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2020-11-05

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Psychology of Men & Masculinities

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Online First Publication, November 5, 2020. <http://dx.doi.org/10.1037/men0000321>

CITATION

Holmes, E. K., Wikle, J., Thomas, C. R., Jorgensen, M. A., & Egginton, B. R. (2020, November 5). Social Contact, Time Alone, and Parental Subjective Well-Being: A Focus on Stay-at-Home Fathers Using the American Time Use Survey. *Psychology of Men & Masculinities*. Advance online publication. <http://dx.doi.org/10.1037/men0000321>

Social Contact, Time Alone, and Parental Subjective Well-Being: A Focus on Stay-at-Home Fathers Using the American Time Use Survey

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Stay-at-home fathers (SAHFs) face negative stereotypes and social stigma, which may be linked to negative feelings during social contact. In this study, we compare SAHFs' social contact and time alone to that of stay-at-home mothers and parents of other work/caregiving statuses. In addition, we analyze SAHFs' subjective well-being when with their children, spouse, nonspouse adults, and when alone to more accurately capture the positive and negative valences of their experiences. Using individual-level time-use diaries from the American Time Use Survey ($N = 35,959$), a nationally representative sample, we find that compared to fathers working full time, SAHFs spent more time alone, more time with only their children, and less time with adults. SAHFs reported that this alone time was meaningful, not negative. They reported more happiness when interacting exclusively with children. These findings refute some stereotypes that primary caregiving fathers only stay home with their children as a last resort and further support the new fatherhood ideal that contemporary fathers desire to be more actively involved in child rearing. Unfortunately, SAHFs reported significantly more sadness, more stress, and less happiness while interacting in a variety of contexts with adults. Connecting our work with previous research, we believe these findings are best explained by either exclusion of SAHFs or increased salience of social stigmas felt by SAHFs in social situations with adults. These indicators of emotional well-being during social contact have important implications for parent physical and mental health.

Public Significance Statement

Based on time-use diaries from the American Time Use Survey, stay-at-home fathers (SAHFs) found time with children to be meaningful, happy, less tiring, and less stressful than time alone. SAHFs also reported higher feelings of sadness when spending time with a spouse and significantly more stress and less happiness while interacting with nonspouse adults. Attending to SAHFs' subjective well-being and social contact has important implications for SAHFs, their partners, and their children.

Keywords: stay-at-home fathers, parental well-being, fathers, affect during social contact, social isolation

Supplemental materials: <http://dx.doi.org/10.1037/men0000321.supp>

The reasons for being a stay-at-home father (SAHF) vary (Doucet, 2004; Dunn, Rochlen, & O'Brien, 2013; Lee & Lee, 2018; Solomon, 2014b), and they have been changing over time as

cultural norms and attitudes shift (Livingston, 2018), but social stereotypes and stigmas about nontraditional parenthood still exist (Brescoll & Uhlmann, 2005; Chesley, 2011; Solomon, 2014b; Stevens, 2015; Zimmerman, 2000). SAHFs, in particular, face negative social stereotypes (Dunn et al., 2013) and experience social stigma (Rochlen, McKelley, & Whittaker, 2010), which may lead to negative feelings during social experiences that are distinct from stay-at-home mothers (SAHMs), working mothers, and working fathers (Lee & Lee, 2018; Merla, 2008; Solomon, 2014a; Zimmerman, 2000). In addition, these fathers may face different access to social contact and respite time compared to other parents (Latshaw, 2011; Rochlen, McKelley, Suizzo, & Scaringi, 2008; Rochlen et al., 2010). These key variations in patterns of social contact may be associated with differences in subjective well-being among SAHFs compared to SAHMs, working mothers, and working fathers (Dunn et al., 2013; Rochlen et

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A version of this article was presented at the National Council on Family Relations Conference in Fort Worth, Texas.

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al., 2010; Wong, 2017). Because subjective well-being is related to the physical and mental health of parents (Holt-Lunstad, Smith, Baker, Harris, & Stephenson, 2015; Salovey, Rothman, Detweiler, & Steward, 2000), their partners (Davila, Stroud, & Starr, 2009; Whisman, Uebelacker, & Weinstock, 2004), and their children (Field, 2010; Suldo & Fefer, 2015), it is valuable to explore how differences in social contact may be associated with SAHFs' subjective well-being. Despite compelling reasons for this work, research focused on social contact, subjective well-being, and stay-at-home fatherhood remains underdeveloped (Fischer & Anderson, 2012; Kramer, Kelly, & McCulloch, 2015).

In this article, we examine SAHFs and compare them to stay-at-home mothers, working mothers, and working fathers in two domains of social contact: social contact patterns (i.e., "With whom do SAHFs spend their time?") and subjective well-being during social contact (i.e., "How positive, negative, or meaningful do SAHFs feel during social contact?"). The variety of social contact we assess in this study includes time spent alone, exclusively with children, with one's spouse, or with nonspouse adults. Using a nationally representative sample of daily diary reports from the American Time Use Survey (ATUS) allows us to explore these patterns broadly, not only asking who SAHFs are having contact with on a day-to-day basis but also examining how they feel during these social experiences.

Though prior time-use research has focused on father direct engagement with children as a core feature of father involvement (Hofferth & Lee, 2015), this article is not focused on child development outcomes or father involvement in this way. Instead, this article is focused on fathers themselves. Some previous work using large national data sets has not included data from fathers (Schoppe-Sullivan & Fagan, 2020), "providing an incomplete, even distorted view of parenting and children's family environments" (p. 187). The ATUS data allow us to place fathers at the center of the analyses, while still retaining all of the benefits of using nationally representative data. Understanding the mental health needs of SAHFs includes understanding more about SAHFs' subjective well-being during social contact and understanding more about their social networks (Davis, Haberman, Smith, Smith, & Wolgemuth, 2020). Previous work of this nature has primarily been drawn from smaller community/purposive samples (Chesley, 2011; Davis et al., 2020). This quantitative analysis compliments previous qualitative explorations. This knowledge will not only help practitioners and clinicians better understand SAHF's needs but can also help practitioners and clinicians provide support to the other members of SAHF families. As Davis et al. (2020) articulated, understanding how to offer support to SAHFs "can result in significant life satisfaction, improved mental health, and healthy gender identity for SAHDs (Burkstrand-Reid, 2012; Rochlen et al., 2010). This . . . is essential to fathers overcoming negative experiences to be compassionate and sensitive caregivers (McFarland-Piazza, Hazen, Jacobvitz, & Boyd-Soisson, 2012)" (p. 7).

To frame our study, we review the current research on increases in stay-at-home fatherhood in the U.S., stereotypes and social stigmas surrounding stay-at-home fatherhood, and SAHFs' social support, social contact, and isolation. We then articulate the value of using subjective momentary assessments to assess parental well-being during social contact and present our specific hypotheses.

Increases in U.S. Stay-at-Home Fatherhood

Based on U.S. Census Bureau data, the number of SAHFs increased from 4% to 7% between 1989 and 2016 (Livingston, 2018). Consequently, fathers constituted 17% of all stay-at-home parents (SAHPs) in 2016. Though men may vary in their definition of what it means to be a SAHF (Doucet, 2018), most researchers conceptualize a SAHF as a primary caretaker who has been out of the labor market while his partner has been employed for at least 35 hr per week (Chesley & Flood, 2017; Davis et al., 2020; Kramer et al., 2015; Kramer & Kramer, 2016).

Literature from inside and outside of the United States provides insight into why some men become SAHFs. The biggest factors in decisions about employment and parenting roles are often pragmatic—the mother's career held more earning potential (Doucet, 2004; Dunn et al., 2013; Fischer & Anderson, 2012; Lee & Lee, 2018; Rochlen et al., 2010; Rochlen, Suizzo, McKelley, & Scaringi, 2008; Solomon, 2014b; Zimmerman, 2000), the father's employment was stressful (Chesley, 2011; Solomon, 2014b), day-care services were expensive (Doucet, 2004; Fischer & Anderson, 2012; Merla, 2008), or the father was unable to secure employment (Chesley, 2011; Doucet, 2004; Dunn et al., 2013; Lee & Lee, 2018; Rochlen, Suizzo, et al., 2008; Solomon, 2014b). But personal reasons also exist. For example, the father wanted to be a SAHP (Dunn et al., 2013; Fischer & Anderson, 2012; Lee & Lee, 2018; Rochlen, Suizzo, et al., 2008), the mother desired to pursue a career (Doucet, 2004; Rochlen, Suizzo, et al., 2008), or the husband achieved what he wanted in his career and desired to spend more time at home (Doucet & Merla, 2007). Regardless of their reasons for becoming a SAHF, these fathers consistently report experiencing social stigmas, stereotypes, and social isolation, the emotional effects of which are not well understood.

Stereotypes and Stigma Surrounding Stay-at-Home Fatherhood

Stay-at-home fathers face negative social stereotypes and experience social stigma surrounding their role, including beliefs that SAHFs are incompetent emotional caregivers (Brescoll & Uhlmann, 2005; Riggs, 1998; Stevens, 2015), that a father will never be able to fill a mother's shoes (Snitker, 2018), or that a SAHF would never intentionally engage in primary caregiving work (Solomon, 2014b). Further, though SAHFs tend to be more flexible in doing gender (Medved, 2016a; Wong, 2017) some couples fulfilling nontraditional roles still hold onto traditional views (Chesley, 2011; Chesley, 2017; Doucet, 2004; Doucet & Merla, 2007; Dunn et al., 2013; Lee & Lee, 2018; Tichenor, 1999; Tichenor, 2005). The pressure for men to be employed, even among nontraditional parents, is often associated with social stigma when men are not employed (Chesley, 2011, 2017; Doucet, 2004; Doucet & Merla, 2007; Dunn et al., 2013; Medved, 2016b; Rochlen, McKelley, et al., 2008). Indeed, a recent report shows that 93% of fathers and 81% of mothers prefer employment over not working for pay (Horowitz, 2019). Unfortunately, many SAHFs feel defensive (Chesley, 2011), embarrassed (Chesley, 2011), or that they have failed as a man when they are not employed (Doucet, 2004; Doucet & Merla, 2007; Dunn et al., 2013). Partners are also affected by these stigmas and pressures,

with some mothers worrying that their partner's at-home parenthood will be a barrier to workforce reentry (Dunn et al., 2013).

Criticism of SAHFs is not isolated to strangers or lesser known acquaintances; it often comes from family, friends, and/or coworkers (Chesley, 2011; Dunn et al., 2013; Lee & Lee, 2018; Solomon, 2014a). Many friends, relatives, and even strangers inform SAHFs and their partners that care work is part of the female domain (Doucet & Merla, 2007), fathers aren't competent caregivers (Dunn et al., 2013), and women perform childcare tasks better (Dunn et al., 2013; Medved, 2016a). Demeaning questions (Snitker, 2018) or jokes (Rochlen, McKelley, et al., 2008) are also used to jab at SAHFs. Unfortunately, these comments also come from SAHMs who might otherwise provide valuable social support for SAHFs (Dunn et al., 2013; Rochlen, McKelley, et al., 2008). If these stigmas exist among fathers themselves, their partners, their family members, and other lesser known acquaintances, they may impact SAHFs' well-being during social contact and time alone.

Stay-at-Home Fathers' Social Support, Social Contact, and Isolation

SAHFs may have different social patterns compared to SAHMs, working mothers, or working fathers, but research focused on SAHFs' social experiences is in its infancy (Fischer & Anderson, 2012; Kramer et al., 2015). The existing qualitative research literature suggests that SAHFs experience social isolation (Dunn et al., 2013; Latshaw, 2011; Lee & Lee, 2018; Merla, 2008; Rochlen, McKelley, et al., 2008; Zimmerman, 2000), receive little social support from their friends (Rochlen, McKelley, et al., 2008), are more likely to be excluded from playgroups or school groups that are usually run by mothers (Latshaw, 2011; Lee & Lee, 2018; Merla, 2008), and avoid reaching out to their community (Merla, 2008; Zimmerman, 2000).

The reasons for this social isolation and exclusion vary. Some report that SAHMs are to blame. They act poorly or reject SAHFs if they try to join traditionally female groups (Latshaw, 2011; Merla, 2008; Zimmerman, 2000). Others report that SAHFs are responsible. They feel unable to connect with mothers (Dunn et al., 2013; Merla, 2008), they worry people will view joining a group of mothers as a sexual pursuit (Merla, 2008), or they report that men are taught to be independent and avoid asking for help (Zimmerman, 2000).

Another issue is that spaces such as playgrounds, schools, daycares, grocery stores, and so forth are occupied almost exclusively by women (Merla, 2008). Diaper changing stations or mothers' lounges to soothe or feed small children can be found only in places men are not allowed (Merla, 2008). Similarly, male spaces, such as sporting goods stores or automotive repair shops, do not often see small children accompanying their fathers (Merla, 2008). The lack of "male" spaces where children are also welcome can cause SAHFs to feel isolated, regardless of how personal interactions with adults may be (Merla, 2008). These findings suggest that avoidance and exclusion may result in SAHFs spending less time with adults and more time alone and exclusively with children compared to SAHMs, working mothers, or working fathers. Moreover, if negative feelings induced by social pressure and stigmas are most salient when around adults, SAHFs may have less positive and more negative emotional responses in social

situations with adults compared to SAHMs, working mothers, or working fathers.

The Present Study: Understanding Stay-at-Home Fathers' Social Contact, Time Alone, and Subjective Well-Being

This study compares SAHFs' day-to-day social contact with SAHMs', working mothers', and working fathers' social contact. Social contact is not only about the people with whom one comes in contact, or the frequency of that contact, but also about the social meanings and expectations connected to it (Krueger, Kahneman, Schkade, Schwarz, & Stone, 2013). In the case of SAHFs, the presence of stereotypes, stigmas, and social isolation may be linked to negative feelings during social contact that may be distinct from SAHMs, working mothers or working fathers (Dunn et al., 2013; Rochlen et al., 2010; Wong, 2017).

Thus, based on previous research, we hypothesize that owing to negative stereotypes, social exclusion, lack of social support, and lack of accommodation of children in traditionally "male" spaces, when compared with SAHMs, working mothers, and working fathers, SAHFs will spend (Hypothesis 1) more time alone and (Hypothesis 2) more time exclusively with children. We further hypothesize that (Hypothesis 3) SAHFs will have more positive and less negative subjective well-being during alone time, and time spent exclusively with their children (i.e., no adults present). Finally, we hypothesize that SAHFs will (Hypothesis 4) spend less time with both spouse and nonspouse adults, (Hypothesis 5) spend less time with adults when children are present, and (Hypothesis 6) have less positive and more negative feelings with spouse and nonspouse adults.

To investigate our hypotheses, we use diary data from the ATUS, which allows for exploration of contact patterns broadly across different parenting and employment situations, and also allows for a nuanced examination of parents' reports of subjective well-being across social situations. The examination captures a more accurate view of the positive and negative valences of SAHFs' parenting experiences. There are multiple ways to assess parental subjective well-being (Krueger, 2009; Musick, Meier, & Flood, 2016; Qian & Fan, 2019). The approach available to us in the ATUS is to use momentary assessments of subjective well-being. Momentary assessments allow us to detect how SAHFs feel when they are alone, when they are with children, when they are with their partner and children (also referred to as "family time"), or when they are with other nonspouse adults. Thus, momentary assessments give us better insight into which types of social contact may be meaningful, happy, or sad (Musick et al., 2016), allowing us to capture the way social experiences contribute to SAHFs emotional well-being day-to-day (Musick et al., 2016). Psychologists have found important evidence that emotional arousal during an experience affects memory encoding of the event (Hamann, 2001; Reisberg & Heuer, 2004). Moreover, each emotion (e.g., happiness vs. sadness) differentially shapes memory processing, encoding, and retrieval (Congleton & Berntsen, 2019; Levine & Burgess, 1997; Levine & Pizarro, 2004; Talarico, Berntsen, & Rubin, 2009). This suggests that varied momentary emotions through a parent's day shape parent perceptions and persistent memories. Because these momentary assessments occur in natural settings, rather than a lab setting, some argue that this

approach more accurately captures the nuances of how parents experience their day-to-day social worlds (Qian & Fan, 2019). Others report concern that day-to-day assessments are more susceptible to the daily ups and downs of life, making momentary assessments more variable and potentially less reliable than global assessments of well-being (Krueger, 2009; Musick et al., 2016; Qian & Fan, 2019). To partially address this concern, we remained sensitive to the activity context during each measure to account for as much variation as possible.

Prior research on SAHFs using large samples has not explored social contact. Past work has explored employment (Kramer et al., 2015; Kramer & Kramer, 2016), division of household chores (Chesley & Flood, 2017; Latshaw & Hale, 2016), and time with children (Chesley & Flood, 2017; Latshaw & Hale, 2016). Our article focuses on fathers themselves and makes an important contribution by moving beyond a father's time in housework and time with children to explore new aspects of the SAHF experience, including who he spends his time with and his emotional response during social contact and when alone.

Method

Sample

We analyzed SAHFs compared to SAHMs, mothers who worked full time, and fathers who worked full time utilizing individual-level time-use diaries from the ATUS (Hofferth, Flood, & Sobek, 2019). The ATUS is a nationally representative time diary study of Americans from 2003 to 2018. The U.S. Census Bureau administered the ATUS in connection with the Current Population Survey (CPS). Selection for the ATUS occurred in three steps. First, some CPS household were dropped from over-sampled states. Households were then sampled based on demographic characteristics of the head of household. Finally, one randomly selected household member aged 15 or older was selected for the ATUS (Bureau of Labor Statistics, 2019). The ATUS conducted a phone interview lasting about 30 min to document an individual's time use over a 24-hr period, from 4 a.m. of the previous day until 4 a.m. of the interview day. Respondents accounted for all time throughout the day (Hamermesh, Frazis, & Stewart, 2005). Interviewers used the day reconstruction method and computer assistance to elicit high-quality recall and accuracy (Kahneman, Krueger, Schkade, Schwarz, & Stone, 2004). Of interest to this study were the reports of who was present for each primary activity throughout a day. Surveyors collected data each day of the week throughout the year. Sampling weights provided by the ATUS ensured that average time use was representative of the United States' national population. The sample did not contain reliable identification of cohabiting couples, and the analysis restricted the sample to respondents who were married and living in a household with at least one child under 18. We further restricted the sample to households where at least one parent typically worked at least 35 hr each week. Our sample included 17,815 partnered fathers with resident children under age 18, and 18,114 partnered mothers with resident children under 18. The sample included four respondents in same-sex couples.

Measures

Parent status. We focused on differences between breadwinner parents, SAHFs, and parents in dual-income households. The ATUS did not include self-reports about whether parents considered themselves primary caregivers. We therefore used information about a respondent's employment and the employment of the respondent's spouse to classify parents. We classified parents as SAHFs if they were out of the labor force at the time of the survey and their spouses worked full-time. Full-time work was defined as usually working at least 35 hr a week (Bureau of Labor Statistics, 2009). We classified parents as breadwinner parents if they usually worked at least 35 hr per week and their spouse was out of the labor force. Households where both parents typically worked at least 35 hr each week were classified as dual-income households. We chose the restrictive inclusion criteria on labor force measures to increase the likelihood that our SAHFs were primary caregivers and to be consistent with prior literature on SAHFs (Kramer et al., 2015; Kramer & Kramer, 2016) to facilitate comparisons of our work with previous literature. There were, therefore, some couples who were not evaluated, such as couples where neither spouse worked full time and couples where one spouse worked part time.

Social contact and time alone among parents. Parents reported all people who were present during each activity they did on the sample day. For example, if a respondent reported reading to a child, the surveyor asked the respondent who else was present for that activity, and the respondent reported all people present. We classified contacts into categories of interest to measure respondent's time alone, time with their own household children only, time with a spouse, and time with nonspouse adults. The non-spouse adult category broadly captured any contact with all adults other than a respondent's spouse. This included all adult relatives (e.g., siblings and parents), friends, coworkers, neighbors, and any other nonspouse adult; contact with adults that occurred during a respondent's work time were excluded to minimize mechanical differences in adult contact between parents in and out of the labor force. We included a measure of family time, defined as time through the day with a spouse and at least one household child. We also measured time with nonspouse adults where at least one household child was present. For privacy reasons, the survey did not collect social contact information when a parent was asleep or during personal grooming activities.

Parent subjective well-being during social contact and time alone. Respondents in 2010, 2012, and 2013 answered additional questions relating to their subjective well-being during activities (Bureau of Labor Statistics, 2014). Following collection of the time diary information, three of the respondent's activities (excluding sleep and personal care activities) were randomly selected for the following questions: (a) How meaningful did you consider what you were doing [to be]? (b) How happy did you feel during this time? (c) How tired did you feel during this time? (d) How sad did you feel during this time? (e) How much pain did you feel during this time? (f) How stressed did you feel during this time? For each question, the respondents chose their answers from a scale of 0 (e.g., not happy at all) to 6 (e.g., very happy). Lee, Hofferth, Flood, and Fisher (2016) explain that these questions mirror subjective components of the Princeton Affect and Time

Study (Krueger, 2009) and the European Social Survey (OECD, 2013). In addition, the survey included meaningfulness, allowing us to evaluate which social contact provided meaning independent of the reported negative and positive emotions of a situation. The meaning measure offered an additional dimension to understand social contact independent of the reported negative and positive emotions of a situation. The three subjective well-being responses from one respondent provided a multilevel dataset which was the basis for using panel model techniques. Often, panel data are constructed from longitudinal studies sampling the same respondent over time. In this case, multiple assessments from one respondent at the same point in time provided a basis for the panel data.

Sociodemographic characteristics, location, activity, and timing controls. We accounted for parent and family characteristics that were potentially associated with family status and social contact. We included a respondent's *age* in years. Earnings potential may factor into decisions about care arrangements (Doucet, 2004; Fischer & Anderson, 2012; Lee & Lee, 2018). We therefore included binary controls for the *highest level of education attained* by the respondent and the respondent's partner. We also included a binary variable indicating whether a *spouse's educational attainment was higher than the respondent's* (Kramer et al., 2015). Previous research suggests that difficulty finding employment may contribute to the decision to become a SAHP (Chesley, 2011, 2017; Dunn et al., 2013; Rochlen, Suizzo, et al., 2008), and we include a binary measure of whether the respondent was *unemployed* at the time of the final CPS interview, which occurred two to five months prior to the ATUS interview. We controlled for *family income* (adjusted for inflation) with a continuous measure in dollars. Children's care needs may shape decisions to be a SAHP (Doucet, 2004; Fischer & Anderson, 2012; Merla, 2008), and we controlled for the *number of respondent's children* under 18 who lived with the respondent and the *age of the youngest child* in the household. A respondent's race and ethnicity may affect labor market opportunities, and we controlled for *race* (Black non-Hispanic) and *ethnicity* (Hispanic). Location controls included a binary variable for whether the respondent lived in a *metropolitan area*. A categorical variable was included for region with "northeast" as the reference category. We measured a respondent's activity during social contact in order to separate the activity context from social contact (Lam, McHale, & Crouter, 2012). Specifically, for the activity-specific well-being analysis, we measured whether a parent was engaged in market work, housework, or another activity as the reference category. Timing controls included binary variables for each year of the sample (with 2003 as the omitted base comparison category). We included a binary variable to indicate if the respondent was surveyed on a weekend (Saturday and Sunday). Table 1 presents a description of our demographic controls, stratified by parent status.

The survey provided high quality data with minimal missing data; however, six percent of observations were missing family income. Little's test of missing completely at random did not pass, suggesting listwise deletion was not appropriate and multiple imputation was needed. The analyses used multiple imputation with chained equations (with 100 imputed data sets) to account for missing income information.

Analytic Approach

Social contact and time alone. To analyze social contact and time alone among parents, the study first modeled the duration of contact or alone time. The analysis used ordinary least squares (OLS) regression to explore differences in social contact patterns while controlling for sociodemographic characteristics. We used six separate dependent variables, which were all estimated as separate OLS regressions. These were the minutes per day the respondent was (a) alone, (b) with children only, (c) with a spouse, (d) family time, (e) with nonspouse adults (excluding work time) with children in tow, and (f) with nonspouse adults (excluding work time). As primary explanatory variables, categorical variables for family status were included with "SAHF" as the reference category. We estimated each model with the primary independent variables and all control variables as predictors.

At-home father subjective well-being during social contact and time alone. We leveraged the multilevel nature of the data, which had three subjective well-being reports at the lower level nested within respondent at the higher level. This multilevel approach to evaluate subjective well-being while accounting for unobservable individual variation mirrors previous research on parents (Musick et al., 2016; Offer & Schneider, 2011). Because all well-being reports were collected at the same point in time (unlike longitudinal panel data), individual-level factors (both observed and unobserved) were all invariant. A fixed effect regression performs well in contexts where unobserved confounding factors may correlate with covariates (parent status in this case) because it can provide unbiased estimates without requiring the covariance between covariates and errors to be zero. Rather than focus on absolute well-being rankings, the analysis measured well-being for each respondent relative to reports of the respondent's feelings when in different social situations.

We used five separate dependent variables, which were each estimated as a separate fixed effects regression. These dependent variables were (a) how meaningful the respondent found the activity, (b) reported happiness, (c) reported fatigue, (d) reported sadness, and (e) reported stress. In each estimation, we included the respondent's family status (working father, SAHM, and working mother with SAHF as the base comparison group) interacted with social contact (with alone time as the base case). This allowed us to parse out differential responses to social contact and time alone in separate parent groups. This analysis included activity controls; because our sociodemographic control was invariant across subjective well-being measures, we did not include them in the estimation.

Results

Stay-at-Home Fathers' Social Contact and Time Alone

To test Hypotheses 1, 2, 4, and 5, results in Table 2 present raw differences in social contact between SAHPS, and parents working full-time. Table 3 presents results of OLS regression to measure differences in time spent daily in social contact, with the reference group referring to SAHFs. Consistent with Hypothesis 1, SAHFs spend an average of 5 hr and 28 min alone each day, which was more than working fathers, SAHM, and

Table 1
Household and Individual Descriptive Statistics

Variables	Stay-at-home fathers ($N_1 = 610$)		Fathers in dual-income households ($N_2 = 9,871$)		Father works, spouse stays home ($N_3 = 7,334$)	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Family income	70,272.43	44,707.36	105,030.20***	53,384.26	80,439.07***	53,012.85
Nonmetro area	0.15	0.47	0.17	0.38	0.14*	0.34
No high school degree	0.13	0.46	0.07***	0.25	0.16	0.37
High school degree	0.33	0.42	0.28***	0.45	0.25***	0.44
Some college	0.30	0.44	0.26*	0.44	0.19***	0.39
Bachelor's degree or more	0.23	0.49	0.40***	0.49	0.39***	0.49
Spouse has high school degree	0.26	0.50	0.19***	0.39	0.24	0.43
Spouse has bachelor's degree or more	0.40	0.27	0.50***	0.50	0.35*	0.48
Spouse has more education	0.52	10.35	0.41***	0.49	0.27***	0.44
Unemployed 2–5 months prior	0.08	0.96	0.01***	0.11	0.01***	0.12
Age	44.80	5.50	40.73***	8.02	39.13***	8.52
Number of children	1.84	0.44	1.81	0.87	2.19***	1.10
Age of youngest child	8.34	0.38	7.52***	5.33	5.70***	5.00
White, non-Hispanic	0.74	0.35	0.84***	0.36	0.85***	0.35
Black, non-Hispanic	0.17	0.34	0.08***	0.28	0.06***	0.23
Hispanic	0.15	0.36	0.15	0.35	0.27***	0.44

Variables	Stay-at-home mothers ($N_4 = 6,757$)		Mothers in dual-income households ($N_5 = 10,234$)		Mother works, spouse stays home ($N_6 = 1,153$)	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Family income	80,848.56	53,420.01	107,140.10***	55,186.45	74,183.80**	51,154.44
Nonmetro area	0.12	0.33	0.17***	0.37	0.19***	0.39
No high school degree	0.16	0.37	0.04***	0.20	0.08***	0.27
High school degree	0.26	0.44	0.19***	0.39	0.28	0.45
Some college	0.24	0.42	0.25*	0.44	0.23	0.42
Bachelor's degree or more	0.35	0.48	0.51***	0.50	0.41***	0.49
Spouse has high school degree	0.23	0.42	0.26***	0.44	0.33***	0.47
Spouse has bachelor's degree or more	0.41	0.49	0.42	0.49	0.27***	0.44
Spouse has more education	0.37	0.48	0.22***	0.42	0.17***	0.38
Unemployed 2–5 months prior	0.02	0.15	0.01***	0.11	0.01	0.12
Age	36.40	8.12	38.78***	7.41	39.74***	8.22
Number of children	2.22	1.09	1.78***	0.82	1.83***	0.93
Age of youngest child	5.27	4.81	7.49***	5.33	7.81***	5.48
White, non-Hispanic	0.87	0.34	0.83***	0.37	0.77***	0.42
Black, non-Hispanic	0.04	0.19	0.08***	0.27	0.13***	0.33
Hispanic	0.28	0.45	0.14***	0.35	0.17***	0.37

Note. American Time Use Survey 2007 to 2018. Asterisks represent significance of two-sample unpaired *t* tests with unequal variances compared to Column 1 for each row. Income top coded at \$150,000.

* $p < .05$. ** $p < .01$. *** $p < .001$.

working mothers (differences ranges from 65 min more to 122 min more per day). Consistent with our second hypothesis, SAHFs spent just over 3 hr exclusively with their children. This was 106 min more per day than fathers in dual-income households, 145 min more than breadwinner fathers, 44 min more than mothers in dual-income households, and 81 min more than breadwinner mothers. Not consistent with Hypothesis 2, SAHFs spent 101 min less each day compared to SAHMs. Further, not consistent with our fourth hypothesis, SAHFs reported spending *more* time exclusively with their spouses compared to working fathers.

Our Hypothesis 5 that SAHFs would spend less time with adults when children were present was somewhat confirmed. SAHFs spent marginally more time per day interacting with nonspouse adults while their children were in tow compared to fathers in dual income households. That is, SAHFs spent 9 min per day in these interactions, which was 4 to 7 min more than working fathers. On the other hand, consistent with Hypothesis 3, SAHFs spent less

time interacting with children in tow compared to SAHM (22 min less per day) and mothers in dual-income households (8 min less per day). SAHFs spent equal time with nonspouse adults and children compared to breadwinner mothers. SAHFs spent 64 min daily with nonspouse adults (excluding work time), which was statistically indistinguishable from working fathers, SAHMs, and working mothers.

As a sensitivity analysis, we implemented several alternate definitions of parent status to ensure that our results were not sensitive to the operational definition of parent status. Our results were qualitatively similar when using alternate classifications for parent status including allowing SAHFs to be in the labor force working minimal hours or decreasing the number of usual hours for full-time workers. Our residuals were not normally distributed. However, in this study with over 35,000 observations, our sample was large enough to support the use of traditional hypothesis tests relying on asymptotically normally distributed variables.

Table 2
Description of Minutes per Day of Social Contact

Variables	Stay-at-home fathers ($N_1 = 610$)		Fathers in dual-income households ($N_2 = 9,871$)		Father works, spouse stays home ($N_3 = 7,334$)	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Alone	327.77 ^{b,c,d,e,f}	258.90	234.42 ^{a,c,d,e,f}	220.67	196.53 ^{a,b,d}	208.55
Child only	188.64 ^{b,c,d,e,f}	221.17	85.68 ^{a,c,d,e,f}	130.47	63.27 ^{a,b,d,e,f}	115.95
Spouse only	172.56 ^{b,c,d,e,f}	178.05	139.92 ^{a,c,e}	156.80	146.67 ^{a,b,d,e}	153.55
Family time	172.40 ^{c,e}	213.81	158.28 ^{c,d,e}	195.24	195.30 ^{a,b,e,f}	207.88
Nonspouse adult and child(ren)	8.91 ^{d,e}	36.58	7.48 ^{c,d,e,f}	39.30	5.66 ^{b,d,e,f}	39.12
Non-spouse adult	63.75	140.78	54.98 ^{d,e}	110.03	53.59 ^{d,e}	107.54

Variables	Stay-at-home mothers ($N_4 = 6,757$)		Mothers in dual-income households ($N_5 = 10,234$)		Mother works, spouse stays home ($N_6 = 1,153$)	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Alone	212.70 ^{a,b,c,e,f}	192.00	191.86 ^{a,b,d}	177.77	185.29 ^{a,b,d}	179.43
Child only	315.58 ^{a,b,c,e,f}	229.38	146.66 ^{a,b,c,d,f}	165.03	108.89 ^{a,b,c,d,e}	135.38
Spouse only	140.49 ^{a,c,e}	144.14	132.36 ^{a,b,c,d}	147.86	141.20 ^a	154.00
Family time	191.22 ^{b,e,f}	203.14	149.79 ^{a,b,c,d,f}	185.58	163.71 ^{c,d,e}	194.06
Nonspouse adult and child(ren)	34.14 ^{a,b,c,e,f}	88.66	20.39 ^{a,b,c,d,f}	70.45	11.17 ^{b,c,d,e}	43.03
Nonspouse adult	74.14 ^{b,c,e,f}	133.27	59.44 ^{b,c,d,f}	108.65	51.45 ^{d,e}	99.79

Note. American Time Use Survey 2007 to 2018. Letters represent significance of two-sample unpaired *t* tests with unequal variances for $p < .05$.
^a Compares to stay-at-home fathers. ^b Compares to fathers in dual income households. ^c Compares to breadwinner fathers. ^d Compares to stay-at-home mothers. ^e Compares to mothers in dual income households. ^f Compares to breadwinner mothers. Non-spouse adult contact excludes time at work.

Stay-at-Home Father Subjective Well-Being During Social Contact and Time Alone

A fixed effects regression with social contact for all parent types was estimated for each emotion, and Table 4 reports predicted parent well-being resulting from the estimations. The magnitudes of the predicted values correspond to emotional states rated on a scale from 0 to 6. Subjective well-being reports were not mutually exclusive (i.e., a father could report feeling fatigue and also report that the interaction was meaningful to him). Consistent with Hypothesis 3, we learned that SAHFs found exclusive time with children to be happier and less tiring than time alone; we note that this pattern was seen in all parents. We found support for Hypothesis 6 that SAHFs would have more negative social contact with adults. SAHFs were less happy during family time (i.e., when a spouse and child(ren) were present) than during time alone. They also found time with nonspouse adults to be more stressful, and less happy than time alone. In addition, SAHFs found time with a

spouse to be more tiring than time exclusively with children, and SAHFs found time exclusively with children to be less stressful than time with nonspouse adults.

To understand to what extent SAHFs have social contact and subjective well-being patterns that aligned with working fathers, SAHMs, or working mothers, we compared SAHFs' experiences with those of working fathers, SAHMs, and working mothers. The basic pattern that emerged was that compared to other parents, SAHFs had higher well-being when alone and with children only but lower well-being when in family time or with nonspouse adults. More specifically, when compared to working fathers, SAHFs reported higher meaning, higher sadness, and less stress during time alone. SAHFs found exclusive time with children to be less tiring than working fathers. Compared to working fathers, SAHFs experienced less happiness and more fatigue during family time. SAHF were less happy when with nonspouse adults compared to working fathers. When compared to stay-at-home moth-

Table 3
Ordinary Least Squares Estimates of Social Contact Stratified by Parent Employment and Caretaking Roles ($N = 35,959$)

Variables	Alone	Children only	Spouse only	Family time	Nonspouse adult and child(ren)	Nonspouse adults
R is a father in a dual-income household	-77.1*** (12.2)	-105.6*** (10.9)	-41.0*** (8.0)	-23.5* (9.9)	-3.6* (1.8)	-10.1 (7.4)
R is a father who works, spouse stays home	-93.2*** (12.2)	-145.2*** (11.0)	-23.5*** (8.1)	0.7 (10.1)	-6.5*** (1.8)	-10.7 (7.5)
R is a stay-at-home mother, spouse works	-65.8*** (12.2)	105.9*** (11.4)	-32.4*** (8.1)	-9.5 (10.1)	21.6*** (2.1)	8.7 (7.6)
R is a mother in a dual-income household	-112.3*** (12.1)	-43.7*** (11.0)	-52.0*** (8.1)	-35.0*** (10.0)	8.3*** (1.9)	-6.9 (7.5)
R is a mother who works, spouse stays home	-122.1*** (13.5)	-80.9*** (11.7)	-37.0*** (9.2)	-17.0 (11.2)	-0.1 (2.1)	-14.4 (8.1)
Dependent mean	327.8	188.6	172.6	172.4	8.9	63.7
R^2	0.11	0.28	0.12	0.22	0.04	0.01

Note. American Time Use Survey 2007 to 2018. Coefficient units are minutes per day. The base responder type is stay-at-home fathers, and all coefficients are in relation to the base group. Standard errors reported in parentheses below coefficient estimates. The dependent mean measures mean time for stay-at-home fathers, the base responder type. For brevity, demographic, location, and timing controls that were included in the regressions are not reported in the table. Contact with non-spouse adults (with or without children) excludes work time.

* $p < .05$. *** $p < .001$.

Table 4
Predicted Parent Well-Being Comparisons When Alone and With Others (N = 17,408 Activities, 5,844 Parents)

Variables	Stay-at-home fathers	Working fathers	Stay-at-home mothers	Working mothers
Meaning				
Alone	4.35	3.87*	3.85*	3.65*
Children only	4.60	4.77	4.48	4.65
Spouse only	4.19	4.25	4.10	4.21
Family time	4.07	4.33	4.59	4.65
Nonspouse adult	4.92	3.36	4.41	4.48
Happiness				
Alone	4.45‡	4.37	3.74*	4.28
Children only	5.13†	4.73	4.12*	4.64*
Spouse only	4.61	4.72	4.09	4.46
Family time	3.60†‡	4.38*	4.95*	4.68*
Nonspouse adult	3.36†‡	4.52*	4.52*	4.73*
Fatigue				
Alone	2.92‡	3.05	2.68	3.13
Children only	2.05†	3.06*	2.55	3.20*
Spouse only	2.79‡	3.39	2.89	3.34
Family time	3.41‡	2.59*	3.03	2.42*
Nonspouse adult	1.89†	2.73	2.42	2.73
Sadness				
Alone	0.68	0.47*	0.92*	0.65
Children only	0.67	0.37	0.85	0.56
Spouse only	0.80	0.45	0.83	0.49
Family time	0.61	0.86	0.62	0.82
Nonspouse adult	0.92	0.47	0.89	0.55
Stress				
Alone	1.18	1.63*	1.14	1.51*
Children only	1.07	1.47	1.50	1.42
Spouse only	1.19	1.41	1.50	1.15
Family time	1.07	0.87	0.77	0.87
Nonspouse adult	2.34†‡	1.77	1.18*	1.30*

Note. Data come from the American Time Use Survey (ATUS) 2010, 2012–2013. Predicted value units are rankings on a scale from 0 to 6. A fixed effects regression (with social contact for all parent types) was estimated for each emotion. Asterisks represent significant differences across parent types for a particular contact, with stay-at-home fathers as the base comparison group for $p < .05$.

* $p < .05$.

† Represents a significant difference within SAHFs compared to time alone for $p < .05$. ‡ Represents a significant difference within SAHFs compared to time with children only for $p < .05$. Contact with non-spouse adults (with or without children) excludes work time.

ers, SAHFs experienced more meaning, more happiness and less sadness during time alone. When spending time with children only, SAHFs were happier than SAHMs. SAHFs were less happy during family time compared to SAHMs. Compared to SAHMs, SAHFs were less happy and more stressed when with nonspouse adults. When compared to working mothers, SAHFs felt more meaning and less stress during time alone. SAHFs were happier and less fatigued when spending exclusive time with children. SAHFs experienced more fatigue during family time compared to working mothers. When with nonspouse adults, SAHFs felt less happy and more stressed compared to working mothers. Interestingly, there were no differences between SAHFs and others in well-being when with a spouse only. These comparisons to working parents and SAHMs further confirm Hypotheses 3 and 6 that SAHFs would have lower well-being when with adults and higher well-being when alone.

Time availability may shape the social contact patterns observed. As a sensitivity analysis, we therefore replicated all anal-

yses using only a subset of parents who did not work on the sample day, to better equalize time availability across parent types. Tables S1 to S3 in the online supplemental materials demonstrate that we find stronger evidence supporting our hypotheses and no evidence to contradict our hypotheses. Compared to working fathers on nonwork days, SAHFs spent more time alone, more time exclusively with their children, less exclusive time with their spouses, and less family time. Further, SAHF's well-being was high when alone or exclusively with children, and it declined when with adults.

Discussion

Stay-at-home fatherhood in the United States is increasing (Livingston, 2018). The reasons for being a SAHF vary (Doucet, 2004), but social stereotypes and stigmas about nontraditional parenthood still exist (Solomon, 2014b; Stevens, 2015). These social stereotypes (Dunn et al., 2013) and social stigmas (Rochlen et al., 2010) may lead to negative feelings during social contact that are distinct from the experiences of SAHMs, working mothers, and working fathers (Lee & Lee, 2018; Merla, 2008; Solomon, 2014a; Zimmerman, 2000). Our article builds on previous literature by asking how social situations for SAHFs impact their social contact and subjective well-being (positive, negative, and meaningful) when alone, with their children, their partners, and non-spouse adults. Our approach using nationally representative time diary data allows for a direct representation of fathers' social experiences that moves beyond "how often" by also answering questions about subjective well-being during these social experiences.

Consistent with our hypotheses, compared to working fathers, SAHFs spent more time alone and more time with only their children. Interestingly, our results did not suggest that alone time and time with children were drivers of negative well-being; SAHFs experienced positive feelings when exclusively with their children and when alone. Further, within-person analyses demonstrated that they found exclusive time with children to be more meaningful, happier, less tiring, and less stressful than time alone. These findings refute some common stereotypes that primary caregiving fathers only stay home with their children as a last resort (Solomon, 2014b), and further support the new fatherhood ideal that many fathers desire to be more actively involved in child rearing than prior generations of fathers were (Holmes, Petts, Thomas, Robbins, & Henry, 2020; Petts, Shafer, & Essig, 2018).

In contrast, SAHFs reported negative feelings during social contact with adults, particularly in situations like family time where spouses observed SAHFs enacting their father role. These findings suggest that SAHFs' negative feelings may emerge during social contact with adults. One possible explanation stems from the literature on stereotypes and social stigmas around the stay-at-home fathering experience (Chesley, 2011; Doucet, 2004; Doucet & Merla, 2007; Lee & Lee, 2018; Tichenor, 1999; Tichenor, 2005). Unfortunately, these stereotypes and stigmas have been associated with feeling defensive or embarrassed (Chesley, 2017). Considering the high levels of well-being experienced when exclusively with children, negative feelings may be most salient in situations where adults observe SAHFs performing their fathering, such as when fathers bring their children to social situations where adults are present. In this dataset we were not able to make a

specific connection between the presence of stereotypes, stigmas, or pressures for SAHFs. We were only able to assess their social contact and subjective well-being in those situations. Future research combining fathers' perceptions of stereotypes, stigmas, and pressures with momentary assessments of well-being will help researchers understand how social experiences contribute to increased negative affect for SAHFs.

It is also possible that SAHFs spent less time with adults, and more time alone or exclusively with their children because they were excluded from playgroups or school groups (Latshaw, 2011; Lee & Lee, 2018; Merla, 2008) or unable to connect with other parents at these venues (Dunn et al., 2013; Merla, 2008). When combined with microaggressions, this social isolation and exclusion may further compromise SAHFs' well-being. Although the microaggression literature has primarily focused on racial discrimination (Sue et al., 2007), the focus has been expanding (Hannon, Blanchard, & Storlie, 2019; Lefforge, McLaughlin, Goates-Jones, & Mejia, 2020). We suggest that exploring microaggressions experienced by SAHFs will give insight into how social contact and subjective well-being may be linked. For example, persistent microaggressions (whether intentional or unintentional) decrease one's sense of belonging (Harris, 2017), increase stress in social interactions (Hannon et al., 2019), and contribute to poorer physical and mental health (APA, 2016). Understanding associations between stigma, stereotypes, social experiences, and SAHFs' subjective well-being might be enhanced by exploring the literature on microaggressions. We encourage continued research to more closely examine the reasons that fathers spend more time alone or exclusively with children to see if these social dynamics are causing these scenarios.

Although we did not assess the quality of the care fathers provided, our findings provide evidence that SAHFs remain committed to and invested in caregiving. For example, within-person analyses demonstrated that SAHFs found exclusive time with children to be more meaningful, happier, less tiring, and less stressful than time alone. Further, our results suggest that SAHFs have distinct social contact and subjective well-being patterns that do not easily align with working fathers, SAHMs, or working mothers. This adds complexity to previous research on the gendered meanings of parenting (Musick et al., 2016). Despite sharing their roles as male figures, SAHFs' time use and subjective well-being during social contact differs from working fathers. Despite similarity in their care arrangements, SAHFs and SAHMs also differ. We suggest these findings represent the importance of acknowledging how context shapes SAHFs' day-to-day experiences and emotions (Krueger et al., 2013; Musick et al., 2016). Because subjective well-being is linked to the mental and physical health of parents (Holt-Lunstad et al., 2015; Salovey et al., 2000), and parental well-being is associated with child health (for review, see Suldo & Fefer, 2015), we invite more research to explore momentary assessments that allow scholars to detect the way that SAHFs' social contact and social experiences shape well-being. We believe this research will continue to help scholars and practitioners find better ways to care well for fathers and their families in all of their diverse forms.

Limitations and Directions for Future Research

Although this article uses nationally representative data to demonstrate not only how SAHFs spend their time, but also *with whom* and *how they feel* during these social experiences,

these data have their limitations. They are only available for one adult per household. This prevents a dyadic or triadic evaluation of processes specific to the family system, so it is not possible to make inferences about family processes based on parenthood and employment circumstances with these data. Collecting family-level data where couples could be matched would allow scholars to better understand how one parent's subjective well-being impacts the subjective well-being of others in the family system.

Family-level data would also allow the future study of how subjective well-being is related to other family processes such as marital satisfaction, marital conflict, decision-making power within the couple, or other cognitive or behavioral features of parenthood. If SAHFs have distinct social contact and subjective well-being patterns that do not easily align with working fathers, SAHMs, or working mothers, future research might explore how family processes are related to these patterns. For example, if SAHFs report family time to be less happy than alone time, and time exclusively with a spouse to be more tiring than time exclusively with a child, there are likely other processes at play contributing to the overall assessment of the social experiences. This insight could give researchers and practitioners better understanding about how to support SAHFs and their families, something clinicians report they need scholars to help them address (Davis et al., 2020).

Further, although these data represent three separate reports of subjective well-being for individuals, these reports represent only a snapshot of the subjective well-being parents experience. Because the ATUS only sampled respondents on one sample day, multiple repeated assessments over multiple weeks and weekends could not be evaluated. Multiple repeated assessments would provide scholars with deeper insight into the regularity of positive, negative, and meaningful interactions, and would be an interesting area for further research.

A discussion of parenthood is often enhanced by developmental sensitivity (Holmes, Sasaki, & Hazen, 2013). Questions about age (e.g., the ages of children in the household which accompany particular developmental stages and tasks), the timing of transitions within family life (e.g., transitioning into or out of employment, transitioning to parenthood for the first time vs. subsequent times), or the timing of transitions into other parenting patterns and contexts (e.g., moving into stay-at-home parenthood following full-time employment, moving into full-time employment following stay-at-home parenthood, stay-at-home parenting a child with special needs, becoming a stay-at-home stepparent, etc.) would continue to provide scholars with insight about how to best support parents in their caregiving and breadwinning responsibilities.

Finally, future research should explore how SAHFs and their families can combat negative stereotypes and stigmas, find meaningful connections in social interactions with other adults, and navigate negative feelings in social interactions with other adults including their partners. We found little social science research on effective strategies for combatting these concerns, but contemporary changes to definitions of fatherhood and family require good research that debunks harmful stereotypes, and embraces changing family forms.

Conclusion

In summary, we find evidence that supports and builds on previous work with SAHFs. Compared to fathers who work full time, SAHFs spent more time alone, and more time with only their children. Within-person analyses demonstrate that SAHFs found exclusive time with children to be more meaningful, happier, less tiring, and less stressful than time alone. Unfortunately, SAHFs also reported significantly more stress and less happiness while interacting with nonspouse adults. Considering previous research, we believe these findings are best explained by either exclusion of at-home fathers from social settings and/or an increased salience of social stigmas surrounding at-home fatherhood when in social situations with adults, even their spouse. These indicators of emotional well-being during social contact have important implications for SAHFs' physical and mental health, as well as for the physical and mental health of their partners and children.

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Received November 26, 2019

Revision received August 14, 2020

Accepted August 22, 2020 ■