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Why Do Women Care More & Men Couldn't Care Less?

Toni Schmader & Katharina Block

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The health and well-being of society are sustained by a combination of paid and unpaid care work. Yet caregiving roles and occupations are overwhelmingly occupied by women. We outline evidence for five key sociocultural barriers to men's engagement in the care economy. These include prevalent cultural stereotypes that men are inherently less caring, despite little evidence for gender differences in caregiving abilities. Rather, men are socialized from a young age to devalue care as an activity at odds with being a man. These gendered beliefs about care have been getting wider over time and are especially entrenched in wealthy, individualistic societies. Without a collective understanding of these sociocultural barriers, people are unmotivated to change them. Given the myriad benefits of promoting a more gender-balanced care economy, elucidating the reasons women care more than men can motivate society to overcome these obstacles in new ways.

Caregiving is essential to the health and well-being of societies. Aging populations, rising inequality, and the COVID-19 pandemic all shine a bright light on society's reliance on those in caregiving roles. These roles include care in different spheres. Caregiving happens within families to raise offspring, manage a household, and tend to those who are ill, disabled, or elderly. Caregiving also includes volunteering one's time and effort within one's community, either formally or informally, to provide services not covered by governmental programs. Finally, paid care work in education, health care, and social services provides vital care services to society. Taken together, these varied examples of paid and unpaid care contribute to the care economy.[1] A thriving care economy is not only tied to economic wealth; it is indexed by country-level metrics of human development such as high literacy rates and education levels, low infant mortality, and longer life expectancy. Given the essential function of human care activity for fostering global well-being, we might expect that roles in the care economy would be coveted, respected, and highly valued by everyone.

But take a moment to picture a "caregiver," either paid or unpaid, and the person who likely comes to mind is a woman. This tendency to "think care, think woman" to some extent reflects the reality of gender segregation into different roles. To date,

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men are markedly underrepresented in care-oriented roles, activities, and careers. For example, across the globe, only one-third of the 215 million people employed in paid care jobs over the last decade were men. In the Americas and Europe, the percentage of men in these roles is less than 25 percent.[2] This underrepresentation of men in the care economy is critical to understand given the severe labor shortages in these fields.[3] In fact, the demand for people to fill jobs in the care economy outpaces labor demand in computing and engineering, sectors that have invested considerable resources in recent years to increase gender diversity and inclusion.[4] Similar gender imbalances are evident in the home, where women in heterosexual relationships continue to shoulder the responsibility for caregiving.

The emerging science of caregiving needs to identify the barriers to men's active engagement in caregiving. And yet, both scholars and the public alike give relatively less attention to understanding or reducing gender gaps in care motivation.[5] Research on gender inequality often focuses on the constraints placed on women and ways to increase women's opportunities to enter into domains, roles, and occupations long dominated by men. But research points to powerful sociocultural constraints on men's behavior and preferences that are often overlooked and understudied.[6] As such, we join with other scholars who have recently emphasized the need to expand our consideration of gender inequality to include men.[7] Our goal in this essay is to synthesize the evidence for several important sociocultural barriers that constrain men's interest in and engagement with caregiving roles and activities. We then consider how such constraints might be addressed to foster greater gender equality in care.

Why don't men care? Different academic disciplines will seek to identify different parts of this elephantine problem. Perhaps men are less likely to be primary caregivers for young children because paternity leave is unavailable (says the policy analyst). Perhaps men are constrained from volunteering and caring for elderly parents because of the higher work demands placed on them (says the sociologist). Perhaps men are less attracted to careers in teaching and social work because of the lower salaries these careers pay (says the economist). While each of these scholars would surely have their finger on one contributing factor in a specific domain of care, they might miss the social psychological processes that give shape to a more foundational part of the problem. Men don't care because women do, and being a man too often requires being unlike women. These culturally ingrained beliefs about gender and masculinity can inhibit men from imagining themselves taking on caregiving, much less finding a sense of meaning and purpose in it. These psychological processes attract women to and repel men away from care in ways that are self-reinforcing, serving to replicate the types of systemic forces identified by our hypothetical policy analyst, sociologist, and economist.

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Of course, these broad generalizations are not true of all men or for all forms of care. For example, compared to straight men, gay men are disproportionately represented in female-dominated occupations that require social perceptiveness, such as nursing.[8] In recent years, fathers have also become more involved and intrinsically motivated to take an active or even primary role in the care of their children.[9] But despite the variability among men and across time, the general underrepresentation of men in caregiving roles is undeniable. There is no region in the world where even paid care jobs are filled more by men than by women, or where young men expect to do more childcare than women.[10]

In the analysis presented here, we draw from, extend, and integrate social psychological theory and evidence for how gender stereotypes constrain men's interest in care. These stereotypes are culturally shared beliefs about gender that shape how people perceive both others and themselves. Although gender identity and expression are not binary, the stereotypes we have about gender are linked to split-second binary categorizations of people as women or men.[11] Even children who self-identify as transgender or gender nonbinary automatically categorize people, animals, and even inanimate objects into binary gender categories.[12] The ease with which we see the world through a gendered lens from a young age leads people to assume that gender is an important component of one's own and others' identity. Starting from this assumption that people see and express their identity in terms of (typically binary conceptions of) gender, we next consider a series of sociocultural barriers to men's equal engagement in care.

The first barrier to men caring is the prevalence of cultural stereotypes of men as being less care-oriented than women. Gender stereotypes can include both explicitly endorsed beliefs ("women are more caring people") and implicit associations ("think *care*, think *woman*") that can be automatically activated to shape judgment and behavior.[13] In fact, the strongest stereotypes that people hold about gender include the explicit belief that men are less caring and compassionate than are women. In 2018, three-fourths of American adults in large public surveys reported believing that women are more communal and caring than men. This stereotype is not weakening; the percentage of people agreeing with it has actually increased over five decades surveyed.[14] By way of contrast, less than 10 percent of Americans in 2018 believed that women are less competent or intelligent than men. Gender stereotypes about women's intellectual inferiority, once used to explain and justify constraints on women's educational and employment opportunities, have sharply declined over the last century. Nevertheless, many people still endorse without compunction the belief that men are less communal than are women, a stereotype that has only increased over time.

These stereotypes partly reflect the different roles that people see men and women do.[15] Given the evidence that women remain more likely to be the primary

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caretakers at home, it is not surprising that people develop a strong association between women and "home" in contrast to men and "work."[16] From a young age, children ingest a steady diet of cultural representations that associate the concept of "female" more than "male" with care and concern for others. Such exposure can come from direct experience of who cares for them at home or school as well as from indirect portrayals of care in the books and media they consume.[17] For example, text analyses of parent-child conversations, books, and entertainment media reveal that male (versus female) pronouns and characters are less likely to appear alongside words about home (versus work).[18]

Gendered conceptions of care might begin as descriptive observations of what men and women do, but people also use stereotypes to justify the status quo.[19] In a world where 86 percent of nurses are women and 86 percent of engineers are men, people make an inference that women must be more caring and people-oriented and men must be more mechanically minded and systems-oriented. This tendency to assume that women and men *are* what we often see them *do* is an example of a broader phenomenon known as the "fundamental attribution error," because it reveals a blind spot for the external constraints on people's actions and choices.[20] Yet these collective beliefs in the essential differences between men and women become themselves an external constraint on behavior, justifying men's underrepresentation in caregiving roles. People do not merely believe that nursing *is* an occupation made up mostly of women, but that nursing *should be* an occupation made up mostly of women.

Do women care more because they are fundamentally better at caring for other people? Some evolutionary views on caregiving might suggest that among humans and other related species, sexual selection and its accompanying patterns of mate preferences would have favored the development of caregiving as a female rather than a male attribute.[21] After all, individuals with uteruses are needed to gestate offspring, and the assumption is often made that childrearing among our evolutionary ancestors was primarily the work of mothers. In recent years, however, scholars have begun to question whether sex differentiated gender roles were really as distinct as has often been assumed.[22] Even granting that certain sex differences exist, recent evolutionary perspectives theorize that a parental care motivational system is a human universal that underlies broader capacities for protective and nurturing inclinations.[23] We suggest that men and women have this same motivational system, but it is a system that is more easily activated for women than for men.

The second barrier to men's equal engagement in care might have more to do with gender differences in the motivation, not basic ability, to care. Research on sex or gender differences in basic socioemotional skills such as empathy or empathizing provides little evidence for innate differences in these fundamental capac-

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ities related to caregiving. Infants as young as two months of age prefer those who are helpful, and toddlers in their second year of life spontaneously help those who are in need, with no notable sex differences having been reported or found in these early forms of care.[24] In older samples, the ability to empathize with others is often assessed by measuring the accuracy with which one can identify another person's emotional state based only on their eyes.[25] Although men sometimes underperform women on such tasks, these gender differences are small and highly variable by context.[26] Neuroimaging studies report no sex or gender differences in neural activation while empathizing with others in pain.[27] The ability to show care and a concern for others in need is a basic human tendency.

Research has consistently revealed that women are more motivated than men to deploy empathetic responding. For example, men are less likely to describe themselves as empathetic or engage in empathetic responding when gender is made salient.[28] And even though small gender differences have been observed in the seemingly objective ability to accurately guess what emotion another person is expressing on their face, financial incentives for accuracy can eliminate this gender difference in empathetic accuracy.[29] If there are slight gender differences in empathetic abilities (along with other abilities that might provide a basic capacity for caregiving), some of these differences might reflect diverging motivations rather than sex-linked abilities. Notably, the magnitude of gender gaps in empathy are not large enough to explain the gender differences observed in caregiving roles and interest.

A third barrier to men's involvement in care is that these gender differences in motivation are socialized early and in a way that places care in opposition to masculinity. As young children develop their sense of self, gender stereotypes prevalent in society are internalized and inform children's view of who they are and what they value. As these internalized beliefs become key aspects of identity, they also constrain what boys and girls imagine for themselves and their future. For example, our research has found that by age six, boys are less likely than girls to say that they care about being nice and kind, and are more likely than girls to say they care about being the best and winning.[30] These internalized values for prioritizing their own interests over others predict how children anticipate prioritizing their future career over their future family as an adult. As young adults, men's lower tendency to value communal qualities partly explains their lower interest in taking on caregiving roles both at home and in the workforce.[31]

In some ways, stereotypes place stronger constraints on boys than they do on girls. Social psychologists describe masculinity as uniquely precarious, a coveted status that can be easily lost if a man exhibits any signs of weakness or femininity. This precariousness of manhood motivates boys and men to conform to what is believed to be masculine behavior, or risk public humiliation or social devalua-

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tion.[32] These strong proscriptions against signs of weakness in men appear to be culturally universal.[33] As a result, boys and men can expect to encounter negative attitudes and possible harassment if they exhibit an interest in activities, roles, or occupations that are typically preferred by girls or women.[34] As such, gender role stereotypes that associate care with women represent a powerful barrier to boys' and men's engagement in care activities because such engagement can threaten their gender identity.

Notably, those boys and men who associate care and communion more strongly with women are less inclined to describe themselves as kind and caring. Our research reveals that preschool-aged boys do not yet have a strong stereotype that associates care more with girls than with boys.[35] Once in grade school, however, boys show more gendered associations with care that predict describing themselves as less caring. This tendency to distance themselves from care guides their preferences: boys with more gendered notions of care are less interested in playing a care-oriented video game. Such evidence suggests that boys unlearn the ability to be caring as they are socialized to personally devalue activities and preferences that seem at odds with being a man. Parents play a role in this process. For example, sociological analyses suggest that in recent years, fathers have become even more likely to pass on male-stereotypical occupations to their sons. Mothers, in contrast, have remained gender-neutral in how the stereotypicality of their own occupation relates to that of their children.[36]

Setting aside men's personal interest in taking on caregiving roles, the gender gap in communal values also has implications for the broader value and significance assigned to care. Not only do men, on average, say they personally value care and compassion less than women do, this gender difference also predicts men's tendency to assign less societal worth to care-oriented occupations than do women.[37] The seeds for men's lower interest in care are planted early and shape their broader devaluation of care-oriented roles, occupations, and activities, not just for themselves but for society more broadly.

Ironically, the socioeconomic climate of countries highly supportive of gender equality represents a fourth barrier to men's equal engagement in care. Not only are gender gaps in care interest not closing alongside other indicators of gender equality, we have documented evidence that these gaps are paradoxically larger in cultures ranking higher on measures of gender equality.[38] This paradox of progress means that even as women gain greater economic independence and political freedoms (a decrease in vertical gender segregation as women gain greater status and influence), they are increasingly segregated into more care-oriented careers (an increase in horizontal gender segregation between men and women into different occupational spheres). Scholars continue to debate the explanation for such paradoxical patterns of gender segregation, but we do not believe they are

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simply driven by women's free choices. Instead, economic factors create realistic incentives for women (more than men) to fill these care-oriented roles. Alongside these economic forces are sociocultural factors that provide a series of less visible constraints on people's opportunities and preferences.

To further elucidate the role of economic affordances, note that countries higher in economic wealth and development invest greater resources in maintaining publicly funded health and educational systems. As a result, there is more demand for people to enter the care economy and be willing and able to work for lower pay. This might be why those countries where care occupations make up a larger portion of the labor force show the largest gender gap in the care economy.[39] Moreover, postindustrial labor markets promote hierarchically structured organizations and businesses with a large service sector that thrives on highly specialized and gender-segregated positions.[40] In many wealthy countries, training for different occupational roles begins at an early age, locking adolescents and young adults into an occupational track before their own interests might be fully developed.[41] These structural forces promote more occupational role differentiation, but they do not fully explain why it would be gendered.

Complementing these realistic forces from economic demand, wealthier countries with a focus on organizational hierarchy and Western ideals of self-reliance have been shifting over time toward greater support for a cultural ideology of individualism over collective harmony and interdependence.[42] These cultural shifts toward valuing individual agency over collective harmony promote a more gendered view of care and communion. In fact, the stereotypical association of care and compassion with women more than men varies across cultural contexts. Care is considered a more feminine characteristic in individualist societies, whereas being caring and helpful are less gendered in highly collectivistic countries.[43] Perhaps as a result, in wealthy countries that often promote women's entry into male-dominated roles, gender differences in prosocial orientation are the largest, with men describing themselves as less communal, less trusting of others, and less altruistic than women.[44] These gender gaps are narrower in more collectivist societies that value group harmony and a view of the self as interdependent with others. Together, such evidence suggests that as countries develop a postindustrial economic structure and prefer ideologies of individualism over collectivism, prevailing norms of what it means to be a man inhibit men from even imagining themselves in care-oriented roles.

Although the evidence of sociocultural constraints on men's care orientation is clear, a fifth barrier to men's engagement in care roles and occupations is that people do not generally view men's underrepresentation in care work as a problem that needs to be solved. Issues of gender equality so often focus on a lack of opportunity for women that societal constraints on

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men's behavior are typically overlooked and underappreciated.[45] People are more willing to support interventions to reduce discrimination than to increase interest. For example, people support efforts to increase women's representation in male-dominated STEM fields because they believe that barriers continue to block women's entry.[46] In contrast, people are generally less supportive of proactive efforts to increase men's representation in care-oriented occupations because they assume men are inherently less interested in these careers.

On the one hand, men's lower interest might partly be traced to the lower salaries and status these roles tend to have. But as mentioned earlier, the lower status given to care roles reflects the fact that women are so often in these roles, making these salary differences more of a symptom than a cause. In one experiment, we tested whether higher salaries would motivate people's support for increasing men's underrepresentation in occupations dominated by women.[47] We manipulated whether the same (not explicitly care-oriented) career was portrayed as being occupied by mostly men or mostly women, independent of the average salary in those careers. Even in this controlled context, people were less supportive of efforts to attract men into careers dominated by women than to attract women into careers dominated by men. Not only was this effect not reduced by increasing the salary of the career, but it was especially pronounced in careers portrayed as earning a higher salary. Such effects reveal the biased tendency to devalue the utility of domains that are strongly associated with women, a group with lower status in society.[48] The lower status given to care-oriented roles further serves to maintain gender imbalances in these roles.

Why care that men don't care? There are several reasons why men and the rest of us should be concerned by men's lower orientation toward care. First, men themselves benefit from having an orientation toward caregiving. A meta-analysis of one hundred studies revealed that among both men and women, the motivation to care for others is related to a host of positive outcomes for oneself and one's relationships.[49] Increasing men's care orientation might also have broader implications for developing greater socioemotional skills. The constraints on men's willingness to express their own emotions, as well as relate to others on an emotional level, might have implications for men's mental health and social well-being.[50] Furthermore, cultural norms to conform to a constrained idea of masculinity have been linked to risky health behaviors that might lower men's life expectancy.[51]

Beyond the benefits to men themselves, encouraging men's active care involvement could also help to meet pressing labor shortages in paid care work. In 2023, the International Council of Nurses declared that the global shortage of nurses constitutes a worldwide health emergency.[52] Similarly, UNESCO has warned of a teacher shortage hitting all parts of the world.[53] It is no coincidence that those

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careers that are the most gendered, and thus seem like options to only half of the available labor force, often show large labor shortages.[54] As countries pour investments into health, education, and other services and public resources in the care economy, workers are needed to fill these roles. One obvious way to meet these labor shortages is to attract more men into these jobs.

Increasing men's interest in caregiving at home and in the workplace might also indirectly benefit women and gender equality more broadly. The stalled gender revolution has been traced not just to a ceiling among women's interest in entering the workforce, but also to a rise in men's focus on overwork in recent decades.[55] For working mothers in heterosexual relationships, their ability to lean into ambitious roles in the workplace is constrained by men's willingness to lean into caregiving roles at home.[56] In addition, active engagement of fathers in their children's lives has positive benefits for their children that are unique from maternal care and also benefit their marriages.[57] However, these countervailing effects might not be limited to the family sphere. In the workplace, men stepping into more service-oriented positions can free up women who more often take on these roles.[58]

Given the clear benefits of increasing men's orientation toward care, what, if anything, can be done to counter the sociocultural barriers we have described? Broadly speaking, efforts here could focus on increasing societies' investments in gender equality in care, targeting societal stereotypes about care as a women's domain, or directly fostering motivation for and identification with communal activities and roles. Given the early development of gender roles, interventions might especially aim to counter boys' early unlearning of care and efforts to redefine care roles and occupations to enhance boys' attraction to those roles.[59] In what follows, we offer a few suggestions based on our theoretical analysis.

One approach to fostering greater gender balance in care would be to target the fundamental tendency to assume that caring is inherently feminine. In fact, evidence suggests that men underestimate how communal other men truly are or want to be, an example of a broader tendency known as "pluralistic ignorance."[60] When groups of people are pluralistically ignorant of what other people truly think or do, their conformity to this misperceived social norm can artificially constrain their behavior. If men's misperception of other men's true communal motivations inhibits them from openly exhibiting forms of care, this type of pluralistic ignorance can be counteracted by promoting care as a fundamentally human tendency that is not essentially tied to sex or gender. Just as women trailblazers in STEM fields and leadership positions have been important role models to young girls and women, high-profile examples of men in caregiving roles can begin to reshape these stereotyped beliefs. Efforts on the part of men to broaden definitions of masculinity could be especially helpful. For example, broadening exam-

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ples of men who choose to and excel at care work in real life, media, and books can challenge traditional notions of masculinity. Alongside efforts to broaden our conceptions of masculinity could be efforts to rebrand caregiving roles in ways that are more inclusive of men, but this approach often represents a shorter-term solution.[61]

A second approach to fostering greater gender balance in care includes efforts to increase young boys' and men's motivation for care. Early educational initiatives to foster socioemotional education can be helpful. For example, initiatives like the Roots of Empathy program promote empathy in young school-aged children by giving them direct training in understanding and caring for the needs of infants.[62] Such training has been found to be equally beneficial for young boys and girls, with overall improvements to children's social behavior. For many boys and men, practicing the skill of care often starts at home where the intrinsic rewards of caring for close family can be readily apparent. In studies of sibling care, for example, although girls are more likely to be observed caring for younger siblings, there is cross-cultural variation in boys' level of involvement in sibling care, especially with younger brothers.[63] Such training can prepare young boys for future roles as caregivers. In adult heterosexual relationships, women are also increasingly valuing partners who will be active caregivers in their future families.[64] One question that remains, however: how can we transfer the motivation to care for close family more broadly to an interest in caregiving outside the home?

Whereas the two approaches above focus on tackling individual conceptions of gender and the personal motivation for care, these need to be complemented by societal investments into the gender equality of care. We must promote men's representation in care with the same amount of effort that we have put into promoting women's representation in STEM or positions of leadership. Such efforts are likely to be met with some degree of backlash.[65] However, understanding how sociocultural factors constrain men's and women's sense of the possible can provide a roadmap of the obstacles to be faced. Equally important, once achieved, gains in men's representation in care could become self-perpetuating. When people see a critical mass of men engaged in care-oriented roles, it will change their beliefs about how caring men can be.

We have advocated for taking a sociocultural psychological perspective on the science of caregiving and men's underrepresentation in the care economy. We can only meet the growing demand for high-quality care work by identifying and addressing key constraints to men's interest and involvement in these roles. And yet we face several unique barriers to increasing men's active engagement in care. These include prevalent cultural stereotypes that men are inherently less caring, despite little evidence for gender differences in the capacity for care. Rather, men are socialized from a young age to devalue

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care as an activity that is at odds with being a man. These gendered beliefs about care are especially entrenched in wealthy, individualistic societies. Perhaps as a result, people seem relatively uninterested in working to combat the gender gap in care. Given the myriad benefits of promoting a more gender-balanced care economy, elucidating the reasons why women care more than men can motivate new ways of understanding and counteracting the persistent barriers to gender equality and a more caring society.

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