess whether the gender gap in unpaid care widened, narrowed, or remained stable after adjusting for these characteristics. While our analysis is descriptive and not causal, it offers insight into whether observed changes in the gender gap reflect shifts in caregiving roles or are primarily explained by demographic and household composition.

Economic Valuation of Unpaid Care Work

To estimate the economic value of unpaid care work, we adopt an input-based replacement cost approach grounded in the “third-party criterion” (Ahmad and Koh 2011; United Nations 2017). This criterion treats an unpaid activity as “work” if one could theoretically pay someone else to perform it. Under the replacement cost method, each hour of unpaid care is valued at the market wage one would have to pay for an equivalent service. We use a generalist wage approach—assigning a single average wage rate for caregiving labor rather than differentiating by specific task—for two reasons: (1) it provides a conservative estimate (by typically using a relatively low wage benchmark), and (2) it circumvents data limitations in matching each minute of care to a particular occupation’s wage.

In choosing the wage rate, we consider several benchmarks. Our baseline valuation uses the federal minimum wage (currently \$7.25 per hour) as a lower-bound estimate, consistent with prior studies and the notion of valuing care at a basic labor cost. We also examine valuations using a mid-range wage approximating the median hourly pay of professional caregivers. Specifically, we use \$16.10 per hour, which in 2024 corresponds to roughly the midpoint between the median wage of paid child care workers and that of home health/personal care aides (US Bureau of Labor Statistics 2025). Finally, we include a higher scenario of \$17 per hour, reflecting the proposed federal minimum wage under the Raise the Wage Act of 2023 (targeted to be reached by 2028).² These three scenarios—\$7.25, \$16.10, and \$17—provide a range from very conservative to moderately high valuations for unpaid care time, allowing us to illustrate how sensitive the aggregate economic value is to the wage assumption.

A methodological refinement in our approach is the separate treatment of primary and secondary care time in the valuation. Because secondary care is performed concurrently with other activities, one might argue that an hour of secondary care should not be valued at the full hourly rate (since the caregiver’s attention is divided). To avoid overestimation, we apply a weight of 0.5 to all secondary care hours in our monetary valuation. In other words, one hour of secondary child care (e.g., supervising a toddler while doing laundry) is counted as half an hour of care for valuation purposes, whereas one hour of primary child care is counted in full. Formally, if an individual i has $H_i^{(P)}$ hours of primary care and H_i^S hours of secondary care in a day, we calculate an effective-care-hours measure as:

² See Congress.gov, “Raise the Wage Act of 2023,” S. 2488, 118th Cong., 1st Sess., 2023, <https://www.congress.gov/bill/118th-congress/senate-bill/2488/text>.

$$H_i^* = H_i^{(P)} + (0.5 \times H_i^{(S)})$$

The total annual value of unpaid care work is then:

$$V = \sum_{i=1}^N H_i^* \times w \times 365$$

where N is the population size and w is the chosen wage rate (e.g., \$7.25, \$16.10, or \$17 per hour). By summing over all individuals, this yields the aggregate replacement cost value of all unpaid care provided in the economy per year. We perform this calculation separately for women and men to examine gender differences in the economic contribution of unpaid care.

By applying a 0.5 weight to secondary care—consistent with earlier time-use research on overlapping activities that cautions against fully summing simultaneous care time (Floro and Miles 2003)—we make a conservative assumption that secondary care is, on average, less intensive than primary care. This acknowledges that during secondary care the caregiver’s attention is split with another activity, even though they remain responsible for the dependent’s well-being. Our weighted valuation provides a nuanced estimate that avoids simply double-counting overlapping time, yet also recognizes the non-trivial effort involved in supervisory care. The result is a set of estimates that illuminates not only how much unpaid care work is done and by whom, but also what it would equate to in monetary terms if society were to formally recognize and compensate this work.

3. Findings

Inequality in Unpaid Care Work in 2024

The 2024 data reveal substantial gender disparities in unpaid care work, though with important nuances. On average, women spent 2.5 hours per day on unpaid care (combining primary and secondary care) in 2024, while men spent 1.6 hours. This amounts to women devoting roughly 156 percent more time than men to care in a given day. Put differently, the average woman’s total care workload was about 1 hour per day greater than the average man’s (a statistically significant gap at 1 percent level of significance). Figure 1A and Table 1 summarize these differences. Despite this overall gap, it is noteworthy that men’s unpaid care contributions are not negligible—1.6 hours daily is a substantial commitment, reflecting that many men do participate in family care responsibilities, especially under certain conditions as discussed below.

These average hours are calculated across all in the population, whether they spent any time on care or not. To better understand care responsibilities, we also define “a substantial caregiver” as an individual who spent at least 30 minutes on any care activity during the day. In 2024, more than a third of women (36.2 percent) and more than a quarter of men (28.1percent) provided at least 30 minutes of unpaid care on the

reference day (Figure 1B), a gender gap of roughly 129 percent in relative terms. Among substantial caregivers, women spent about 6.9 hours on care, compared to 5.8 hours for men (Figure 1C). In other words, when men and women are caregivers, both devote many hours (reflecting, for example, a full day of parenting or elder care), but women's caregiving days tend to be slightly longer on average. The gender gap in hours for substantial caregivers of about an hour is statistically significant but notably smaller (in percentage terms 119 percent) than the gender gap among the total population. This pattern—a smaller gender difference among active caregivers than the general population—suggests that when men do take on caregiving roles, their time commitment begins to approach that of women. It is the difference in whether individuals are engaged in care on a given day that drives much of the aggregate gender gap. Our findings align with prior research suggesting that while certain routine housework and care tasks have historically fallen more on women (Brenan 2020), many families report sharing child care responsibilities more equally—especially in modern two-earner households (Pew Research Center 2015).

Table 1 breaks down the contributions of primary versus secondary (simultaneous) care to these totals. We see that secondary care constitutes a large share of unpaid caregiving for both genders—indeed, secondary care alone accounts for more than two-thirds of both women's (68 percent of their total care time, or 1.7 hours) and men's care time (roughly 69 percent of their total, or 1.1 hours). This pattern is also evident among substantial caregivers. Among all women, 25.7 percent spent at least 30 minutes on secondary care on the diary day, compared to 19.6 percent of men (Table 1). Among those who participated in secondary care for at least 30 minutes on the diary day (i.e., conditional on participation as defined above), women spent about 6.4 hours on secondary care, compared to 5.7 hours for men. Given that total care time among substantial caregivers averages 6.9 hours for women and 5.8 hours for men (Figure 1C), this implies that a great deal of caregiving may be "invisible"—occurring as a secondary activity alongside other tasks such as housework or even paid work—but is nevertheless essential work for ensuring the safety and well-being of those who are cared for.

The data indicate that caregiving is frequently layered on top of other activities, with individuals often providing both direct care and extended periods of supervisory care responsibility. Women are more likely than men to engage in this form of layered caregiving, reflecting both higher participation rates and longer conditional hours of secondary care.³

³ In the ATUS, individuals may report primary care, secondary (supervisory) care, or both on the same diary day. Secondary care typically occurs alongside activities such as housework, paid work, or leisure, and often spans longer continuous periods than primary care. The high conditional hours of secondary care relative to total care among substantial caregivers suggest that many high-care days involve extended supervisory responsibility combined with shorter episodes of direct care.

Figure 1. Average Daily Time and Participation in Total Unpaid Care Work (Primary^a and Secondary^b), 2024

Figure 1A. Average Hours

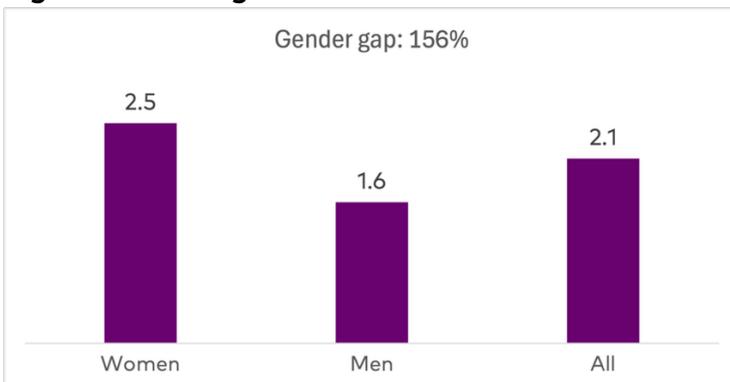


Figure 1B. Substantial Caregivers, Percent of Population

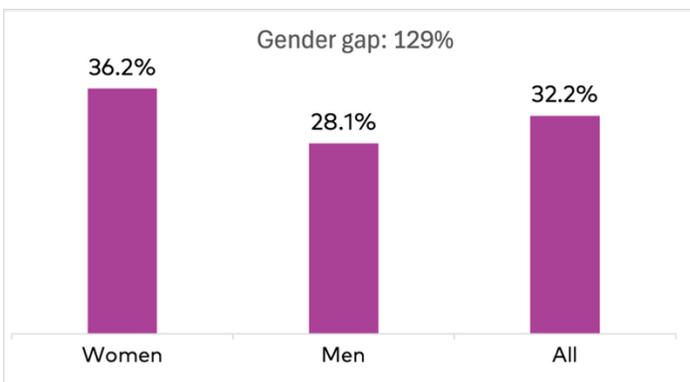
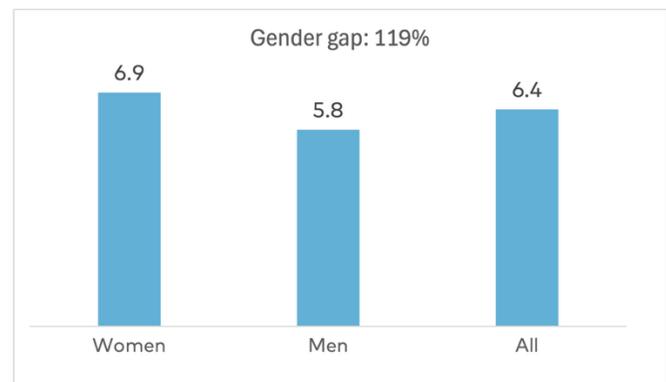


Figure 1C. Substantial Caregivers, Average Hours



Source: Authors' calculation of 2024 American Time Use Survey—Microdata Files as provided by US Bureau of Labor Statistics 2025 at <https://www.bls.gov/tus/data.htm>.

Notes: Individuals in the sample are aged 15 years and older. The gender gap (%) is the ratio of women's to men's efforts. Substantial caregivers spent at least 30 minutes on care on the day.

^a. Care work activities include primary activities related to caring for and helping both household and non-household members—for example, providing physical or medical care to children and adults, reading to or with children—and also include associated travel and telephone calls.

^b. Secondary child care (for household and non-household children under age 13) and elder care (for individuals aged 65 and older) are treated as separate categories and are counted independently. There is no overlap between primary care activities and secondary care activities, nor between secondary child care and secondary elder care.

Table 1. Average Daily Time in Total Unpaid Care Work (Primary and Secondary) by Gender, 2024

Care activity type	Average hours		Participation rate (%)		Conditional hours		Gender gap (women–men) in hours and as %		
	Women	Men	Women	Men	Women	Men	Average hours	Participation rate	Conditional hours
Primary care only	0.8	0.5	29.1	19.7	2.8	2.6	0.3*** (160%)	9.3*** (147.7%)	0.2* (107.7%)
Secondary care only	1.7	1.1	25.7	19.6	6.4	5.7	0.5*** (154.5%)	6.1*** (131.1%)	0.8*** (112.3%)
Total unpaid care	2.5	1.6	36.2	28.1	6.9	5.8	0.9*** (156.3%)	8.1*** (128.8%)	1.0*** (119.0%)

Source: Authors' calculation of 2024 American Time Use Survey—Microdata Files as provided by US Bureau of Labor Statistics 2025 at <https://www.bls.gov/tus/data.htm>.

Notes: Individuals in the sample are aged 15 years and older. The gender gap (%) is the ratio of women's to men's efforts. "Participation" is the share of individuals with ≥30 min of that care activity in the day (substantial caregivers). "Conditional hours" refers to the average hours among those who participated in that activity. Because conditional hours are calculated separately for each care category and are based on different—and overlapping—subsamples of respondents, conditional hours for primary and secondary care do not sum to conditional hours for total care. In contrast, average hours are calculated over the full population and therefore sum across care types.

*** p<0.01, ** p<0.05, * p<0.10 for the difference between women and men. All estimates are weighted. Secondary care here includes both child care (for children <13) and elder care (for adults 65+) done simultaneously with another activity.

Race and Ethnicity and Caregiving

Engagement in caregiving and gender gaps differ substantially across groups of women and men.

Table 2 presents average care time by gender and race/ethnicity. In 2024, Hispanic and Asian women reported the highest unpaid care hours of any group—at 3.1 and 2.9 hours per day, respectively—compared to 2.5 for Black women and 2.3 for White women. Hispanic and Asian women also had the highest rates of participation in substantial caregiving; more than four in ten Hispanic women (43.8 percent) provided at least 30 minutes of care on the diary day, as did almost four in ten Asian women (39.2 percent). Rates for White women (34.4 percent) and Black women (33.2 percent) are slightly lower (Table 2).

Compared to men in the same racial and ethnic group, Black and, particularly, Hispanic women carry a disproportionately high care burden. Black men had the lowest average hours (1.3 hours, a gender gap of 192.3 percent compared to Black women), the lowest rate of participation (25.0 percent, a gender gap of 132.8 percent), and the lowest average hours for those who participated in care (5.1 hours, a gender gap of 145.1 percent) (Table 2). Hispanic men had slightly higher average hours (1.6 hours) and rates of substantial caregiving (29.1 percent) but, given the levels of care provided by Hispanic

women, gender gaps are particularly substantial, 193.8 percent across all Hispanic women and men, 150.5 percent gender gap in the likelihood of being a substantial caregiver, as well as a substantial gender gap in the average number of hours spent by substantial care givers (of 131.5 percent) (Table 2).

Gender gaps in care are lowest between White women and men, with a gender gap of 135.3 percent in care hours between all White women and men, a gap in the likelihood of being a substantial care provider of 122.4 percent, and a gap of just 109.8 percent in the hours spent by those who are substantial caregivers (Table 2). The gender gap between Asian women and men is also somewhat lower, at 130.7 percent in the rate of participation and 121.3 percent in conditional hours spent (Table 2).

Table 2. Average Daily Time in Total Unpaid Care Work (Primary and Secondary) by Race/Ethnicity and Gender, 2024

	Average hours			Participation rate (%)			Conditional hours		
	Women	Men	Gender gap	Women	Men	Gender gap	Women	Men	Gender gap
All	2.5	1.6	0.8*** (156.3%)	36.2%	28.1%	8.1*** (128.8%)	6.9	5.8	5.8*** (119.0%)
Asian	2.9	1.8	1.1** (161.1%)	39.2%	30.0%	9.3 (130.7%)	7.4	6.1	1.3 (121.3%)
Black	2.5	1.3	1.2*** (192.3%)	33.2%	25.0%	8.2* (132.8%)	7.4	5.1	2.3*** (145.1%)
Hispanic	3.1	1.6	1.5*** (193.8%)	43.8%	29.1%	14.7*** (150.5%)	7.1	5.4	1.7*** (131.5%)
White	2.3	1.7	0.6*** (135.3%)	34.4%	28.1%	6.2*** (122.4%)	6.7	6.1	0.6** (109.8%)

Source: Authors' calculation of 2024 American Time Use Survey—Microdata Files as provided by US Bureau of Labor Statistics 2025 at <https://www.bls.gov/tus/data.htm>.

Notes: Individuals in the sample are aged 15 years and older. The gender gap (%) is the ratio of women's to men's efforts. Data include primary + secondary care and present daily averages. Participation rate = percent (%) with ≥30 minutes care (substantial caregiver). Conditional = average hours for substantial caregivers. Racial categories are non-Hispanic; Hispanic individuals can be of any race. Gender gap significance: *** p<0.01, ** p<0.05, * p<0.10.

Racial and ethnic data partly reflect the demographic and socioeconomic differences in care efforts discussed below. Care efforts are highest during prime childbearing years (Appendix Table A1), and Hispanic women are more likely to be in those age groups than other women (US Census Bureau 2025). Asian and White women and men tend to have higher levels educational attainment (US Bureau of Labor Statistics 2024) and higher household incomes than Black or Latina women and men, with potentially more household resources for purchasing care. Additionally, these gender and racial/ethnic differences may also point to cultural expectations that continue to place caregiving

responsibilities primarily on women, especially in immigrant households (Bose et al. 2021; Oxfam America 2024).

Child Care, Marital Status, and the "Parenting Gap"

The presence of young children—and whether one is raising them alone or with a partner—profoundly shapes unpaid care workloads. Unsurprisingly, parents of young children spend far more time on caregiving than other adults. In 2024, women with at least one child younger than 13 years at home on average spent 9 hours on care and men with younger children 6.9 hours, compared to just 0.9 hours for women and 0.5 hours for men without young children. The large majority of parents—96.4 percent of mothers and 91.0 percent of fathers—were substantial caregivers, with even higher average hours of 9.3 and 7.6 hours per day, respectively (Table 3). The time demands of parenting are immense across the board, but especially for mothers.

Marital status influences total workloads but does not erase gender disparities. The data suggest that the presence of a partner doesn't lower a parent's care time. On the contrary, having two parents may allow each parent more time to spend on care than is possible for single parents who will be the main breadwinner for their family. Single mothers with young children were a little less likely than married mothers to be substantial caregivers, 92.2 and 98.0 percent, respectively, but there was little difference in the average hours spent by those who were, at 9.1 hours by single and 9.4 hours by married mothers (Table 3). Single fathers also spent substantial time on care, but less so than single women or married men, with 82.9 percent of single compared to 92.2 percent of married fathers being substantial caregivers, and averaged slightly less time than married fathers among those who provided substantial care, 6.7 and 7.7 hours, respectively (Table 3).

These findings underscore that parenting—especially solo parenting—is an extraordinarily demanding role.

Elder Care Responsibilities

While child care continues to dominate the unpaid care conversation, elder care is an increasingly significant responsibility—especially as the population ages and more adults find themselves supporting elderly parents or relatives, if not juggling caregiving for both children and older adults as a member of the "sandwich generation." Our data show that elder care, while less prevalent than child care, adds considerably to the daily care burden. It is also an important domain where men's caregiving contributions are particularly visible.

We classify elder care providers into three groups: high-frequency caregivers (those who provide care daily or several times a week), moderate-frequency caregivers (weekly or a few times a month), and low-frequency caregivers (once a month or less). In 2024, about 8 percent of women and 7 percent of men were high-frequency elder care

providers (Appendix Table A3). An additional 4.8 percent of women and 4.7 percent of men reported providing elder care once a week or a few times a month (moderate-frequency).

Among high-frequency elder care providers, women spent an average of 3.5 hours per day on care, while men spent 2.8 hours (Table 3). This represents a significant workload on top of other family or job responsibilities. Participation rates were also high: 61.7 percent of women and 54.2 percent of men in this group reported at least 30 minutes of care on the diary day (a gender gap of 113.8 percent). Conditional or average daily care hours for these intensive elder care providers were remarkably high: 5.7 hours for women and 5.1 hours for men (111.8 percent). Women in this group spent more hours than men but gender gaps in average hours and conditional hours are lower than for child care (125.0 and 111.8 percent, respectively, for elder care hours compared with 130.4 and 122.4 percent, respectively, for child care) (Table 3).

Women are also slightly more likely than men to be moderate-frequency elder caregivers, with 34.2 percent of women and 27.5 percent of men having spent at least 30 minutes on the reference day, but in this group of moderate-frequency caregivers men's average hours are slightly higher than those of women. Across all moderate-frequency elder care givers, women spent 1.5 hours on the diary day compared to 1.6 hours by men, and on average among the more substantial caregivers, women spent 4.4 and men 5.7 hours (Table 3). This difference, although not statistically significant, could reflect longer, less frequent elder care sessions by men, such as weekend visits involving several hours of support.

Table 3. Average Daily Time in Total Unpaid Care Work (Primary and Secondary) by Parental and Elder Care Status and Gender, 2024

	Average hours		Participation rate (%)		Conditional hours		Gender gap (women–men) in hours and as %		
	Women	Men	Women	Men	Women	Men	Average hours	Participation rate	Conditional hours
Own household child younger than 13 years									
Own household child younger than 13 years	9	6.9	96.4	91	9.3	7.6	2.1*** (130.4%)	5.4*** (105.9%)	1.8*** (122.4%)
No own household child younger than 13 years	0.9	0.5	21.1	14.9	4	3.6	0.3*** (180.0%)	6.2*** (141.6%)	0.4 (111.1%)
Single or married parents of own household child younger than 13 years									
Single with own household child younger than 13 years	8.4	5.5	92.2	82.9	9.1	6.7	2.9*** (152.7%)	9.4 (111.2%)	2.4*** (135.8%)
Single without own household child younger than 13 years	0.8	0.4	19.7	11.5	3.8	3.3	0.4*** (200.0%)	8.3*** (171.3%)	0.5 (115.2%)
Married with own household child younger than 13 years	9.2	7.1	98	92.2	9.4	7.7	2.1*** (129.6%)	5.8*** (106.3%)	1.7*** (122.1%)
Married without own household child younger than 13 years	1	0.7	22.9	19	4.2	3.8	0.3** (142.9%)	3.9** (120.5%)	0.5 (110.5%)
Elder care to individuals aged 65 years and older									
Provides elder care daily or several times a week (high frequency)	3.5	2.8	61.7	54.2	5.7	5.1	0.7 (125.0%)	7.5 (113.8%)	0.6 (111.8%)
Provides elder care once a week or several times a month (moderate frequency)	1.5	1.6	34.2	27.5	4.4	5.7	-0.1 (93.8%)	6.7 (124.4%)	-1.3 (77.2%)
Provides elder care once a month or less (low frequency)	2.1	1.7	35	32.1	6	5.4	0.4 (123.5%)	3 (109.0%)	0.6 (111.1%)
Does not provide elder care	2.4	1.5	33.9	25.9	7.2	5.9	0.9*** (160.0%)	8.0*** (130.9%)	1.3*** (122.0%)

Table 3, cont.

Combined child(ren) younger than 13 years and elder care for individuals aged 65 years and older

	Average Hours		Participation Rate (%)		Conditional hours		Gender gap (women–men) in hours and as %		
	Women	Men	Women	Men	Women	Men	Average hours	Participation rate	Conditional hours
Has own household child and provided elder care at least several times a month	8.6	7.6	100	92.2	8.6	8.2	1 (113.2%)	7.8* (108.5%)	0.4 (104.9%)
Has own household child and did not provide elder care or, if provided, did so once a month or less	9	6.8	96.1	90.9	9.4	7.5	2.2*** (132.4%)	5.2** (105.7%)	1.9*** (125.3%)
Does not have own household child but provided elder care at least several times a month	2.1	1.7	45.2	37.5	4.5	4.4	0.4 (123.5%)	7.8* (120.5%)	0.1 (102.3%)
Does not have own household child and did not provide elder care or, if provided, did so once a month or less	0.7	0.4	17.1	11.7	3.8	3.2	0.3*** (175.0%)	5.4*** (146.2%)	0.6* (118.8%)

Source: Authors' calculation of 2024 American Time Use Survey—Microdata Files as provided by US Bureau of Labor Statistics 2025 at <https://www.bls.gov/tus/data.htm>.

Notes: Individuals in the sample are aged 15 years and older. The gender gap (%) is the ratio of women's to men's efforts. All figures include primary + secondary care. Participation = % with ≥30 min. care on reference day (substantial caregivers). Conditional = average hours for substantial caregivers. Gender gap significance: *** p<0.01, ** p<0.05, * p<0.10.

Care demands grow more intense when elder care and child care coincide. Only a small proportion of women and men (1.4 and 1.3 percent, respectively, Appendix Table A2) were part of the "sandwich generation"—defined here as those with a young child who also provide elder care at least several times a month—yet they report a substantial time effort. Women reported an average of 8.6 hours of care daily and men 7.6 hours. For men, sandwich caregiving is associated with higher average care hours than child care alone (7.6 versus 6.8 hours), consistent with the addition of elder care responsibilities; this may reflect the fact that fathers are typically slightly older than mothers when they have young children, and thus are more likely to have parents and other elders in their lives in need of care; the share of fathers who are older than 40

years has grown substantially in the last few years (Khandwala, Zhang, Lu, and Eisenberg 2017). For women, by contrast, average care hours among sandwich caregivers are slightly lower than among those providing child care alone (8.6 versus 9.4 hours) (Table 3).

This pattern likely reflects binding time constraints rather than lower caregiving responsibility. Women providing intensive child care already devote close to a full day to care, leaving limited scope to further increase total hours when elder care responsibilities are added. As a result, among women in sandwich-generation households may partially replace child care time or be absorbed through more compressed and overlapping caregiving schedules, rather than increasing total reported care hours. Such constraints are likely to be more pronounced among women with fewer household resources or partner support, consistent with broader evidence on poverty and single parenthood.

While men spent substantial time on elder care, labor market impacts of elder care continue to be gendered. Prior research suggests that women reduce their labor force participation or work hours in response to elder care needs more often than men do (Ahmed and Floro 2023; 2024). This may be due to persistent expectations that women step in for hands-on caregiving, while men may provide financial or logistical support. Still, the share of men engaged in elder care—particularly frequent care—underscores that this domain is not exclusively female.

Paid Work and Caregiving

Employment status plays a pivotal role in shaping the gender dynamics of unpaid care. Women who work full-time spent slightly less time on care than women part-time workers. This is the reverse for men. Men who worked full-time spent slightly more time providing care than men part-time workers. While for women the likelihood of being an intensive caregiver did not differ much between full- and part-time workers (38.2 and 39.3 percent respectively, Appendix Table A2), among men, full-time workers were more likely than part-time workers or workers who were unemployed to provide at least 30 minutes of care (respectively with participation rates of 32.6 and 22.1 percent). Women who worked part-time and were intensive caregivers spent slightly more time providing care than women full-time workers (7.1 and 6.5 hours respectively) while the conditional hours for men part-time workers, at 5.6 hours, were slightly lower than for full-time workers (5.9 hours, Appendix Table A2).

Such gender differences are to be expected given the different rates of part-time work and labor force participation over the life cycle between women and men. Both women and men are most likely to work part-time at the beginning and the end of their working lives when they are less likely to have young children; for women, part-time work remains higher during prime working years in response to family care needs, while part-time work drops sharply for men (Hegewisch and Lacarte 2019). The heaviest unpaid care burdens and the largest gender disparities in care in 2024 were observed in

the 25 to 44 years age group, during prime child-rearing years (Appendix Table A1). Gender differences are not just expressed in participation rates and average care hours among those who work part-time or are not working but in the greater likelihood of women to cut back paid work. Women part-time workers are almost twice as likely as men part-time workers to be intensive caregivers (a gender gap of 177.8 percent), and they are also much more likely to be intensive care providers when they are not in the labor force or unemployed (a gender gap of 148.4 percent, Appendix Table 2). While the large majority of mothers and fathers work full-time, mothers are less likely to do so than fathers: In 2024, 76 percent of mothers with children younger than six worked full-time, as well as 81 percent of mothers of children ages 6 to 17; irrespective of the age of the children, 95 percent of fathers worked full-time (US Bureau of Labor Statistics 2025b).

Yet these disparities suggest that when time availability is comparably constrained—as for full-time workers—men show up more strongly in caregiving. When one partner—often the woman—has reduced work hours, she becomes the default caregiver, absorbing more of the household’s care responsibilities. Recent time use analysis from California, moreover, finds that employed fathers are least likely among men to spend time performing housework on the days that they work, while employed mothers are more likely to do so than other women (Glynn, Vega Varela, and Cohen 2025). These findings reinforce broader evidence that structural labor market inequalities—including gendered access to job flexibility and persistent wage gaps—continue to shape the division of unpaid care (Goldin, Kerr, and Olivetti 2022).

Socioeconomic Differences (Education and Income)

Unpaid caregiving is not only shaped by gender—it is also deeply influenced by socioeconomic status. Our analysis of 2024 data reveals a clear pattern: individuals with higher levels of education and income tend to spend more time on unpaid care work, and this is true for both women and men. Far from indicating a retreat from care, this finding suggests that in higher socioeconomic groups, caregiving is often embraced as part of intensive parenting norms, shared dual-earner responsibilities, or elder care for aging parents.

As shown in Appendix Table A2, college-educated women reported the highest care hours, spending an average of 2.8 hours per day compared to 2 hours among women without a high school diploma. Men follow a similar gradient: 2 hours per day for college-educated men versus 1.1 hours for those with less than a high school education. Participation in care also rises with education: 38.9 percent of women with a bachelor’s degree or higher provided at least 30 minutes of care, compared to 33.1% of women with less than a high school education. Among men, the gap is even more striking—32.9% of college-educated men were active caregivers compared to just 20.2% in the lowest education group. Conditional care hours—time spent caregiving among those who provided any care—also increased with education for both women and men.

A similar pattern appears when we examine household income (Appendix Table A2). Women in households earning \$75,000 or more spent 2.6 hours per day on care, while those in households earning less than \$35,000 averaged 2.1 hours. Among men, the difference is equally notable: 1.8 hours per day in higher-income households versus 1.3 hours in the lowest income bracket. Again, participation follows suit—37.9 percent of women and 29.9 percent of men in high-income households participated in care, compared to 33.7 and 22.4 percent, respectively, in the lowest-income group.

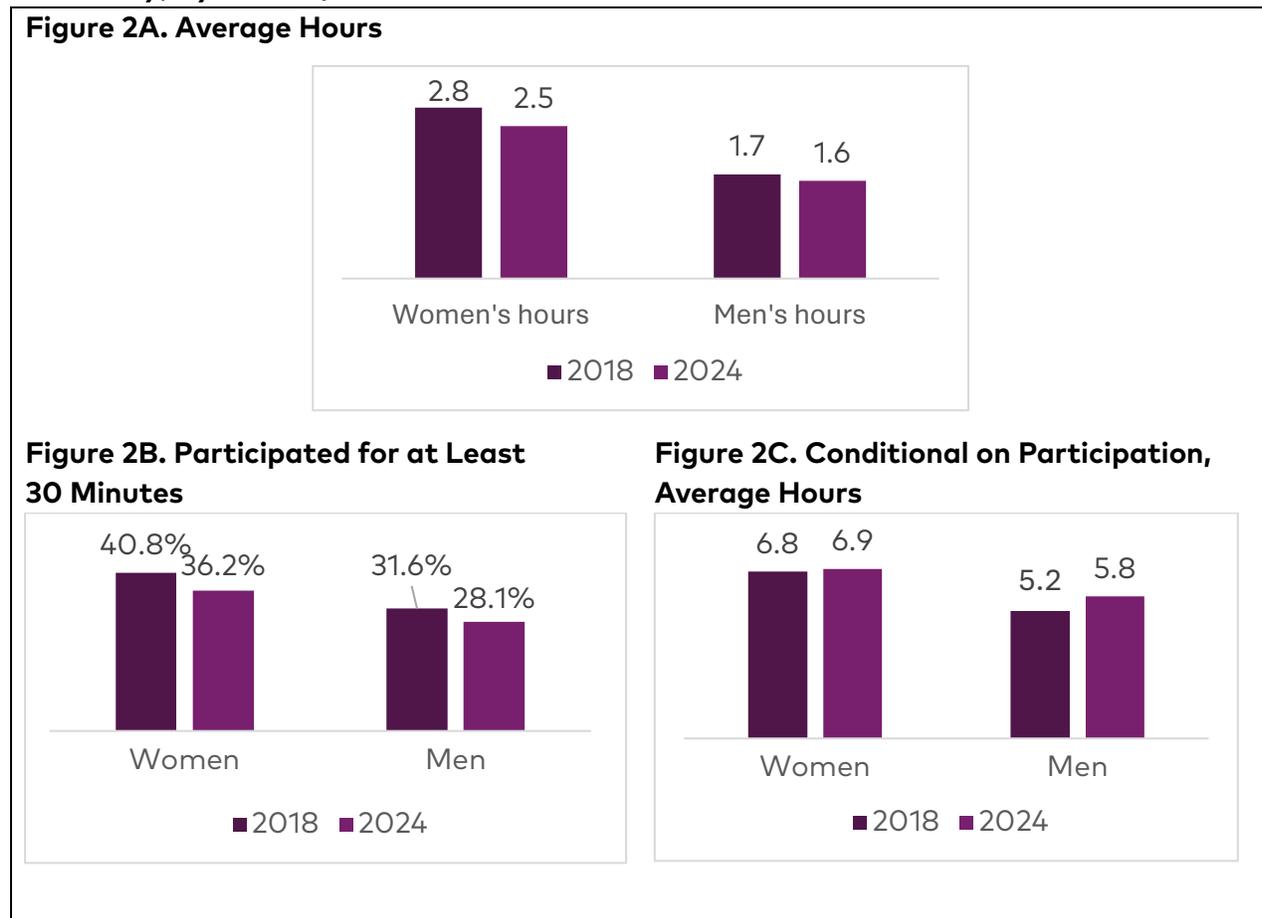
These findings point to caregiving partly as a privilege. More affluent women and, particularly, men—likely benefitting from greater flexibility, job security, and resources—are more actively participating in unpaid care. This could be due to a variety of factors: higher-earning families may delay childbearing and engage in more involved parenting, may include sandwich-generation adults supporting elderly relatives, or may intentionally carve out time for caregiving responsibilities that align with their values.

Nonetheless, a gender gap persists at every level of income and education. Across all groups, women still spend 0.7 to 1.0 more hours per day on care than their male counterparts. For example, among those with a bachelor's degree or higher, the care time gender gap is 0.7 hours (1.4 times higher for women than men); among the lowest education group, it is 0.9 hours (1.8 times as high for women than men) (calculated based on Table A2). However, the narrower gaps among highly educated and high-income individuals offer a window of opportunity: they demonstrate that when men have the means and cultural support to participate in care, they often do.

Changes in Unpaid Care Work from 2018 to 2024

The COVID-19 pandemic elevated both the need for unpaid caregiving and public awareness of the unequal distribution of care responsibilities. Comparisons between 2018 and 2024 suggest that gender gaps post-pandemic did indeed narrow—albeit modestly and unevenly across groups. In 2018, the gender gap in average care time stood at 164.7 percent, while by 2024 it had narrowed to 156.3 percent, reflecting a decline in women's unpaid care hours from 2.8 to 2.5 per day, and a smaller decline in average care hours for men from 1.7 to 1.6 hours (Figure 2a and Table 4). Participation rates—the likelihood of providing at least 30 minutes of care—also declined for both women (from 40.8 to 36.2 percent) and men (from 31.6 to 28.1 percent; Figure 2b), keeping the gender gap in participation almost unchanged between 2018 and 2024 (respectively 129.1 and 128.8 percent, Table 4). The biggest change in the gender care gap happened for average hours spent by those who provided at least 30 minutes on the diary day), falling from 130.8 percent in 2018 to 119.0 percent in 2024 (Table 4). This is due to a substantial increase in the average time spent by men caregivers, from 5.2 to 5.8 hours per day, while women's average time changed only marginally, from 6.8 to 6.9 hours per day (Figure 2c).

Figure 2. Average Daily Time and Participation in Total Unpaid Care Work (Primary and Secondary) by Gender, 2018–2024



Source: Authors' calculation of 2024 American Time Use Survey—Microdata Files as provided by US Bureau of Labor Statistics 2025 at <https://www.bls.gov/tus/data.htm>.

Notes: Individuals in the sample are aged 15 years and older. All figures include primary + secondary care. Participation = % with ≥30 min. care (substantial caregivers). Conditional = average hours for substantial caregivers.

Differences in Trends between 2018 and 2024 by Race/Ethnicity

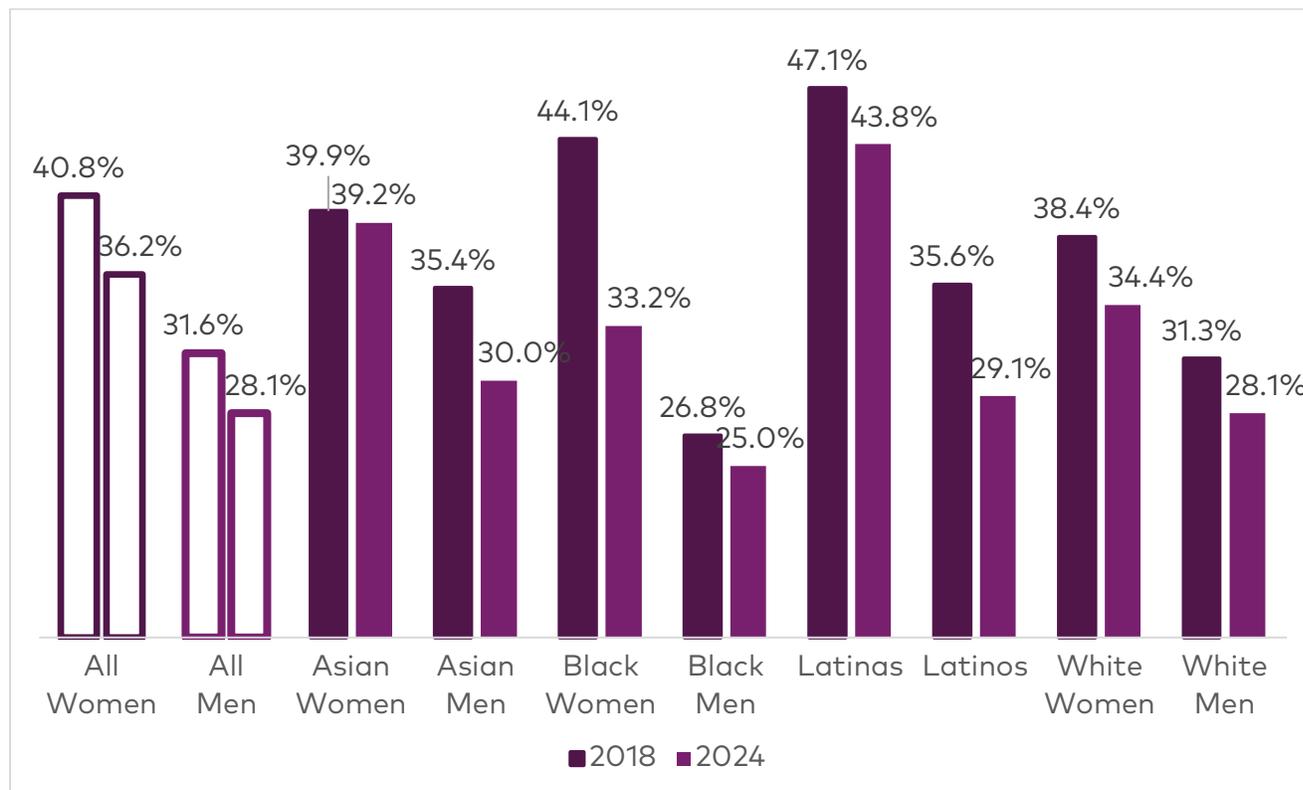
Changes in rates of caregiving and gender gaps in care before and after COVID-19 differ substantially across groups of women and men.

Compared to 2018, the rate of substantial participation in 2024 was lower for women and men of each racial/ethnic group, but the extent of change differed substantially (Figure 3). The share of Black women who spent at least 30 minutes on care on the diary day saw the most substantial and statistically significant decline, falling from 44.1 to 33.2 percent (Table 4). This may be a reflection of the sharper decline in the number of new births to Black women than to other groups of women between 2018 and 2024 (Hamilton, Martin, Osterman 2025; Martin, Hamilton, Osterman, and Driscoll, 2021).

Substantial participation in care also declined for Black men, but by much less than for Black women (from 26.8 to 25.0 percent).

Participation fell somewhat less for Hispanic women (from 47.1 to 43.8 percent) and also declined for Hispanic men (from 35.6 to 29.1). Our data show that the share of Hispanic men living with their own child under age 13 fell significantly, by 6 percentage points, from 24.5 percent in 2018 to 18.7 percent in 2024 (Appendix Table A3). In contrast, the share of Hispanic women with a young child at home remained relatively stable, at around 30 percent in both years. Rates of participation also fell for both White women (38.4 to 34.4 percent) and White men (from 31.3 to 28.1 percent) but stayed almost unchanged for Asian women caregivers, 39.9 to 39.2 percent while rates fell more substantially for Asian men, from 35.4 to 30.0 percent (Figure 3).

Figure 3. Participation in Total Unpaid Care Work (Primary and Secondary) by Race/Ethnicity and Gender, 2018–2024



Source: Authors' calculation of 2018 and 2024 American Time Use Survey—Microdata Files as provided by US Bureau of Labor Statistics at <https://www.bls.gov/tus/data.htm>.

Notes: Individuals in the sample are aged 15 years and older. Participation is defined as individuals who spent at least 30 minutes on unpaid care on the diary day (substantial caregivers). The gender gap (%) is the ratio of the percent of women to the percent of men who participated in care (among substantial caregivers). Care includes primary and secondary care. Racial definitions are non-Hispanic; Hispanic/Latino/a individuals can be of any race.

The lack of change in the overall gender gap in participation, falling by just 0.3 percentage points, thus hides considerable variation by race and ethnicity (Table 4). Gender gaps increased between Asian women and men (by 18.0 percentage points) and between Hispanic women and men (by 18.2 percentage points), stayed broadly the same between White women and men, and decreased substantially between Black women and men (by 31.8 percentage points). Yet the average hours spent by substantial caregivers increased for Black women by 1.1 hours per day while they decreased for Hispanic women by 1.2 hours per day and changed only marginally for Asian and White women (Table 4). Among men, conditional hours increased for Asian and White men (by 1 hour and 0.9 hour, respectively) but stayed largely unchanged for Black and Hispanic men (Table 4). As a result of these trends, differences in the average hours spent by substantial caregivers narrowed between women but widened between men (Table 4).

Table 4. Average Daily Time in Total Unpaid Care Work (Primary and Secondary) by Race/Ethnicity and Gender, 2018–2024

	Average hours			Participation rate (%)			Conditional hours		
	Women	Men	Gender gap	Women	Men	Gender gap	Women	Men	Gender gap
2018									
All	2.8	1.7	164.7%	40.8	31.6	129.1%	6.8	5.2	130.8%
Asian	3	1.8	166.7%	39.9	35.4	112.7%	7.6	5.1	149.0%
Black	2.8	1.4	200.0%	44.1	26.8	164.6%	6.2	5.1	121.6%
Hispanic	3.9	1.9	205.3%	47.1	35.6	132.3%	8.2	5.3	154.7%
White	2.5	1.6	156.3%	38.4	31.3	122.7%	6.4	5.2	123.1%
2024									
All	2.5	1.6	156.3%	36.2	28.1	128.8%	6.9	5.8	119.0%
Asian	2.9	1.8	161.1%	39.2	30	130.7%	7.4	6.1	121.3%
Black	2.5	1.3	192.3%	33.2	25	132.8%	7.4	5.1	145.1%
Hispanic	3.1	1.6	193.8%	43.8	29.1	150.5%	7.1	5.4	131.5%
White	2.3	1.7	135.3%	34.4	28.1	122.4%	6.7	6.1	109.8%
Change in hours, participation rates, and gender gaps (2024–2018)									
All	-0.3**	0.03	-8.5pp*	-4.6***	-3.5***	-0.3pp	0.1	0.6***	-11.8pp
Asian	-0.1	0.02	-5.6pp	-0.7	-5.6	18.0pp	-0.2	1	-27.7pp
Black	-0.3	-0.1	-7.7pp	-11.0***	-1.8	-31.8pp	1.1*	-0.1	23.5pp
Hispanic	-0.3	-0.3	-11.5pp	-3.2	-6.6*	18.2pp	-1.2**	0.03	-23.2pp
White	-0.2	0.1	-21.0pp	-4	-3.2**	-0.3pp	0.2	0.9***	-13.2pp*

Source: Authors' calculation of 2018 and 2024 American Time Use Survey—Microdata Files as provided by US Bureau of Labor Statistics 2025 at <https://www.bls.gov/tus/data.htm>.

Notes: Individuals in the sample are aged 15 years and older. The gender gap (%) is the ratio of women's to men's efforts. Racial definitions are non-Hispanic; Hispanic/Latina/o individuals can be of any race. Secondary care includes both child care (for children <13) and elder care (for adults 65+) done simultaneously with another activity. "Participation" is the share of individuals with ≥30 min of that care activity in the day (substantial caregivers). "Conditional hours" refers to the average hours of substantial caregivers. a) 2024 – 2018 data based on unrounded subtractions and not just the rounded averages shown in table.

*** p<0.01, ** p<0.05, * p<0.10 for the significance of differences between 2024 and 2018 data. All estimates are weighted.

These shifts partly reflect a fall in the number of households with young children.

Appendix Table A3 shows that the share of women with a child under 13 fell from 21.7 to

20 percent, and the share of single mothers with young children from 6.6 to 5.5 percent. In 2024, Asian and Hispanic women were substantially more likely to have a young child (26.5 percent and 29.6 percent, respectively) than Black and White women (18.7 and 17.1 percent, respectively), and these differences have widened since 2018, with Black women seeing the largest decline in parenthood (by 3.8 percentage points). The share of men with young children also declined slightly from 18.9 percent to 17.3 percent, while the proportion of fathers who were single parents fell from 2.6 to 2.2 percent. Among men, the likelihood of having a young child in the household in 2024 was highest for Asian men (24.3 percent) and lowest for Black men (12.0 percent). While each group saw a decline in the likelihood of living with young children between 2018 and 2024, this trend was largest for Hispanic men, by 5.8 percentage points (Appendix Table A3).

Meanwhile, men's elder care responsibilities grew: the proportion of men providing daily or frequent elder care rose from 5.9 to 7.0 percent, while for women it remained steady around 7.8 to 8 percent (Appendix Table A3).⁴ These changes suggest a demographic rebalancing—fewer child care responsibilities among women, and more elder care responsibilities taken on by men. This helps explain why men's unpaid care hours held steady while women's declined. It also supports the interpretation that men are becoming more involved in care work in key areas, particularly outside of traditional parenting roles.

Regression results in Table 5 support this interpretation. After controlling for education, age, marital status, labor market status, household size, and state fixed effects, the gender gap in unpaid care hours narrowed between 2018 and 2024. The interaction term "Female × 2024" is negative in all models—including average care hours (−0.27, significant at 10 percent), participation rate (−1.3 percent, not significant), and conditional care time (−0.311, not significant). While women continue to spend more time on unpaid care overall, the statistically significant narrowing in average hours suggests that men's contributions are slowly rising, as borne out by descriptive data above.

⁴ Racial/ethnic breakdowns for these data are not available due to sample size restrictions.

Table 5. Regression Results Explaining Gender Gaps in Total Unpaid Care Work, 2018–2024

	Care work hours	Care work participation rate	Conditional on participation: care work hours
Female=1	0.922*** (0.094)	0.077*** (0.012)	1.172*** (0.188)
Year 2024=1	0.059 (0.088)	-0.025** (0.013)	0.489** (0.212)
Female X year 2024	-0.270* (0.141)	-0.013 (0.018)	-0.311 (0.294)
Age	0.134*** (0.013)	0.017*** (0.002)	0.150*** (0.031)
Age-squared	-0.002*** (0.0001)	-0.0002*** (0.00002)	-0.002*** (0.0003)
<i>Ref: Race: White only</i>			
Black only	0.197 (0.128)	0.022 (0.016)	0.251 (0.275)
Asian only	-0.573*** (0.179)	-0.049** (0.023)	-0.611* (0.360)
Hispanic	-0.077 (0.136)	-0.002 (0.017)	-0.075 (0.273)
Mixed	-0.702*** (0.265)	-0.035 (0.034)	-1.376** (0.672)
<i>Ref: Marital status: never married</i>			
Widowed/divorced/separated	-0.295*** (0.097)	-0.024* (0.012)	-0.632*** (0.221)
Never married	-2.046*** (0.122)	-0.203*** (0.014)	-2.181*** (0.234)
<i>Ref: Education: Less than high school diploma</i>			
High school diploma or equivalent	0.913*** (0.146)	0.073*** (0.018)	1.047*** (0.312)
Some college education or associate degree	0.841*** (0.139)	0.073*** (0.018)	0.814*** (0.304)
Bachelor's degree or higher	1.189*** (0.138)	0.108*** (0.018)	1.077*** (0.304)
United States, including US territories or military bases =1	-0.379*** (0.133)	-0.016 (0.016)	-0.419* (0.251)
<i>Ref: Labor force status: works full-time</i>			
Works part-time	0.539*** (0.126)	0.032** (0.015)	0.829*** (0.243)
Unemployed or not in labor force	1.325*** (0.103)	0.086*** (0.012)	2.101*** (0.198)
Household size	0.745***	0.098***	0.323***

	Care work hours	Care work participation rate	Conditional on participation: care work hours
Constant	(0.037) -2.441*** (0.466)	(0.004) -0.230*** (0.061)	(0.062) 1.968** (0.942)
Observations	17,262	17,262	6,304
R-squared	0.213	0.199	0.157
State control	Yes	Yes	Yes

Sources Authors' calculation of 2018 and 2024 American Time Use Survey—Microdata Files as provided by US Bureau of Labor Statistics 2025 at <https://www.bls.gov/tus/data.htm>.

Notes: Robust standard errors in parentheses. *** p<0.01, ** p<0.05, * p<0.1. All estimates are weighted.

These evolving patterns suggest a dynamic and increasingly complex care economy. These patterns reflect both structural and cultural changes: demographic shifts in household composition, economic pressures on families, and possibly the effects of public messaging and policy encouraging men's engagement in care.

Nonetheless, while gender gaps have fallen overall almost across the board, women—particularly women of color—continue to shoulder the heaviest burden. Their higher care hours compared to men reflect both enduring expectations and real structural constraints. Many work in lower-paid or precarious jobs with less flexibility (Hegewisch and Mendoza 2025; Kelly 2025; US Department of Labor 2022) and, moreover, have fewer resources to pay for quality care (Araujo, McBride, Sandler 2025; Gascon and Hernandez Kent 2025). This can limit their opportunities for rest, income generation, and advancement. The health impacts of such burdens are well-documented: caregiving intensity is associated with chronic stress and poorer mental and physical health, especially for women of color (Seedat and Rondon 2021).

The continued undervaluation of unpaid care work—particularly that performed by women of color—reinforces broader patterns of economic and social inequality. Capturing the full value of this labor is not just a matter of fairness, but of equity and policy relevance. From a policy perspective, this “hidden economy” of unpaid labor represents both a burden and a potential source of macroeconomic growth if properly supported. Unpaid care contributes to gender wealth gaps and retirement insecurity (Forden, Simmons, Ghilarducci and Radpour 2025; Weller and Tolson 2018). Caregivers—particularly women—often miss out on years of employment, savings, and contributions to pensions or Social Security. Investing public funds to offset these opportunity costs—either by compensating caregivers directly (for example, through caregiver credits, pension or Social Security credits, or targeted income support) or by investing in care infrastructure that reduces reliance on unpaid care—would be not only fair but efficient: it could reduce stress-related health expenditures, improve labor force participation, and delay reliance on institutional care (especially elder care). If even a portion of this

effort were compensated, it could increase caregivers' economic security and boost household consumption. It would also reflect a truer accounting of total labor inputs in the economy.

Economic Value of Unpaid Care Work

How much is unpaid care work in the US worth when expressed in monetary terms? To answer this, we apply the replacement-cost valuation method described earlier. Table 6 presents the annual economic value of unpaid care work under three wage scenarios: a conservative estimate using the federal minimum wage (\$7.25/hour), a mid-range estimate using \$16.10/hour (approximate median wage for direct care workers), and a higher estimate using \$17/hour (the proposed federal minimum wage by 2028). We report totals for women and men separately and combined, and express these totals as a percentage of GDP for context.

In 2024, counting the full time spent on primary care, and discounting secondary care to half the actual time spent⁵, on average women ages 15 and older spent 1.7 hours per day or 620.5 hours per year, summing to 88,481,313,779.50 hours per year. Using the same method, men's average of 1.1 hours per day sums to 55,333,143,673.5 hours per year.⁶

Even using the lowest valuation scenario—\$7.25/hour and a half-weight for secondary care—the estimated economic value of unpaid care work in 2024 reaches \$1 trillion, equivalent to about 3.6 percent of US GDP in 2024. This exceeds the total annual output of entire sectors such as transportation and agriculture. Based on the gender distribution in caregiving time, women's share of this value is approximately \$630 billion, while men contribute around \$440 billion.

When valuing unpaid care at \$16.10/hour—a wage anchored in median earnings for paid caregivers such as home health aides and child care workers (US Bureau of Labor Statistics 2025c)—the value of unpaid care nearly doubles to \$2.3 trillion. At the \$17/hour valuation, it rises to \$2.4 trillion, or 8.4 percent of GDP, based on a 2024 US GDP of \$29.18 trillion (Statista 2025; see Table 6). These numbers rival the size of major US economic sectors. For example, the construction industry contributed roughly 4.5 percent of US GDP in 2024 and generated over \$2.2 trillion in output—a magnitude similar to the \$2.3 trillion–\$2.4 trillion valuation of unpaid care (US Bureau of Labor 2025d; Construction Coverage 2025). Unpaid caregivers—women and men—are effectively generating multi-trillion-dollar economic contributions, none of which appears in standard GDP metrics.

Several estimates point to the high economic contribution of unpaid care and household work in the United States (see, for example, Bridgman, Craig, and Kanal

⁵ For a full discussion, see section 'Economic Valuation of Unpaid Care Work' above, pp.9 -10.

⁶ Population estimates are based on U.S. Census estimates of US residents aged 15 years and older in 2025 (US Census Bureau 2025).

2022; Otsuka 2024, Robbins and Mason 2025). Our approach develops these in two key ways: (1) we include both primary and secondary care hours, and (2) we apply a conservative half-weight to secondary care to avoid double-counting. Even so, our mid-range estimate reaches \$2.3 trillion demonstrating the full scale of caregiving efforts often missed in more restrictive definitions.⁷ If secondary care were valued at full weight, the total would be even higher. Thus, both approaches highlight the sheer volume of unpaid labor underpinning family well-being and economic productivity—ours offering a broader, time-use-based lens.

Importantly, these valuations are not literal compensation recommendations, but illustrative estimates meant to demonstrate the market-equivalent value of unpaid care. They underscore that households—especially women—are absorbing costs that would otherwise fall to government or private services. The estimated value of unpaid care is disproportionately borne by women, who account for approximately 60 percent of the total (Table 6). Recognizing and valuing unpaid care in economic terms is a crucial step toward a more equitable and sustainable care economy. It reinforces calls by economists, feminist scholars, and advocacy groups to integrate unpaid work into satellite national accounts and develop care-sensitive economic policies.

Finally, our estimates are intentionally conservative. Professional caregiving services are often priced much higher than \$16/hour, especially for skilled elder care or full-time nannies. At the same time, not all unpaid care is perfectly substitutable—emotional and relational aspects of care may never be fully captured in market terms. Still, placing a dollar value on unpaid care sends a powerful message: this work is real, essential, and economically meaningful.

⁷ This is more than double than the estimate for primary care alone, at \$1.1 trillion in 2024 (Robbins and Mason (2025)).

Table 6. Annual Economic Value of Total Unpaid Care Work in the United States, 2024, by Gender and Wage Assumption (Secondary Care Weighted at 0.5)

Valuation scenario	Valuation (trillion \$)			Total as % of GDP (2024) ^e		
	Women ^{a,b}	Men ^{a,b}	Total	Women	Men	Total
Using federal minimum wage \$7.25	\$0.60 tril	\$0.40 tril	\$1.00 tril	2.20%	1.40%	3.60%
Using mid-point care wage \$16.10 ^c	\$1.40 tril	\$0.90 tril	\$2.30 tril	4.90%	3.10%	7.90%
Using proposed min. wage \$17.00 ^d	\$1.50 tril	\$0.90 tril	\$2.40 tril	5.20%	3.20%	8.40%

Sources: a. Authors' calculation of 2024 American Time Use Survey—Microdata Files as provided by US Bureau of Labor Statistics 2025 at <https://www.bls.gov/tus/data/datafiles-2024.htm>;

b. US Census Bureau, 'National Population Totals and Components of Change: 2020–2025, <https://www.census.gov/data/tables/time-series/demo/popest/2020s-national-total.html>.

c. US Bureau of Labor Statistics. 2025c. 'Occupational Outlook Handbook'- Childcare Workers (<https://www.bls.gov/ooh/personal-care-and-service/childcare-workers.htm>) and "Home Health and Personal Care Aides (<https://www.bls.gov/ooh/healthcare/home-health-aides-and-personal-care-aides.htm>.)

d. US Senate, S.2488: Raise the Wage Act of 2023, 118th Congress, introduced July 25, 2023, <https://www.congress.gov/bill/118th-congress/senate-bill/2488/text>.

e. Statista, Annual Gross Domestic Product of the United States from 1990 to 2024. <https://www.statista.com/statistics/188105/annual-gdp-of-the-united-states-since-1990/>.

Notes: a. In 2024, on average women ages 15 and older spent 1.7 hours per day or 620.5 hours per year (including all primary care time and 0.5 of secondary care time); for the total female population ages 15 and older this amounts to 88,481,313,779.50 hours per year; for men, based on an average of 1.1 hours per day, this sums to 55,333,143,673.5 hours per year; see also methodology discussion for the economic valuation on p. 9-10.

b. Population estimates are based on US residents aged 15 years and older in 2025.

c. This valuation (\$16.10) is the midpoint between the 2024 median hourly wage of child care workers (\$15.41) and of home health and personal care aides (\$16.78).

d. The wage of \$17 per day is based on the Raise the Wage Act of 2023, which would raise the federal minimum wage to \$17 by 2028.

e. US GDP for 2024 is estimated at \$29.18 trillion in current dollars.

4. Conclusion

This study provides a post-pandemic portrait of unpaid care work in the United States, revealing persistent gender disparities alongside change over time, comparing pre- and post-pandemic years. As the United Nations (2022) has emphasized, addressing unpaid care is foundational to achieving gender equality—an imperative echoed in our US findings.

Using 2018 and 2024 time-use data, our analysis finds that average care hours and the likelihood of being a substantial caregiver (spending at least 30 minutes of unpaid care a day) fell across the board, for women and men of each racial and ethnic group, and most strongly for Black women. This points to the impact of the pandemic on the

likelihood of having young children or, indeed, elders in need of care. While women continue to perform the majority of unpaid care time, we found that gender gaps in unpaid care declined significantly following the COVID-19 pandemic, both in descriptive comparisons and in regression analyses that adjust for key demographic and household characteristics, including marital status, age, race/ethnicity, labor force status, and household size. The data suggest that behind this decline in gender gaps is greater equality among time spent by women and men who are substantial caregivers—with average hours increasing for men but remaining largely unchanged for women. Yet there has been hardly any change in the likelihood of being a substantial caregiver. Women were 1.3 times as likely as men to be substantial caregivers before the pandemic, and they were 1.3 times as likely afterwards.

Gender gaps in average hours fell for each of the largest racial/ethnic groups, yet both the extent of gender gaps and change since 2018 vary markedly. Whether looking at average unpaid care hours, the likelihood of being a substantial caregiver, or average hours spent by substantial caregivers, the care gaps between women and men of the same race/ethnicity are lower for White and Asian than for Black and Hispanic women and men. Black and Hispanic women on average spent about twice as many hours on unpaid care as Black and Hispanic men; Asian and White men's conditional care hours increased substantially since 2018 while Black and Hispanic men's changed hardly at all. This points to socioeconomic factors for engagement in unpaid care. Women, and particularly men, with higher levels of education and household income tend to spend more time on care. Rather than simply a burden, having time to spend on care of one's loved ones, including for men, requires also the resources, job quality, and economic freedom for doing so. To promote shared caregiving, policies must empower men as well as women, across class and educational divides.

The analysis showed that much of the gender gap in unpaid care can be explained by observable factors such as parenthood, labor force participation, and marital status—highlighting how structural roles shape caregiving time. However, a residual gender gap persists even after adjusting for these characteristics. The persistence of this gap across demographic groups suggests that factors beyond observable characteristics—such as entrenched expectations around caregiving roles—continue to shape how care responsibilities are distributed. Cultural expectations—like the assumption that mothers, not fathers, will take time off to care for a sick child—remain powerful. Changing these patterns will require more than individual effort. It calls for public policies that normalize and incentivize shared responsibilities for care between women and men, workplace cultures that support caregiving among men, and broad shifts in how care is valued and distributed.

Our analysis shows that even a basic moderate valuation of unpaid care time amounts to 3.6 percent of GDP in 2024. Valuing unpaid care in economic terms strengthens the case for public investment to reduce the adverse effects of gender inequality in unpaid care and improve access to quality affordable child and elder care. Given that the

economic value of unpaid caregiving exceeds \$1 trillion annually—even under conservative estimates—these investments would be modest in comparison. Yet such investments would yield substantial returns: improved caregiver health, reduced burnout, and improved economic participation and growth.⁸

⁸ A number of economic analyses point to the positive impact on job creation and growth of investment in care; see, for example, Antonopoulos, Zacharias, Masterson, and Kim 2010; De Henau and Himmelweit 2021.

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APPENDIX

Appendix Table A1. Average Daily Time in Total Unpaid Care Work (Primary and Secondary) by Age Group and Gender, 2024

Age range	Average hours		Participation rate (%)		Conditional hours		Gender gap (women–men)		
	Women	Men	Women	Men	Women	Men	Average hours	Participation rate	Conditional hours
15–24	1.2	0.5	24.2	14.7	4.9	3.4	0.7**	9.5**	1.4
25–34	4.2	1.9	47	28.8	8.8	6.7	2.2***	18.2***	2.2***
35–44	5.6	3.7	69.1	52.8	8.1	6.9	2.0***	16.3***	1.2***
45–54	2.3	2.2	38.1	36.4	6.1	6	0.1	1.7	0.1
55–61	1.2	1.2	24	25	5	4.7	0.03	-1	0.3
62+	1	0.7	21.4	16.5	4.7	4.4	0.3**	5.0***	0.3

Source: Authors' calculation of 2024 American Time Use Survey—Microdata Files as provided by US Bureau of Labor Statistics 2025 at <https://www.bls.gov/tus/data.htm>.

Notes: Individuals in the sample are aged 15 years and older. The gender gap (%) is the ratio of women's to men's efforts. All data include primary + secondary care. Participation = % with ≥30 min care (substantial caregivers). Conditional = average hours among substantial caregivers. Gender gap significance: *** p<0.01, ** p<0.05, * p<0.10.

Appendix Table A2. Average Daily Time in Total Unpaid Care Work (Primary and Secondary) by Employment Status, Educational Attainment, and Household Income, 2024

	Average hours		Participation rate (%)		Conditional hours		Gender gap (women–men) in hours and %		
	Women	Men	Women	Men	Women	Men	Average hours	Participation rate	Conditional hours
Employment status									
Works full-time	2.5	1.9	38.2	32.6	6.5	5.9	0.5*** (131.6%)	5.5*** (117.2%)	0.6* (110.2%)
Works part-time	2.8	1.2	39.3	22.1	7.1	5.6	1.6*** (233.3%)	17.2*** (177.8%)	1.6** (126.8%)
Unemployed or not in labor force	2.3	1.2	32.8	22.1	7.1	5.5	1.1*** (191.7%)	10.7*** (148.4%)	1.6*** (129.1%)
Educational attainment									
Less than high school diploma	2.0	1.1	33.1	20.2	5.9	5.3	0.9*** (181.8%)	12.9*** (163.9%)	0.6 (111.3%)
High school diploma or equivalent	2.5	1.5	35.9	26.0	6.9	5.8	1.0*** (166.7%)	10.0*** (138.1%)	1.1** (116.4%)
Some college education or associate degree	2.3	1.5	33.5	28.2	6.8	5.4	0.8*** (153.3%)	5.2* (118.8%)	1.4*** (125.9%)
Bachelor's degree or higher	2.8	2.0	38.9	32.9	7.1	6.1	0.7*** (140.0%)	6.0*** (118.2%)	1.0*** (116.4%)
Family income									
\$34,999 and below	2.1	1.3	33.7	22.4	6.2	5.8	0.8*** (161.5%)	11.3*** (150.4%)	0.4 (106.9%)
\$35,000 to \$74,999	2.5	1.6	34.7	27.6	7.1	5.7	0.9*** (156.3%)	7.1*** (125.7%)	1.5*** (124.6%)
\$75,000 and above	2.6	1.8	37.9	29.9	6.9	5.9	0.9*** (144.4%)	8.0*** (126.8%)	1.0*** (116.9%)

Source: Authors' calculation of 2024 American Time Use Survey—Microdata Files as provided by US Bureau of Labor Statistics 2025 at <https://www.bls.gov/tus/data.htm>.

Notes: Individuals in the sample are aged 15 years and older. The gender gap (%) is the ratio of women's to men's efforts. "Participation" is the share of individuals with ≥30 min of that care activity in the day (substantial caregivers) . "Conditional hours" refers to the average hours for substantial caregivers. *** p<0.01, ** p<0.05, * p<0.10 for the difference between women and men. All estimates are weighted. Secondary care here includes both child care (for children <13) and elder care (for adults 65+) done simultaneously with another activity. The gender gap (%) is the ratio of women's to men's efforts.

Appendix Table A3. Differences in Child Care and Elder Care Status by Gender and Race/Ethnicity, 2018–2024

	2018			2024			Change* (2024–2018)		
	Women %	Men %	All %	Women %	Men %	All %	Women %	Men %	All %
Own household child under 13									
All	21.7	18.9	20.3	20.0	17.3	18.7	-1.7	1.6	-1.6**
Asian	28	27.5	27.7	26.5	24.3	25.4	-1.4	-3.1	-2.3
Black	22.5	13.3	18.3	18.7	12	15.6	-3.8	-1.3	-2.7
Hispanic	29.8	24.5	27.1	29.6	18.7	24.1	-0.3	-5.8*	-3
White	19.1	17.5	18.3	17.1	17.1	17.1	-2.0*	-0.4	-1.2
Household composition of parents with household child aged younger than 13 years^a									
Single with own household child younger than 13 years	6.6	2.6	4.7	5.5	2.2	3.9	-1.1	-0.4	-0.8*
Single without own household child younger than 13 years	43.1	45.0	44.0	45.2	44.4	44.9	2.1	-0.5	0.8
Married with own household child younger than 13 years	15.1	16.2	15.7	14.5	15.1	14.8	-0.6	-1.2	-0.9
Married without own household child aged younger than 13 years	35.2	36.2	35.7	34.8	38.3	36.5	-0.4	2.1	0.8
Elder care status^a									
Provides elder care to individual(s) aged 65 years and older – daily or several times a week	7.8	5.9	6.9	8.0	7.0	7.5	0.1	1.2	0.6
Provides elder care to individual(s) aged 65 years and older – once a week or several times a month	5.5	4.9	5.2	4.8	4.7	4.7	-0.7	-0.3	-0.5

Provides elder care to individual(s) aged 65 years and older – once a month or other frequency	3.3	2.7	3.0	2.4	2.2	2.3	-0.9*	-0.4	-0.7**
Did not provide elder care to individual(s) aged 65 years and older	83.3	86.5	84.9	84.8	86.1	85.5	1.5	-0.4	0.6
Household composition of parents with household child aged younger than 13 years and elder care status^a									
	2018			2024			Change* (2024–2018)		
Has own household child under 13 and provided elder care at least several times a month	2.2	1.2	1.7	1.4	1.3	1.4	-0.8**	0.1	-0.4
Has own household child under 13 and did not provide elder care or, if provided, did so once a month or less	19.5	17.7	18.6	18.6	16.0	17.3	-0.9	-1.7	-1.3*
Does not have own household child under 13 and provided elder care at least several times a month	11.2	9.6	10.4	11.4	10.4	10.9	0.2	0.8	0.5
Does not have own household child under 13 and did not provide elder care or, if provided, did so once a month or less	67.1	71.6	69.3	68.6	72.3	70.4	1.5	0.8	1.2

Source: Authors' calculation of 2024 American Time Use Survey—Microdata Files as provided by US Bureau of Labor Statistics 2025 at <https://www.bls.gov/tus/data.htm>.

Notes: Individuals in the sample are aged 15 years and older. All estimates are weighted. Racial categories are non-Hispanic; Hispanic/Latina/o individuals may be of any race. ^a Sample size insufficient for race/ethnic analysis. *** $p < 0.01$, ** $p < 0.05$, * $p < 0.10$ for the difference between women and men. *Change calculated as 2024 value minus 2018 value; because of rounding calculations may look slightly different from unrounded results.