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## Are the Parents Alright? Time in Self-Care in Same-Sex and Different-Sex Two-Parent Families with Children

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### Abstract

Research on the well-being of children in same-sex families has proliferated over the past decade. Nevertheless, almost no research has focused on the impact that parenthood has on gay and lesbian parents who are raising children. This study aims to provide greater knowledge on the well-being of parents in same-sex families while also stimulating greater research efforts devoted to this important issue. As part of these efforts, we investigate the question of whether the time loss associated with caring for children has a greater impact on the amount of time gay and lesbian parents spend in self-care activities (e.g., sleep, socializing) that are linked to well-being than it does for parents in heterosexual relationships. Using data from the American Time Use Surveys (2003-2015) and a nationally representative sample, we find preliminary evidence that gay fathers suffer greater losses in time in self-care than fathers in heterosexual families, but lesbian mothers suffer fewer losses in self-care than mothers in heterosexual families.

### Keywords

LGBTQ, time use, same-sex families, self-care, well-being

## Introduction

Over the past 25 years, there has been tremendous progress in the social and legal recognition of gay and lesbian partnerships and families in the United States (Baumle and Compton, 2015). These changes have galvanized a substantial amount of research on these newly recognized family forms (Baumle, Compton and Poston Jr., 2010). Much of this research, however, has been in response to ideological debates over whether gay men, lesbians and same-sex couples are suitable to raise children (Biblarz and Stacey, 2010; Risman, 1988; Regnerus, 2012). As a result, the bulk of the research on same-sex families with children has focused on the question of whether the well-being of children with gay or lesbian parents is lower relative to the well-being of children with heterosexual parents (Gartrell, Bos and Goldberg, 2010; Kurdek, 2004). Such research has played an important role in helping to advance the social recognition and acceptance of same-sex families, based on the general conclusion that children with same-sex families do as well as children in more traditional family arrangements (see ASA Amicus Brief, 2015; Manning, Fetto and Lamidi, 2014; Perrin and Siegel, 2013). At the same time, the focus on children with gay or lesbian parents has largely averted researchers from investigating how the well-being of *parents* in same-sex relationships compares to the well-being of parents in heterosexual relationships (Carr and Springer, 2010). This study aims to expand research on same-sex families beyond the child focus that has dominated the literature to date to study the question of how parents raising children in same-sex families are faring.

The particular question we investigate is whether the time loss associated with parenting and caring for minor children has a greater impact on the amount of time gay and lesbian parents have to spend in self-care activities than parents in heterosexual relationships. Our interest in this specific question is inspired by recent research which found that gay and lesbian parents spend more time in shared parenting (as well as individual parenting for lesbian mothers) than heterosexual parents (Farr and Paterson, 2013; Prickett, Martin-Storey and Crosnoe, 2015). Such findings raise the critical question of whether gay and lesbian parents have less time to spend in other activities than heterosexual parents. Our focus on time in self-care, in particular, is informed by research that highlights the importance of self-care activities – such as sleep, exercise, leisure, socializing and grooming – for stress reduction, physical health, self-esteem and relationship stability, all of which are dimensions of well-being (Blumstein and Schwartz, 1998; Crawford, Houts, Huston and George, 2002; Dunton et al., 2009; Nomaguchi and Bianchi, 2004; Wu et al., 2016). We pursue our investigation by making novel use of data from the American Time Use Survey (ATUS) (2003-2015), which is the best source of data on time use in the US. The data also include a small but adequate, nationally representative sample of gay and lesbian parents (see Prickett et al., 2015 for an explanation on using the ATUS to study same-sex parents). The results of our study provide new insights into the time use activities of parents in same-sex and different-sex relationships who are raising children, offer more holistic understandings of same-sex families and stimulate future research into the lives of same-sex parents with children.

### *The well-being and time-use of parents in same-sex relationships*

Although there is a large literature that examines the well-being of children with parents in same-sex relationships compared to children with parents in heterosexual relationships (e.g., Biblarz and Stacey, 2010; Perrin and Siegel, 2013; Potter, 2012), as well as on individuals in same-sex relationships compared to individuals in heterosexual relationships (see Umberson et al., 2015), there has been little comparative research focused on the well-being of those in same-sex relationships who are raising children. The general

paucity of research on same-sex parents' well-being is remarkable given the size of this population. Recent demographic estimates reveal that there are over 131,000 same-sex couples in the US who are raising children (Gates, 2014). This lack of research is also worrisome given that parenthood for lesbian and gay couples may be more stressful than it is for heterosexual parents. There is scant research which suggests that upon becoming parents people in same-sex partnerships report at similar levels to people in different-sex partnerships greater relationship problems with their partners (Goldberg, Smith and Kashy, 2010) and lower levels of well-being (Goldberg and Smith, 2011). Yet, there is also reason to believe that parents in same-sex couples experience greater stressors than their different sex counterparts. These stressors are due to (but not limited to) social stigma faced by both parents and their children, lack of support from family and peers, and continuing efforts to bar full legal and social recognition of same-sex families (Becker, 2012; Bialeschki and Pearce, 1998; Baumle and Compton, 2015; Goldberg, Gartrell and Gates, 2014; Goldberg et al., 2014; Goldberg and Smith, 2011; Farr, 2016; LeBlanc, Frost and Wight, 2015; Ocobock, 2013; Reczek, 2016).

Beyond these stressors, we suggest that gay and lesbian parents are also likely to experience additional challenges to their daily time use. Borrowing from Cherlin's (1978) description of remarried families with children, we contend that same-sex families represent a 21<sup>st</sup> century example of an "incomplete institution" in which roles and expectations between partners may remain unclear. Challenges around negotiating roles and expectations may be most pronounced among *same-sex couples with children*, in which the role of "parent" may engender additional ambiguities and negotiations around which parent will perform duties traditionally associated with the roles of "mother" and "father." While such ambiguities and negotiations open up possibilities for enhanced role fluidity and egalitarianism within families, they also create the potential for greater conflict and uncertainty in which same-sex partners with children may struggle over domestic labor and caregiving in ways that are distinct from the struggles in different-sex families with children. For example, in a different-sex family, while partners may argue about the overall time spent by each partner in various domestic labor and caretaking tasks relative to the other, they may be less likely (compared with partners in same-sex families) to disagree or face ambiguities about the assignment of particular tasks (e.g., who will decorate a nursery, who will feed an infant, who will talk to a female adolescent child about menstruation). These particular types of gendered labor negotiations in same-sex families have often been minimized or ignored by researchers (Goldberg, Gartrell and Gates, 2014), despite the fact that they may hold consequences for same-sex couples' time (spent in or available for) self-care activities and well-being more generally.

This expectation is further supported by prior research and theory which demonstrates that in heterosexual couples with children, parents often trade labor and childrearing (with men typically spending more time in paid labor than women and women spending more time in caregiving than men) in ways that jointly maximize earnings and time (Pollman-Schult, 2014). Such trade-offs thus conceivably allow for greater time for different-sex parents to devote to other activities, such as self-care. Yet for same-sex parents, roles and expectations tied to gender may be more flexible (Kurdek, 2007). Thus, gay and lesbian parents may not make the same gender-based trade-offs in labor, whereby reduced gender-based specialization may result in more egalitarianism. Indeed, prior research suggests that same-sex couples, irrespective of gender, are more likely to share in housework (Goldberg and Sayer, 2006) and emotion work (e.g., providing comfort) (Umberson, Thomeer, and Lodge, 2015) than different-sex couples. At the same time, it may also create an inefficiency in time use that leads parents in same-sex relationships to spend more time in domestic and caregiving work than their same gender heterosexual counterparts (as found by Farr and Paterson, 2013; Prickett, Martin-Storey, and Crosnoe, 2015), leaving them less expendable time to devote to self-care activities, such as exercise, leisure

and sleep. Such a pattern might be exacerbated by the fact that same-sex couples are also more likely to be in a dual-earning situation than different-sex couples, further reducing their overall time available for self-care (Hyde, DeLamater, and Durik, 2001; Goldberg and Smith, 2013).

### *Study overview and additional conceptual considerations*

Testing this general argument is the goal of this study. In doing so, we extend previous research on work-family balance (e.g., Craig and Brown, 2014, 2016; Flood and Genadek, 2016; Milkie et al., 2010; Milkie et al., 2004) and time loss experienced by parents caring for children (e.g., Claxton and Perry-Jenkins, 2008; Perry-Jenkins and Claxton, 2011) among heterosexual parents to gay and lesbian parents. We also bring greater attention to the need for scholars to shift some of their attention from studying children with same-sex parents to the parents themselves. Our focus on parents' time in self-care speaks to the broadly recognized cultural belief that self-care often gets neglected by parents, whose focus is on the demands of children and parenting, and it builds upon the literature on how parenthood and self-care are associated for those in different-sex relationships. The existing literature reveals almost nothing, however, on the associations between parenthood and self-care among those in same-sex relationships. Our focus on the five particular self-care activities of sleep, exercise, leisure, socializing and grooming reflect critical and relatively comprehensive (though not exhaustive) aspects of this construct in ways that emphasize both its individual and social-interactive components. The five activities also reflect broad categories of self-care time as measured and operationalized by the ATUS.

Importantly, our focus on self-care recognizes that engaging in more/ less of self-care is not unequivocally "good" or "bad." For example, too little sleep is generally associated with poor health outcomes, but so too is sleeping too much (Wu et al., 2016). Overfocus on self-care is also associated in the cultural zeitgeist with vanity, narcissism, a disregard for broader sociopolitical concerns and assessments of women's behavior (Das and De Loach, 2011). Nevertheless, we live in a culture that increasingly stresses the importance of self-care and which many people – especially parents – report a desire and intention to spend more time, rather than less time, engaging in self-care activities. Thus, on balance, we view more time in self-care as preferred to less.

We also recognize the gendered nature of these activities, and, thus, highlight these differences in the results section. We do not, however, provide a detailed description of how they vary by gender and sexuality, given the lack of research in this area and the complex links between these activities, gender/ sexuality and well-being. For example, research suggests that women may get more sleep than men (Burgard and Ailshire, 2013; Ekert-Jaffé and Grossbard, 2015; Sayer, 2005; Stalker, 2011). Yet, women may experience more interrupted sleep than men due to their disproportionate performance of gendered family labor (Burgard and Ailshire, 2013). To complicate matters, for women, getting insufficient sleep is more associated with lower health and well-being than it is for men (Cappuccio et al., 2007). Our analysis controls for these gendered/ sexuality aspects of time by estimating differences between parents raising children and adults who are not (of the same gender and sexuality). Thus, while such differences may exist and are important to acknowledge, they have been differenced out in our analysis.

Finally, in testing this argument we recognize a complexity of our study that requires additional comment: the fact that children living with same-sex parents are more likely to have been adopted, fostered or from a prior relationship than children of different sex-parents (Brewster, Tillman and Jokinen-Gordon, 2014; Gates et al.,

2007; Gates, 2013; Goldberg, Gartrell and Gates, 2014). Unfortunately, it is unclear how these different arrangements may be linked to parents' time in self-care. For example, parents caring for foster children – children who suffer from disproportionately higher rates of behavioral problems or disabilities (Newton, Litrownik, and Landsverk, 2000; Zima et al., 2000) – may experience greater parenting demands that reduce their time for self-care activities than other parents. At the same time, fostering, even among same-sex parents, is rare, estimated at about 2% of same-sex couples (Gates, 2013). Adoption, on the other hand, is extremely prevalent among same-sex couples, but unlike foster children, adoptive children are no more likely to suffer disabilities than children who are not adopted (Gates et al., 2007; Boyle et al., 2011).

Additionally, while research on heterosexual stepparents find that they tend to be less invested in caring for and have less positive relationships with their non-biological children than biological parents (Dunn et al., 2001; White, 1993), we do not know whether we can extrapolate these findings to parents in same-sex relationships in general, or women, who are generally omitted in research on step/ social families, in particular. In short, although the relationship between parents and children may matter as much for parents' time use and their relationship to each other, the ATUS data lacks information on children's adoptive status, biological relatedness to the respondent or characteristics of the children (e.g., disability status) to help tease out this possibility. Moreover, prior research does not provide much insight on how this limitation might affect the results. Thus, given the importance of this issue, we return to it again in the final section to re-evaluate its potential implications in light of our specific findings.

## **Methodology and data**

### *Data*

ATUS is a nationally representative time-diary survey sponsored by the Bureau of Labor Statistics and administered by the United States Census Bureau. Data for the ATUS has been collected annually since 2003, with the most recently released data collected in 2015. The sample for the ATUS was drawn from a random subset of individuals participating in the Current Population Survey (CPS). Computer-assisted telephone interviewing techniques were used to ask participants about the type and duration of activities in which they had participated in during the previous 24 hours, starting at 4 am and ending at 4 am the next day. Trained staff coded activity reports using a complex lexicon<sup>1</sup> to ensure both a comprehensive and consistent classification of activities. Sociodemographic information about respondents was also collected as part of the ATUS, including whether they had their own household child under age 18, whether they had a coresident partner, and the sex of their coresident partner. As such, the ATUS provides representative data on the time-use of parents in same-sex relationships and is a valuable source of data for studying the lives of a subset of the population that has been generally underrepresented in demographic research on families.

### *Sample*

The analytic sample for this study was initially formed by pooling data across the 13 waves of available collected data (2003-2015). We then further limited the sample to include only men and women between the ages of 18 and 65 (the 99<sup>th</sup> percentile of the age distribution) in a married or cohabiting relationship. These

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<sup>1</sup> See <https://www.bls.gov/tus/lexicons.htm>

restrictions resulted in a final analytical sample of 79,291 participants (53% women and 47% men). Across the analytical sample, 51% of women and 65% of men reported having their “own household child under age 18.” Table 1 (all Tables are in the Annex to the present document) contains detailed information about the characteristics of the full analytical sample.

A total of 201 men reported being in a same-sex relationship, with 29 reporting an “own household child under age 18.” A total of 287 women reported being in a same-sex relationship, with 96 reporting an “own household child under age 18.” We recognize that these numbers are small in relation to current estimates of US households in which 1% report being in a same-sex household (Lofquist, 2011), whereas our estimates suggest about 0.6% report being in same-sex households. This estimate is similar, however, to that reported in the only other published study using the ATUS to study parents in same-sex relationships<sup>2</sup> (see Prickett et al., 2015; Prickett et al., 2016). Nevertheless, these numbers are also small in an absolute sense. Thus, like Prickett and colleagues, we are cautious in interpreting our results given the small numbers of men and women reporting a same-sex relationship household. We provide further information on the characteristics of the men and women reporting same-sex relationships (alongside men and women reporting different-sex relationships) in our sample in the section on results.

### *Measures*

We measured **time use** across five categories of self-care linked to well-being: grooming, sleeping, socializing, participating in sports, exercise, and leisure. Time is represented in minutes over a 24-hour period. These five categorizations are based on ATUS codes, which sorted individual behaviors into each of these activities—for example, individual reports of running, weightlifting and using cardiovascular equipment were all sorted into the broader category of “sports and exercise.” There was one exception, however, to this method of coding categories of self-care. Leisure is the label we – not ATUS – provide for activities that were assigned to one of three ATUS categories of “relaxing and leisure” (e.g., television, reading), “attending sports or recreational event,” and “arts and entertainment” (e.g., attending museums, going to movies). We combined these three categories because there were no men in a same-sex relationship with household children under 18 who reported time in the latter two categories during the interview window, thereby creating an empty cell problem. In creating this measure of leisure, we also eliminated any time reported in tobacco and drug use – which ATUS categorizes as “relaxing and leisure” time – given our focus on self-care. For all time-use

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<sup>2</sup> Our measure of the partner’s sex came from the ATUS survey. In contrast, Prickett and colleagues’ original study (2015) on same-sex parents using time diary data from the ATUS drew on sociodemographic measures of the partner’s sex that were collected as part of the CPS. The CPS measure, however, undercounted the number of respondents in same-sex relationships. As Prickett and colleagues explained in an update to their 2015 article, “Because of confidentiality issues, some CPS respondents who reported having a same-sex partner were recoded as having an opposite-sex partner. This recoding results in a smaller sample of same-sex couples if researchers use the CPS partner gender variable [PESEX] instead of the ATUS variable [TESEX] (2016: 2121-2122).” In their update, they also provide a table that describes the different sample sizes based on the CPS measure (i.e., PESEX) and ATUS measure (TESEX, the measure we used). Our calculations based on the TESEX measure are consistent with theirs, although their counts are slightly smaller because they did not include the 2016 wave of data collection. They are also slightly different because we eliminated adults over age 65 in our analytic sample and coded parents as being individuals with children age 18 or under, rather than under age 18 (as Prickett and colleagues did), so as to be consistent with the codes created by BLS staff.

measures, we considered censoring each activity report at the 99<sup>th</sup> percentile of their distribution in order to restrict the impact of extreme values, but doing so did not alter the results. Thus, we retain the original value of each report. A summary of the activities that comprised each activity measure appear in Annex II to the present document (an exhaustive list of each activity that comprised the activity measures is available upon request).

Our analysis included three **independent variables**. The first is *gender*. Gender is based on respondent reports of whether they self-identified as a male or female.<sup>3</sup> The second is *relationship type* (0 = *different-sex relationship*, 1 = *same-sex relationship*). This variable is based on information on the respondent's sex, whether the participant identified a spouse or unmarried partner, and the sex of their partner. As with nearly all other nationally representative sources of data in the US, respondents were not explicitly asked whether their partner is of the same (or different) sex, or about their sexual identity. The third independent variable is *parenting status*, which reflects whether respondents were currently caring for a resident minor child based on reports of whether or not the respondent had an "own child in the household who was under the age of 18." Respondents who answered "yes" to this question were assigned a value of "1" on the parenting status measure. We refer to this group as the "parents" group.

Other adults, including adults without biological or adoptive children, parents with adult children who live inside or outside the home, parents with a non-residential minor child, and non-parents who share a household with a minor child (e.g., niece/ nephew) are sorted into the reference group, which we refer to as "other adults." Unfortunately, we cannot restrict this group of "other adults" to include only non-parents because neither ATUS nor CPS explicitly ask questions about whether the respondent has any children or the number of children they have. Thus, we cannot distinguish between parents who are "empty nesters" from those adults who do not have children. Although these groups may be similar in their self-care time use, given how the amount of time parents spend with their children steadily declines as children age, form their own partnerships, and move further away (Sarkisian and Gerstel, 2008; Yeung et al., 2001), they may also be different. For example, empty nesters may have less time for self-care if they are caring for their grown children's children. Alternately, they could spend more time in self-care activities if, for example they enjoy greater leisure, recreational or socializing time with their grown children. Given such ambiguities, we are careful in saying we are not focusing on time use among parents per se; rather we are focusing on time use among those who are currently engaged in *parenting* minor coresidential children compared to all other adults in the study. We do, however, as part of our robustness analyses, re-estimate the multivariate models to make various exclusions of families who have a non-residential minor child (<1%), a minor child who is not their own (5%), or an adult residential child (10%) to ensure that the patterns of results are similar.

To account for factors that may correlate with time use in self-care activities, we include several **covariates**, including: the respondent's employment status (dummy coded as *full-time employed*, *part-time employed*, *unemployed*, and *not working*), their education based on their reports of their highest level of attainment (dummy coded as *less than a high school degree*, *high school degree*, *some college*, or *bachelor's diploma or*

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<sup>3</sup> While we understand sex and gender to be distinct constructs, we follow the conventions of the literature and use sex categorization as an imperfect proxy for gender given that one of the goals of the study is to assess how gender in diverse family forms may affect time loss around self-care activities.

*higher*), union status (dummy coded as *married* or *cohabiting*), family income (grouped into four dummy measures of *less than \$24,999*, *\$25,000-\$49,000*, *\$50,000-\$74,999*, *\$75,000 or more*, which reflected roughly each quartile in the distribution of the family income scale created by ATUS, which included 16 levels), race and ethnicity (dummy coded as *European American*, *African American*, *Hispanic*, and *Other*), chronological age (measured continuously), whether they lived in a metropolitan area (0 = *no*, 1 = *yes*) and time diary information, including whether the diary was recorded on a holiday (0 = *no*, 1 = *yes*), summer month (0 = *no*, 1 = *yes*), weekday (0 = *no*, 1 = *yes*), and year of the interview (dummy coded).

### *Analysis plan*

As an initial step in the analysis, we calculated the differences in time in each of the five self-care activities, as well as total self-care time (which is the sum of all activities), between the parents group and other adults group – a difference we refer to in this study as the “time gap” – differentiating among individuals in a same-sex relationship and those in a different-sex relationship. This step provided a descriptive picture of the size of the time gap for same-sex parents, and how it compared to that of different-sex parents. In order to separate out the additionally complicating significance of gender, these models, and all subsequent models, were conducted separately for men and women. For the multivariate models, we used ordinary least squares (OLS) regression to predict time in each of the five categories of self-care and total self-care time, net of the covariates. In Model 1, we predicted time based on relationship type (i.e., same-sex relationship, different-sex relationship) and parenting status (i.e., parents, other adults). Doing so captured the time gap associated with parenting that has been observed in previous studies, net of relationship type. In Model 2, we added interactions between the measure of relationship type and parenting status. These interactions tested whether the size of this time gap was greater for individuals in a same-sex versus different-sex relationships. They also allowed us to calculate the marginal average effects for parents and other adults (i.e., estimate the size of the time gap) for individuals in a same-sex relationship and a different-sex relationship and to clarify which group (i.e., parents in a same-sex relationship or parents in a different-sex relationship) experienced a greater loss of time in self-care.

In conducting these analyses, there were two methodological issues to which we paid special consideration. The first is that time-use data usually includes high frequencies of zero. Although these zeros can be conceptually meaningful (e.g., they indicate that someone does not do that activity or does it with less frequency), they may also mean that there was a mismatch between the respondent’s typical activities and the “observation window” (e.g., they regularly exercise, but not on the day for which they were recording time use). Given this issue, some researchers have employed Tobit models over OLS models. Tobit models are designed to deal with this problem based on the assumption that the dependent variable (i.e., self-care time) is not observed over its full range (see Sayer, Bianchi and Robinson, 2004; Yeung et al., 2001). Current methodological research indicates, however, that “OLS estimates are unbiased and robust to a number of assumptions about the relationship between the variables in the model and the probability of doing an activity” (Stewart, 2009, p. 12). The use of OLS over Tobit also follows standard practice in recent work utilizing time-use data (e.g., Guryan et al., 2008; Hook and Wolfe, 2011). Thus, we elected to use OLS in our analyses as well.

The second issue is that sample sizes for men ( $n = 201$ ) and women ( $n = 287$ ) in same-sex relationships were small, with the subsample of fathers in a same-sex relationship particularly small ( $n = 29$ ). The use of small

sample sizes, especially in combination with time-use data, which tends to have large variances, is likely to result in large standard errors and low power to detect significant effects, especially when effect sizes are small. For example, in our sample of men in same-sex and different-sex relationships, according to our post-hoc power analysis, we have sufficient power to detect a significant difference in time loss if the size of that effect is considered of a medium size ( $d = .50$ ) (Cohen, 1992), but we do not have adequate power to detect an effect if it is smaller than 0.36 at the minimum probability level of 0.10 (and smaller than 0.45 at the  $p < .05$  level). Thus, we are at increased risk of committing Type II error, in which we falsely conclude that there is no difference in the time gap for same-sex parents compared to different sex parents, particularly when effect sizes are below small to medium in size. Unfortunately, outside of increasing the sample size of adults in same-sex relationships, which is not possible, we cannot increase statistical power and eliminate the risks of Type II error. Recent statistical innovations designed to deal with small samples, such as exact statistics, are inappropriate for our data. Thus, given such issues, our interpretation of the results considers the individual coefficients' statistical significance, but we emphasize the size, direction, and overall pattern of results as well. Such interpretations align with recent conversations about the importance of exercising caution in overreliance on p-values without attending to other key aspects of coefficients, such their magnitudes and direction (Gelman, 2013; Wasserstein and Lazar, 2016), as well as the importance of replication for all studies, regardless of evidence of statistical significance.

All models were estimated in Stata 14 and weighted, adjusted to the 2006 population, to account for the complex design of the study. Because data were missing on only two variables, family income (8% of cases) and metropolitan area (>1% of cases), the dummy-variable method, in which a dummy indicator is used to indicate missingness on that variable, was employed. We used this method rather than more complex methods of dealing with missing data, such as multiple imputation, because missingness on income appears to violate the missing-at-random (MAR) assumption (Abraham, Maitland, and Bianchi, 2006). Although, in such a situation, listwise deletion may be the most common approach, we opted for the dummy variable method to preserve our sample size. Various sensitivity checks (e.g., omitting the two variables with missing data from the model, testing whether these variables were significantly associated with the five measures of self-care) provided evidence that our method of handling missing data was valid.

## Results

### *Bivariate descriptions of men and women in same-sex and different-sex relationships*

In Table 2, we provide some basic information comparing the characteristics of men in a same-sex relationship to men in a different-sex relationship, and likewise for women. These estimates revealed that men in same-sex relationships are generally more advantaged compared to men in a different-sex relationship. In particular, they are more likely to have higher education (54% vs. 29%), are more likely to be in the highest income quartile (60% vs. 33%), are less likely to be a racial (3% Black vs. 11%) or ethnic (12% Hispanic vs. 16%) minority, and have higher rates of labor force participation (82% employed full-time vs. 71%). For women, we observed the same set of patterns, although the difference in income (40% in the highest income quartile vs. 31%) for women in a same-sex relationship compared to women in a different-sex relationship was less pronounced than that for men. These differences highlight the need to account for differences in the characteristics of men and women in same-sex and different-sex relationships in the multivariate analyses, although they also indicate that we may need to do more to ensure that the samples of men and women in

same-sex relationships and men and women in different-sex relationships are comparable. We describe these additional steps to ensure comparability in the subsamples in the section on robustness analyses.

#### *Bivariate descriptions of parental status differences in self-care time*

Table 3 presents the results of the bivariate analyses for the subsample of women ( $n = 40,269$ ). Calculations of the time gap for women in a same-sex relationship indicates that those in the parents group spent less time in all self-care activities than women in the other adults group, with the exception of sleeping and socializing. Although none of these patterns reached the level of statistical significance at the minimum probability level of  $p < .10$ , they were consistent with the patterns observed for women in a different-sex relationship, in which women parents spent less time in all five categories of self-care than other adult women. Moreover, these differences were statistically significant for three of the five categories: grooming, socializing, and leisure. Comparing the size of the time gap between women in same-sex and different-sex relationships, we observed that women in same-sex relationships experienced a greater loss in time only for exercise compared to women in different-sex relationships ( $b = -4.53$ ). This greater time loss for women parents in different-sex relationships was largest for time spent in grooming ( $b = 4.22$ ) and time spent in leisure compared to women parents in same-sex relationships ( $b = 58.35$ ). This latter difference was also statistically significant. Finally, the overall time loss for women parents in a different-sex relationship was 64 minutes larger than it was for women parents in a same-sex relationship, and this difference was significant at the minimum probability level of  $p < .10$ .

The results of the bivariate analyses based on the subsample of men ( $n = 37,058$ ) are presented in Table 4. For these results, we observed that both men parents in a same-sex relationship and men parents in a different-sex relationship spent less time in each self-care category compared to other adult men, with two exceptions. Being a parent did not distinguish much the sleep time of men in a same-sex relationship, nor did it distinguish the socializing time of men in a different-sex relationship. Among men in same-sex relationships, time loss was statistically significant for exercise and leisure. For men in a different-sex relationship, time loss was statistically significant for grooming, sleeping, exercise, and leisure. In contrast to the pattern for women parents, this time gap appears to be more pronounced for men parents in a same-sex relationship compared to men parents in different-sex relationships for all activities except for sleeping. Moreover, the loss in total self-care time was also greater for men parents in a same-sex relationship than men parents in a different-sex relationship (13.23 minutes).

Overall, these patterns suggest that parenting is associated with a loss of time in nearly all self-care activities for both men and women, but the comparative nature of this gap for parents in same-sex and different-sex families varies by gender of the parent. For women in same-sex relationships, there seems to be a smaller loss of time compared to women in different-sex relationships. For men in same-sex relationships, there is a greater loss in self-care time compared to men in different-sex relationships. As a next step in the analysis, we reexamine these patterns in a multivariate context, adjusting for key confounds.

#### *Multivariate analysis of relationship type differences in time in self-care*

Table 5 presents the results of the multivariate analysis based on the sample of women. In Model 1, we estimate the coefficients for parent status, controlling for relationship type. These results revealed that women

parents spend significantly less time in all five categories of self-care than other adult women, with the largest time loss occurring in leisure time ( $B = -44.20$ ,  $SE = 2.31$ ). They also revealed that women parents spent over 75 minutes less in self-care than other adult women ( $B = -75.28$ ,  $SE = 2.88$ ). In Model 2, in which we added interactions between the measures of relationship type and parent status, we found significant interaction terms (at the minimum probability level of  $p < .10$ ) when predicting leisure (column 5). To help in the interpretation of these interactions, we calculated marginal effects of the average time loss for women in same-sex and different-sex relationships. These estimates appear in Table 7. Looking at the statistical significance of these results, we observed no significant difference in the loss of time for women parents in same-sex relationships compared to women parents in different-sex relationships, except in the category of leisure. Women parents in different-sex relationships experienced a substantially greater loss in leisure time ( $B = 32.79$ ) compared to women parents in same-sex relationships. Focusing on the size and direction of these estimates more broadly, however, we also observed that in the other four categories (grooming, sleeping, socializing, and exercise and sports), women parents in same-sex relationships experienced smaller time losses in grooming and sleeping than women parents in different-sex relationships. Broadly, they also experienced a smaller loss in total self-care time (39.78 minutes).

In Table 6, we present the results of these same models estimated for the subsample of men. In Model 1, we observe that men parents experienced a significant loss in time across all categories compared to other adult men with the exception of socializing. Similar to the pattern for women, the greatest loss was in the category for leisure ( $B = -35.70$ ,  $SE = 2.55$ ). The overall time loss in self-care was nearly 47 minutes. In Model 2, in which we added interactions between relationship type and parent status, we did not observe any significant interactions. Nevertheless, turning to our calculations of marginal effects (refer to Table 7), we did find an overall pattern in which men parents in same-sex relationships had a larger time gap in four of five self-care categories (the exception being sleeping) compared to men parents in different-sex relationships, as well as a larger total loss in self-care time (15.68 minutes).

### *Robustness analyses*

As a final step in the analysis, we pursued two robustness analyses. First, we investigated whether the pattern or significance of the results changed if we made additional restrictions to the analytical sample that excluded various types of complex families in which an adult child was coresident, another child was coresident, or the adult had a non-resident minor child. Making such restrictions did not alter the results, with two exceptions. The total time loss in self-care for women parents in same-sex relationships was significantly smaller than the total loss in self-care for women parents in a different-sex relationship and the relationship type pattern for leisure became significant at the  $p < .05$  level. This pattern thus mirrored that observed for the full sample, but was even more pronounced.

For a second robustness test, we explored how the patterns and significance of the results might change if we compared the subsample of those in same-sex relationships to the subsample of those in different-sex relationships that resembled them on key characteristics. To do this, we created a synthetic sample of those in different-sex relationships that was similar (i.e., not statistically different) in terms of their rates of higher education, income, racial/ ethnic background and family size (i.e., number of own household children). We accounted for this latter factor because over half of parents in same-sex relationships had only one child, whereas only 35% of different-sex parents had only one child. We did not make further restrictions based on

the age of the children because roughly the same percentage of parents in same-sex relationships (26%) were raising children under age 5 as the percentage of parents in different-sex relationships (28%). Re-estimating the models among this synthetic sample ( $n = 21,603$ ) revealed similar patterns to the models that used the full sample.

## **Discussion and conclusion**

With the increased visibility of same-sex families in the US over the past several decades, there has been much academic research, as well as cultural hand-wringing, about what the emergence of this new family form means for children's well-being (Biblarz and Stacey, 2010; Cherlin, 1978, 2004; Fincham and Beach, 2010; Green, Valleriani and Adam, 2016; Lewin, 2004; Lau, 2012; Reczek and Umberson, 2016; Rosenfeld, 2014; Smock, 2004). These academic (and cultural) conversations about the well-being of children in same-sex families have been important by establishing that children in same-sex families fare as well as children raised by parents of different sexes (ASA Amicus Brief, 2015; Manning, Fetro and Lamidi, 2014; Perrin and Siegel, 2013), but they also seem to have distracted scholars from the equally important question of how the parents in same-sex relationships are faring. One aim of this study is to move the conversation, and research, about same-sex families with children beyond the topic of children's well-being to ask the question: Are the parents alright?

Although there are various ways to pursue such a question, we chose to focus on parents' time in self-care activities which, while not a direct measure of well-being, is certainly linked to it (Blumstein and Schwartz, 1998; Crawford, Houts, Huston and George, 2002; Nomaguchi and Bianchi, 2004). This particular question builds on the findings of recent research which found that gay and lesbian parents spend more time in shared (and individual time, for lesbian parents) caregiving (Farr and Paterson, 2013; Prickett, Martin-Storey and Crosnoe, 2015) than heterosexual parents. This finding raises broader questions about how time is used in same-sex families with children and whether relatively lower (compared to that found in different-sex families) degrees of gendered specialization and trading in same-sex families leaves them with less time than their heterosexual counterparts for important activities (e.g., self-care), and how these family processes vary by the gender of parents.

Based on our tests of statistical significance, we find that there were few statistically significant differences in time loss in self-care activities for parents in same-sex families compared to parents in different-sex families, with two exceptions. First, in contrast to our hypotheses, we found that women parents in different-sex families reported a significantly *greater* loss in leisure time than women parents in same-sex relationships. Second, in models that excluded other complex families to focus specifically on self-care time of parents with resident minor children compared to other adults who were not living with children, we found that women parents in different-sex relationships lost more total time in self-care than women parents in same-sex relationships. Looking beyond statistical significance, however, the data revealed a general pattern in which time loss was greater for women parents in different-sex families than women parents in same-sex families across the majority of specific categories of self-care (three of five categories), and time loss was greater for men parents in same-sex relationships than men parents in different-sex relationships across nearly all categories (four of five categories). This pattern was also consistent when we restricted the sample of individuals in different-sex relationships to more closely resemble the characteristics of those in same-sex relationships. Although we cannot extrapolate these patterns beyond our sample to the broader population, the

consistency of these patterns and the fact that similarly sized or smaller time gaps were significant for the much larger sample of parents in different-sex relationships highlight the possibility of a dual phenomenon that needs to be further investigated: the ways in which fatherhood may disrupt the daily lives of men in same-sex relationships more so than men in different-sex relationships, and conversely, how women in same-sex relationships seem to have a buffer against the disruptions of parenthood relative to women in different-sex relationships.

One possible explanation for some of the patterns that we uncovered in our analyses has to do with the developmental traits of the children in same-sex families compared to children in different-sex families, which we could not account for in our analysis. For example, if fostered or adopted children (which are more common among same-sex families compared to different sex-families) have more caregiving needs (Gates et al., 2007; Gates, 2013), same-sex parents may consequently have less time to devote to other activities, including self-care, than parents in different-sex relationships. Yet, according to our findings, we found the opposite pattern among women. Furthermore, given that women in same-sex relationships foster children three times more often than men in same-sex relationships, it seems unlikely that the characteristics of the children explain the patterns we found for men, whose adopted children are, on average, older and may have fewer age-related caregiving needs compared to the generally younger children of women in same-sex relationships (Gates et al., 2007). Finally, in further support of this position, recent research has found that children in same-sex families have no greater levels of behavioral or mental health problems compared to children in different-sex families (Reczek et al., 2016). Thus, while we could not adjust for the traits of the children, we do not think they sufficiently explain the pattern of results either. We do, however, suggest the need for expanded research on pathways to parenthood in LGBTQ families (e.g., Brewster, Tillman and Jokinen-Gordon, 2014; Gates, 2011; Goldberg, Gartrell and Gates, 2014) and their association with parental well-being.

Our interpretation of the findings is thus informed by research that focuses on gender as a relational process that is generated and reproduced through everyday social interaction (West and Zimmerman, 1987). Researchers have found that, even in nontraditional families, partners may enact and perform gender in ways that are concordant with or reminiscent of gender norms and expectations within more traditional family forms (Carrington, 1999; Moore, 2008; Pfeffer, 2010). Because LGBTQ families are, as yet, an incomplete social institution (Cherlin, 1978), their members may follow the gendered norms and expectations of the heterosexual families within which they were raised and that surround them rather than constructing their own. Indeed, there are many social incentives for following traditional norms, even (and perhaps especially) within non-traditional families, and transgressing such norms may be stigmatizing or even dangerous for those within same-sex families (Baumle and Compton, 2015). On this point, recent studies of patterns of family care work highlight the importance not only of one's own gender when determining the sorts of family tasks in which one will engage, but also the gender of one's partner as well (Reczek and Umberson, 2012; Umberson et al., 2016).

In the case of women, Umberson and colleagues (2016) note that caregiver benefits are greater in same-sex families, although they also suggest that future research should also attend to the possibility that such intensive caregiving may engender physical and mental health costs to the individual women providing such care. While we did not find strong evidence in our study that women parents in same-sex relationships are suffering from such costs (in the form of time loss from self-care), we concur that research should attend to a broader constellation of lesbian parents' measures of health and well-being. Because family care work generally falls

to women in our culture, and women are socialized to perform such work, we might assume that women in same-sex couples expect to perform such work, are socialized in how to perform such work, and are able to divide family care work between partners in a relatively equitable manner. In this way, it makes sense that the women parents in same-sex relationships in our study fared better than their women peers in different-sex relationships in terms of preservation of self-care in the face of parenthood responsibilities.

In heterosexual couples, while women parents both expect and are socialized to perform family care work, they are often less able to equitably divide such work given that expectations and cultural norms around men's family care work situate fathers as secondary rather than primary caregivers (Biblarz and Stacey, 2010). As such, our findings also make theoretical sense: given that women parents in different-sex relationships still bear the primary responsibility for family care work, they experience greater time loss in self-care activities relative to their women peers in same-sex relationships. Because it is neither culturally expected nor part of the socialization process for men to assume the primary role in family caregiving, men in same-sex relationships may struggle most when assuming such roles, experiencing the greatest personal losses in their time for self-care. This trend may be particularly pronounced when considering the types of familial, extra-familial, and cultural support available to heterosexual versus lesbian and gay parents.

For men in same-sex relationships who become parents, they may face an uphill battle when it comes to finding social support for themselves and their families. Compared to heterosexuals and lesbians, gay men are more likely to experience social distancing and estrangement from their families of origin (Herek, 2002; Ocobock, 2013). This may mean that less family support is available to them when they are raising minor children. Not having grandparents, aunts, and uncles available to babysit and provide other forms of childcare may result in less time available for men in same-sex relationships to engage in self-care activities. The distancing from families of origin that many gay men report also means that they tend to build families of choice, often consisting of other gay men. Gay male sociality, historically, however, has been rooted in adult nightlife and culture that may be seen as incompatible with the practical constraints of family life with minor children (Chauncey, 1994; D'Emilio, 1993). As such, gay men raising minor children may face greater challenges finding everyday social support and understanding from peers if children are viewed in adult community gatherings and spaces as more burdensome than bundles of joy.

Indeed, we find evidence in this analysis that men in same-sex relationships with children suffer most when it comes to time loss in socializing. Our results indicate that future studies of parenthood and self-care would do well to focus on men parents in same-sex relationships to assess whether our findings are unique or indicate a more consistent pattern indicating a need for greater supports for gay fathers. On the other hand, women parents in same-sex relationships tend to be members of social communities primarily consisting of other women, socialized with the expectation of providing family care work and accommodating the presence of children (Lewin, 1993). Membership within such communities may make it easier to blend socializing and other self-care activities with caring for minor children. As such, future studies might also attend to the particular mechanisms for childcare and parental support that exist within lesbian communities compared to heterosexual and gay men's communities to better understand the lessons they might offer for supporting a range of diverse 21st century families and their members.

There is an alternate perspective on our pattern of findings that has to do with experiences of parenthood. Because parenting for gay men and lesbians often requires greater intentionality, planning, and socio-legal

struggle than parenting for heterosexuals, gay men and lesbians may have different relationships to parenting than their heterosexual peers. The emotional and material investments in becoming parents and forming legally and socially recognized families may mean that gay and lesbian parents view parenting itself as a privileged status in which they are fortunate and happy to invest. Indeed, considering that previous generations of lesbians and gay men were often barred from raising families together and faced formidable barriers to accessing parenthood and family support, active participation in parenthood today may be understood by some *as* a form of self-care. By “queering” the very notion of self-care, we may come to better understand some gay men’s and lesbians’ time investments in parenting not as personal time lost in self-care, but as a reallocation of emotional and material time and care investments in ways that remain self-care-enhancing. While we cannot test this possibility given the limitations of our data, future research – particularly qualitative research – would do well to explore parental meaning-making around reported time losses in self-care among gay and lesbian parents.

This study certainly has its limitations: it has small sample sizes of adult parents in same-sex relationships, it lacks direct measures of partnership status and sexual identity, it is based on a cross-sectional design that precludes direct measures of loss in self-care during the transition to parenthood, it does not address the issue of self-selection into parenthood for those in both same-sex and different-sex relationships, it lacks information on whether adults in the study have ever had children (precluding us from explicitly comparing parents to non-parents) and it lacks information on the characteristics of the children (including their developmental traits, adoptive status, or biological relationship to the respondent). At the same time, it is one of only a few population-based studies to include parents in same-sex relationships and, to our knowledge, is the only population-based study to consider how parenting a coresidential minor child differentially affects the daily lives of parents in same-sex relationships compared to parents in more traditional family arrangements. Further, we attend to the impact of parent gender when considering the similarities and differences in time loss around self-care that we uncover. Given the limitations of current data, we believe this study makes important contributions to demographic and social science research and theory on time-use and family dynamics in an era during which families headed by those in same-sex relationships have just recently gained greater social and legal recognition, and the need to understand these families in more holistic and nuanced ways has reached greater levels.

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## Annex I

**Table 1. Descriptive Characteristics of Study Sample (N = 79,291)**

	Mean (SD) / %
<i>Sample Characteristics</i>	
Parents	63%
Other Adults	37%
Age	43.23 (11.05)
Female	53%
Male	47%
Family Income Group <sup>a, b</sup>	\$50,000 to \$59,999
Racial Background	
European American	73%
African American	8%
Hispanic	13%
Other Racial/Ethnic group	6%
Education Level	
< High School	8%
High School	25%
Some College	27%
Bachelor's Degree Plus	40%
Employment Status	
Full-Time Employed	64%
Part-Time Employed	13%
Unemployed	4%
Not Working	20%
Marital Status	
Married	93%
Cohabiting	7%

*Notes:* <sup>a</sup> Because ATUS codes categorizes into one of 16 categories, we present information on the median category. <sup>b</sup> Missing on 7% of cases. Estimates for region, metro, season, survey year not shown. Percentages rounded to the nearest whole number. Means rounded to nearest .01.

**Table 2. Descriptive Characteristics of Study Sample by Gender and Relationship Type (N = 79,291)**

	Percentages					
	Men			Women		
	Same-Sex Relationship	Different-Sex Relationship	Significance	Same-Sex Relationship	Different-Sex Relationship	Significance
<b>Education</b>						
No High School	8%	13%	+	4%	11%	***
High School	14%	32%	***	16%	29%	***
Some College	24%	26%	---	25%	29%	---
Bachelor's Degree	54%	29%	***	55%	31%	***
<b>Income<sup>a</sup></b>						
>\$24,999	11%	17%	+	16%	20%	---
\$25,000-\$49,999	15%	24%	**	18%	24%	+
\$50,000-\$74,999	11%	19%	***	21%	18%	---
<\$74,999	60%	33%	***	40%	31%	*
<b>Race/Ethnicity</b>						
White	80%	67%	***	80%	67%	***
Black	3%	11%	***	5%	13%	***
Hispanic	12%	16%	---	11%	14%	---
Other	5%	6%	---	4%	6%	---
<b>Employment</b>						
Full Time	82%	71%	***	65%	49%	***
Part Time	8%	9%	---	13%	19%	**
Non-Working	7%	14%	**	15%	26%	**
Unemployed	3%	6%	**	7%	6%	---
<b>Metro<sup>a</sup></b>						
City	97%	83%	***	86%	79%	---
No City	3%	16%	***	14%	20%	---
Age	40.70	40.71	---	40.67	41.08	---
N	201	36,685		283	42,122	

Notes: Asterisks reflect significant differences in means based on chi square tests. <sup>a</sup> Percentages of cases with missing data for income and metro not shown. Percentages rounded to the nearest whole number. + < .10, \*p < .05, \*\*p < .01, \*\*\*p < .001.

**Table 3. Women's Time Use Stratified by Relationship Type and Parental Status (n = 42,405)**

Activity	Same-Sex Relationship			Different-Sex Relationship			Difference in Time Gap
	Parents	Other Adults	Time Gap	Parents	Other Adults	Time Gap	
Grooming	35.71	37.83	-2.12	41.88	48.22	-6.34 <sup>a</sup>	4.22
Sleeping	513.58	508.53	5.05	506.87	507.43	-0.56	5.61
Socializing	35.60	36.82	-1.22	37.77	39.35	-1.58 <sup>a</sup>	0.36
Exercise	15.93	21.03	-5.10	11.22	11.79	-0.57	-4.53
Leisure	163.39	163.00	.39	150.55	208.51	-57.96 <sup>a</sup>	58.35 <sup>a</sup>
Total Care	764.23	767.22	-2.99	748.30	815.33	-67.03 <sup>a</sup>	64.04 <sup>a</sup>
N	94	189	---	26,421	15,701	---	

Notes: <sup>a</sup> designates that means significantly differ at the minimum probability level of .10 based on t-tests. All values rounded to the nearest .01

**Table 4. Men's Time Use Stratified by Relationship Type and Parental Status (n = 36,886)**

Activity	Same-Sex Relationship			Different-Sex Relationship			Difference in Time Gap
	Parents	Other Adults	Time Gap	Parents	Other Adults	Time Gap	
Grooming	32.14	38.63	-6.49	32.74	33.38	-0.64 <sup>a</sup>	-5.85
Sleeping	487.49	487.08	0.41	488.97	493.91	-4.97 <sup>a</sup>	5.38
Socializing	30.08	45.44	-15.36	33.58	32.87	0.71	-16.07
Exercise	7.27	17.04	-9.77 <sup>a</sup>	13.60	15.48	-1.88 <sup>a</sup>	-7.89
Leisure	147.74	203.17	-55.43 <sup>a</sup>	175.82	242.43	-66.61 <sup>a</sup>	11.18
Total Care	704.73	791.37	-86.64 <sup>a</sup>	744.71	818.11	-73.40 <sup>a</sup>	-13.23
N	29	172	---	23,155	13,530	---	

Notes: <sup>a</sup> designates that means significantly differ at the minimum probability level of .10 based on t-tests. All values rounded to the nearest .01.

**Table 5. Time-Use in Minutes among Women by Relationship Type and Parental Status (N = 42,405)**

	Activity B (SE)					
	Grooming	Sleeping	Socializing	Exercise	Leisure	Total Care
<i>Model 1.</i>						
Focal Variables						
Same-Sex	- 10.31***	- 5.51	0.90	5.34	- 29.90**	-39.52**
Relationship	(2.24)	(9.45)	(5.08)	(5.61)	(11.98)	(14.67)
Parents	- 5.70***	-19.00***	- 4.80***	-1.96***	-44.20***	-75.68***
	(0.53)	(1.80)	(1.14)	(0.56)	(2.31)	(2.88)
<i>Model 2.</i>						
Focal Variables						
Same-Sex	-11.51***	-7.01	1.36	6.00	-37.09*	-48.25**
Relationship	(2.56)	(11.22)	(6.07)	(2.64)	(14.60)	(17.42)
Parents	-5.73***	-19.04***	-4.78 **	-1.94***	-44.41***	-75.93***
	(0.53)	(1.81)	(1.15)	(0.55)	(2.32)	(2.89)
Same-Sex	5.42	6.67	-2.10	-3.00	32.78+	39.78
Relationship	(4.70)	(17.46)	(9.34)	(7.90)	(19.33)	(26.69)
x Parents						

*Notes:* Standard errors are displayed in parentheses below coefficients. Region, holiday, year, family income, age, marital status, weekend, and summer month were all controlled for in the analysis. Information on coefficients of covariates is available upon request. All values rounded to the nearest .01. + < .10, \*p < .05, \*\*p < .01, \*\*\*p < .001.

**Table 6. Time-Use in Minutes among Men by Relationship Type and Parental Status (N = 36,886)**

	Activity B (SE)					
	Grooming	Sleeping	Socializing	Exercise	Leisure	Total Care
<i>Model 1.</i>						
Focal Variables						
Same-Sex	3.84	-10.19	11.73	-3.58	-11.28	-9.48
Relationship	(2.76)	(11.36)	(7.60)	(3.98)	(12.77)	(20.25)
Parents	-1.77***	-6.75***	- 0.12	-2.40***	-35.70***	-46.77***
	(0.46)	(1.90)	(1.10)	(0.73)	(2.55)	(3.19)
<i>Model 2.</i>						
Focal Variables						
Same-Sex	4.46	-11.21	13.35	-3.01	-11.18	-7.60
Relationship	(2.84)	(12.68)	(8.43)	(4.47)	(13.99)	(22.66)
Parents	-1.76***	-6.77***	- 0.08	-2.39***	-35.70***	-46.73***
	(0.46)	(1.90)	(1.10)	(0.73)	(2.56)	(3.20)
Same-Sex	-5.18	8.56	-13.53	-4.68	-0.84	-15.68
Relationship x	(9.90)	(27.57)	(13.50)	(5.70)	(28.14)	(33.14)
Parents						

*Notes:* Standard errors are displayed in parentheses below coefficients. Region, holiday, year, family income, age, marital status, weekend, and summer month were all controlled for in the analysis. Information on coefficients of covariates is available upon request. All values rounded to the nearest .01. + < .10, \*p < .05, p < .01, \*\*\*p < .001\*\*\*

**Table 7. Point Estimates of Time in Each Activity by Relationship Type and Parental Status for Men and Women**

	Same-Sex Relationship			Different-Sex Relationship			Overall Difference <sup>b</sup>
	Parents <sup>a</sup>	Other Adults <sup>a</sup>	Time Gap	Parents <sup>a</sup>	Other Adults <sup>a</sup>	Time Gap	
<b>1. Women's Time</b>							
Grooming	36.20	36.52	-0.33	42.29	48.03	-5.72***	5.39
Sleeping	490.62	502.99	-12.37	490.96	510.01	-19.05***	6.67
Socializing	33.85	40.74	-6.89	34.58	39.37	-4.78***	-2.10
Exercise	12.62	17.57	-4.95	9.62	11.57	-1.94***	-3.01
Leisure	158.66	170.29	-11.63	162.98	207.39	-44.41***	32.78+
Total Time Loss	731.98	768.13	-36.15	740.46	816.39	-75.93***	39.78
<b>2. Men's Time</b>							
Grooming	29.73	36.68	-6.95	30.45	32.21	-1.76***	-5.19
Sleeping	494.38	492.59	1.79	497.03	503.81	-6.78***	8.57
Socializing	35.74	49.37	-13.63	35.93	36.02	-0.09	-13.54
Exercise	6.60	13.68	-7.08	14.30	16.70	-2.40***	-4.69
Leisure	216.29	252.84	-36.55	228.32	264.03	-35.71***	-0.84
Total Time Loss	782.76	845.18	-62.42+	806.05	852.79	-46.74***	-15.68

*Notes:* <sup>a</sup> Statistical significance suggests a non-zero difference in time between parents and other adults. <sup>b</sup> Statistical significance suggests a non-zero difference in time between parents in same-sex relationships vs. other adults in same-sex relationships compared to parents in different-sex relationships vs. other adults in different-sex relationships. All values rounded to the nearest .01. + < .10, \*p < .05, p < .01, \*\*p < .001\*\*

## Annex II

### Description of Activity Codes ( $N = 79,291$ )

Variable	Examples
<i>Activity Code</i>	<i>Item Code</i>
Grooming	Examples include: bathing, showering, grooming, blow-drying hair, putting on makeup, shaving, getting a haircut, washing hair, putting on hand cream.
Sleep	Examples include: waking up, cat napping, getting some shut-eye, dozing off, and getting up.
Exercise and Sports	Examples include: Zumba, rock climbing, playing touch football, doing kickboxing, playing Lacrosse, jogging, running, using the treadmill, swimming, diving, cheerleading, and hiking.
Socializing	Examples include: entertaining family, hanging out with family, greeting family, hanging out with friends, hugging friends, visiting with friends, talking with neighbors, talking with acquaintances.
Leisure	Examples include: sunbathing, watching TV, listening to music on the radio, playing board games, scrapbooking, reading for personal interest, writing for personal interest, attending museums, attending art galleries, attending the movies, and visiting the zoo.