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‘Sometimes they just want to cry for their mum’: couples’ negotiations and rationalisations of gendered divisions in infant care

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This study investigates how couples negotiate and rationalise gendered divisions in infant care. We take a social constructivist approach to analysing qualitative data from 11 couples with infants (aged 6 to 8 months). We find that even where fathers are actively involved in infant care there are strong gendered divisions in the types of care that parents provide. These divisions are rationalised by gendered discourses regarding mother’s superior ability to care for and nurture infants and embedded in the ‘silences’ or taken-for-granted gendered assumptions within couple’s accounts. Dominant gendered discourses implicitly defend a father’s decision to opt out of infant care tasks they find more difficult, such as soothing an irritable infant. Our study contributes to work and family policy by capturing couples’ care negotiations in the early stages of the parent-child relationship. This is a critical time when gendered care patterns are established within families.

Keywords: couples; infant care; gender; qualitative; social constructivist; work and family policy

Introduction

The birth of a baby brings about immense challenges for couples. New parents are under increased pressure to provide intensive parenting and fathers are encouraged to be more involved in infant and child care (Coltrane, 1996; Craig & Mullan, 2012; Craig, Powell, & Smyth, 2014; Dempsey & Hewitt, 2012; Haas & O’Brien, 2010; Miller, 2011; O’Brien, 2005). The public discourses of ‘new fatherhood’ and social constructions of what constitutes a ‘good father’ widely endorse fathers’ engagement in ‘hands-on’ child care (Gregory & Milner, 2011, p. 589). Research finds that although there is a greater engagement in child care practices among new fathers compared with earlier generations, when these men return to full-time employment they tend to ‘fall back’ into gendered practices of care (Miller, 2011). This means that after a short period of parental leave, fathers’ caring activities become ‘squeezed into evenings and weekends: and their wives or partners quite quickly become more “expert” through practice’ (Miller, 2011, p. 1107). Furthermore, public discourses are often quite contradictory. While fathers are encouraged to be more actively involved in child care, they are not encouraged to reduce their involvement in paid work (Charlesworth, Strazdins, O’Brien, & Sims, 2011).

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While mothers' employment has steadily increased over time (Baxter, 2013b; OECD, 2011), and the proportion of dual-earner couples among couple families with dependent children has increased (ABS, 2012; OECD, 2014), gender gaps in paid work and care remain. In Australia, 2013–14 figures show 57.5 per cent of mothers with their youngest child aged five years or younger were employed, compared with 94 per cent of fathers (ABS, 2014). Australia's rates of maternal employment are significantly lower than other English-speaking OECD countries. Only 47 per cent of mothers with a youngest child aged less than three years are employed compared to 64 per cent in Canada, 57 per cent in the United Kingdom and 54 per cent in the US (OECD, 2011, 2014; Baxter, 2013a). Australian fathers devote substantially less time to child care than mothers. In 2006 Australian fathers with a child aged less than 12 years devoted an average of 12.7 hours per week to child care compared to mothers who averaged 33.2 hours per week (Craig & Mullan, 2012). These gendered differences on time devoted to child care are even sharper amongst couples with very young children. Doucet (2009, p. 93) notes the 'early phase of parenting is one where the biological and social differences between women and men are magnified and there is rarely equality in parenting time or responsibility'.

Relatively little is known about how gender divisions in infant care tasks are rationalised within coupled households. Some scholars argue gender norms help to construct dominant meanings for couples, including fathers as primary breadwinners and mothers as primary carers (Connell & Messerschmidt, 2005; West & Zimmerman, 1987). Other scholars suggest mothering and fathering is a more fluid collection of negotiated identities and practices (Doucet, 2009; Magaraggia, 2013). Magaraggia (2013) argues that becoming a parent and developing child care practices is a discursive and reflexive process. This reflexive process along the transition to parenthood implies the 'transformation' of parenting identity, involving complex notions of masculinity and femininity' (Magaraggia, 2013, p. 77). Our study focuses on couples and the division of child care tasks in the first year of an infant's life. By taking a qualitative, social constructivist approach we are able to provide key insights into the rationalisations couples perform when negotiating infant care responsibilities. The social constructivist approach is useful for understanding the ways in which fathers and mothers in coupled households negotiate and justify child care time and tasks in a context of changing norms and ideologies. In our study we focus on the ways in which couples account for gendered divisions of child care.

Our research specifically examines these key questions:

- (1) Are there differences in the types of care that mothers and fathers provide when caring for young infants? (In couples, are mothers' and fathers' accounts consistent on this issue?), and:
- (2) If there are gendered differences in the types of care provided, what rationale (if any) do mothers and fathers provide for them, and are couples' rationales consistent?

We discuss the implications of these findings in the concluding section and reflect on how qualitative empirical studies, such as the one presented in this article, can contribute to broader debates on work and family policy.

Gendered divisions in child care time and child care tasks

Australian parents spend a significant amount of time on infant care, and time-use diary studies indicate that initial time costs to parents of infants are very high. A coupled family with two children under the age of three spend 35 hours a week on child-related care (Craig & Bittman, 2008). Child care time demands are greatest in the infant year, with a disproportionate amount of this time falling on mothers, whose time spent on infant care is more than double that of fathers (Baxter, Gray, Alexander, Strazdins, & Bittman, 2007). Although the time that fathers devote to child care is increasing, so too is the time that mothers devote to this task. Between 1997 and 2006, fathers' time spent on child care activities increased by an average of 16 minutes per day whereas mothers' time spent on child care increased by an average of 45 minutes per day over the same period (ABS, 2008). As argued by various scholars, this growth in parental time devoted to child care may be partially explained by contemporary ideologies of intensive mothering and involved fathering, resulting in high time costs to parents (Coltrane, 1996; Craig & Mullan, 2012; Hays, 1996).

A substantial body of literature has argued that there are distinct gendered divisions in the types of child care tasks that parents undertake, with mothers devoting a greater proportion of time to more onerous care tasks such as meeting child's urgent physical needs, particularly in the first year of a child's life, and fathers spending relatively more time on pleasant and time discretionary parenting tasks such as 'play, talking, educational, and recreational activities' (Baxter, 2012; Baxter et al., 2007; Craig, 2006, 2007). Doucet's (2009) research in Canada on fathering infants concurs that fathers' interactions with infants include a high level of activity and play, and provides a distinctly masculine version of doing fatherhood. The argument that play and recreational activities are more pleasant whereas physical care is more onerous is largely asserted rather than based on parent's own narratives and experiences. Furthermore while there may be more time discretion around play, there is a growing recognition that the time fathers devote to play is important because it has a positive impact on infant health and development (Fletcher, Morgan, May, Lubans, & St George, 2011; Ginsburg, 2007). Other research indicates gendered differentiation in caregiving among couples varies according to time 'shifts' (Maume, Sebastian, & Bardo, 2010; Venn, Arber, Meadows, & Hislop, 2008). This latter study of sleep and care patterns among dual-earner couples shows it is primarily mothers who attend to children's care needs at night, and mothers who experience interrupted sleep patterns as a result (Maume et al., 2010).

Arguably, how couples negotiate, justify and enact the division of infant care tasks in the first year of life is important to understanding why these gendered divisions persist. Some studies on overall gendered divisions in child care suggest that parental involvement in care is partially determined by the way fathers and mothers interpret socially constructed gender roles around parenting (Braun, Vincent, & Ball, 2011; Evertsson, 2014; Fox, 2009; Miller, 2011; Ranson, 2010). Vincent and Ball (2006) argue that mothers defined 'good mothering' as being active in all aspects of child care, and being on-call to care at any hour of the day or night. For married couples with conservative gender attitudes, women spend more time on child care and less time in employment (Baxter, Hewitt, & Haynes, 2008; van Egmond, Baxter, Buchler, & Western, 2010). In contrast, when fathers have more egalitarian gender attitudes, their contributions to child care are higher than fathers with more traditional views (Bulanda, 2004; Craig & Mullan, 2012). Studies on dual-earner couples find that the rationale for gendered

divisions in night-time care is that being the primary earner, ‘gave them rights to longer and more continuous sleep’ (Maume et al., 2010, p. 746). In contrast, women’s secondary earner status and pressure to be ‘good mothers’ meant they sacrificed sleep in order to care for and worry about their children and the wellbeing of the family (Maume et al., 2010). Economic considerations are also used to justify non-traditional divisions of child care. Chesley’s (2011) research on stay-at-home fathers found that couple’s decision ‘to have fathers stay home and care for children’ was primarily justified with reference to his job conditions. At the same time almost half of the breadwinner mothers were strongly influenced by ideologies of intensive mothering, which meant they felt they should bear ‘a higher level of responsibility for, and psychological involvement with, their children when compared to similarly situated men (Chesley, 2011, pp. 652–653).

Studies on the transition to parenthood provide more specific insights into parent’s negotiations, justifications and enactments of divisions in infant care tasks. Miller’s (2011) UK study of first-time fathers’ narratives and practices found that the draining emotional work in the early weeks of infant care and impending return to work meant that many fathers took ‘the path of least resistance’ by deferring care responsibility or agency to mothers rather than trying to ‘disrupt or transgress normative parenting patterns’ (p. 1103). Further, even for the more involved fathers, return to work means slipping back into the role of economic provider. Even amongst these fathers we do not see a significant challenge to hegemonic masculinities or gender normative care practices (Miller, 2011). Other studies suggest that ‘who does what’ in terms of infant care is also influenced by mothers’ gatekeeping behaviour, or the extent to which mothers open or close the gate to fathers’ involvement in care tasks (Allen & Hawkins, 1999; Meteyer & Perry-Jenkins, 2010; Pederson & Kilzer, 2014). This view also posits that while mothers are in control of care tasks they also become more expert than fathers. However, gatekeeping arguments do not take into account how fathers may ‘silently’ acquiesce to the care decisions mothers make, and how these implicit understandings between couples connect with the wider, dominant gendered discourses of mothering and fathering.

The gender discourse literatures suggests that fathers and mothers are able to tap into multiple discourses of parenting, although dominant gendered discourses provide the main narrative or ‘veiled silence’ that act to reinforce and reproduce gender divisions in child care (Morison & Macleod, 2014, p. 1). By aiming to understand how couples account for child care practices our study helps us to understand how gender shapes practice. In addition, it provides that greater empirical evidence about the veiled silences or what couples ‘don’t say’ in terms of infant care, so as to understand how gendered care tasks are enacted and reproduced (Morison & Macleod, 2014).

Study background

Our study is based on semi-structured interviews with 11 heterosexual couples who were interviewed separately. The interviews were conducted as part of an evaluation of the Dad and Partner Pay (DaPP) scheme commissioned by the Australian Government Department of Human Services (DSS). The project received ethical clearance from the University of Queensland Research Ethics Board (Approval No. 2010001298). DSS drew on a list of Australian parents with infants¹ to select a sample of parents who were living in one of four major cities or a selected regional area, and had an infant born in September 2012. We randomly selected participants from this list and sent them an

invitation (via letter or email) to participate in a face-to-face, semi-structured interview. This invitation was followed up by a phone call from a member of the research team. Face-to-face interviews were conducted at a time and place of the respondent's choosing, typically their home. Interview length varied from 25 to 90 minutes but most lasted longer than 45 minutes. In total 102 parents (52 dads and 50 mums) were interviewed. The interviews in this broader sample included 76 interviews with just one member of the couple (either the mother or father), two interviews where a couple was interviewed together, and 22 interviews that involved both members of 11 couples. In this article we focus on the 22 interviews with each member of the 11 couples. Our rationale for focusing on couples interviewed separately is to find areas of consistency or disparity in couples accounts, without mothers becoming the 'gatekeeper' of the early infant care narrative (Valentine, 1999). In addition, by interviewing couples separately we could look for instances of 'silence' in each couple's account that may differ between each partner.

Interviews were conducted by three of the four authors together with a team of trained interviewers, following piloting and thorough interviewer training. Interviewers obtained informed consent and then used a topic guide (parents' employment and leave following the birth, parents' involvement in child care and housework, support for the mother following the birth, and the father's bond with the infant), and suggested questions. In terms of understanding the gendered divisions of child care, we sought to: (1) establish the couple's division of child care tasks directly after the birth and the month preceding the interview; (2) understand how couples had negotiated the division of child care; (3) elicit a finely grained account of the activities that parents engaged in, rather than simply their beliefs and attitudes. Interviewers were not tied to the topics and questions on the guide, but were encouraged to allow interviewees to express views and reflections that were related to the study topic but not expressly addressed by the interview guides.

Sample characteristics

Our sample of 11 couples had diverse demographic characteristics (see [Table 1](#)). The mothers in our sample ranged in age from 27 to 41 years, and fathers ranged in age from 30 to 41 years. The mothers' education and occupations are diverse. Four mothers completed a university degree or higher, four had completed a trade certificate or diploma (or equivalent), while the remaining three had completed secondary school. Prior to the birth, two of the mothers were stay-at-home parents, one was unemployed, while two worked in professional/managerial occupations, and six worked in non-professional/managerial occupations. Similarly the fathers' education and occupations were diverse. Six of the fathers had a university degree, three had a trade certificate or diploma (or equivalent), while two had completed secondary school. In terms of the fathers' occupations, one was on a 'carer income support payment', while four fathers worked in professional/managerial occupations, and the remaining six worked in non-professional/managerial occupations. In terms of household income, there was a fairly even spread across income levels. In the sample, two families earned an annual income of between \$32,000 and \$51,999, three earned between \$52,000 and \$77,999 per year, three earned between \$78,000 and \$103,999 per year, and three families earned a higher income of between \$104,000 and \$149,000 per year. In terms of marital status, most couples were married, one couple were de facto partners, and one couple lived together but were often apart so that he could take care of his ailing mother. Only one mother and

Table 1. Couple socio-demographic characteristics

Couple pseudonym	Age	Marital status	Occupation pre-birth Contract type	Leave duration and type	Occupation post-birth (contract type)	Education	Household income (annual, in Australian dollars)
Damien	30s	LAT	Income support payment	N/A	Unchanged	Trade certificate or diploma	32,000–51,999
Larissa	30s	LAT	Unemployed	N/A	SAHP	Completed high school	32,000–51,999
Steve	30s	Married	Senior policy officer FT	3 weeks – 1 week paternity, 2 weeks – annual leave	Unchanged	University or higher	104,000–149,999
Karen	30s	Married	Engineering professional FT	Job terminated prior to birth	SAHP	University or higher	104,000–149,999
Walter	30s	Married	Skilled automotive trade FT	5 weeks – military deployment	Skilled automotive trade FT	Trade certificate or diploma	52,000–77,999
Kim	30s	Married	Administrator FT	Resigned from work prior to birth	SAHP	Trade certificate or diploma	52,000–77,999
Coby	30s	Married	Musician Casual	3.5 weeks – unpaid leave	Unchanged	University or higher	52,000–77,999
Taryn	40s	Married	Executive assistant FT	Resigned from work prior to birth	SAHP	Trade certificate or diploma	52,000–77,999
Anthony	40s	Married	SAHP	N/A	SAHP	University or higher	78,000–103,999
Maureen	40s	Married	Manager FT	5 months – maternity leave and PLP	Unchanged	University or higher	78,000–103,999
Ben	30s	Married	Police officer FT	3 weeks – annual leave and carer's leave	Unchanged	University or higher	52,000–77,999
Suzanne	30s	Married	SAHP	N/A	Unchanged	Trade certificate or diploma	52,000–77,999

Table 1 (Continued)

Couple pseudonym	Age	Marital status	Occupation pre-birth Contract type	Leave duration and type	Occupation post-birth (contract type)	Education	Household income (annual, in Australian dollars)
Chris	30s	De-facto	Skilled automotive trade FT	1 week annual leave	Unchanged	Trade certificate or diploma	78,000–103,999
Stephanie	20s	De-facto	Daycare worker Self-employed	Left position at time of birth	Stay at home parent	Trade certificate or diploma	78,000–103,999
Daniel	30s	Married	Plant operator FT	3 weeks – paternity and carer's	Unchanged	Completed high school	32,000–51,999
Laura	30s	Married	Property manager FT	2 weeks annual leave (still on unpaid maternity leave)	Unchanged (still on leave)	Completed high school	32,000–51,999
Fiona	30s	Married	Physiotherapist FT	20 weeks maternity, 18 weeks PLP (still on unpaid maternity leave)	Unchanged (on leave)	University or higher	104,000–149,999
John	30s	Married	Stationary plant manager FT	2 weeks – 1 annual, 1 gifted by employer	Unchanged	University or higher	104,000–149,999
Peter	30s	Married	Sales and marketing manager FT	3 weeks – unpaid leave	Unchanged	Completed high school	104,000–149,999
Alison	30s	Married	Communications/human resource manager FT	9 months – NA	Communications/human resource manager PT	University or higher	104,000–149,999
Greg	30s	Married	IT support analyst FT	5 weeks – paternity leave, annual leave, public holidays	Unchanged	University or higher	78,000–103,999
Shelly	30s	Married	SAHP	N/A	Unchanged	high school	78,000–103,999

FT – permanent full-time (35 hours or more per week); PT – permanent part-time (less than 35 hours per week); SAHP – stay at home parent; LAT – living apart together; PLP – parental leave payment.

one father across the couples were from non-English speaking backgrounds, and one father was Indigenous. In addition, both members of one couple were not in the labour force, seven were dual-income couples, one was a family with one full-time and one part-time income, and two were traditional male- breadwinner families. In sum, this sample is heterogeneous in terms of education, employment, income and marriage status, which allows us to observe differences and similarities in rationalisations across diverse families.

Method

The interviews were coded using NVivo data management software with a combination of a priori codes and inductive codes. The second author developed the a priori codes on the basis of the interview questions (which developed out of a review of the existing literature and the evaluation questions), their experience conducting the interviews and their discussions with the interview team. The inductive codes were developed by the three members of the coding team coding a sample of interviews and then discussing their ideas for new codes related to the study's key topics.² A finalised coding frame and detailed coding instructions were created and then applied to all the interviews with NVivo by three team members (including two authors). Large, rather than small, blocks of text were coded to allow coded material to be read in context. Our findings in this article were produced by the first two authors independently conducting a discourse analysis of the material coded under main code 'childcare responsibility' and its sub-codes. Our reading of the interview material was informed by a social constructivist theoretical framework which holds that gender roles are historically and socially constructed (Connell, 2009). Analysis of the couples' discourses around the division of child care tasks enabled us to deconstruct critically how these parents 'made sense' of their current division of labour, including the rationale they provided for any gender differences in usual child care tasks, and the links between these rationales and the broader socio-cultural context (Jaworski & Coupland, 2006). The authors also placed the couple's child care narratives within the full-interview context by reading the full transcripts for each couple. The third and fourth authors independently reviewed initial interpretations that were produced by the first and second authors. They noted relatively minor instances where the interpretation appeared slightly contradictory or unclear and these interpretations were thus further refined. When presenting quotes in the findings sections we use pseudonyms that were allocated to each parent.

Gendered divisions in the types of care provided by mothers and fathers

We found clear and consistent gendered differences in the types of care that parents provided for their infants, which is not surprising given existing research findings. Perhaps more surprising is that we found that parents' reports of the gendered divisions were reasonably consistent with each other. We do note, however, that couples tended to gloss over the degree to which the division of infant care was very unequal when the father was working full-time and the mother was at home full-time (Morison & Macleod, 2014). This 'glossing over' was evident, for instance, where parents said that their roles in infant care had remained the same once the father returned to paid work – even though it was clear that the father was working outside the home and thus no longer doing any

infant care during work hours. These kinds of narrative patterns, where gendered differences are silenced or implicit, point to the ways that these deeply gendered divisions of care are taken for granted.

In addition, our analysis revealed three findings about gendered divisions in infant care. Interviewees' accounts revealed that fathers were most involved in infant care tasks, such as bathing, that were relatively discretionary and had an element of play. While existing research distinguishes between fathers who are 'mother's helper', and fathers who are active co-parents (Miller, 2011; Rehel, 2014), what the narratives in our study reveal is the degree to which fathers' involvement in infant care was not just viewed as 'helping' but also as discretionary. This was evident in the narratives around the most common task that parents reported fathers being involved in which was bathing. For example, John, who worked full-time as a concrete manager and who had taken two weeks' leave around the birth, reported: 'I *try* to bathe him most nights when I get home from work. Yeah, that's pretty much it; bathe him and play with him a bit.' Similarly Steve, a full-time senior policy officer, describes: 'I'll usually *try* and come in, walk in the door then and then we'll bathe him. Then give him some milk and then he'll go to sleep. So the bathing is usually like quarter past six or so, quarter to seven in that period. I *try* to do the bathing all the time.'

In these quotes and in other accounts, the fathers report 'trying' to do this task regularly rather than being responsible for it. Their narratives thus reveal a central dynamic in gendered divisions of infant care, which it is viewed as acceptable for the father (who has returned to paid work) to allow paid work to take precedence and to depend on the mother to also take responsibility for evening and night care. In these two particular cases, both the fathers and mothers described frequent occasions where the father came home late from work and thus the mother completed this task on her own. This was the only couple where the father, Anthony, was the primary carer and the mother, Maureen, who worked full time in a managerial position, was still responsible for the bathing. However, Maureen talked about 'always' doing the bathing rather than 'trying' to do it. In this case both partners reported that the mother always did the bathing and neither reported that she was ever too late home to bathe the children. Maureen explained:

He's still primary carer, but when I'm at home, he tries to step back and let me do more because I don't get to spend as much time with the boys as what he does... Bath time...so the boys are always – they have their shower and baths with me when I have a shower in the evenings.

Maureen's narratives align with existing research on breadwinner mums and stay-at-home fathers which finds that many of these mothers seek to invest much more time in child care than comparable breadwinner fathers (Chesley, 2011).

Couple's assumptions that a father's paid work takes precedence over their involvement in child care was largely taken for granted and appeared not to be a source of disagreement or conflict. This also tied into our second finding, that parents report fathers opt out of tasks they found too challenging or that they felt uncomfortable with. For instance Laura, a stay-at-home mother of four children, reports that:

[Daniel] wasn't comfortable in changing him while he was so small, which was fine... As he's getting a bit bigger, [Daniel] is certainly more comfortable doing things with him. He sort of bogs showering him so he doesn't have to dress him afterwards.

Here Laura makes clear that the father's reason for deferring to her was that he was uncomfortable. In contrast, no mothers reported choosing not to do a particular care task because it made her uncomfortable. Neither did mothers ever report that they left a task to the father because she struggled with it. Fathers tended to opt out of the tasks that both parents found the most physical and emotionally taxing, including comforting the baby, soothing the baby to put it to sleep and night care.

Consistent with existing research we found that fathers tended to have little involvement in night care, particularly once they returned to paid work (Maume et al., 2010). However, two of the ten fathers did actively assist with night care. One of these fathers was Greg, a full-time IT worker. Although Greg's infant was breastfed, he provided a variety of night-time assistance. As Greg explains:

When she wakes up I'll go and get her out of the cot and just bring her into our bed and we'll feed her in there. She tends to stay in there, so we tend to co-sleep after the first wake up which is usually – at the moment it's around one o'clock in the morning she'll wake up and we'll bring her into our room. So I don't really wake up to feed her after the initial one when she's brought in from the cot to our room, to our bed sorry because the cot's in our room. I don't wake up usually unless there's something wrong, like sometimes she will wake up at three o'clock in the morning and decides she wants to play for half an hour before she goes back to sleep.

The second father who was involved in night care was Steve, a full-time senior policy officer. Steve's infant was fed a mix of formula and breast milk, and this allowed him and his partner to take turns with feeding. Thus he provided about 40 per cent of the night care. It is striking to note that although the primary earner status was used by many of the men to defend their lack of assistance with night care, the primary earner mother was jointly involved in night care because she breastfed the infant.

A third set of tasks that fathers had little involvement in was soothing the infant and putting it to sleep. Few fathers reported having any involvement in this task, and when they encountered difficulties they tended to hand the task over to the mother rather than seek to strengthen their skills in this area. For example, Steve looked after his infant for two short periods during the week: one or two hours every Tuesday night and an hour on Saturday mornings. Steve describes that soothing the child to sleep is something he struggles with:

So for the last month [Karen] had been doing the evening settle down. Then last night, [Karen] was at her appointment so I was trying to get him to settle down. He was just in meltdown mode... It's just that when it goes to settling down and sleeping that seems the only period [of difficulty looking after him].

For this reason his wife also took responsibility for putting the child to sleep at night. Steve's wife Karen explains:

I'm much more used to settle him to sleep, and there was a stage where Steve was kind of avoiding ... going to bed, because of my being confident to do this... [H]e doesn't do it as much as I do, because I'm doing [it] day and night. I was trying at some stage to try to get

[Steve] to put him to bed more often, but it's just, after a while, you just do what's easier and if I do it, it takes five minutes, and then you get lazy in terms of trying to – I just do whatever is easier.

Steve, who avoided putting the infant to bed but nevertheless shared in night care, explained that while they strove for a 50/50 split it was actually 60/40: 'more in her favour. Just because... baby's more used to [Karen] because she's spending a lot more time with him. So sometimes I struggle to do it'. Both parents also relayed that Steve only took care of the infant for an hour on Saturday morning, even though the mother wished to have more time to herself, because Steve was unable to get the infant to take a nap. What is clear in this account and elsewhere is that fathers struggle with soothing and settling it to sleep because of their relative lack of experience but also that they viewed themselves as good and involved fathers despite seeking to opt out of certain essential care. Mothers' accounts, in contrast, suggest that they felt they had no choice but to persevere through hours of crying and they did not seek to hand this task over to others.

Overall, our couple's accounts suggest that there are very deep gendered divisions in the types of child care that parents provide for infants. Mothers are overwhelmingly responsible for providing continuous care and for undertaking more emotionally and physically challenging tasks such as soothing an unsettled infant or undertaking night time care while fathers overwhelmingly 'help out' with child care when it does not clash with work obligations or their need for rest. More importantly, our findings demonstrate that fathers' involvement in care is often discretionary, involving at least some element of play (such as nightly bathing). Finally, our mothers did most of their child care while alone while fathers rarely spent any significant periods of time caring for the infant alone. Overall, parents of both genders appeared to view men as good and involved fathers even when they regularly opted out of specific child care tasks that they found too challenging or uncomfortable.

Couples' gendered rationales for infant care

Having identified that fathers' involvement in infant care is primarily discretionary and that fathers often opt out or defer to mothers for specific care tasks, this section examines how couples rationalise or silently acquiesce to these deeply gendered divisions of care. We are interested in exploring how couples account for 'doing gender' or engaging in activities that are hetero-normatively recognised as feminine or masculine (Connell, 2009; West & Zimmerman, 1987). Our findings suggest that couples construct rationales that draw on gendered notions of motherhood and fatherhood, in particular that mothers have biological and ideological primacy and legitimacy relative to fathers.

Because 'it's breastfed'

The gendered division of care tasks and fathers opting out of night-time care, putting the child to sleep, and conducting soothing activities, was frequently rationalised as related to the mother's exclusive ability to breastfeed. This rationalisation may be somewhat more common in Australia, given its very high rates of breastfeeding commencement compared to other countries. Ninety-five per cent of Australian mothers initiate breastfeeding after birth compared to the 76 per cent in the United States, 81 per cent in the United Kingdom, and 89 per cent in Canada (Australian Government: Department of Health,

2012). Our couples reflected this pattern. All of the 11 mothers tried to establish breastfeeding, although some mothers supplemented breastfeeding with infant formula due to difficulties with breastfeeding or limited milk supply. At the time of the interview five of the mothers reported that they ceased breastfeeding when the infant was between one week and four months old while the remaining six were still breastfeeding, though only half of those exclusively. The low rate of exclusive breastfeeding did not stop couples from using breastfeeding as a strong gender rationalisation for care. When mothers exclusively breastfed for a relatively long period, some fathers used this to justify non-involvement in other child care tasks, particularly night care. For example, Ben, a police officer and father of four children, was asked about his involvement in getting their infant daughter to sleep at night. He argued that this was ‘mum’s department’ because ‘it’s breastfed’. Through the term ‘mum’s department’ Ben packages a whole range of distinct child care tasks together with breastfeeding, including bringing the infant to the bed for a feed, soothing the infant to sleep, and if necessary, changing the infant’s nappy during the night. His ‘veiled silence’ (Morison & Macleod, 2014) is that because mothers have an exclusive ability to breastfeed they must necessarily take responsibility for other related child care tasks.

Mothers as well as fathers rationalised their responsibility for night-time care in this way. For example, Stephanie, a stay-at-home parent and a former family day-care worker, suggested that even late in the evening she had to be responsible for all the infant care due to her breastfeeding role. She explains: ‘It’s mainly just if she wants to feed, she normally gets a bit funny. She’ll go to daddy except if she’s in one of those moods and it’s just mum [laughs]. Especially late at night, she won’t really go to him and it’s just me.’

While fathers often recognised that night-time care was difficult on mothers, they used breastfeeding to justify why they concentrated on helping out during the day. Thus Walter, who works in the military and took five weeks leave around the birth, recounted that it was good to have this time at home because it allowed the father to assist the mother with the fatigue associated with night-time care. He explains:

Especially with dealing with fatigue with bub being up every four hours to feed and things like that, you know that’s a real big thing I think. Especially for mums because they’re doing – if you’re breast feeding dad can’t do anything – any of that. So having dad being able to do all the other stuff around the house for those first few weeks while mum gets adjusted to sleep deprivation essentially, you know.

Here, Walter sets up a discursive space where breastfeeding is an all-encompassing activity which prevents fathers from being involved in carrying or soothing the infant at night. In the case of Anthony, the stay-at-home father, and Maureen, his breadwinner wife (both quoted above), the physical support for breastfeeding started early, when both Anthony and Maureen bottle-fed their infant using expressed breast milk. The couple decided to get their infant used to the bottle early so that Maureen could prepare for returning to work. The following narrative explains Anthony’s involvement.

Anthony: It was probably when he was maybe about three months old I think, and we’d have a bottle – [Maureen] would have to be in one room, and she’d be expressing, and [baby] would be out with me and at one stage I’d be holding him in my arms trying to feed him and walk around with him and rock him and all that, because just sitting down and feeding him he just wasn’t liking... but if she was in the room he could smell her, and he’d want her.

Despite Anthony's assistance with bottle feeding using his partner's expressed breast milk, he rationalises that because his partner had an exclusive ability to breastfeed, the baby ultimately preferred being with her: 'he'd want her'. This way, Anthony confirms the broader gendered discourse that mothers are the preferred, or ultimate, nurturers of infants. This rationale reflects dominant social discourses around the biological primacy of mothers

Mother's instinct

Gendered divisions in night-time care, settling a fussy infant and putting the infant to sleep were also commonly rationalised on the grounds that mothers are 'instinctually' better at soothing an infant, or at least more practised at it. Accounts of fathers finding it difficult to soothe or settle the baby frequently drew on gendered discourses of mothers' instinctive nurturing abilities and biological primacy (Miller, 2007). Mothers commonly talked about spending whole days at home with a screaming infant and learning over a period of weeks (sometimes months) how to settle the infant. In contrast fathers in our study did not describe persisting when they encountered difficulties settling an infant. Instead they returned home, or sought to hand the infant over to the mother or to opt out of the task (such as putting the child to bed). An exception to this was when the mother was unavoidably absent from the home for a long period. Damien's narrative around difficulties trying to soothe his infant occurred when his partner Larissa was away in hospital. He rationalises his lack of success in comforting his infant son as due to the mother's lack of presence, especially as she spends most time caring for their infant, while he focused on engaging in short periods of play. Damien explains:

Yeah ... because he's missing his mum. He's not used to not having his mum around. But we got through it, but it was okay. There was [sic] times where he cried for two or three hours, just because he was missing his mum or – he had everything. I changed his nappy, burped him, fed him, bathed him, made sure he was warm enough. All this sort of thing, but sometimes they just want to cry for their mum.

In contrast mothers who experienced similar crying spells never argued that the infant was simply missing their dad. Damien's partner Larissa provides a similar account of his involvement in child care. Larissa recounts: 'They have reading the books ... Singing together... He is daddy's boy.' Her account also conforms to dominant gendered understandings of the father's role in more play-based care (Doucet, 2009; Fletcher et al., 2011). When asked, 'Who does what on a day-to-day basis? Who does most of the nappies? Who gets up at night?', Larissa answers 'me', and 'silences' further discussion of this topic with this statement: 'He haven't experience the child care.'

For some couples, the gendered rationales for infant care between the mother and father were tied to the father's status as primary breadwinner, and the mother's status as primary carer. For example, couples often rationalised fathers opting out of night care on the grounds that their worker role required them to have continuous sleep. As one dad, Chris, who worked two jobs, explains:

Because I worked the hours we had a discussion that, because I work such long hours I needed as much sleep as I possibly could. Because more the fact that [Stephanie] stays home, when the bub sleeps, she can sleep sort of thing. Especially on the days when our oldest

daughter, she goes to preschool once a week, so there's another day that she can definitely sleep all day if she wanted to, as long as the bub's sleeping.

What is downplayed in this account is that the mother only gets to have extra sleep during the baby's nap time on a single day a week. It is further assumed that she is able to sleep at this time and that this single nap will make up for the continuous broken sleep. Another father, Ben, a police officer, sleeps through his baby's night feeds, which is accepted by both partners, and implicitly or silently legitimised by his position as family wage earner. This implicit understanding is also evidenced in his wife Suzanne's account of night care. When asked who attends to night parenting, Suzanne explains: 'That's me. Always has been, with all of them.' When asked 'Was that a kind of discussed decision?', Suzanne replied no. When further asked 'Is that just how it happens?', Suzanne suggested that this arrangement was an established pattern of behaviour but also something she did not wish to elaborate on replying, 'Yes. That's just how it is'. These kinds of narratives suggest that when fathers opt out of care tasks, it usually occurs through implicit or silent understandings between couples, rather than explicit negotiations (Morison & Macleod, 2014).

Conclusion and discussion

Whereas existing studies have focused on overall differences in the roles played by mothers and fathers during the first year (Doucet, 2009; Miller, 2011), our study has focused more specifically on how couple-negotiated gendered divisions in infant care are enacted in the early months of infant care. By explicitly comparing and contrasting accounts from a diverse group of Australian couples we extend these studies to illuminate the degree to which gender divisions in infant care are explicitly negotiated or implicitly understood through silencing or taken-for granted understandings between couples (Morison & Macleod, 2014). This insight can arguably only be gained through an in-depth qualitative approach which is able to capture couples' perceptions and rationales for the care they provide to infants.

Our findings extend current qualitative and quantitative findings. First, existing quantitative studies find mothers are more frequently responsible for routinised physical care compared to fathers (Craig, 2006, 2007). While these studies assert that the tasks mothers are responsible for are more onerous (Craig, 2006), our study shows how couples themselves understand these tasks. Our in-depth study shows that fathers often opt out of tasks they experience as difficult or unsettling, including comforting a very unsettled baby, night care, and soothing the baby to sleep. Mothers' willingness to take on this responsibility when fathers opt out reinforces and reproduces gendered differences in child care responsibilities. These gendered differences in emotionally challenging parenting work deserves further attention (Hochschild, 2004). Second, consistent with time-use studies (Craig, 2006; Craig et al., 2014) we find that when fathers undertake physical infant care tasks (such as bathing), these tasks are more likely to be carried out concurrently with mothers than when mothers undertake such tasks. Mothers' concurrent involvement in fathers' physical caregiving stifles opportunities fathers have to develop competence and confidence in care tasks. Our interviews with couples largely echo Doucet's (2009) work on stay-at-home fathers by showing that mothers and fathers accept gendered narratives of the instinctive, 'embodied' mother, particularly in the early stages of infant care, when the infant is breastfeeding and waking through the night.

Furthermore, the degree to which divisions in child care are never openly discussed or negotiated suggests gendered specialisation in infant care is largely taken for granted and goes unexamined by most Australian parents. A particularly interesting finding in this regard is the degree to which Australian couples view men as good and involved fathers even when they regularly opt out of primary care tasks due to work obligations or personal discomfort. Whether this is particular to the Australian case or is reflective of a broader acceptance of gendered specialisation in infant care among contemporary couples is an issue for further research.

While our findings extend existing quantitative and qualitative studies, they also emphasise the important contribution qualitative research can make to policy developments by providing evidence on how and why parents devote time to specific childcare activities during the infant phase. Qualitative research provides the necessary insider views into the decisions families make about infant care and highlights the relational aspects of couple dynamics that affect care patterns. This insight can better inform work-family policies, such as those aimed at decreasing gender inequality, by providing a deeper, relational understanding of the social dynamics that sustain sharp gender divisions in infant care. Current Australian work and family policy remains broadly supportive of gender specialisation while at the same time endorsing women's increased participation in paid work (O'Connor, Orloff, & Shaver, 1999; Hill, 2007). As a result, parents lack both institutional and policy support for a more equal division of child care tasks (Craig & Mullen, 2012; Pocock, Skinner, & Ichii, 2009). If policy aims to increase women's employment, stronger policy support is needed to encourage fathers to move from simply being involved to being active co-parents who share the emotionally and physically challenging aspects of infant care. At least three policy approaches could be useful in this regard.

First, an important policy direction would be to increase the availability of paid paternity leave and to create a father's quota for parental leave, thereby creating a space for more equal parental involvement in child care tasks during infancy. Evidence from the UK and the US suggests fathers have a desire to be more involved in child care following the birth of a child but that a lack of paid paternity leave restricts fathers (often financially) from taking time off to care (Kaufman, Lyonette, & Crompton, 2010). In contrast, evidence from countries such as Iceland (Arnarson & Mitra, 2010) shows fathers can and often do take a more active role in caregiving when generous paternity leave provisions are in place. Our findings show that fathers most often take on a discretionary care role in the first months following a child's birth, regularly opting out or deferring to mothers for specific care tasks. Increasing the availability of paid paternity leave and/or developing a father's quota for parental leave would encourage fathers to move beyond their role as discretionary carers to being an equally responsible co-parent. Recent research suggests that the provision of three or more weeks of leave can help fathers make this shift from 'helper role' to equally responsible co-parent (Rehel, 2014). Fathers in our study took, on average, 2.5 weeks of leave around the birth of a child but paternity leave was often unpaid or fathers made use of annual leave provisions. Developing a more generous paternity leave scheme and creating a father's quota for leave would signal the important role fathers can play in infant caregiving, giving fathers 'permission' to care for their infant (Ray, Gornick, & Schmitt, 2008).

While the provision of paid paternity leave has an important signalling function, paid paternity leave in and of itself is insufficient. Further incentives are needed for fathers to

make use of leave provisions and to be more involved in care. Research from Sweden, a country with a long history of parental leave, shows that mothers' and fathers' take-up of leave is not equal. Mothers still retain the dominant carer position in the family and the use of parental leave is shaped around mothers' rather than fathers' preferences. Yet, this study notes fathers' attitudes towards infant care have become more compatible with modern masculinities, and that when fathers take longer leave they share care more equally (Almqvist & Duvander, 2014; Almqvist, Sandberg, & Dahlgren, 2011). Evidence from Cosson and Graham (2012, p. 128) highlights Australian fathers' desire to be recognised as equal carers, as equal participants in a 'parenting team'. The policy challenge is to translate this changing fatherhood culture into more equitable infant care involvement in a context where fathers currently take very little leave. As our findings suggest, fathers defer to mothers when care tasks are perceived as tough or requiring 'mother's instinct'. Incentives are needed for fathers to take up paid paternity leave and become involved in infant care, thereby creating an equal care involvement that would strengthen men's mastery of a wider range of infant care skills and a broader fathering identity. Incentives could include media campaigns, such as a Finnish billboard campaign directed at fathers asking if, upon dying, fathers wished they had spent more time with their bosses rather than their children (Ray et al., 2008, p. 10). Other incentives more closely related to leave take-up include things such as non-transferable leave entitlements or rewarding couples with extra leave if fathers take up (all or part of) leave provisions (Haas, 2003).

A further policy direction, highlighted clearly in our data, is the opportunity for educating fathers on the supporting role they can play in certain aspects of infant care such as breastfeeding. Instead of classifying breastfeeding as 'mum's department' fathers could find practical physical (e.g., bringing babies to mothers and settling babies afterwards) and emotional (e.g., moral support and encouragement) ways to support their partners as they breastfeed their infants. This improvement in breastfeeding support could potentially be achieved through postnatal care support and education. However, national-level approaches to postnatal care differ significantly, and the impact of these varied postnatal care practices on fathers is an issue that has yet to be addressed fully by the literature (Zadoroznyj, Benoit, & Berry, 2012). Further research is needed on this topic in the context of increased parenting and care expectations in modern families. While gendered patterns of care persist, greater support from work and family policy and institutions that interact with families in the crucial first year of an infant's life are important to establishing gender equitable patterns of care.

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Notes

1. Specifically, the list was Australian Government records of parents who claimed the Baby Bonus payment or Paid Parental Leave. It is estimated that nearly all families with infants claim one of these payments.
2. See Appendix 1 for a list of a priori codes and the final coding list.

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Appendix 1. Data coding list.

Main theme	Sub-themes
Childcare responsibility*	<ul style="list-style-type: none"> ● Context of other sources of help with child care ● Information-seeking ● Other children around the time of birth ● Parenting identity ● Sense of mastery ● Time spent with child during the week ● Time spent with child on weekends ● Type of activities

*All the codes on this topic were a priori codes.