Degrees of Care: Gender and Educational Stratification in Caregiving Across the Life Course in the United States

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Abstract

Gender gaps in multigenerational caregiving are large, and women provide more care than men to family members across much of the life course. However, how education structures gendered caregiving demands remains poorly understood, as educational attainment is typically treated as a control rather than a source of demographic stratification between groups. Pooling data from the 2003-2024 American Time Use Survey, I use logistic and gamma regression models to examine selection into care and conditional time in caregiving at the intersection of gender and education between ages 25-79. I find larger differences in selection than disparities among caregivers. The gender gap is more pronounced among the less-educated than college-educated adults, particularly in selection into care of young children, but college-educated men consistently are more likely to do any care, whereas education restructures women's care responsibilities after midlife. The age of the care recipient is a clear marker of demographic stratification by gender and education. This study demonstrates how college attainment determines men and women's caregiving opportunity structure—the temporal and relational context of caregiving—differently, with implications for cumulative disadvantage among less-educated women who face concentrated care demands during critical periods of human capital formation.

Introduction

Women provide more care across much of the life course compared to men (Milkie et al., 2025; Ophir & Polos, 2022; Patterson & Margolis, 2019), but this gender gap varies greatly by life stage, the care recipient, and educational attainment (Dotti Sani & Treas, 2016; Dukhovnov & Zagheni, 2015; Ice, 2023; Kahn et al., 2011). Given the dramatic expansion of educational attainment in the United States among women in particular (Buchmann et al., 2008), understanding how college attainment shapes caregiving responsibilities offers insights into gender inequality across the life course, particularly regarding men's slow entrance into the private sphere (England, 2010; Goldscheider et al., 2015).

The large gender gaps that exist early in the life course and during midlife often disappear or even reverse by older adulthood (Dukhovnov & Zagheni, 2015; Kahn et al., 2011). Early in the life course, these gender gaps are accentuated by educational attainment, as college educated men and women tend to spend more time in childcare than their less-educated counterparts (Altintas, 2016; England & Srivastava, 2013; Gao, 2023, 2025; Prickett & Augustine, 2021; Vinopal & Gershenson, 2017). How gender and education jointly shape involvement in multigenerational caregiving across the whole of the life course is less well understood.

I argue that educational attainment determines caregiving responsibilities differently for men and women across the life course because of different *caregiving opportunity structures*—the temporal and relational context of caregiving—by education. College attainment is associated with the experience of demographic events in the family (e.g., the birth of (grand)children, parental health and survival, geographic proximity to kin, and partnership) with real impacts on caregiving involvement across the life course. In turn, each of these events intersect with gender norms placing women primarily responsible for care (England, 2005; Goldscheider et al., 2015; Hays, 1996; Milkie et al., 2025). Contrary to framing education as a cultural, compositional, or resource-based mechanism as in previous work (e.g., England & Srivastava, 2013; Lahaie et al., 2013), this study emphasizes the demographic realities of educational attainment and the implications for family life.

I pool over two decades of time-diary data from the 2003-2024 American Time Use Survey to explore how gender and education jointly shape care to children, grandchildren, partners, parents, siblings, and other relatives. Using logistic and gamma regression models, I separately predict *selection into care* and *conditional time in care*, respectively, allowing me to examine exposure to care separately from behavior once in the caregiving role. I follow these models by estimating differences by the age of care recipient.

My results confirm the temporal nature of the gender gap in multigenerational caregiving which is more pronounced among the less-educated, particularly during early adulthood. Education structures men and women's caregiving life course differently: college-educated men consistently have a higher probability to provide care across the life course, whereas college-educated women are more likely only before older adulthood. Results by the age of the care recipient confirm that

differences between groups are largest when caring for young children (Gao, 2025; Pessin & Pojman, 2025), underscoring education's role as a source of stratification in the timing and occurrence of demographic events.

This study offers several contributions to our understanding of stratification in multigenerational caregiving across the life course. Whereas many caregiving studies focus on specific caregiving relationships, which ignores how the relational context of care responsibilities evolve in tandem with other life domains and may undercount the care inputs of socially disadvantaged groups (Ansari-Thomas, 2024; Pessin & Pojman, 2025), this study takes a life course approach, finding that when caregiving demands occur, their intensity, and the age of the person being cared are markers of broader gender and educational stratification in people's work and family lives. Second, I theorize the *caregiving opportunity structure*, which emphasizes, among other things, the importance of the age of the care recipient, especially early in the life course. Third, I show that selection into care is more stratified by gender and education than is time in care, conditional on doing any, with implications for how future studies measure caregiving.

Given the weak care infrastructure available in the United States (Collins et al., 2021; K. E. M. Miller et al., 2022), caregiving can have adverse short- and long-term effects on well-being and human capital formation (Aisenbrey & Fasang, 2017; Ansari-Thomas, 2024; Fasang & Aisenbrey, 2021; Nguyen & Connelly, 2014; Pojman et al., 2025). This study suggests that cumulative advantages are also accrued via a demographic mechanism: the caregiving opportunity structure.

Background

Multigenerational caregiving across the life course

Most care in the United States is provided informally by members of the nuclear family (Agree & Glaser, 2009), particularly its female members (Bianchi, 2011; Craig & Mullan, 2011; Grigoryeva, 2017; Luo et al., 2012; Pessin & Pojman, 2025). These within-family caregiving gaps translate to a caregiving gender gap at the population level that is largest in early adulthood and midlife, but reduces or even reverses thereafter (Dukhovnov & Zagheni, 2015; Ice, 2023; Kahn et al., 2011; Patterson & Margolis, 2019).

Early life course care gaps are driven by childcare, particularly of young children (Dukhovnov & Zagheni, 2015; Patterson & Margolis, 2019; Pessin & Pojman, 2025). Cultural scripts regarding men and women's roles in the public and private spheres are especially salient during this stage. Many women feel pressure to engage in intensive childcare and make men the secondary parent (Hays, 1996)—though how women "do" intensive mothering depends greatly on their race, class, and other characteristics (Dow, 2016; Lankes, 2022). Additionally, the United States has a weak care infrastructure with few public supports such as paid parental leave or universal childcare (Collins, 2019; K. E. M. Miller et al., 2022). As a result, women often become the "default" parent,

with implications for women's labor force participation and lifetime earnings (Calarco et al., 2021; Collins et al., 2021).

The gender gap also exists because of how education sorts some people (e.g., the college-educated) into stable partnerships and others (e.g., those with less than a college degree) into unstable partnerships marked by multi-partner fertility and single motherhood (Altintas, 2016; Cherlin, 2020; Edin et al., 2015; McLanahan, 2004; Perelli-Harris & Lyons-Amos, 2016). Highly-educated (partnered) women's childcare time rubs off on their partners (England & Srivastava, 2013; R. N. Miller, 2020), reflecting the role of educational assortative mating in shaping work-family dynamics (Pessin & Querin, 2026).

The educational gradient to childcare time has grown in recent decades such that highly educated parents provide more care than less-educated parents. This growth has been particularly true for fathers (Dotti Sani & Treas, 2016; Gao, 2023; Sayer et al., 2004; Sullivan, 2010), although more recent evidence suggests that the education gap in mothers' time has narrowed, except among those caring of infants (Gao, 2025). Importantly, the growth in fathers' childcare time is concentrated in less-important childcare tasks and often occurs when mothers are present (Craig, 2006; Craig & Mullan, 2011; Gao & Ruan, 2022; Garcia Roman & Cortina, 2016). Thus, the educational gradient of childcare also reflects compositional differences between men and women.

Later in life people begin to take on more adult care, though fewer people overall are engaged in this kind of care (Dukhovnov & Zagheni, 2015; Ice, 2023; Pessin & Pojman, 2025). Gender remains salient in this age range, assigning the role of parental care to daughters (in-law) over sons (in-law) (Grigoryeva, 2017; Matthews, 2002). Women are also more likely to care for their male partner than vice versa (Wolff & Kasper, 2006).

Whereas education clearly predicts involvement and time in childcare, its role in shaping gender gaps in multigenerational caregiving later in the life course is not well understood. Gender differences during this period may reduce or even reverse as men exit the labor market (Kahn et al., 2011), so to the extent that education is related to labor force attachment and retirement, it likely drives gender differences through this mechanism. It may be then that education and gender gaps in care are similarly small later in the life course, as for both men and women, education determines who becomes a caregiver, when, and for whom.

Education and the caregiving opportunity structure

College attainment's link to caregiving is primarily theorized through cultural, compositional, and resource-based mechanisms. These perspectives emphasize cultural norms in shaping, for example, large class-based disparities in childrearing practices (England & Srivastava, 2013; Hays, 1996; Lareau, 2002), how family structure determines who provides or receives care (Lin, 2025; Peek et al., 2000; Wu et al., 2024), or how access to structural resources (e.g., paid family leave) that support caregivers varies by education level (Boyens et al., 2022; Lahaie et al., 2013). In sum,

this literature describes how educational attainment interacts with caregiver characteristics and social context to structure differences between caregivers.

I argue that these perspectives ignore kinship network differences between the of college and non-college educated men and women. Education shapes when people experience demographic events in their family life course: fertility (timing and number of children), mortality (generational overlap, parental health and survival), migration (spatial proximity to kin), and partnership (timing and occurrence). In turn, education shapes individuals' *caregiving opportunity structure*—who cares, when, and for whom—across the life course. I separately discuss the role of each demographic pathway during early adulthood, midlife, and older adulthood in contributing to expectations for caregiving differences at the intersection of gender and education.

Early adulthood. Early in the life course, most of an individual's caregiving responsibilities are driven by their own fertility and partnership status. Because college educated people—and particularly men—delay partnership and parenthood during this period (Hudde & Cohen, 2024a; Manning et al., 2014; Trimarchi & Van Bavel, 2017; Yang & Morgan, 2003), their caregiving responsibilities are initially smaller relative to less educated people. Having moved for education or work, college-educated people may have less family support with childcare (Choi et al., 2020; Daw et al., 2019). Thus, women with less than a college degree face the highest selection into caregiving at this stage, as they have more children and earlier (Hudde & Cohen, 2024a; Musick et al., 2009; Yang & Morgan, 2003).

Midlife. During midlife, caregiving responsibilities pull individuals in multiple directions as many still care for children and begin caring for parents or other adult kin (Ice, 2023). Here, education shapes the timing of entrance into elder care through generation length and parents' fertility (Daw et al., 2016; Matthews & Sun, 2006). Education also shapes the transition to grandparenthood, which usually occurs earlier for women (Daw et al., 2016; Leopold & Skopek, 2015). Partnership continues to be relevant for caregiving at this age, with college educated people likelier to have a partner with whom they can share care demands (Daw et al., 2016), though women may feel greater responsibility to take care of in-laws than men. College educated people may also have fewer adult care demands because they live further from family (Choi et al., 2020; Daw et al., 2019). Together, these forces mean college educated people experience parental care responsibilities later than their less-educated peers and have fewer siblings to share them with. Similarly, college educated people transition to grandchild care later but are more likely to have a spouse with whom they can split care.

Older adulthood. During older adulthood, care begins to flow primarily upward and horizontally (Kalmijn, 2019). Selection into care is shaped by health and labor force participation, whereas mortality differentials by education shape the duration of care responsibilities, with important gender and educational differences for both. Better-educated adults are more likely to have living, college-educated parents, as education is associated with longevity and health (Daw et al., 2016; Matthews & Sun, 2006). Better-educated adults are also more likely to have a partner who can

assist with caring for parents. On the other hand, less-educated adults may face adult care demands earlier in the life course, as their parents may be less healthy or have fewer resources of their own to care for themselves (Zajacova & Lawrence, 2018). Better-educated people are less likely to have grandchildren (because they are less likely to have children themselves, who are then less likely to have children) (Westrick-Payne, 2024; Yahirun et al., 2018) or to live with grandchildren (Luo et al., 2012), but once grandparents, they spend more years healthy than their less-educated counterparts (Margolis & Wright, 2017). As a result, college educated people have later but potentially longer and less intense care burdens compared to less-educated people, whose care responsibilities are compressed to an earlier age window.

Moreover, the age of the care recipient is an undertheorized mechanism stratifying caregiving across the life course: it is both a byproduct of demographic stratification by gender and education (e.g., college-educated women have children later than non-college educated women, meaning the age composition of their kinship network differs), and a direct predictor of care demands, as the needs of a newborn, a teenager, and an aging parent require fundamentally different time and task inputs. The caregiving literature recognizes this implicitly by controlling for the age of the care recipient or of the youngest child (e.g., Ansari-Thomas, 2024; Craig, 2006; Dukhovnov & Zagheni, 2015; Gao, 2025; Lin, 2025; Pessin & Pojman, 2025), yet recipient age has not been theorized as a dimension of caregiving stratification in its own right. Because each demographic pathway structures the age composition of kin networks differently by gender and education, studying the age of the care recipient directly reveals a previously unexamined dimension of life course stratification.

Data and Methods

To study gender and educational stratification in caregiving across the life course, I leverage a rich source of information about caregiving, the American Time Use Survey (ATUS), which is a random subsample of Current Population Survey respondents. The ATUS collects detailed time-diary data on how Americans aged 15 and older spend their time across a wide range of activities during a 24-hour period. As activities are recorded, respondents report on the sex, age, and relationship of with whom they did the activity. I pool all available survey years of the ATUS, covering over two decades between 2003-2024 (Flood et al., 2025). My final analytic sample includes 215,026 observations aged 25-79; this lower bound ensures most respondents who would ever obtain at least a bachelor's degree have done so.

Measures

Selection into and time spent caregiving. I study two measures of caregiving. The first is a binary measure indicating whether an individual *provides any care* to a family member (spouse or cohabiting partner, own child, grandchild, sibling, parent, family members under 18, and family

members older than 18 including parents-in-law). This measure represents selection into care, allowing an examination of who provides care at the intersection of gender and education, and when during the life course. The second measure, *conditional time in care* compares amongst those that provide any care (i.e., more than zero minutes); this measure compares among caregivers to answer questions of how gender and education intersect to shape time in care across the life course.

I expand previous caregiving work by focusing more specifically on the *age of the care recipient*, as care needs vary greatly across the life course (e.g., providing care to newborns versus teenagers requires different time inputs and activities). Here, I construct six measures based on the age of the care recipient: (1) 0-3, (2) 4-7, (3) 8-11, (4) 12-17, (5) 18-49, and (6) 50+. The latter measure is set lower than retirement age because family members of less-educated individuals may need care earlier in the life course; findings are similar when this cut point is changed to 65+.

Measures of caregiving stratification. Predictors include *gender* (man, woman), *college attainment* (no college, college), and a continuous measure of *age* ranging between 25 and 79.

Correlates of caregiving. Drawing on previous literature, I also include a range of correlates of caregiving. The first set captures the *caregiving opportunity structure*, that is, potential disparities in kin availability which shape selection into caregiving: *partnership status* (partnered, widowed or separated or divorced, never married), *birth cohort* (1928, 1933, etc.) (Cherlin, 2010; Hudde & Cohen, 2024b; Wiemers & Bianchi, 2015), *nativity* (Dukhovnov & Zagheni, 2019), and a categorical measure of *coresidence* with potential dependents (none, child or grandchild under 18, sibling or parent 50 or older, or both) (Ice, 2023). The second set of correlates include *sociodemographic* measures: *race-ethnicity* (Black, Hispanic, White, Asian, Other) (Lin, 2025; Peek et al., 2000; Pessin & Pojman, 2025; Sarkisian et al., 2007; Sarkisian & Gerstel, 2004) and *employment status* (not working, part time, or full time) (Ansari-Thomas, 2024; Nguyen & Connelly, 2014). I also include *spatiotemporal* controls to capture differences in care across place and time: *region* (Northeast, Midwest, South, West), *season* (summer, fall, winter, spring), and whether the survey was conducted on a *weekday* (Hook, 2017) or *holiday*. Table 1 displays the survey-weighted descriptive statistics for the analytic sample at the intersection of gender and college attainment, and for the entire sample.

[TABLE 1]

Analytic strategy

To describe gender and educational stratification in caregiving across the life course in the United States, I rely on logistic and gamma regression models. Logistic regression is used with binary outcomes, whereas gamma regression is used to model time, as it handles continuous, non-negative, and highly skewed data well. I estimate a four-way interaction between gender, college attainment, and age-squared. Substantively, this means that caregiving differences by gender, education, and their intersection have a nonlinear relationship with age. For example, the

difference between men and women, or the difference within college-educated men and women, early in the life course is not expected to be the same as later in the life course. However, in the models differentiated by age of care recipient I use a three-way interaction between gender, education, and age and include an age-squared term because of low cell size.

To account for the complex survey design and obtain estimates representative of the U.S. population, I use respondent probability weights in combination with 160 replicate weights to calculate correct standard errors. These weights are rescaled to account for the data pooling between 2003-2024, meaning I divide all weights by 22 (Bureau of Labor Statistics, 2025). For all years but 2020, this weight is "wt06" or "rwt06;" in 2020 I use "wt20" and "rwt20."

Estimates are presented using the *margins* command in Stata as the average predicted probability (APP) or expected time in care conditional on any care (ETC), depending on the model. I separately calculate the average marginal effect (AME) of gender and college attainment; the $AME_{between}$ captures differences in the APP or ETC between men and women of a similar education level (e.g., between men and women who both have a college degree; positive values indicate that women have a higher probability than men of the same age and negative values indicate men have a higher probability than women) and the AME_{within} captures within-gender differences in the APP or ETC due to educational attainment (e.g., between women with a college degree and women without a college degree; positive values indicate college-educated people have a higher probability whereas negative values indicate non-college educated people have a higher probability).

Empirical Findings

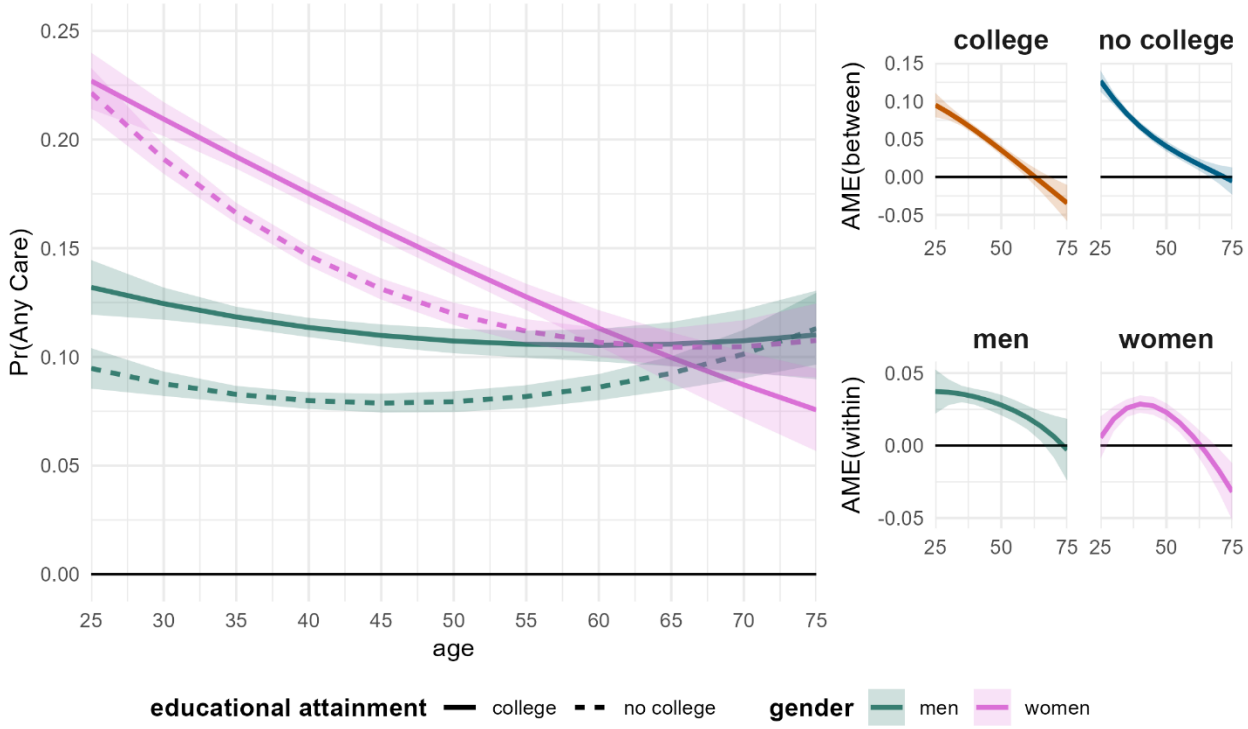
Selection into care

Figure 1 shows the APPs to provide any care at the intersection of gender and college attainment. Line colors denote the gender of the caregiver, with women in pink and men in green, and line types differentiate college-educated caregivers (solid) from non-college-educated caregivers (dotted). The two panels on the right show the AMEs of gender (i.e., the difference between similarly educated men and women) and college attainment (i.e., the difference within men and women), respectively.

Figure 1 shows large differences in the probability to provide any care across the life course, with larger differences by gender than educational attainment. At age 25, non-college educated women have a probability of 0.22 to provide any care, though this probability declines steadily and then levels off after age 60, until it hits a low of about 0.10. College-educated women have a 0.21 probability to provide any care at age 25 which decreases linearly across the life course until it hits 0.08. The caregiving life course is convex but mostly unchanging for non-college educated men, starting at a probability of 0.09 that decreases slightly to 0.08 by age 35 and increases again to 0.09

by age 60. College-educated men's caregiving life course is similarly stable across the life course, with a probability of 0.13 at age 25 that dips to 0.11 and remains constant thereafter.

Figure 1. Gender and educational differences in the probability to provide any care



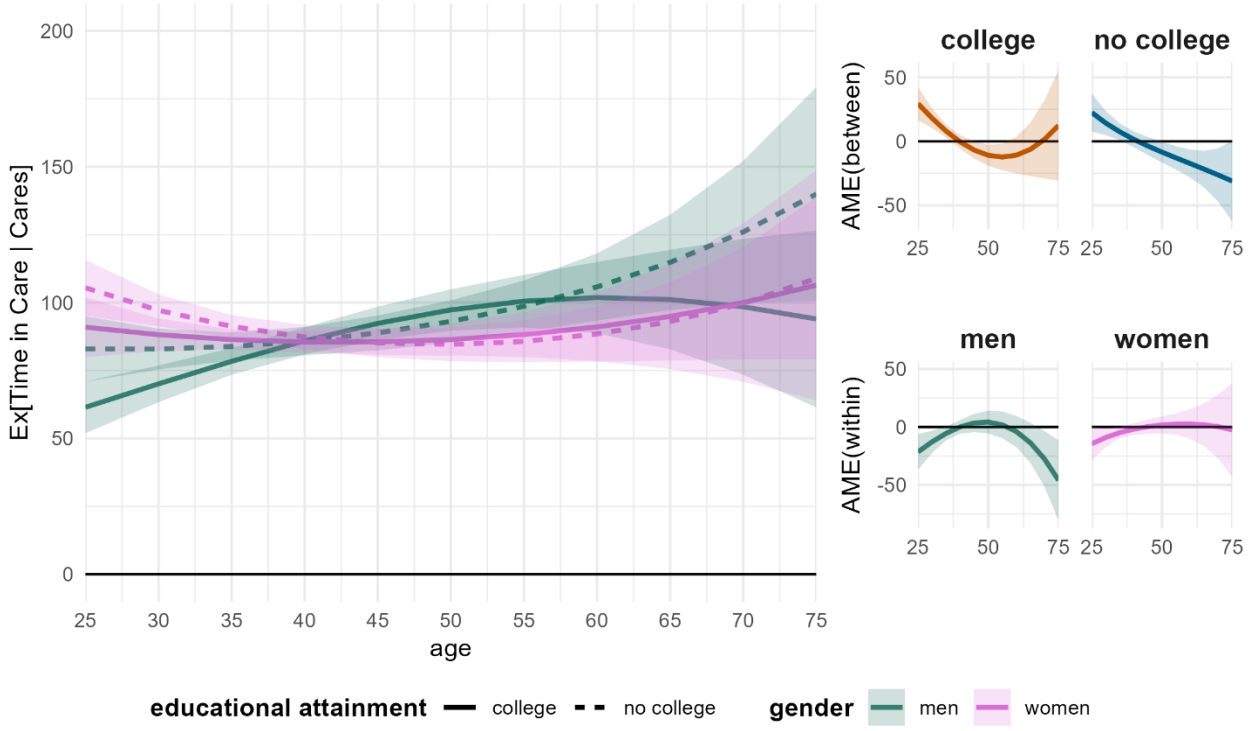
This figure also shows that differences between men and women are generally larger than differences within men or women. Among college-educated men and women, women are more likely to provide any care than men—the largest difference is 10 percentage points at age 25—until age 60, at which time men are slightly more likely to provide any care, with a maximum difference of three percentage points at age 75. Among non-college educated men and women, women are nearly always more likely to provide care than men, with a maximum difference of 13 percentage points at age 25, though differences are not statistically significant after age 70. Here, differences are always largest early in the life course and decrease over time, though more educated men are slightly more likely than their similarly-educated counterparts to care at the oldest ages.

Within-gender differences are more modest but vary in important ways over the life course. Here, educational attainment has an inverted U-shaped effect on men and women's caregiving, though this relationship is more extreme among women than men. College-educated men are nearly always more likely to provide any care than their less-educated counterparts, though differences are not statistically significant after age 70. College educated women are more likely to provide any care before age 65. For both men and women, educational gaps are small and generally no more than three percentage points.

Conditional time in care

While the previous graphs described differences in *selection* into care, I turn to differences in care among caregivers. Figure 2 presents the ETCs for men and women with and without a college degree. Comparing these two figures shows that differences are far less striking among caregivers, suggesting that caregiving is highly selective but those who do care behave similarly. I describe notable differences in the shape of each estimate. Whereas women caregivers' time in care across the life course is uniformly convex, with a decline in midlife and subsequent growth after 55, men caregivers have different relationships depending on their educational attainment. For college-educated men, this relationship is concave, initially starting low and peaking in late midlife until they decline slightly thereafter, whereas for non-college educated men, the relationship is convex, with a higher time input than their better-educated counterparts in younger ages that increases after midlife.

Figure 2. Gender and educational differences in time spend caregiving among caregivers



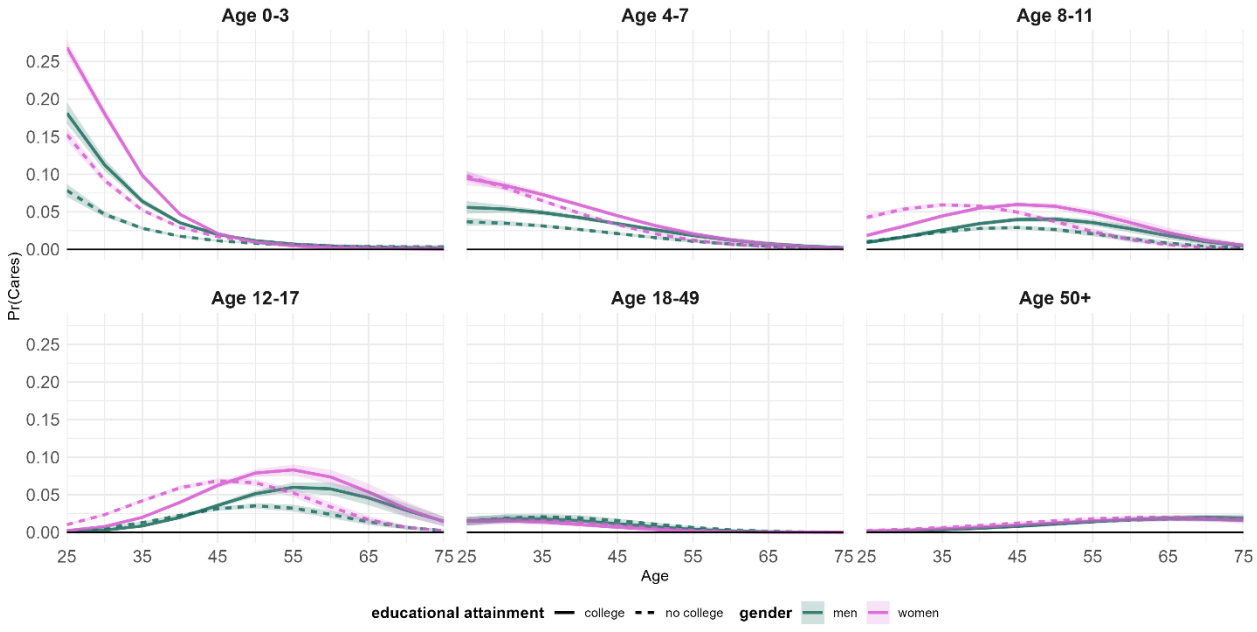
Differences between and within men and women are striking. Women caregivers providing statistically significantly more care before age 40 than men caregivers, a relationship that briefly reverses between ages 45-55, until women caregivers again provide more care, though confidence intervals are large and differences are not statistically significant. For non-college educated men and women, however, the relationship is negative and linear across age; women caregivers provide more care than men before age 40, then gender differences disappear for the next decade, and then men caregivers take on more care after age 50.

Turning to differences by education, this panel shows that differences within men change more strikingly across the life course than the differences within women. Before age 35, men caregivers without a college degree do more care than their college-educated counterparts, but differences are minimal or nonexistent until age 70, at which point the less-educated men again do more care. Among women caregivers, I find statistically significant differences in the time spent in care only very early in the life course.

Age of care recipient

Whereas the previous figures described averages in multigenerational caregiving across the life course, I turn to the age of the care recipient to better understand stratification at the intersection of gender and education. Figure 3 shows that the bulk of the differences within and between men and women occur when care recipients are children, especially very young children. Most caregivers are young adults or in midlife, with the exception of caregivers of individuals aged 50+, who are instead in late midlife or older adulthood. Panel "Age 0-3" shows that taking care of an infant or toddler is primarily borne by adults under the age of 45, with college-educated women and men consistently more likely to care for an infant or toddler compared to their less-educated counterparts. This panel also shows a clear gender divide such that women are roughly eight percentage points more likely to provide care than men at age 25, a gap that halves 10 years later and then is gone by midlife.

Figure 3. Gender and educational differences in the probability to provide any care, by age of care recipient



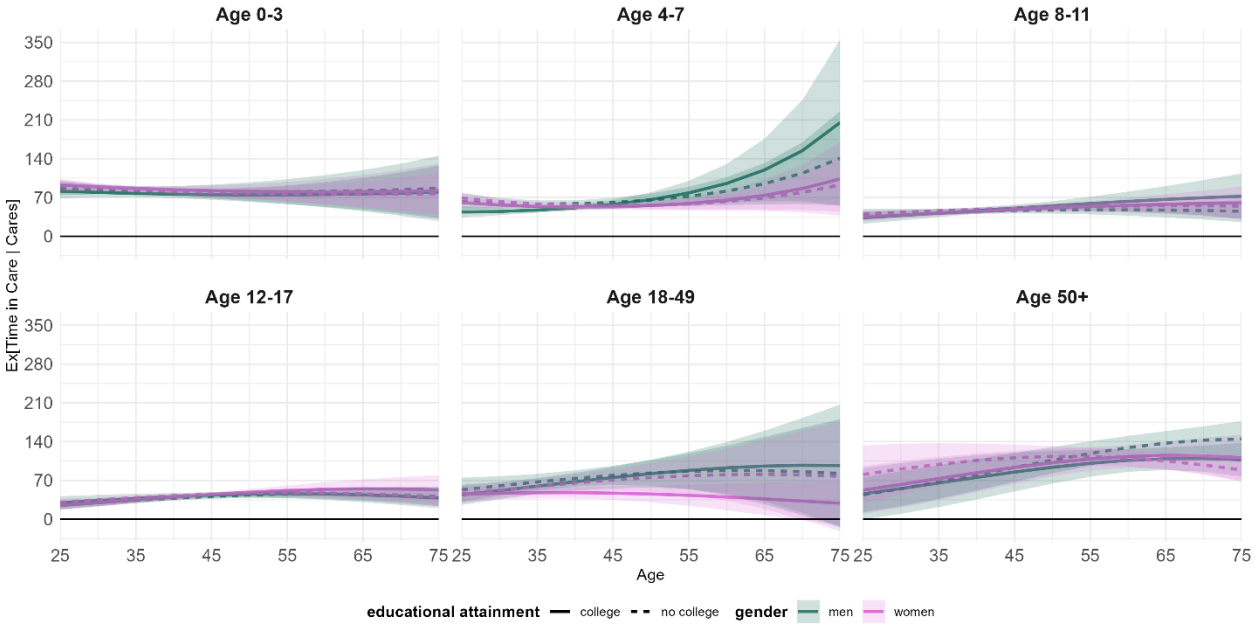
The age of the recipient generally follows the age of the caregiver, meaning that caregivers of 8–11-year-olds are usually older than caregivers of 0–3-year-olds. One important exception is that women without a college degree are generally younger caregivers, likely due to their younger age at which they become mothers and their higher fertility which keeps them in the caregiving role longer.

The AMEs (see Appendix) confirm that the largest differences are in selection into caregiving for individuals aged 0-3. Women are generally more likely to care for children than men, though men are slightly more likely to care for adults aged 18-49, a gap of less than one percentage point. Women without a college degree are more likely than men to care for adults 50+ through all ages except older adulthood, but I find no age differences among those with college. Clearly, college attainment is an important predictor of which men care and when, as college-educated men nearly always more likely to provide care to children and slightly less likely to care for adults than non-college educated men. For women, however, the patterns change over the life course. College-educated women are more likely to care for children 0-7 at almost all ages, but generally less likely to care for children aged 8-17 during early adulthood, which reverses at midlife. This finding likely reflects college-educated women's delayed fertility.

Next, I turn to differences among caregivers. In contrast to the previous figure, Figure 4 indicates that there are few differences *among* caregivers in how much time they spend caring for individuals of different ages. Indeed, looking at each panel shows there are few life course differences, with some notable exceptions that are almost entirely between college-educated men and women. College-educated caregiver men provide more care to adults aged 18-49 during midlife, but college-educated caregiver women provide more care to children younger than 8 during early adulthood. Among those without a college degree, older adult caregiver men provide more care to adults 50+ than caregiver women. Comparing similarly-educated men and women, I only find differences among college-educated individuals, specifically that college-educated caregiver men provide more care to children aged 4-7 during early adulthood and to adults aged 50+ during older adulthood.

These findings demonstrate how gender and education jointly shape who cares and when across the life course. Selection into caregiving is different than differences in time among caregivers. Further, the models stratified by the age of the care recipient show that whereas differences among caregivers are small, selection into caregiving is large and acts very differently across the life course.

Figure 4. Gender and educational differences in time spend caregiving among caregivers, by age of care recipient



Discussion and Conclusion

College attainment restructures rather than reduces caregiving demands, but differently for men and women. Pooling 2003-2024 American Time Use Survey data, I test differences in selection into multigenerational care and conditional caregiving time at the intersection of gender and educational attainment between ages 25-79. After presenting overall trends, I compare between and within men and women and describe intersectional differences by the age of the care recipient.

Echoing previous work, I find women are consistently more involved in multigenerational caregiving, particularly during early adulthood and midlife (Dukhovnov & Zagheni, 2015; Ice, 2023; Patterson & Margolis, 2019). Adding to this established literature, I find that the gender gap is larger and more persistent among the less-educated. Indeed, college attainment greatly stratifies the caregiving life course: relative to their less-educated counterparts, college-educated people experience care demands later, have smaller gender gaps at midlife, and at times even see a gender gap reversal during older adulthood. By contrast, I find a clear linear effect among non-college educated people. The gender gap erodes steadily and even reverses when comparing among caregivers, which likely reflects more women selecting out rather than a real increase in men selecting in. Gendered caregiving norms and obligations operate alongside education-stratified caregiving opportunity structures to stratify caregiving by gender and education.

My findings also reveal how education restructures rather than relieves caregiving across the life course; men in particular are more involved in caregiving when they have a college degree, though

they spend relatively less time caring than their less-educated peers. This gap among men is likely compositional, as college-educated men are more likely to be partnered, living with a minor child, and working full time, but are less likely to live with older adults (Daw et al., 2016; Ice, 2023). Education restructures women's caregiving differently, however, determining which demands women face and when, rather than how much care they provide once in the role.

The mechanism connecting these two sets of findings is the age of the care recipient, which reflects demographic differences in caregiving demands and also contributes to different levels of involvement in care across the life course. I identify the largest gender and educational gaps in early in the life course in terms of care for very young children, which follows previous work (Gao, 2025; Pessin & Pojman, 2025). During this stage, fertility timing is highly consequential, as demonstrated by two findings: first, college-educated women's delayed fertility is evident in their higher probability to care for children aged 0-3 at older ages than other groups, and second, non-college educated women's earlier fertility is seen in their care of older children at relatively younger ages than other groups. Men's patterns are similar, though differences are generally smaller in magnitude. Indeed, women are much likelier to provide care to children than men at nearly all ages, whereas gender gaps are modest and even reversed when the care recipient is an adult. The relative absence of gender or educational differences in adult care suggests then that this care is shaped more by compositional differences between people than by normative care obligations, though gendered obligations of care are certainly present, particularly between partners and siblings (Grigoryeva, 2017; Matthews, 2002).

Finally, my findings suggest that selection is the primary source of stratification in caregiving rather than time in care (Leopold et al., 2014; Prickett et al., 2015). Differences among caregivers are far smaller than differences in who engages in any care, suggesting gender and educational gaps in caregiving arise from who enters the caregiving role, rather than how much care they provide once in it. This provides support for the caregiving opportunity structure theory, namely that gender and education shape exposure to care moreso than they shape behavior conditional on exposure. Future work should focus on selection into caregiving, such as through hurdle models or other statistical techniques.

This study comes with some limitations, however. First, the ATUS is cross-sectional and captures a single day of a person's life, meaning that rare but potentially intensive care (e.g., bathing an elderly adult) may be underrepresented relative to routine daily care. Relatedly, I am unable to track individuals longitudinally; this represents an important limitation because younger cohorts may face different care demands when they enter older adulthood than those faced by the cohorts that are presently measured (Wiemers & Bianchi, 2015). As cohorts have become more educated and women have gained the educational advantage (Buchmann et al., 2008), this also means that the observed lack of differentiation at older ages may be an artefact of cohorts with comparatively lower numbers of college-educated men and women.

Second, to be able to obtain information on the care recipient, I use the hierarchical data extract of

ATUS, where each observation corresponds to information about the activity and who it was done with. If, for example, a mother bathes her two children at the same time and it lasts for 30 minutes, this would result in two observations each for 30 minutes of care. To address this, I reweight the duration of each observation based on the number of people it was done with (e.g., in this example, each observation would be reweighted to 15 minutes, so that the sum of care done by this mother would be a more accurate 30 minutes). If family members are recorded as being present during the care but it is implausible that they receive the care (e.g., a partner during a childcare episode or a child during adult care) I set the duration of these observations to 0. Though I have taken extensive steps to ensure that this measurement is correct, this may introduce some error in my estimates, namely a bias in men's time as they are more likely to perform care with women present (Craig, 2006; Garcia Roman & Cortina, 2016). Future longitudinal data collection efforts that better capture information on the characteristics of care recipients would improve our understanding of multigenerational caregiving across the life course.

Third, the dichotomous measure of education ignores important within-group heterogeneity which may be especially relevant when comparing individuals with less than a high school degree to an associate's degree. Further, given that the rewards of education operate differently across racial-ethnic group (Pessin et al., 2023), future studies should examine caregiving across a wider range of the educational distribution and at the intersection of race-ethnicity.

This study has important implications for cumulative advantage, as less-educated women are at greatest risk of precarious, low-skilled work amidst spells of caregiving (Aisenbrey & Fasang, 2017; Damaske & Frech, 2016; Pessin et al., 2023). Balancing care early in the life course with human capital formation can be difficult, and is a source of the gender gap in multigenerational caregiving (Patterson & Margolis, 2019), with long-term consequences for well-being, earnings, and wealth (Aisenbrey & Fasang, 2017; Ansari-Thomas, 2024; Fasang & Aisenbrey, 2021; Pojman et al., 2025). Because men are particularly judged in the labor market for caregiving (Weisshaar, 2018), women may then face greater expectations of exiting the labor market to care for family members (Damaske, 2011).

Policy interventions interested in supporting caregivers should focus on the structural conditions that drive some people into early and intensive caregiving—access to higher education or stable employment, or the lack of paid family leave or universal childcare, for example—rather than only on caregivers of older adults. Family care policies must be universal rather than means-tested to ensure, for example, that access is not contingent on where they live (Pojman et al., 2025).

This study argues that the temporal and relational context of caregiving—when care occurs, how much people do, and for whom they care—is highly stratified by gender and education. The findings indicate that the largest gaps between and within men and women occur early in the life course, particularly due to who selects into care of young children. More broadly, this paper demonstrates how gender inequalities are exacerbated by educational and demographic stratification that determine family responsibilities across the life course.

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Table 1. Descriptive statistics of analytic sample

	no college men	**college men**	**no college women**	**college women**	**total**	**Test**
	prop. (%) mean (SD)	prop. (%) mean (SD)	prop. (%) mean (SD)	prop. (%) mean (SD)	prop. (%) mean (SD)	
proportion of sample	31.3%	17.2%	32.9%	18.6%	100.0%	
provides any care	7.5%	10.5%	15.9%	18.8%	12.9%	<0.001
time in care given cares	85.5 (124.8)	70.9 (92)	102.1 (145)	84.3 (113.2)	89.8 (127.1)	<0.001
age	48.8 (14.6)	47.7 (14.5)	50.9 (15)	46.3 (14)	48.9 (14.7)	<0.001
partnership status						
partnered	61.5%	70.5%	58.1%	66.1%	62.8%	<0.001
widowed, divorced, separated	16.8%	9.1%	26.2%	15.0%	18.2%	
never married	21.7%	20.4%	15.7%	18.9%	19.0%	
coresidence						
none	58.7%	60.3%	58.8%	56.7%	58.6%	<0.001
child 0-17	32.3%	34.9%	34.2%	37.4%	34.3%	
sibling/parent 50+	7.7%	4.1%	4.8%	4.5%	5.5%	
both	1.3%	0.7%	2.2%	1.3%	1.5%	
native-born	82.9%	84.1%	83.5%	85.1%	83.7%	<0.001
race-ethnicity						
black	12.8%	7.5%	14.2%	9.9%	11.8%	<0.001
hispanic	19.2%	6.9%	17.7%	7.4%	14.4%	
white	64.2%	75.8%	63.8%	73.4%	67.8%	
asian	1.9%	8.5%	2.4%	8.0%	4.3%	
other/mixed	1.9%	1.4%	1.9%	1.3%	1.7%	
employment status						
not employed	29.9%	17.9%	45.7%	26.5%	32.4%	<0.001
part time	7.8%	7.2%	15.5%	15.1%	11.6%	
full time	62.3%	74.9%	38.8%	58.4%	56.0%	
region						
Northeast	16.6%	20.2%	16.0%	20.1%	17.7%	<0.001

	no college men	**college men**	**no college women**	**college women**	**total**	**Test**
	prop. (%) mean (SD)	prop. (%) mean (SD)	prop. (%) mean (SD)	prop. (%) mean (SD)	prop. (%) mean (SD)	
Midwest	24.4%	22.5%	24.1%	22.5%	23.6%	
South	37.6%	34.4%	38.9%	35.2%	37.1%	
West	21.4%	22.9%	21.0%	22.2%	21.7%	
season						
summer	24.8%	25.5%	25.4%	25.3%	25.2%	0.653
fall	25.3%	25.2%	25.4%	25.6%	25.4%	
winter	24.9%	24.6%	24.8%	24.7%	24.8%	
spring	24.9%	24.6%	24.4%	24.4%	24.6%	
weekday	71.5%	71.3%	71.4%	71.4%	71.4%	0.975
holiday	1.7%	1.6%	1.6%	1.8%	1.7%	0.364

Notes: Author's calculation based on survey-weighted data from the 2003-2024 American Time Use Survey. Test column reflects statistically significant differences across gender-education groups, with a Pearson chi-squared test for categorical variables and main effects test from Poisson regression for continuous.

Appendix.

Figure S1. Gender differences in the probability to do any care, by education level and age of care recipient

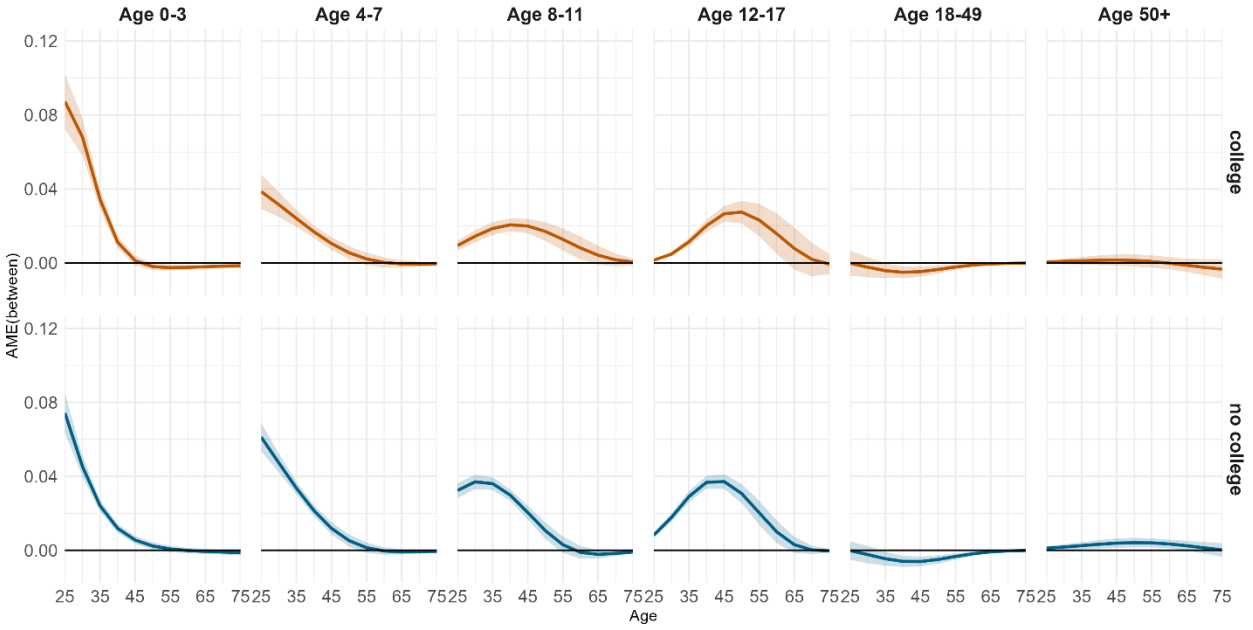

Figure S2. Educational differences in the probability to do any care, by gender and age of care recipient

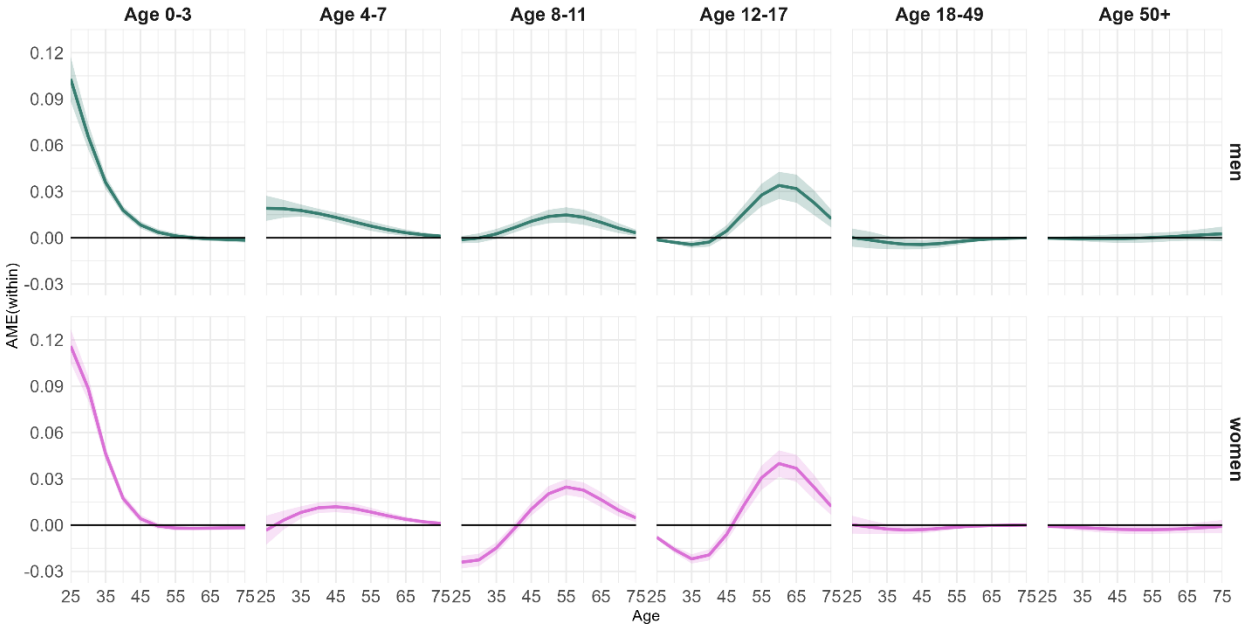

Figure S3. Gender differences in time spend caregiving among caregivers, by education level and age of care recipient

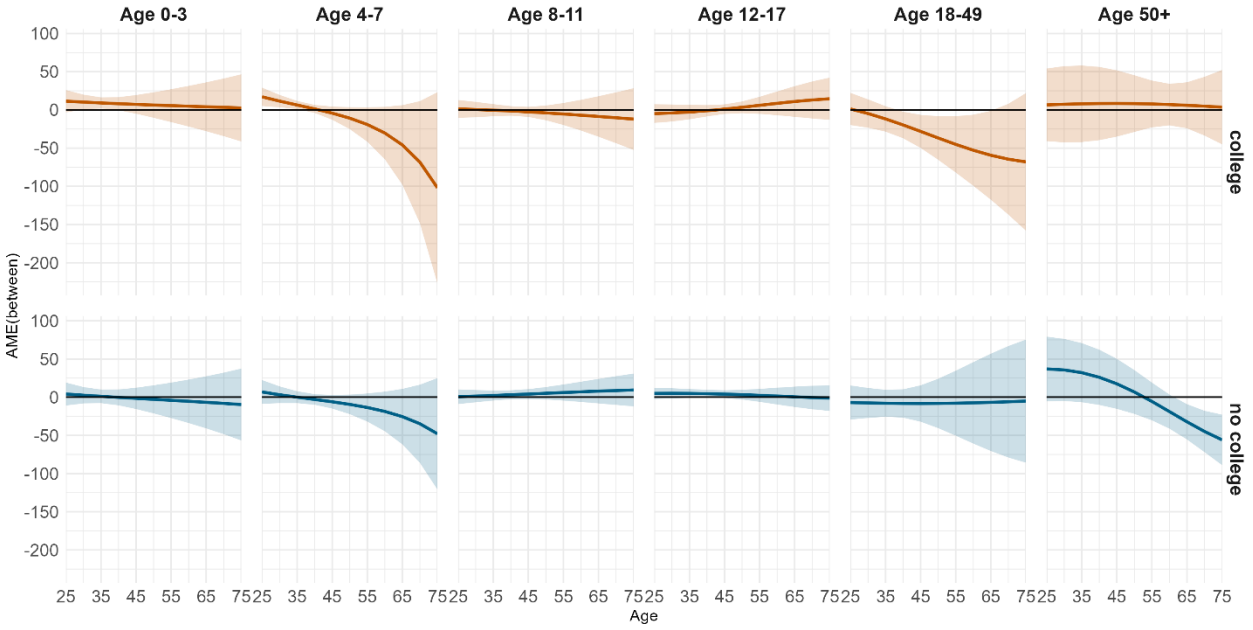

Figure S4. Educational differences in time spend caregiving among caregivers, by gender and age of care recipient