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MOTHERHOOD, CHILD CARE, AND COVID-19

Without A Village: Motherhood, Child Care and COVID-19

A Dissertation Presented to  
the Faculty of the Doctor of Social Work Program of  
Kutztown University | Millersville University of Pennsylvania

In Partial Fulfillment  
of the Requirements for the Degree Doctor of Social Work

By Bailey Higgins

April 2023

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**ABSTRACT OF THE DISSERTATION**

Without A Village: Motherhood, Child Care, and COVID-19

By

Bailey Higgins

Kutztown University | Millersville University, 2023

Kutztown, Pennsylvania

Directed by Dr. Sharon Lyter

As part of a feminist hermeneutic phenomenological study, mothers of children who had not yet entered kindergarten and who had used child care outside of the home during the COVID-19 pandemic were interviewed about their experiences of motherhood, use of child care, and COVID-19 after the US lockdown orders were lifted in late 2020. Informed by the matricentric feminist perspective, which promotes the enfranchisement of mothers, the study aimed to inform social work practice for mothers and advocacy for employed mothers of young children.

Exploring the experiences of mothers was completed by collecting narratives utilizing a semi-structured interview. Findings from the data include a reported sense of “being everything,” feelings of isolation, and continued struggles with navigating child care due to availability, affordability, employment, and other illnesses. This research can inform social work practice, advocacy efforts that aim to improve the systemic shortcomings that harm families, and inform social work leadership.

*Keywords:* motherhood, child care, COVID-19, phenomenology, matricentric feminism

**DEDICATION**

To Dr. LVM- I would have never done this if it wasn't for you.

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For all moms out there- you are doing great, we see you, and thank you for all your sacrifice, struggle, and love.

This Dissertation for the Doctor of Social Work Degree

by Bailey Higgins

has been approved on behalf of

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## **Without a Village: Motherhood, Child Care, and COVID-19**

### **Chapter 1: Introduction**

It takes a whole village to raise a child. —African Proverb

Beginning in early March, continuing through late summer 2020, people in the United States were placed under shelter-in-place-orders to mitigate the spread of the novel coronavirus (COVID-19). This came in response to the World Health Organization (WHO) declaring the COVID-19 outbreak a pandemic (Cucinotta & Vanelli, 2020). In general, under what has come to be known as “lockdown,” people were restricted to leaving their homes only for necessary outings, such as to the grocery store or for medical appointments. Lockdown orders changed the way unpaid labor of home life was organized, with school-aged students and younger children in the home full time. This was taking place simultaneously with the shift to paid work happening from within the home.

With places of employment, child care centers, and schools closed, research shows that mothers found themselves picking up the tasks for which these institutions normally would be responsible. Research from this time period suggests those who found themselves juggling the multiple roles of mother, employee, partner, teacher, and full-time caregiver experienced increased mental load, mental health symptoms (substance use, stress, anxiety, and depression), and strain on relationships (Dugan & Barnes-Farrell, 2020; Friedman et al., 2021; Lamar et al., 2021; Sevilla & Smith, 2020; Shockley et al., 2021; Srinivasan & Nachimuthu, 2021; Zamarro & Prados, 2021).

Until late June of 2022, children under the age of five were unable to be vaccinated against COVID-19. Remaining unvaccinated means those who are exposed to the virus need to complete a quarantine period away from others. These quarantine periods could be upwards of



14 days, if earlier versions of the recommendations from the Centers for Disease Control and Prevention (CDC) continue to be guiding policy (Centers for Disease Control and Prevention, 2022a). This means, for those who are relying on child care outside of the home, daycare programs could become unavailable at any time and for an extended period of time. These timeframes are extended if the child contracts the illness, if there are ongoing exposures within the household, or if dates of exposure and/or positivity are unknown (Centers for Disease Control and Prevention, 2022a).

### **Statement of Purpose**

The purpose of this study is to explore the implications of the COVID-19 pandemic response on motherhood and motherwork for mothers of children who have not yet started kindergarten who utilize child care. Although contracting COVID-19 remains a risk, emergency mitigation efforts have been relaxed, shelter-in-place orders have been lifted, and vaccines are now widely available for all age groups.

Since the pandemic began, a global public health emergency has caused a significant impact on many social institutions, including employment and family life. This research aims to explore the answers to the questions: What are the reported experiences of motherhood for women who utilize child care outside the home? How has COVID-19 influenced the reported experience of motherhood? What changes in motherwork have been made to accommodate the pandemic in relation to child care?

The available published literature about child care, motherhood, and COVID-19 is from the lockdown period in early 2020. Subsequently, anecdotal evidence, in the form of blogs, news articles, interviews, social media posts, and opinion pieces, has become available which suggests mothers continue to struggle with motherwork two years after the lockdown orders

were lifted (Campoamor, 2022; Grose, 2021; Villano, 2022). These struggles could be caused by ongoing mitigation efforts, inconsistent and contradictory policies, and guidelines about what is safe practice during the pandemic, and unpredictability of available formal and informal supports.

### **Matricentric Feminism**

This research will be accomplished from a feminist perspective, more specifically, the matricentric feminist perspective. The framework of matricentric feminism is a mother-focused feminism that advocates for the enfranchisement of mothers and understands motherhood, “not as a “natural” or biologically given process, but as one which is historically and socially constructed” (O’Reilly, 2021b, p. 43). The theory challenges commonly held beliefs about a person's innate ability to be empathetic and natural skill or knowing (without learning) how to do motherwork (O’Reilly, 2021b). Researchers of motherhood studies agree motherhood is a social and ideological construct without universal meaning or experience (O’Reilly, 2021b). The practice of motherhood is then defined and restricted by the societal and cultural context in which it is taking place (O’Reilly, 2021b).

An integral part of this framework is the recognition of gender inequality in the United States. The concept of the patriarchy is foundational in many feminist theories (Napikoski, 2020), matricentric feminist included. Patriarchal society can be defined as “consist[ing] of a male-dominated power structure throughout organized society and in individual relationships” (Napikoski, 2020). Women are systematically discriminated against as a result of this power structure (Napikoski, 2020; O’Reilly, 2021b). Matricentric feminism uses the word “mother” as “a practice” (O’Reilly, 2021b, p. 11) completed by those who place motherwork at the center of

their lives (O'Reilly, 2021b). Engaging in the practice of mothering is not circumscribed only to cisgender women, but to anyone who voluntarily assumes the role (O'Reilly, 2021b).

Taking existing power dynamics into account and the outcomes of those dynamics for families, this research study will be utilizing gendered language. It is necessary to use gendered language when talking about mothers and motherwork to acknowledge the gender oppression and assumptions that accompany the current constructed state of motherhood (O'Reilly, 2021b). We assume mothers are women and that motherwork is carried out by them. The use of non-gendered language, such as caregiver or parent, within the field of motherhood studies perpetuates bias against mothers by erasing them as a unique population and equivocating their roles and responsibilities with fathers within the family (O'Reilly, 2021b).

### *Collins's Motherwork*

Collins's (1994) work addresses the dichotomous perception and organization of normative, nuclear family life as a division between the public (paid labor economy, male) and private (family, child rearing, female) spheres. Motherwork is the labor mothers do to nurture, love, and generally "mother." Rather than restricting itself exclusively to "reproductive labor," such as bearing children and other unpaid tasks to maintain daily life (Duffy, 2013), motherwork seeks to balance a myriad of economic, political, and social factors that threaten the institution of family life both in the public and private spheres (Collins, 1994). In Collins's (1994) view, the effort of motherwork is not simply to maintain family survival, but also group survival.

When analyzing feminist theorizing of motherhood with a critical lens, it is observed that white, middle class mothers' experiences have been foundational for motherhood studies (Collins, 1994). By doing so, a myopic understanding of the phenomenon of motherhood and

acts of mothering has been developed, rendering the experiences of those from different racial or social backgrounds non-existent (Collins, 1994). In addition to erasing those women from motherhood theory, the erasure reinforces social inequality and maintains existing power dynamics, which further exacerbates intersectional oppression of women (Collins et al., 2021).

Borrowing from Collins's work, the matricentric feminist framework uses the word motherwork with intention. The word motherwork emphasizes the work aspect of the motherhood role, includes the cultural and political significance and consequences of motherwork, and highlights the complexity of motherhood in a broad spectrum of mothers (Collins, 1994; O'Reilly, 2021b). Collins (1994) and O'Reilly (2021b) agree that motherwork is not just the stereotypical duties of birthing children, doing dishes, preparing meals, etc. but also includes navigating racism, violence, and other systemic oppression, and embraces that the specific goals and actions of motherwork differs among groups.

### **Emphasis on Mothers**

In addition to those who identify as mothers and participate in motherwork, other people have parental responsibilities and roles. In the United States, organization of the family structure and roles is complex and unique for each family (Sanner & Jensen, 2021). Much like the concept of motherhood, family is also a social construct without universal meaning (Sanner & Jensen, 2021). As a matter of normative understanding, the family structure is patrifocal, based on romantic relationships between the adults, but pedifocal family systems are oriented toward the children (Sanner & Jensen, 2021). Each lens has a different emphasis on blood ties, support, purpose and goal of the family, and patterns of how children are cared for and by whom (Sanner & Jensen, 2021).

There is no intention to diminish or reduce the experiences, functions, or duties of others who provide care for children by focusing on mothers, or to imply that child care is wholly the obligation of the mother. Making mothers the population of study, as a subgroup of all those who help to raise and provide care to children, is to illuminate the complexities of Westernized motherhood, the impacts of assuming that role, and placement of women in society (Ross, 2016).

### **Motherhood and Policy**

Globally, there are a wide range of public and corporate policies designed to support parents in their role as child care providers (Williams & Cooper, 2004). In the United States, there are no federal paid time off support programs that cover parental leave when a child is born or adopted. The Family and Medical Leave Act (FMLA) allows eligible employees to take up to 12 weeks of protected unpaid leave from their employment for the birth or adoption of a child (United States Department of Labor, 2022). As explored in later chapters, child care availability is limited and expensive (Child Care Aware of America, 2019). In tandem, these factors influence women's ability to participate in the labor market and paid economy (Brabazon, 2010).

In other industrialized nations, parental leave and child care are supported through public social net programs (Miller, 2021). In Sweden, for example, parents are supported financially to take time off from work to care for newborns until the child reaches the age 10 (Williams & Cooper, 2004). In Norway, children are guaranteed a spot in child care and parents are only responsible to cover 25% of the cost, or are supported financially if they choose other child care alternatives such as reduced work hours or use of a nanny (Miller, 2020).

### **Relevance to Social Work**

The ideology of motherhood is socially constructed (Dow, 2015; O'Reilly, 2021b; Urek, 2005). As O'Reilly (2021b) identifies in the matricentric feminist framework, mothering is not biologically based or an innate skill set. The norms, expectations, and actions of mothering and motherhood are influenced by the historical and social context in which it is happening (O'Reilly, 2021b). In the process of creating what appears as if it is natural and inherent, people interact, enact, and perpetuate what is socially constructed as motherhood (Urek, 2005). In summary, understanding of motherhood is created by collaborative social actions, sharing of narratives, and subjective context. Social work contributes to the creation and perpetuation of motherwork by rewarding some behaviors and working to modify others via interventions.

The institution of social work has historically served a latent function of regulating and supervising the family, primarily the mother. In conjunction with other institutions, such as healthcare, the criminal justice system, and the school system, the behaviors of motherwork are scrutinized and controlled (Polar, 2022). The institutions work collaboratively to refer families across systems (Fong, 2020). The implications of this surveillance can be immense for families who live in poverty, face racial discrimination, or experience other types of oppression or stigmatization (Dunkerley, 2017; Polar, 2022). Professionals may refer families for assistance with good intention, but the reality produces an overrepresentation of families from the non-normative group under institutional authority (Fong, 2020).

Even if social workers are not directly involved, mothering is influenced by social work practice because of the assumed potential for social work intervention. Women's decisions and actions are shaped by their fear of interventions associated with social work, such as removal of

their children from the household or the increased presence of outside institutions in their homes (Polar, 2022).

Social workers make professional judgments based on subjective evidence that shapes and defends social work practice (Urek, 2005). Consequently, such practice puts client populations at risk for potential harms. These harms are caused by unnoticed bias or dismissal of actions or behaviors that are not congruent with the hegemonic standards (Dow, 2015; Munro & Hardie, 2018; Urek, 2005). As part of their training, social workers are completing professional assessments when they are engaging with client systems. These assessments are based on observable behaviors: presentation of affect, mood, and mental health; and surroundings. Social workers utilize assessments to create, justify, and implement treatment plans for clients. These interventions, and how they modify or reinforce behavior, help to perpetuate the ideology of best mothering practice as defined by the social work profession, not necessarily the client. These practices help to define the concepts of "good mother," "bad mother," and what is appropriate behavior for motherwork. Therefore, social workers are directly involved in how these concepts are defined, shaped, and reinforced, positively or negatively, by the way social workers intervene with mothers (Munro & Hardie, 2018; Urek, 2005).

The profession has been informed on the power social work practitioners yield when working with mothers and the family (Polar, 2022). The practices that govern motherhood persist (Fong, 2020; Polar, 2022). This causes the standards set by the hetero-patriarchal model of mothering to continue to be upheld (Polar, 2022). It has been suggested workers may become desensitized to their power in assessing mothers and imparting consequences (Polar, 2022).

This research will contribute to the ongoing discussion about behaviors of motherhood and who has the authority to determine which behaviors are appropriate. This research will continue challenging the dichotomy between “good mothers vs. bad mothers.” This research will also serve to inform practice with mothers and the state of motherhood to increase social workers’ understanding of the challenges mothers experience systemically in navigating the child care system. Furthermore, by informing practice, interventions can then be developed in a culturally cognizant manner which increases mothers’ self-efficacy and agency.

### **IDEA-B Affirming Practice**

The study of motherhood and caregiving is an inclusion, diversity, equity, accessibility, and belonging-affirming practice. By gaining insight into the experience of caregivers, in view of the fact caregiving is typically a gendered responsibility, decision making can be informed to ensure caregivers are accessing the resources they need to find satisfaction in their roles and families. The profession of social work is committed to IDEA-B affirming practices (National Association of Social Workers, 2022).

Social workers, as stakeholders, need to understand how the COVID-19 pandemic has changed the ways mothers do or approach motherwork. Those involved in maternal care need to comprehend how COVID-19 has changed motherwork from a multitude of perspectives. Considering social workers engage intimately with families, it would be an asset to gain understanding of the challenges and advantages mothers are facing in the new post-COVID-19 era.

### **Relevance to Leadership**

From a social work leadership perspective, this research is essential because it is estimated between 80-90% of social workers are women (National Association of Social



Workers, 2020; National Association of Social Workers, 2021). It is documented that prior to the pandemic almost one-third of working women were mothers, and 40% of working mothers were gainfully employed in the helping professions such as: teaching, nursing, and social work (United States Census Bureau, 2021). Social workers may encounter mothers or motherhood in any of their roles, with struggles around mothering or motherhood as the presenting reason for services or as a dimension of a client receiving services for other reasons. This research will not only help social workers to improve their work with mothers who are clients, but will help social workers better understand a phenomenon they too are experiencing.

### **Conclusion**

A social worker can be of assistance in many ways when working with mothers. Social work has a vast scope, including policy advocacy, community organizing, individual level therapy, case management, groups, family therapy, and more. Social workers engage with institutions and advocate for policy. By utilizing published literature, social workers can make informed decisions about how best to lobby for the resources mothers need. By utilizing research, social workers can refine and enhance practice methods to help mothers accomplish motherwork, regardless of whether those mothering behaviors are considered "normal" or "good" by the dominant culture. Adding to that body of knowledge would give helping professionals a greater depth of understanding to best support mothers across all the environments where social workers provide services. The better well-adjusted and emotionally regulated a caregiver is, the better outcomes for whom she is providing care (Friedman et al., 2021; Lamar et al., 2021).

### **Research Questions**

1. What are the experiences of motherhood for women who utilize child care outside the home?
2. How has COVID-19 influenced the experience of motherhood?
3. What changes in motherwork have been made to accommodate the pandemic in relation to child care?

### **Definition of Terms**

#### **Statement on Gendered Language**

People are encouraged to use gender-neutral language in order to promote equality and inclusion. The encouragement of using gender-neutral pronouns in group discussions is intended to avoid addressing groups in masculine-neutral terms (for example, "hey guys!"), to avoid excluding those not operating within the gender binary categories, to avoid making assumptions about those who are present, and to not contribute to social patterns that reinforce hegemonic standards. The importance of this practice cannot be understated but is not applicable in all situations.

It is impossible to erase the gender element from American culture and language because of patriarchal norms. In order to acknowledge the oppression and assumptions embedded in motherhood, we must use gendered language when discussing mothers and motherwork (O'Reilly, 2021b). Due to the existing patriarchal standards, normative motherhood leads to the idea that the biological mother is the only appropriate primary caregiver and that motherhood is an entirely natural endeavor for women (O'Reilly, 2021b). The use of non-gendered language within the field of motherhood studies perpetuates patriarchal standards by assuming anyone can do and everyone does motherwork, according to Hughes Miller in an

email cited by O'Reilly (2021b). In this article, gender-neutral collective nouns including "parents" and "primary caregivers" will occasionally be employed due to the fact that nuclear families do not always conform to heteronormative, cisgender stereotypes. It is acknowledged that fathers, grandparents, and others who are not the biological birth-giver can be in the mother role, doing the daily motherwork needed to care for a child and family. Research remains unfluctuating in showing that mothers continue to take on the majority of motherwork (O'Reilly, 2021b) which has only been exacerbated by the pandemic (Lamar et al., 2021; Petts et al., 2020; Shockley et al., 2021; Zamarro & Prados, 2021).

### **Normative Motherhood and Mother**

It is complicated and nuanced to define the term mother. Mother becomes more than "the woman who cares for her biological children" under normative motherhood in the patriarchal United States. Matricentric Feminism defines normative motherhood with the use of "ten dictates" (O'Reilly, 2021b). The ten dictates are: "essentialization, privatization, individualization, naturalization, normalization, idealization, biologicalization, expertization, intensification, and depoliticization" (O'Reilly, 2021b, p. 10). Simply put, maternity is essential to a women's identity, takes place within the private sphere, is the sole responsibility of one person, is natural to women and driven by instinct, is limited to the nuclear family, ascribes to intensive mothering practices, maintains and perpetuates unattainable expectations of and by mothers, and child-rearing is private and nonpolitical (O'Reilly, 2021b). From a normative motherhood perspective, a good mother is determined by whether she meets ten dictates, and if she cannot, or does not, then she is considered a "bad mother" (O'Reilly, 2021b, p. 11). Therefore, people who take on motherwork and mothering roles who are not from the

hegemonic group (white, cisgender, heterosexual) will not be able to ever meet the “good mother” standard (O’Reilly, 2021b).

Mothering in the United States takes place within the context of normative motherhood and is not without significant cultural and political consequences (O’Reilly, 2021b). The conscious decision to use the term mother throughout this work was made to not erase or minimize the unique experiences specific to mothers. It is not made explicit in other research if consideration for these concepts is given. In order to balance the common-knowledge use of “mother” from published literature with the more nuanced understanding which has been outlined here, mother will be operationalized as women who participate in motherwork and those who identify as mother.

### **Motherwork**

Motherwork is the labor mothers engage in to nurture, love, or to fulfill mothering duties (Collins, 1994; O’Reilly, 2021b). Motherwork goes beyond the “reproductive labor” of family life, and attempts to balance the myriad of economic, political, and social factors which undermine the institution of family (Collins, 1994). A mother's work includes visible and invisible actions and responsibilities she performs every day (Gemelli, 2016). Motherwork includes both physical and mental activities (Gemelli, 2016). Women engage in motherwork within the context of their political, economic, social, and cultural environments (Collins, 1994; Gemelli, 2016; O’Reilly, 2021b). In this article, motherwork will encompass both the physical duties of mothering and the unseen emotional and mental responsibilities. The goals, responsibilities, and duties of motherwork are unique to the individual and happen in both the public and private spheres.

**Primary Caregiver**

A primary caregiver is a person who is chiefly responsible for the care of another person. When discussing primary caregiving in relation to parents, the primary caregiver is seen as “the default” parent, or the one who does the bulk of the child care including emotional, physical, and logistical care (Blazoned, 2017).

**Child Care System**

The child care system is the network of formal and informal child care resources which assist in providing care to children. The child care system consists of, but is not limited to, day care centers, preschools, public education centers, babysitters, nannies, family, and play groups. Families engage with the child care system when one or both parents are unable to provide care for a period of time, for a variety of reasons, including during employment hours, to educate or socialize the children, or to give the primary caregiver space to accomplish tasks such as grocery shopping, laundry, or self-care.

**Child Care**

Child care is defined here as care provided by individuals other than the child's primary parents/caregivers, such as at a daycare center, a babysitter, or a family member.

**Adequate Child Care**

Adequate child care goes beyond providing the child with the basic needs of food, shelter, and clothing (Bryant, 2022). Adequate child care is accessible and meets the needs of those who are utilizing it. Adequate child care satisfies the child’s physical and mental health needs, is safe, and without neglect of the children.

## **Conclusion**

The COVID-19 pandemic has exposed the systemic oppression mothers endure. Current societal norms pressure mothers into giving time, energy, and resources to children (Hays, 1996) and to participate in the workforce. This is taking place within the context of a global pandemic and health crisis where access to resources has become unpredictable. The pandemic has had an impact on how mothers are able to perform motherwork duties. Social work practice will benefit from this research for the individuals served, those who are employed as social workers, and those who hold leadership positions or positions of power over the social work field. Understanding mothers' experiences in these challenging times can also guide creation of policy and budgetary allocations for programs that would support and bolster child care availability, quality, or affordability.

## **Chapter 2: Review of the Literature**

They say it takes a village to raise a child, but COVID-19 mitigation efforts decreased access to formal and informal supports, leaving families without the extra help needed to provide care to children. In times of natural disaster or increased stress, families tend to fall back on gender norms for organization of family activities and responsibilities (Power, 2020), and during the COVID-19 pandemic, women took on increased hours of child care, house work, and other domestic duties (Lamar et al., 2021; Martucci, 2021; Petts et al., 2020; Power, 2020; Shockley et al., 2021; Zamarro & Prados, 2021).

For those who use formal child care in the United States, the COVID-19 pandemic exposed and exacerbated inadequacies in the system. These shortcomings include high costs for child care, low availability for enrollment, and reduced quality of care (Rawjani, 2021).

Deficiencies in the United States' child care infrastructure have been evident dating back to World War II (Elias & D'Agostino, 2021). During World War II, legislation was passed to subsidize the cost of child care during the time of increased female wartime employment (Rose, 2018), with the expectation those funds would be temporary (Elias & D'Agostino, 2021). Funding which subsidized child care costs ended after the war when the women in employment placements were displaced by returning veterans, forcing them to return to domestic labor (Elias & D'Agostino, 2021; Rose, 2018). Since then, nationwide shifts in economic opportunities and norms around family organization and roles created continued demand for formal child care centers. Despite the demand, issues with expense, ease of access, and service quality persist (Rawjani, 2021).

The COVID-19 pandemic did not create the problems with child care in the United States. Before the pandemic, mothers and families used a range of care types to cover child care. In a 2008 report, it was said between 33% - 53% of children of employed parents utilized informal care networks, such as friends, family members, or neighbors to cover child care demands (Susman-Stillman & Banghart, 2008). Susman-Stillman and Banghart (2008) found grandmothers were the most utilized informal child care provider for children between the ages of newborn and preschool. By 2015, it is estimated that 35% of children under age 5 were enrolled in a formal child care center and 52% of child care was provided by grandparents, friends, or other informal care providers (Fraga et al., 2015). During the COVID-19 pandemic, families with children were forced to incorporate school, work, and day care into the home due to closures of these institutions. Mitigation efforts not only stopped parents from utilizing formal child-care institutions, but also halted commonly used informal child-care networks, such as assistance from grandparents, family, or friends.

The initial mitigation efforts, including lockdown, made the struggles of balancing paid labor and motherwork more pronounced (Pettigrew, 2021; Petts et al., 2020; Shockley et al., 2021), but employment was not the only place where repercussions of the pandemic were experienced for mothers trying to provide child care. Research from the lockdown era examines gendered nuances of pandemic life, including differences in norms around division of domestic labor between mothers and fathers (Shockley et al., 2021; Zamorro & Prados, 2021), the increased mental load mothers have taken on (Dean et al., 2022; Pettigrew, 2021), and mental health, stress, and coping (Dugan & Barnes-Farrell, 2020; Ruppner et al., 2021) during the lockdown period. On the contrary, there is some evidence that mothers had positive experiences during the lockdown period, such as spending more time with their families (O'Reilly, 2020) and feeling closer to their children (Kerr, Rasmussen, Buttitta et al., 2021). The literature available for review largely had respondents who identified mostly as white, upper-middle class, college educated, cisgender, heterosexual, working in industries that permitted them to work from home with internet access and or be flexible with what hours they worked. The lived experiences of those who are outside those demographics, and potentially the consumers of social services, are missing from the narrative.

### **Search Description**

Literature was collected from Google Scholar, EBSCO host, JSTOR, ProQuest, and ScienceDirect databases, as well as citation mining. Searches were performed with the keywords “child care, COVID,” “child care post COVID,” “motherhood AND maternal wall AND covid-19,” “child care AND covid-19 AND mothers,” “covid-19 child care,” and “covid-19 and child care.” The Proquest database has a “related items” section, which provides links to related articles, which was also utilized in the literature search.



### **Theoretical Framework**

The primary theoretical framework to guide this research will be the matricentric feminist framework. This framework acknowledges that identities are complex and cannot be studied individually or separately from the systems of power in which they are embedded (Golsorkhi et al., 2015; Warner & Shields, 2018). It also acknowledges that mothers are a unique population with distinct characteristics (O'Reilly, 2019, p. 42), and people and their environments have a transactional and recursive relationship (Kondrat, 2002; Robbins et al., 2012).

Additionally, a central theory of social work practice is the ecological systems model (Crawford, 2020). This framework helps social workers to recognize the multifaceted and complex interactions between people and their environment (Crawford, 2020). This approach helps social workers understand the person from a holistic perspective and guides professional judgements for intervention strategies. Therefore, elements of Bronfenbrenner's Ecological Systems (Bronfenbrenner, 1979) will guide the research because it cannot be unraveled from social work discourse.

### **Matricentric Feminism**

Matricentric feminism is mother-focused feminism that advocates for the enfranchisement of mothers and understands motherhood, not as a "natural" or biologically given process for women, but as historically and socially constructed (O'Reilly, 2021b, p. 43). The theory challenges commonly held beliefs about a woman's innate ability to be empathetic and natural skill or knowing (without learning) how to do motherwork (O'Reilly, 2021b).

Researchers of motherhood studies agree motherhood is a social and ideological construct without universal meaning or experience (O'Reilly, 2021b). The practice of

motherhood is then defined and restricted by the societal and cultural context in which it is taking place (O'Reilly, 2021b). The dominant view of “good motherhood” in the current societal and historical context is “intensive mothering” practice (Hays, 1996; O'Reilly, 2021b).

In the seminal work on the topic, Hays (1996) explains intensive mothering and the standards women must obtain to be considered a good mother. This includes “spending copious amounts of time, energy, and material resources” (Hays, 1996, p. 8) in their child-rearing practice. There is an expectation mothers are physically and emotionally available to their children at all times and that the children take priority over the mother's needs or wants (Hays, 1996; Lamar et al., 2019). Those who ascribe to intensive mothering practices believe mothers are solely responsible for their children's physical, psychological, social, emotional, and cognitive well-being (Hays, 1996; Lamar et al., 2019). Matricentric feminism holds space to recognize these standards are unobtainable and unrealistic (O'Reilly, 2021b). For mothers, intensive mothering leads to decreased mental health, work-family conflict (Lamar et al., 2019), and maternal guilt and parental burnout (Meeussen & Van Laar, 2018).

Using this framework, this research will “center the voice of the mother” and “examine the experience of mothering” (O'Reilly, 2021b, p. 66) during a time when economic, health, and societal forces are shifting. Recognizing the cultural demands put on mothers to spend time, resources, and energy on their children in this era of intensive mothering acknowledges the additional pressures mothers face, even before the start of the pandemic. The addition of the pandemic to current motherhood practice only increases the potential for negative experiences.

### **Ecosystems Theory**

Borrowing concepts from sociology and biology (Robbins et al., 2012), ecosystems theory is both a metaphorical and literal understanding of the complex environments in which

people exist (Mattaini & Huffman-Gottschling, 2012). Ecosystems theory is a commonly used framework in the field of social work (Mattaini & Huffman-Gottschling, 2012). By using a lens that acknowledges both the natural and social environments, and how interactions take place within, social workers are able to identify ways to assist clients to overcome struggles (Mattaini & Huffman-Gottschling, 2012; Robbins et al., 2012).

Ecosystems theory acknowledges transactional networks and recursive relationships between people and their environment (Kondrat, 2002; Mattaini & Huffman-Gottschling, 2012; Robbins et al., 2012). The environment is created by complex networks in which people strive to survive and adapt (Robbins et al., 2012). People and the environment are shaped by each other: the environment shaping those who live within, and those within shaping the environment (Robbins et al., 2012).

## **Conclusion**

Matricentric feminism provides a central position to mothers. Using the matricentric feminism framework provides a standpoint that acknowledges and validates those who do motherwork and the complex intersections of their identities and circumstances. In addition, ecosystem theory enables an understanding of how mothers and their families make choices and behave in different environments and according to the institutions and social factors. These theoretical frameworks provide insight into how individuals, families, communities, and politics shape the experience of mothers providing child care in the midst of a global public health crisis.

## Literature Review

### Employment

During lockdown, many employed people shifted to remote work from their homes; meanwhile, others were laid off or furloughed. According to the Public Research Service, unemployment in the United States peaked at 14.8% in April of 2020 (Faulk & Romero, 2021). By December of that year, 71% of workers reported they were doing all or most of their work from home (Parker et al., 2021). Job loss early in the pandemic appears to have been largely involuntary, with those who were unable to telecommute being let go from positions, whereas later during the pandemic response women were voluntarily leaving positions or reducing hours (Kim et al., 2022).

Those who continued employment outside of the home during lockdown, such as those in the medical field, grocery stores, and other necessary service industries were called “essential workers” or “frontline workers.” The survey data indicates those who telecommuted and those who continued to work outside the home were heavily skewed along income lines, with those holding low-income jobs required to continue to work outside the home (Parker et al., 2021).

It is possible, according to some interpretations, that women lost fewer job opportunities during the lockdown era if seasonal shifts in child care and employment were taken into account (Bureau of Labor Statistics, 2022; Couch et al., 2022; Montes et al., 2021). However, even with these adjustments for seasonal shifts, the data still reflect a loss in paid labor participation among mothers during the COVID-19 pandemic. Unemployment could be problematic for multiple reasons, including decreased mental health for both mothers and children, increased financial stress (Parolin, 2020), and a mother’s decreased contributions towards Social Security,

other safety net programs, and employer-supported retirement accounts which provides support to those who are disabled, widowed, or retired.

### ***Balancing Motherhood and Employment***

The sudden disruption to work and school routines in early spring 2020 permeated all aspects of public and private life, but none as saliently as that of mothers. Mothers, as a population, encounter unique circumstances by virtue of their role. These disparities between gender roles and caretaking have been well studied by feminist scholars such as O'Reilly, hooks, and Collins and have been intensified by the pandemic.

Mothers in the United States often experience the double burden of what has been commonly called the “second-shift (Hochschild & Machung, 2012).” This double burden is the conflict in roles between the paid labor of employment and the unpaid labor of motherwork, said to be the second shift because mothers leave paid work placements to the “second shift” of unpaid labor at home (Hochschild & Machung, 2012). Before the pandemic began, women were and continue to be over-represented in lower-wage jobs (Bateman & Ross, 2021). Working mothers also face the “maternal wall” (Williams, 2004), or “mommy track” (Hill et al., 2004) in paid labor environments, meaning women reduce their work hours, leave the job force, or decline promotions (Bear, 2021) to prioritize child care. The gender divide between the earnings of men and women is greatest during the caregiving years (Bear, 2021).

With the onset of the pandemic, mothers of preschool and young school-aged children left the workforce at the highest rates (Martucci, 2021). Research has gone as far as to call the economic downturn from this pandemic the “she-cession,” a play on the words “she” and “recession” (Kim et al., 2022), as to say women are the ones who are most directly affected.

**Availability and Affordability of Child Care.** One of the challenges families face when seeking child care outside the home is finding availability at a child care center for their child. The National Association for the Education of Young Children (NAEYC), the accrediting body for child care centers, found that 80% or more of child care centers were facing staff shortages, and 33% had long waitlists or closed classrooms (Gillian et al., 2021). Survey data shows half of child care centers had to reduce the number of children served because of these staffing shortages (Gillian et al., 2021). Finding availability for placement in a day care center for infants and toddlers is a greater challenge. Some research suggests the number of children under the age of three outnumbers the amount of licensed day care slots by more than four to one (Jessen-Howard et al., 2020). The findings were derived by analyzing licensing data in combination with the amount of children and the capacity for child care in a sample of counties (Jessen-Howard et al., 2020).

With the COVID-19 vaccine becoming widely available for all age groups, mitigation efforts have eased and some employers have encouraged workers to return to their jobs full time (Vasel, 2022). In his 2022 State of the Union Address, President Joe Biden encouraged Americans to “fill our downtowns again,” by returning to the office. He took these steps after he called on Congress to pass legislation in support of mothers by lowering child care costs so they, too, can return to work (Biden, 2022).

In 2021, the United States experienced “The Great Resignation” with workers from all fields leaving their jobs, creating vacancies and labor shortages (Parker & Horowitz, 2022). To illustrate how hard it is to find child care and its negative effect on employment, a study by PEW Research found that 48% of people who left their jobs during the “Great Resignation” cited child care as a reason for leaving (Parker & Horowitz, 2022). It is well documented that

when women are unable to access child care, the rate of unemployment increases (Collins et al., 2021; Davis et al., 2021; Elias & D'Agostino, 2021; Jessen-Howard et al., 2020; Radey et al., 2022; Shockley et al., 2021; Zamarro & Prados, 2021).

Availability of child care is one of many barriers mothers face in accessing day-care services. Even when a child can gain access to formal child care, the service is expensive. In 2019 it was estimated the cost of child care, on average, was more expensive than the in-state rate of public college (Child Care Aware of America, 2019). The United States offers very little in the way of subsidy or financial support for child care, with an estimated one in six eligible families actually receiving support (Jessen-Howard et al., 2020). In the United States, child care infrastructure reinforces the normative, nuclear, dual-income household model, with the mother providing most of the child care, whereas families with non-normative family structures (such as single parents or grandparents) may have difficulty accessing child care (Bariola & Collins, 2021). It has been reported the cost of child care in the United States is upwards of 31% of a women's income (Strassman, 2022b), averaging about \$11,000 a year per child (Jessen-Howard et al., 2020), but could be more than \$22,000 annually depending on location and age of child (Strassman, 2022b).

### **Division of Child Care**

The employment sector was only one of the social institutions affected by the lockdown orders. Alongside the closure of many physical employment spaces, schools and child care centers closed their locations (Lee & Parolin, 2021), moving all child care to the home. Many school-aged children transitioned to distance education methods they could engage in from their homes. Despite about 80% of these programs being online, some students from lower-income areas had assignments on paper sent home from their schools to complete (McEIRath, 2020).

During this time, in households with school-aged children, 93% reported their children were engaged in some form of distance education (McElRath, 2020). The increased responsibilities that came with this shift fell largely to mothers (Lamar et al., 2021; Petts et al., 2020; Shockley et al., 2021; Zamarro & Prados, 2021). Informal child care, such as grandparents or babysitters, were also made unavailable at this time for fear of spreading the virus to others (Zamarro & Prados, 2021) Social interactions with people outside the home were advised to be avoided to decrease the spread of COVID-19 (Centers for Disease Control and Prevention, 2022a).

### *The Experience Globally*

Research from the lockdown era of the pandemic concentrated heavily on the gendered division of labor within households. Studies published from outside the United States uncovered similar findings: Mothers increased the amount of time on household labor tasks, namely child care, regardless of employment status (Babore et al., 2021; Friedman et al., 2021; Gagné et al., 2021; Manzo & Minello, 2020; Miani et al., 2022; Patrick et al., 2020; Sevilla & Smith, 2020; Sánchez et al., 2021; Zagefka et al., 2021; Zamarro & Prados, 2021). Fathers also increased their household labor time, but the rate of their increase was lower per week and dependent on their employment status (Margaria, 2021; Petts et al., 2020; Zamarro & Prados, 2021).

Qualitative studies, such as Manzo and Minello's (2020) virtual ethnography out of Italy, and Hood's (2021) qualitative design out of Western Australia, identified common themes via their data such as increased parental stress, increased use of social media/technology for social connection, and increased unpaid domestic labor completed by women. Similar studies, such as Miani et al. (2022) mixed methods study and Friedman et al. (2021) survey with open-ended questions found families, in Germany and Canada respectively, also experienced an increase in domestic labor for women and increased parental stress.



## **Psychological Factors**

COVID-19 mitigation efforts had consequences on the mental health of mothers, children, and families. Early on in the pandemic researchers, found people were reporting an increase in stress, anxiety, and depressive symptoms (Babore et al., 2021; Brown et al., 2020; Burns et al., 2022; Dawes et al., 2021; Kerr et al., 2021; Nienhuis & Lesser, 2020; O'Reilly, 2021a; Ruppanner et al., 2021; Saleem et al., 2022). Mothers were vulnerable to the increases in stress, anxiety, and depression because of the increases in responsibilities between home and work, worries about the unknowns with the pandemic and fear of illness, and grieving the many death and non-death losses that took place during this time (Dawes et al., 2021; Kerr, Rasmussen, Buttitta et al., 2021; Ruppanner et al., 2021).

## ***Mental Load***

One of the challenges of motherwork is managing the mental load. Mental load is defined as the “cognitive labor (thinking, planning, scheduling and organizing family members) and the emotional labor associated with motherwork” (Dean et al., 2022, p. 13). Emotional labor includes managing the emotions of those in the family, the feelings of caring for those in the family, and the emotional impact of this work on the person (Dean et al., 2022). This work is often invisible and goes without appreciation or acknowledgment (Pettigrew, 2021). COVID-19 presented a distinctive addition to the mental load for mothers, who found themselves now managing multiple people’s schedules, virtual calls, screen time, class time, assignments, and more (Pettigrew, 2021).

A major proponent of working from home argues it offers greater flexibility and helps mothers balance motherwork with paid work (Calarco et al., 2020). The COVID-19 mitigations exposed the flaws in that line of thinking, where mothers reported decreased wellbeing and

increased mental load during the lockdown (Calarco et al., 2020; Dean et al., 2022; Pettigrew, 2021).

### *Intensive Mothering*

One factor contributing to increased stress during motherhood is the societal pressures to do motherwork in a specific and demanding way. The dominant parenting ideology is often referred to as “intensive mothering” (Hays, 1996). During motherwork of this type, mothers must sacrifice their own needs and autonomy over their children's needs and interests, with particular mindfulness of what child development experts say is best practice (Hays, 1996). Mothers' wellbeing is diminished due to these unrealistic and unattainable standards (Forbes et al., 2022). It has been found, however, that this ideology causes harm to fathers as well by placing them in a secondary role to mothers and leaving mothers to shoulder the burden of parenting (Forbes et al., 2022; NICHD, 2004).

The quantitative study conducted by Forbes et al. (2022) regarding intensive parenting attitudes during COVID-19 found women were more likely than men to hold supportive views on intensive parenting. Survey data was collected from 1048 US based parents with at least one child under the age of 18 in the home (Forbes et al., 2022). Their findings indicate that initially, the longer mothers were in lockdown with their children, the less they held onto the intensive mothering ideology, particularly around the principle of essentialism or that mothers are “best suited for parenting” (Forbes et al., 2022). As COVID-19 cases increased in areas and it appeared the schools would continue to remain closed, mothers reported increased levels of essentialism (Forbes et al., 2022). The authors speculate this fluctuation could be driven by the increased levels of anxiety at the time and mothers being tasked with the responsibility of providing the family comfort and care (Forbes et al., 2022).

Research completed prior to the onset of the pandemic regarding intensive mother practices consistently shows mothers who participate in those behaviors report experiencing higher levels of mental health symptoms, such as stress and anxiety (Calarco et al., 2020; Henderson et al., 2015; Rizzo et al., 2012). A mixed-methods study conducted by Calarco et al., (2020) shows mothers reported increased stress, anxiety, and frustrations with children. These increases seem to be influenced by the pressures brought on by intensive mothering norms and the pressures of employment from home during the lockdown (Calarco et al., 2020). The research goes on to suggest that with the increased need to balance demands of employment life and motherwork, mothers report feeling increased feelings of failure in both roles along with the increases in stress, anxiety, and frustration (Calarco et al., 2020).

### ***Mental Health***

Substance use is among the many mental health related behaviors which increased during lockdown. Celebrated on social media and reinforced by commercialism, “wine mom” has become normalized within intensive motherhood culture (Newman & Nelson, 2021). “Wine mom discourse” encourages and validates mothers’ use of alcohol to cope with the stressors of motherhood, bond with other mothers with similar experiences, and find consolation that the goals of intensive motherhood are unattainable (Newman & Nelson, 2021). Social media posts that featured alcohol use and mentioned the struggle of mothering during the pandemic received a statistically significant difference in “likes” than posts that did not mention “the struggle” (Basch et al., 2021). The increased use of alcohol during the COVID-19 lockdown increases the known health risks of alcohol consumption, but also may have a generational effect on those children who observed their mothers drinking during lockdown (Calina et al., 2021).

Other mental health symptoms were reported during COVID-19 lockdown by mothers. O'Reilly's (2020) qualitative study analyzed posts in a Facebook group called "Mothers and COVID-19." The data revealed mothers were feeling "exhausted, overwhelmed, panicked, and terrified" (O'Reilly, 2020, p. 10). To add, mothers were also reporting high levels of "guilt, self-blame, and feeling shamed or judged for their failures caused by the pandemic" (O'Reilly, 2020, p. 10). The increased burden of motherwork during this time went largely unacknowledged and left mothers without care and support (O'Reilly, 2020).

The care of children and the management of household duties were not the only sources of stressors during the lockdown period for mothers. Other stressors have been cited such as: navigating boundaries between paid employment roles and motherhood roles, financial stressors, interpersonal (namely between the partnered adults in the household), and concern about the safety of the family and others (Alonzi et al., 2021). High rates of stress can lead to parental burn-out (O'Reilly, 2020) and increased risk of child neglect and abuse (Brown et al., 2020).

It is indicated in the research that during lockdown people showed signs of depression more frequently than prior to the pandemic (Saleem et al., 2022). Lee et al. (2021) mixed-methods study, using data from an online survey administered early in the lockdown period, found about 40% of parents met criteria for depressive disorder and/or criteria for moderate to severe anxiety (Lee & Parolin, 2021). This is double the national rate prior to the beginning of the pandemic (Lee & Parolin, 2021; Saleem et al., 2022).

The direct long-term health and wellness consequences of pandemic-related psychological factors for both mothers and children are yet to be known. Recent research confirms there is a positive relationship between a mother's mental health symptoms and their

children's mental health symptoms (Coles & Cage, 2022). This suggests children who were under the care of mothers with increased rates of mental health symptoms, substance use, or parental burnout during the pandemic may have experienced adverse childhood events (ACEs). Research confirms people who experience ACEs have lower health outcomes as adults, including chronic illnesses, increased risk of suicide, and cancer (Centers for Disease Control and Prevention, 2021). ACEs also have social consequences for those who experience them, such as decreased rates of education, decreased ability to maintain employment, and difficulties forming and maintaining healthy relationships (Centers for Disease Control and Prevention, 2021). It is possible the long-term effects of the pandemic will be felt for generations.

### **Conclusion**

During the lockdown period, the COVID-19 pandemic mitigation efforts had an impact on mothers and mothering. Although rarely a focal point of research, some mothers did report positive experiences during the lockdown era such as being appreciative of having more time with their families (O'Reilly, 2020) and feeling closer with their children (Kerr, Rasmussen, Buttitta et al., 2021). A review of research about mothers and motherwork during the early days of the COVID-19 pandemic reveals themes of mothers struggling to balance paid and unpaid labor, increased mental health symptoms, and increased struggle with accessing quality child care outside the home. In addition to navigating employment from home, other familial responsibilities were also shifted to the home, creating the struggle to balance paid and unpaid labor. The onset of the pandemic and lockdown measures in the US exacerbated stress, anxiety, depression, substance use, and other mental health symptoms for mothers. Lockdown measures limited who was able to access child care outside of the home. Child care availability was reduced after lockdown because employment in that sector was negatively impacted by the

“she-cession.” It is recommended researchers continue to gain understanding of the experiences of mothers overcoming challenges and embracing benefits to mothering as a consequence of the pandemic.

## **Conclusion and Implications**

### **Implications for Practice**

Research in motherhood and caregiving is an inclusion, diversity, equity, accessibility, and belonging (IDEA-B) affirming practice, advocating for mothers who face multiple intersections of oppression. Given caregiving is a gendered responsibility, the insights gained by this research can help to better inform helping professionals to make positive gains towards equity and equality for mothers and women. Politicians and advocates can gain insight and knowledge as well to lobby for policies which benefit women, children, families, and by extension, the whole.

Insights gained from this research can also help social workers to provide improved services to mothers, families, and children on the individual and community level.

Understanding the experiences of those who utilize services is a paramount aspect of social work. Findings from this study and similar studies will not be able to capture the entire scope or experience of motherhood, but will add to the understanding of how COVID-19 is impacting and altering the experience of motherhood.

### **Critique of Existing Literature**

#### ***Timelines***

The published research at the time of writing (March/April 2022) regarding motherwork, child care, and the COVID-19 pandemic response is from the period of lockdown. Research from after the lockdown period, when the unemployment numbers decreased in the United

States or when employers called their workforce back to the job site is unavailable for review at this time.

### ***Research Participants***

Much of the research that has been reviewed for this article was based on internet survey results (Carlson et al., 2021; Forbes et al., 2022; Friedman et al., 2021; Kerr, Rasmussen, Fanning et al., 2021; Martucci, 2021; O'Reilly 2020, 2021a). This limited researchers to having data provided only from those who had access to the internet or were able to access the sites where surveys were posted or data was collected, such as Facebook (Friedman et al., 2021; O'Reilly, 2020, 2021a; Weaver & Swank, 2021), Prolific (Carlson et al., 2021; Petts et al., 2020), or other websites (Lamar et al., 2021; Martucci, 2021). Another limitation identified in the research reviewed was that the respondents were mostly white, upper-middle class, college educated, cisgender, heterosexual, working in industries that permitted them to work from home and/or be flexible with what hours they worked. The lived experiences of those who are outside those demographics, and potentially the consumers of social services, are missing from the narrative.

### ***Recommendations for Future Research***

Based on the literature review, the existing gaps are innumerable. A non-exhaustive list of recommendations for research include exploring how the COVID-19 pandemic has influenced or changed primary caregiver responsibilities in households headed by same-sex couples, the experiences of mothers who continued to work outside the home during COVID-19 across different socioeconomic status, and if trends in the nature of motherwork since the start of COVID-19 have had any consequence to intensive mothering norms. Another area for research would be to explore if mothers continue to experience changes in mental health after

the lockdown period ended and if mothers identify those mental health changes to be influential on their ability to do motherwork.

A final suggestion for future research would be to examine if social work agencies have made changes to policies around work hours or flexibility for their employees to better accommodate parenting since COVID-19 further exposed the challenges of balancing paid employment and motherwork.

### **Chapter 3: Methodology**

The COVID-19 virus has not yet been classified to endemic status by the World Health Organization as of August 2022 (Eldred, 2022; WHO, 2022). The pandemic continues, but the CDC has ended social distancing guidelines and quarantines for those exposed to the virus (Centers for Disease Control and Prevention, 2022b). Despite the decreased use of mitigation efforts, the implications that the COVID-19 pandemic response had on motherhood, motherwork, and child care remains a field of interest.

Since the pandemic began, people have been living through an unprecedented global health crisis, which had consequences for many social institutions such as family, school, and employment, as outlined in Chapter 2. As the review of the literature revealed, mothers had experienced positive and negative consequences of the pandemic in multiple areas of their lives during the lockdown era. To gain insight to the intersections of motherhood, utilization of child care outside of the home, and the COVID-19 pandemic, a feminist hermeneutic phenomenological study was completed.

### **Research Philosophy**

In qualitative study designs, the researcher's socio-political and cultural background influences the research process, including how the topic is selected, how the questions are



formed, the rapport developed between interviewer and interviewee, and how the data is analyzed and presented (Bourke, 2014). The unique social station of a researcher, including individual traits and group membership need to be acknowledged (Bourke, 2014). Identifying the researcher's positionality enhances auditability, identifying bias, and clarifying the meaning of constructs as defined within the research (Bourke, 2014).

“Motherhood,” as it is known, is created through collaborative social actions, sharing of narratives, and subjective contexts. A paradox is created between the social work professional ideal of objectivity and the personal and emotional experience (Munro & Hardie, 2018; Urek, 2005). The notion of objectivity is a vestige of white supremacy (Jones & Okun, 2001), with those in power maintaining only a certain kind of knowledge is valid (Jones & Okun, 2001; Munro & Hardie, 2018; Urek, 2005). The insistence on utilizing objective or bias-neutral methods implies subjective ways of knowing are inferior and should be downplayed or dismissed entirely (Jones & Okun, 2001; Munro & Hardie, 2018; Urek, 2005).

Social work values objectivity in practice, social workers' professional judgments are shaped and defended by subjective evidence (Urek, 2005). This has consequences for practice, including potential harms done to client populations by unnoticed bias or dismissal of other ways of knowing that are not congruent with the hegemonic standards of objectivity (Dow, 2015; Munro & Hardie, 2018; Urek, 2005). Research processes that employ qualitative methods, including feminist hermeneutic phenomenology, acknowledge that the researcher cannot be entirely removed from the analysis process, and the researcher's values and beliefs influence the results (Darwin Holmes, 2020).

### **Positionality**

The experience of this researcher with navigating child care during the COVID-19 pandemic was the birthplace of this project. As a mother who had maintained full time employment since the lockdown period ended, it was a challenge to balance being a mother, navigating child care, and meeting employer expectations. When lockdown ended, so did the availability to work from home, forcing the use of paid time off (PTO) to personally cover child care if it became unavailable. Which it did, frequently. Due to quarantine and isolation policies, lack of testing resources in the community, and the ages of the children, quarantines ranged anywhere from 10 to 21 business days. The amount of PTO accrued over the year is less than 2 weeks.

These experiences provided a deeper insight to the privileges that come from living in a dual-earner household. Having to take unpaid leave to monitor the children for symptoms after an exposure did not put the family into a financial crisis, but did have many consequences on emotions, behavior, and overall functionality for everyone in the family. When newly relaxed guidelines from the CDC were announced, the day care center policies were updated, which ended classroom closures when there was an exposure of COVID-19 amongst the children. Despite these shifts, there were still concerns about what is safe for those in the family, increased mental labor around health care and monitoring for symptoms, and ongoing cost benefit analysis of all activities and gatherings.

As a cisgender, heterosexual passing, White female from a rural, conservative area, the lived experience during the COVID-19 pandemic had been different from those who live and exist in other communities. As a social worker and doctoral student, the potential to use the findings from this research to advocate for policy at both the client and leadership level and to

inform the thinking of those who are showing up for mothers every day is recognized for its importance.

Self-awareness and receiving support from my peers and mentors was a major priority during the research process for the shared experiences and potential influence on the data. From a philosophical standpoint, it is not possible for a researcher's unique mindset to not show up, nor is it entirely possible for the researcher to be removed from the study and behave as an outside actor. Knowing these truths and making a commitment to the practice of self-awareness, supervision, and open mindedness had helped to support the goals of this research.

### **Research Aim and Objective**

The objective of this research was to gain an understanding of how COVID-19 affected motherwork and the experience of motherhood for mothers with children under school age who use child care, specifically during the time period known as "post-COVID." While the study period is commonly referred to as "the new normal" or "post-COVID," the virus is still present in the community and many continue to be at risk for serious complications or death if infected. The objective of this research was achieved by interviewing mothers of children who have not yet started kindergarten who utilize child care outside of the home.

### **Research Questions**

This research aimed to explore the answers to the questions:

What are the reported experiences of motherhood for women who utilize child care outside the home?

How has COVID-19 influenced the reported experience of motherhood?

What changes in motherwork have been made to accommodate the pandemic in relation to child care?

### **Phenomenological Approach**

The qualitative method for this research is feminist hermeneutic phenomenology. A phenomenological approach is chosen as it makes use of lived experiences to find similarities between those who identified as the population for study (Creswell & Poth, 2017). Use of this approach provided the opportunity for mothers of young children to share their experiences with motherhood, child care, and COVID-19. Phenomenological approaches are typically used when studying “aspects of the human condition” (Padgett, 2017, p. 78), in this case motherhood during the COVID-19 pandemic. Participants of phenomenological studies share their experiences and their lived truth.

The lived truth is oftentimes referred to as “lifeworld” in phenomenology. Coined by the creator of phenomenology, Husserl, lifeworld is the world we live in without questioning, the world we understand, and the one that is taken for granted as is (Zahavi, 2019). A person's lifeworld is dynamic, influenced by time, space, relationships, and events (Vagle, 2018). According to Heidegger, who succeeded Husserl in developing phenomenological philosophy, the lifeworld is where phenomena are created and reinforced through existence within and interaction with the world (Vagle, 2018). Along with the concept of lifeworld, Heidegger's phenomenological approach also regards the participant's and researcher's “dasein,” or “being there” (Heidegger, 2008). Together these concepts form the foundation for understanding human existence (Heidegger, 2008).

Phenomenological approaches are utilized in motherhood studies to gain deeper understanding of the experiences of mothers. There is no attempt to “quantify or find” through these approaches, but it does provide a scientific system to explore subjective lived experiences (Vagle, 2018, p. 35). Topics of phenomenological motherhood studies vary across subfields, but

include topics such as: mothers' experiences of postpartum care (Bondas-Salonen, 1998), experiences of daughters providing care to their elderly mothers (Connell, 2003), mothers' experiences with a premature baby in the neonatal intensive care unit (de Jesus, et al., 2014), breastfeeding experiences (Charlick et al., 2019; Edmunds et al., 2013), and step-motherhood (Riness & Sailor, 2015). Qualitative studies provide feminist researchers the added benefit of collecting a broader range of information, such as the why or how of an experience, rather than quantitative studies which lack participants' narrative and insight.

The phenomenological approach was selected in contrast to other qualitative research methods because of the focus on gaining understanding of experience. Ethnographic research methods focus on culture (Creswell & Poth, 2017), which is not a central component of this study. Qualitative case studies focus on an individual and lack the various reported experiences of multiple participants (Creswell & Poth, 2017) to understand the studied phenomenon. A qualitative approach was chosen over a quantitative approach to remain congruent with the goals of the research to inform those who advocate and work with mothers through exploration of their lived experiences. Rather than relying on numbers gathered in a quantitative methodology, a qualitative approach includes the voice of the individual and emphasizes lived experience as valuable knowledge (Creswell & Poth, 2017). Qualitative methods are also supportive of post-positivist positions and social work values by welcoming data about the human experience (Lietz & Zayas, 2010).

Utilizing key philosophical concepts developed by Heidegger, the framework for this study is a feminist hermeneutic phenomenological study (Peoples, 2020). Hermeneutic phenomenology opines that humans cannot be separated from their environments or circumstances (Peoples, 2020). Therefore, Heidegger shifts away from bracketing,

acknowledging that being a part of this world is inextricable, to a process called the hermeneutic circle (Gadamer, 1975; Peoples, 2020; Vagle, 2018). The hermeneutic circle is a process of identifying what is known and then revising those understandings as more information, context, and exposure to a concept is gained (Peoples, 2020).

In Heidegger's phenomenological research method, it is necessary for the researcher to continuously practice reflexivity and work together with peers or mentors to identify bias (Sundler et al., 2019). The goal of this research approach was to hear the voice of the research participants authentically without interjection of the researcher's "fore-conception" (preconceived knowledge) of terms or concepts (Sundler et al., 2019). The hermeneutic circle was utilized to acknowledge the bias of the researcher and to increase rigor of the study (Gadamer, 1975; Peoples, 2020). The process of utilizing the hermeneutic circle is to revise fore-sight, otherwise known as bias, understandings, or judgements (Heidegger, 2008), as understanding is gained through the data analysis process (Peoples, 2020).

The feminist hermeneutic phenomenological process incorporates the researcher's perspectives and interactions with the data (Peoples, 2020). Hermeneutic phenomenological studies are interpretive and seek to find meaning of the participants' lifeworld experiences (Neubauer et al., 2019). Guided by Heidegger's phenomenological philosophy, the following chapter presents how the study was conducted as well as findings from the data collected during the study.

### **Sample**

The population for the study was mothers of children who have not yet started kindergarten who utilize child care. To operationalize 'mother' geo-political and historical-societal considerations needed to be made. Mother is a social construction, and therefore exists

differently outside the environment in which it is defined. Using the lens of matricentric feminism, mother can be defined as those who participate in motherwork and who identify as mother (O'Reilly, 2021b). Child care is defined as care provided by individuals other than the child's primary parents/caregivers, such as at a daycare center, a babysitter, or a family member.

### **Inclusion Criteria**

For eligibility to participate in this study: participants must have been at least 18 years old, identified as 'mother' with at least one child in their care who had not yet started kindergarten, and had experiences with child care during COVID-19.

### **Recruitment**

This study recruited participants through volunteer and convenience sampling. Volunteer sampling is a variation of purposeful sampling in qualitative research designs (Coyne, 1997; Jupp, 2006). Respondents volunteered to engage in a one-on-one virtual interview consisting of questions designed to prompt mothers to share experiences with child care during the COVID-19 pandemic and beyond.

Posts requesting volunteers were shared on Facebook mother affinity groups multiple times between November 2, 2022, and November 21, 2022. The Facebook Groups utilized were private groups and membership was required in order to post and view posts. Four mother affinity groups were selected. Three of these groups are in the Northeastern region of Pennsylvania (NEPA) and one of these groups has membership from people located all over the world. Table 1, below, highlights the details of each of these groups. The groups based in NEPA were selected because of their proximity to the researcher. The Doctoral Mom Group with international membership was selected because there is an established culture on the page of sharing calls for volunteers for doctoral research studies. The Doctoral Mom Group has a

focused membership, serving mothers who are also in doctoral programs of study, while the other selected mother affinity groups are generalized to mothers in those areas. It was an intentional decision to use both types of groups in an attempt to attract a diverse volunteer pool.

Due to the nature of social networks, the request for volunteers was shared outside of the “mom groups” by others in the group. The flyer (Appendix A) that was shared included a link to a Google Form (Appendix B) with more information about the study, consents, and demographic questions. Facebook posts also included the link in text for increased accessibility. Facebook was selected as the recruitment tool for this study because it made it possible to potentially recruit mothers from varying backgrounds and locations. Use of Facebook and the internet is explored more in the limitations section because utilizing internet based recruitment tools and virtual meeting spaces excludes participants who do not have access to Facebook or the internet. After completing a cost-benefit analysis regarding both the researcher’s and participants’ access to resources, potential to reach a diverse pool of mothers, and increasing ease of access for mothers it was decided that Facebook, Google Forms, and Zoom would be best suited for this study. Google Forms was utilized because it is user friendly, password protected, and cost effective. Table 1 provides information about the Facebook Groups utilized for recruitment.



**Table 1.***Facebook Groups Utilized For Recruitment*

<b>Name of Facebook Group</b>	<b>Number of Members (rounded to the nearest whole number)</b>	<b>Group Information</b>
Doctoral Mom Group	10.2K	For mothers in or graduated from doctoral programs, international membership
Pocono Moms	12.7K	For mothers living in the Poconos (Northeastern Pennsylvania)
Pike County Pennsylvania Moms	5.4K	For mothers living in Pike County, Pennsylvania
Lehigh Valley Moms Group	4.1K	For mothers living in the Lehigh Valley region, Pennsylvania

Data was not collected regarding how the mothers found out about the survey. Using context clues such as their geographic location or status as a student it is possible that most of the participants were recruited from the Doctoral Mom Group or from “shares” of the post outside of the affinity groups. This contributes to the self-selection bias within this study and contributes to the limits of the transferability of the findings.

Prior to the interview, participants read the survey information, consented to freely participate, completed a brief demographic survey, provided an email contact, and scheduled an interview time via the Google Forms survey.

After submission of the Google Form, volunteers received an email to the email address provided with a confirmation of the scheduled interview with an individualized Zoom link. If the participant did not arrive at their scheduled Zoom meeting, a follow up email was sent to reschedule the Zoom meeting, if they were still interested in participating. Anyone who completed the Google Form and met inclusion criteria was invited to participate in the interview process. As a consequence of the number of people who signed up to participate<sup>1</sup> ( $n=10$ ), it was not possible to be selective about who was to be interviewed. Email was selected as the mode of communication for this study over telephone communication. This decision was in consideration of cost effectiveness, password protection, and ability for participants to respond to an email at their chosen time, as opposed to a phone call which would need to be taken at the time of the call.

### **Demographics**

In order to gain a better understanding of the participant population demographic information was collected through a Google Forms survey as part of the volunteer registration process. One of the noted limitations of the already published literature studying the effects of the COVID-19 pandemic on motherhood is the homogeneous composition of the research population. The demographic data provided insight to the homogeneous make-up of the

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<sup>1</sup> The demographic information provided by the mothers who did not arrive for their scheduled interviews has been removed from the data

participants for this study. This is further discussed in the limitations section and as a future recommendation for research.

Of those who were interviewed all identified as “mother” ( $n=8$ ), with one participant also listing that she identified as both “mother” and “stepmother” ( $n=1$ ).

The ages of participants ranged from 25-44 years old, with five participants indicating that they were aged between 25-34 ( $n=5$ ) and three having indicated they were aged between 35-44 ( $n=3$ ). Participant ages are displayed in Table 2.

**Table 2.**

*Participant Ages*

Age	Total Number of Participants
25-34	5
35-44	3

One hundred percent of the mothers interviewed reported that they were married and lived with their partners ( $n=8$ ). The mothers utilized language that indicated that they were in heterosexual partnerships (i.e., husband). Of the mothers that participated, zero ( $n=0$ ) indicated that they were in a LGBTQA+ relationship.

Participants' geographical locations varied. Mothers interviewed for this study were from Florida ( $n=1$ ), Arizona ( $n=1$ ), New Jersey ( $n=1$ ), Indiana ( $n=1$ ), Pennsylvania ( $n=2$ ), and Delaware ( $n=2$ ). Geographic location can be found in Table 3.

**Table 3.***Geographic Location*

<b>State</b>	<b>Total Number of Participants</b>
Florida	1
Arizona	1
New Jersey	1
Indiana	1
Pennsylvania	2
Delaware	2

Annual household incomes varied between \$75,000 through \$125,000+ annually. Of the mothers interviewed, three indicated an annual household income of \$75,000-99,999 ( $n=3$ ). Two participants indicated an annual household income of \$100,000-124,999 ( $n=2$ ). Three participants indicated an annual household income of \$125,000 or more ( $n=3$ ). Table 4 shows the annual household incomes of participants.

**Table 4.***Annual Household Income*

<b>Annual Household Income</b>	<b>Number of Participants</b>
\$75,000-99,999	3
\$100,000-124,999	2
\$125,000+	3

100% of the participants reported maintaining gainful full-time employment. Three of the participants worked from home full time ( $n=3$ ), two of the participants had a hybrid (work from home and the office) schedule ( $n=2$ ), and three of the participants did not work from home or have the flexibility to work from home ( $n=3$ ). Table 5 shows the participants' work locations.

**Table 5.***Participants' Work Locations*

<b>Work Location</b>	<b>Total Number of Participants</b>
Work From Home Full Time	3
Hybrid Schedule	2
Work From Office Full Time	3

The mothers were asked to provide the types of child care that is utilized in an open-ended question. The mothers listed daycare, stay at home parent, child care center and family, Montessori (a hands-on, self-directed education approach) day care, babysitter and pre-k,

babysitter, and school district preschool program and private day care. Table 6 represents those responses. All mothers reported experience with navigating child care during the COVID-19 pandemic.

**Table 6.**

*Types of Child Care Utilized*

<b>Participant</b>	<b>Type of Child Care Utilized</b>
P1	Daycare
P2	Stay at home parent
P3	Child care center and family
P4	Montessori day care
P5	Babysitter and pre-k
P6	Babysitter
P7	School district preschool and private day care
P8	Daycare

### **Data Collection**

Demographic data was collected through a Google Forms survey and interview data was collected by means of one-on-one interviews with participants via Zoom video conferencing.

Best practice for phenomenological research is to interview between 6-10 participants, or until

saturation is reached (Padgett, 2017). Saturation is said to be reached when interviews are no longer providing new data (Padgett, 2017). Interviewees were providing similar accounts of their experiences; therefore, it was concluded that saturation was reached by the sixth interview, but two additional interviews were completed to increase the depth of data available for analysis. The total number of participants who completed interviews for this study was 8 ( $n=8$ ).

### **Consent for Participation**

Consent for participation was completed twice. When volunteers registered to be participants they were asked to provide consent prior to completing the demographic survey questions (Appendix B). Then, on the day of the interview, the researcher reviewed consent to participate (Appendix C) and confirmed the volunteer granted consent to partake in the interview process.

### **Interview and Follow Up**

Participants were asked to engage in a semi-structured interview via Zoom video conferencing software. An interview that is semi-structured takes on a conversational tone, creating a dialogue between researcher and interviewee (Adams, 2015). The structure of the interview questions assisted with gathering the key components of the research with the flexibility to ask additional questions as needed (Adams, 2015). Semi-structured interviews help to prompt participants to share their experiences and are utilized in phenomenological research studies (Lauterbach, 2018). A structured phenomenological interview may have better suited this research study, but structured phenomenological interviews are time consuming and must be completed by an interviewer trained in the process (Høffding & Martiny, 2015). For these reasons, the semi-structured interview was selected for this study. The Interview Guide available as Appendix C includes the guiding questions used for each interview.

### **Development of Interview Questions**

Semi-structured interview approaches utilize an interview guide, or outline, to guide the interview process (Adams, 2015). Interview guides can include specific questions to be asked and topics to be discussed, and acts as a general agenda for the interview (Adams, 2015). The questions and topics for discussion during the interview are not rigid, and questions or discussion topics may vary between each interview based on what volunteers choose to share (Adams, 2015). For this study, the researcher was mindful of maintaining consistency between interviews and made updates to the interview guide as needed throughout the time period when interviews were being conducted. For example, as interviews were completed, self-care was added to the interview guide as a topic to discuss.

The interview guide for this study includes both open-ended questions and topics that were discussed. Open-ended questions were utilized to elicit responses that were not fixed, in contrast to close-ended questions that prompt “yes” or “no” responses (Larsen & Adu, 2022). As guided by phenomenological methods, questions were developed to prompt respondents to share their experiences, decisions, and actions taken related to motherhood and child care during the historical and social setting of the research study (Larsen & Adu, 2022).

Very early in development of this research study, the measurement tool “Being A Mother Scale (BaM-13),” was considered for use as a mixed-methods study design. The BaM-13 measures a mother’s “experience as a mother around her child, her emotional closeness to her child, and her own experience as an adult” (Mathley, 2011). The tool initially appeared promising as a “scale has been shown to have good psychometric properties” (Mathley, 2011), but was not a good fit with the research questions developed for this study.



Once it was finalized that a phenomenological method was going to be used, questions were developed as informed by the method and by previously conducted research in the motherhood studies field. Using the feminist hermeneutic phenomenological research framework as a guide, questions were structured to encourage participants to share their experiences, including actions taken and decisions made regarding motherhood, child care, and COVID-19 (Larsen & Adu, 2022). Larsen & Adu (2022) recommend the use of “actionable experience” words to prompt participants to share such as “responding, trying, using, and choosing.” Use of these words helped in the development of the questions asking about strategies taken to accommodate changes in child care and any changes mothers may have experienced in their mothering duties during the pandemic.

The topic of each question was developed from themes identified within and language used by previously published research in the field of motherhood studies. In a study completed by O’Reilly (2021a), Facebook was utilized to collect mothers accounts of their experiences concerning COVID-19, paid employment, and unpaid work. Drawing inspiration from the article published about that study, the researcher developed questions asking mothers directly about their own experiences pertaining to the phenomenon being studied.

Other questions for the *Without A Village: Motherhood, Child Care, and COVID-19* study were developed utilizing themes from the findings and language found in O’Reilly (2020), Elias & D’Agostino (2021), and Friedman et al., (2021). These three studies were completed during the lockdown era of the COVID-19 pandemic response, focusing on the impacts of COVID-19 on various aspects of mothering. These studies not only informed the literature review for this study, but also provided vernacular appropriate for use for the study questions and subsequent dissertation.

Similarly to O'Reilly's (2021a) later published work, O'Reilly's (2020) article explored the experiences of mothers during the lockdown period. Many of the reported experiences shared from this study were that mothers were struggling to cope with pandemic related stressors. This article contributed to identifying a theme around acknowledging the taken for granted and devalued work that mothers partake in to care for children and families (O'Reilly, 2020). This identified theme contributed to the development and refinement of questions regarding the motherhood experience. It was not a goal of this study to only collect negative experiences that mothers may have been having with child care and their mothering role, therefore questions were developed to encourage participants to share both positive and negative anecdotes.

Friedman et al. (2021) utilized an anonymous online survey with open ended questions for mothers to share their stories about the impacts of COVID-19 on their experience as mothers. The article emphasized findings regarding maternal expectations which informed the further development of questions about the motherhood experience, including highlighting any changes to the mothering role during the COVID-19 pandemic.

Elias & D'Agostino (2021) provided a brief history of child care in the United States and made connections to the historical context of child care to the current struggles parents are facing in an article advocating for federally or locally subsidized child care programs. The authors presented a case study exploring New York City's response to child care during the early stages of the COVID-19 pandemic. The article provided the foundation for the development of the questions seeking participants' experiences with what actions were taken to accommodate changes to child care.

## Interviews

Interviewees participated in the interview from a location of their choice, as long as a stable connection to the Zoom room was available. Participants had the choice to join the Zoom room via internet connection or calling from a phone. The Zoom room was password protected and the waiting-room feature was activated to protect participants' privacy. The Zoom account utilized end-to-end encryption, protecting both the researcher and the participant from others gaining unauthorized access to the Zoom room.

It was decided to do the interviews via video conferencing instead of face-to-face to increase comfort of participants, increase availability and flexibility of scheduling, be mindful of the ask of participating in an interview to mothers who may be already navigating complex situations with child care, employment, and free time, and to mitigate risk of exposure to COVID-19 (Irani, 2018). Although there are downsides to the use of video conferencing, such as lacking the natural rapport that is built during an in person interaction (Irani, 2018), it was decided that the advantages out-weighed the disadvantages for this study.

Of the completed interviews, 87.5% ( $n= 7$ ) completed the interview with the camera on. This gave the researcher the ability to observe non-verbal communications, such as hand gestures and facial expressions. Cameras were not required for the interview to respect boundaries, privacy, and it has been found that being able to turn the camera off during Zoom meetings helps to decrease Zoom fatigue (Shockley et al., 2021b), which mothers who work from home may experience. This research study was designed with the intention to not do harm to participants.

Informed by the literature review, it was assumed that mothers are experiencing an increase in daily responsibilities as the COVID-19 pandemic continues (Lamar et al., 2021;

Martucci, 2021; O'Reilly, 2020; Petts et al., 2020; Power, 2020; Shockley et al., 2021; Zamarro & Prados, 2021). These potential stressors of added responsibilities were taken into consideration for the study design. Ideally, a phenomenological study would consist of at least two interviews in order to enhance rapport and have the ability to ask clarifying or follow up questions (Adams, 2015; Hycner, 1985), but due to limited resource availability, participants were asked to only meet for one virtual interview. Interviews averaged 32 minutes in length.

Participants received a follow up email after the interview with any follow up or clarifying questions to fill in identified gaps in the data. These emails were sent approximately a month after the interview, once the data was scrubbed and initially reviewed. Participants then replied to the email with their responses. All 8 participants received a follow up email and were asked to reply within one week. The email responses ( $n=4$ ) were added to the data set as separate files for coding and analysis.

### **Risks and Benefits to Participants**

Qualitative studies pose some risk to those involved (Hadjistavropoulos & Smythe, 2001). The psychological risks to participants goes beyond the potential distress from thoughts or emotions which could be brought up by interview questions, but also distress from how a study presents participants' words and experiences in the final publications (Hadjistavropoulos & Smythe, 2001). Additionally, there is risk to participants when qualitative research studies are made available to the public because, despite efforts to depersonalize information, a participant may possibly be identified through their words or statements (Hadjistavropoulos & Smythe, 2001).

These risks have been addressed by having resources available to provide participants to address emotional distress they may experience from sharing their experiences (Richards &

Schwartz, 2002) with motherhood and COVID-19. There was no way to create a location specific list of resources because volunteers were located in different areas around the United States, but national resources and online resources were available to be provided. Participants were able to meet with the researcher to review mental health resources in their area. The researcher is a case manager by trade and training, and was able to assist participants with navigating complex systems to find available resources if needed. If no resources were available, a licensed clinical social worker was made available to debrief with participants in need. At the time of this writing, no participants had reported any distress caused by their participation in the study.

Maintenance of reflexivity also aided in reducing risk by identifying judgements and bias through the analysis process and minimizing misinterpretation or misrepresentation of the experiences shared via the interview (Richards & Schwartz, 2002). Finally, the quotes and words of participants used in the final publications from this study are depersonalized as much as possible, with names and likeness being changed, as well as specific details being omitted for confidentiality purposes or presented in an aggregate format (Richards & Schwartz, 2002).

No direct benefit to the participants in the way of monetary compensation was offered or provided, but some participants may have experienced an intrinsic reward for assisting with the study (Castillo et al., 2012). Some participants may have also found sharing their experiences was cathartic and empowering (Castillo et al., 2012). Participants may have also experienced benefits from the conclusions of this study (Castillo et al., 2012) if it meets the goal of informing policy changes for social workers or social work employers.

### **Data Analysis**

Both inductive and deductive approaches have been utilized to analyze the qualitative data thematically, a common approach in qualitative data analysis (Sundler et al., 2019).

Hermeneutic phenomenology does not have strict guiding rules for data analysis (Alsaigh & Coyne, 2021). The phenomenological philosophy provides a foundation to steer data analysis. By analyzing the data thematically, the phenomena can be spotlighted and the words of the participants can be shared to highlight the findings (Alsaigh & Coyne, 2021).

### **Research Setting**

Hermeneutic philosophy informs researchers that people can only make decisions and act based on their social, political, and cultural context (Neubauer et al., 2019). Therefore, in phenomenological research, the context and setting of the data collection period are essential, because one's experiences of a phenomenon are heavily influenced by their environment (Neubauer et al., 2019).

In 2020, when the COVID-19 pandemic started many institutions that were deemed "non-essential" were closed to mitigate the spread of the virus. These closures included office spaces, schools, day care centers, and other businesses such as hair salons and restaurants. By mid-to-late 2020, many institutions were able to reopen, as the restrictions placed by state and local governments had expired. Over the course of the following months, all venues would reopen to the public, returning to what is often referred to as "normal life," or "post-COVID."

The time period in which this study took place is often referred to colloquially as "post-COVID." However, the virus is still present in the community and many continue to be at risk for serious complications or death if infected. Vaccines are widely available for all age groups, but at the time of writing research is limited proving long term immunity from natural infection

or vaccines (Studies Reveal Key Clues About COVID-19 Immunity, Immune Recall, 2022).

Due to these unique characteristics, this time period is considered a key element in this study.

One characteristic of the pandemic was it changed rapidly and without warning. This inconsistency in the environment had impacted the study. Early in the data collection phase of this research, on August 4, 2022, the Biden-Harris Administration declared the global monkeypox (now known as m-pox) outbreak as a public health emergency (HHS Press Office, 2022). This declaration made funding available to respond to the outbreak and target mitigation efforts to at-risk communities (HHS Press Office, 2022). At that time, health organizations such as the WHO and CDC had not yet declared m-pox a pandemic, but the World Health Network, an independent organization of public health experts, had published a press release stating m-pox meets the criteria for and should be treated as a pandemic (World Health Network, 2022). Since then, concerns of m-pox had decreased and the Biden-Harris Administration had scheduled to end the public health emergency declaration in early 2023 (Cancryn, 2022).

Interviews were conducted from November 13, 2022 through November 18, 2022. The decision was made to not conduct interviews after Thanksgiving (November 24, 2022) so that if there was an increase in COVID-19 cases or other illnesses after the holiday it would not create two distinct sets of data. It was anticipated that increases in illnesses such as respiratory syncytial virus (RSV), influenza (flu), or COVID-19, etc. would disrupt child care arrangements and routines, potentially causing families to quarantine or child care classrooms to temporarily close to mitigate the spread of illnesses. Participants reported when children were kept home due to RSV and influenza, they also had to meet similar requirements to those set for COVID-19 in order to return to child care. These requirements included needing a doctor's note, a

negative COVID-19 test, to be fever free for 24 to 48 hours, and an extended period of time away from child care to prevent the spread of illnesses.

In early November 2022, cases of influenza and RSV were uncharacteristically high in the United States, gaining the title “triple-demic” (MacMillan, 2022). “Triple-demic” refers to the likelihood of hospitals and medical providers being overwhelmed by simultaneous spikes in influenza, RSV, and COVID-19 (MacMillan, 2022). The decision to close the interview period by Thanksgiving was informed by news of the triple-demic matched with patterns of increased illness after Thanksgiving and other winter holidays in previous years.

### **Transcriptions**

Interviews were conducted and recorded via encrypted Zoom and then transcribed by Otter.ai software. Otter.ai is recommended for qualitative researchers for its level of accuracy in transcribing (Corrente & Bourgeault, 2022). Otter.ai provided verbatim transcriptions that need scrubbing for accuracy, clarity, and depersonalization, which was completed manually by the researcher. This process was completed by listening to the interviews, correcting any mistakes that the Otter.ai software produced, removing vocal disfluencies such as “like,” “yeah,” “so,” and “um” and removing any personal information such as names or other identifiable information. During this scrubbing process, the researcher also connected sentence fragments and removed instances where the participant corrected or repeated themselves. This process produced transcriptions that were intelligent verbatim, to increase readability and clarity (McMullin, 2021).

NVivo 12 Qualitative Analysis Software was utilized to complete the analysis of the transcriptions. NVivo 12 Qualitative Analysis Software was selected for its ability to organize



data into themes and create visual representations of the data, such as word clouds (Fusch, 2020).

### **Coding**

Emergent codes, or meaning units, were developed based on the content of the interviews. Unitization of the data was not rigidly defined, but consisted of the complete response to a question or a response fragment as it applied to the meaning unit (Campbell et al., 2013). Data were coded multiple times to identify the appropriate meaning units, categories, and then final themes to be reported on.

The following steps were completed once the intelligent verbatim transcriptions were completed:

- 1.) Keywords from each Otter.ai interview transcription were compiled into a list. A word cloud was produced in NVivo 12 Qualitative Analysis Software on the whole dataset. The word cloud was not useful because the most commonly used words in the dataset were vocal disfluencies. The list compiled from the Otter.ai transcriptions was reviewed for potential meaning units. A copy of this list is available for review in Appendix D.
- 2.) Interview transcriptions were reviewed to develop initial meaning units. The first round of coding produced broad, heuristic codes. Saldaña (2013) encourages additional rounds of coding to filter and focus meaning units and categories, as well as link ideas and build meaning.
- 3.) Transcriptions were reviewed for a second time to codify the data (Saldaña, 2013), organizing and grouping data in families of nodes and child codes. This second round of coding produced hierarchical categories and subcategories.

- 4.) Transcriptions were coded by the researcher into their final categories and subcategories, which then were analyzed for themes. Themes emerge from review of the meaning units, categories, and analytic reflection (Saldaña, 2013). The final codebook is available in Appendix E.
- 5.) A copy of the codebook was produced and provided along with a sample of the data set to establish intercoder agreement. Intercoders met multiple times via Zoom during the data analysis phase to complete intercoding. Intercoder agreement was reached to increase the validity of the study. The process of intercoding is discussed in greater detail later in this chapter.

### **Memos**

A core component to the development, execution, and analysis of a qualitative study is keeping memos (Birks et al., 2008; Padgett, 2017). Memos document ideas, thought processes, decision making processes, feelings, bias, connections, and other study related notes (Birks et al., 2008). The memos created throughout the phenomenological research process are a powerful tool in extracting meaning from participant voice, justifying analytic decisions (Birks et al., 2008), and remaining faithful to the phenomenological process. The use of memos is also a key component to all of the validation strategies outlined below.

## **Validation Strategies**

### **Issues of Trustworthiness**

Issues of trustworthiness are addressed through the lens of the critical/radical methodological paradigm (Giddings & Grant, 2009). Trustworthiness of the researcher is established by disclosure of positionality and ongoing reflexivity (Giddings & Grant, 2009). This is further developed through the actions of establishing construct validity, where the

researcher acknowledges their perspective is unique based on their theoretical assumptions and understanding of research concepts, including the origins of those points of view (Giddings & Grant, 2009).

This is particularly important in hermeneutic phenomenology, where the researcher needs to explore personal previous understandings of concepts, or fore-conceptions (Heidegger, 2008). It is essential for researchers to identify their own beliefs, understandings, and knowledge about concepts, so they can differentiate what is the researcher's from what the participants are reporting as their own experiences of the phenomenon (Tufford & Newman, 2012).

### **Validation Strategies**

To ensure qualitative research is validated, it is recommended that at least two strategies are employed (Creswell & Poth, 2017). For this study, the two validation strategies that were utilized were reflexivity and intercoder agreement.

#### ***Reflexivity***

Phenomenological methods extract the meaning of experiences from participants' narratives (Sloan & Bowe, 2013). A key aspect of hermeneutic phenomenology is analyzing the participant's views and relationships with their environment, or lifeworld (Sloan & Bowe, 2013). To do this, the researcher must also consider their own lifeworld and understandings of concepts, ideas, and phenomena. The use of reflexivity in qualitative research is used as a validation technique to demonstrate how subjectivity shapes the inquiry, as well as how ethical considerations were taken into account during the process (Olmos-Vega et al., 2022).

As Olmos-Vega et al. (2022) outlines, qualitative researchers practice reflexivity to explain their influence throughout the study, in order to make the study more transferrable and

confirmable. Throughout this study, three levels of reflexivity were practiced: personal reflexivity, interpersonal reflexivity, and methodological reflexivity.

**Personal Reflexivity.** Researchers need to “reflect on and clarify expectations, assumptions, and conscious and unconscious reactions” (Olmos-Vega et al., 2022, p. 4) to participants and data as part of the process of personal reflexivity. This practice has been on-going during the entire project, through memo-ing, conversations with peers, and seeking supervision as needed.

**Interpersonal Reflexivity.** Interpersonal reflexivity refers to how relationships affect the context, the participants, and the outcome of the research (Olmos-Vega et al., 2022). Part of navigating interpersonal reflexivity is to explore how the research is influenced by power dynamics, not only between the researcher and participants but also how the research is influenced by power dynamics between team members (Olmos-Vega et al., 2022). Interpersonal reflexivity has been on-going during the entire project by keeping notes, research memos, examining power dynamics in research, collaborating with peers, and seeking supervision.

**Methodological Reflexivity.** To evaluate methodological reflexivity, Olmos-Vega et al. (2022) recommends asking “How are we making methodological decisions and what are their implications?” (p.5). This researcher was mindful through-out the development of this study (and even prior to) about being intentional about methodological choices as to not do harm to the population being studied or produce results that could have harmful consequences. This resulted in decisions being well researched and informed before being made, memo-ing, seeking supervision, peer consultations, and collaborating with other researchers to utilize best research practices.

### *Intercoder Agreement*

Intercoder agreement was implemented to identify patterns in the data from different ideological outlooks and to identify and challenge assumptions that influence the data analysis (Giddings & Grant, 2009; Lather, 1986; Padgett, 2017). The intercoder for this project was a doctor of social work (DSW) student from the same cohort who is familiar with qualitative research methods (Campbell et al., 2013). The researcher and the intercoder shared some attributes; both are social workers, both are mothers, and both are current DSW students. Having knowledge of the social work field, the dissertation process, and both having experience as mothers was beneficial to the intercoding process in having some exposure to the topic of the research and the professional lens used. However, the children of the intercoder are older, late high school and college, and no longer use child care services. The intercoder's experience during the COVID-19 pandemic did not include having to navigate the child care system.

Intercoder agreement was reached through collaboration of the researcher and intercoder (Campbell et al., 2013). The two people met twice via Zoom video conferencing and communicated via email and text messaging.

The first Zoom meeting was held to discuss the coding process, including unitization and the definitions of each code. A sample of the data set was then shared via screen share, so that both parties could view it, and the codes and units were discussed in greater depth. This ensured understanding of the codes used and the flexible unitization structure. The sample of the data that was used as an example of the coding process was separate from the sample provided to the intercoder for intercoding.

The codebook and approximately 24% (two interviews) of the data set was shared with the intercoder. The sample was random and all identifying information was removed prior to

being shared for review. There is no agreed upon standard of how much of a data set should be intercoded, but it is suggested that somewhere between 10-25% is sufficient (Campbell et al., 2013; Geisler & Swarts, 2019). Once shared, the intercoder hand coded the data and sent the coded sample back to the researcher via email. The coded sample was reviewed by the researcher. Using simple agreement measures (Geisler & Swarts, 2019), it was found that the intercoder and researcher were in agreement on 34% of the coding decisions made. When calculating if the decisions were in agreement, it was either considered a complete match or not a match at all. Decisions were often in accordance with one another, either by coding with the same codes but not all, or by unitizing in a different way, which negatively affected the simple agreement score (Campbell et al., 2013; Geisler & Swarts, 2019).

Next, the researcher and intercoder met again via Zoom to review coded data for comparison of how the data was coded and the appropriateness of the codes used. As a consequence of the flexibility of the unitization, the level of interpretation needed for the conceptual codes, and consideration that the intercoder did not have all the contextual information from the interview itself, it was challenging to accurately quantify the intercoder agreement (Campbell et al., 2013; Geisler & Swarts, 2019).. Therefore, simple agreement measures were utilized, resulting in a final agreement of 71% (Geisler & Swarts, 2019).

There was some disagreement that was resolved through discussion (Campbell et al., 2013). This resolution process is consistent with the hermeneutic circle, where the researcher had to revise understandings and fine tune meaning units identified from the data. This is also consistent with intercoder agreement best practice, which uses communication between the researcher and intercoder to explore and fine-tune the coding (Campbell et al., 2013). Research

supports that an acceptable level of intercoder agreement was reached (Geisler & Swarts, 2019), so therefore, the intercoder process was concluded.

There are other ways to establish intercoder reliability, including the use of Cohen's Kappa or Krippendorff's Alpha, which produce stronger statistical measures and accounts for if agreements happened by chance (Geisler & Swarts, 2019). The decision to utilize intercoder agreement and simple agreement measures was for cost effectiveness, availability of resources, because of the conceptual nature of the meaning units, and flexibility of the units coded (Geisler & Swarts, 2019).

### **Protection of Information**

Zoom video and audio recordings, transcriptions, and NVivo 12 Qualitative Analysis Software files were saved to the researcher's computer and will be maintained for a minimum of five years after the conclusion of this research project. Data from the Google Form, which originally was stored in Google Drive, has been downloaded and saved to the researcher's computer. The Google Form has been deleted from Google Drive to decrease the chance of a data breach.

The Zoom recordings, both audio and video, are saved in a password protected file on the researcher's computer. The video and audio recordings have only been reviewed by this researcher. Participants have been informed that they are able to request a copy of their interview at any time during the research project.

Otter.ai is internet based. The audio is uploaded to a password protected account and then transcription is completed by the artificial intelligence software. Once the transcription was available, the file was exported and saved to the researcher's computer. The files were then deleted from Otter.ai.

The researcher utilized the school provided email account for all research related emails. The email account is password protected and requires two factor authentication. The researcher has completed anti-phishing training as part of email security best practice.

NVivo 12 Qualitative Analysis Software files are also saved on the researcher's computer. Files uploaded to NVivo 12 Qualitative Analysis Software are depersonalized. The researcher's computer is passcode protected and is not utilized by others.

### **Limitations of Study**

As far as this research is concerned, it was not able to demonstrate catalytic validity, which refers to "the extent to which research contributes to social change" (Giddings & Grant, 2009, p. 131). As of this phase, the research did not involve population members via participatory research. Therefore, this research was not able to actively employ participants to engage in social change as a community. In concordance with the matricentric feminist framework, the research remained rooted in social justice (O'Reilly, 2021b), with the goal of increasing social workers' awareness of motherhood experiences, challenging the policies and institutions in place that maintain the systemic discrimination against mothers, and making motherhood visible (O'Reilly, 2021b).

A limitation of this study was the manner in which the participants have been invited to volunteer to participate. As a consequence of budgetary and time constraints, the invitation was circulated using Facebook. This alienated participants who do not have internet access or access to the technology to complete the interview. This also limited the volunteer pool to mothers who utilized Facebook and were a part of a Facebook motherhood affinity group.

It appears that there is self-selection bias within the sample. According to some of the mothers who volunteered for this study, they are currently receiving therapeutic services or



receiving support for their children who have mental health and developmental needs. These previous interactions with social workers may have influenced the participants to join the study because of the researcher's social work title. By analyzing context clues like their geographical location or status as a student, it is probable that most of the participants were recruited from the Doctoral Mom Group or from "shares" of the post outside of the affinity groups. Due to this self-selection bias, the transferability of the findings are narrowed.

A limitation of this study was the homogeneous nature of the participant group. Despite utilizing Facebook groups that have different member populations, the mothers that volunteered to participate had reported household incomes of over \$75,000 annually, married, in heterosexual relationships, lived with their partners, and maintained gainful full-time employment. Therefore, absent from this study is the voice of the single mother, mothers from different socioeconomic status, and LGBTQA+ families.

A limitation of this study was the small sample size. Qualitative research studies are not generalizable to the public, but still provide valuable insight into the phenomenon being studied.

A limitation of this study was the availability of participants. During the process of completing the interviews, four mothers missed their initial scheduled interview time. Those mothers reported that "they totally forgot" and "are just so busy." Two of the mothers were able to reschedule and completed the interview. Additionally, a limitation of this study was the amount of volunteers who signed up to participate. The low number of volunteers made it so there was no selection process for participants by the researcher. All the mothers who volunteered for the study were selected to participate in order to reach saturation.

An assumption of this research was that interviewees had the ability to recall experiences with child care, COVID-19, and motherhood to provide honest responses to interview questions.

The researcher did not interview parents or guardians who do not identify as “mother.” This study maintained boundaries regarding the focal population. The research was specifically seeking information about the experience for mothers and had been informed by the matricentric feminism framework, which emphasizes the importance of recognizing women as mothers and caretakers (O’Reilly, 2021b). Although there are others who take on caregiving or motherwork tasks, the matricentric feminism framework argues mothers continue to take on the majority of this labor (O’Reilly, 2021b).

### **Sampling Challenges**

As outlined above, this study experienced many challenges in recruiting participants to engage in the interview process. To avoid being buried by other posts on the Facebook groups selected for recruitment, posts were made often to each group. As per the rules of Facebook, one cannot post the same content too often without the risk of being flagged as spam and all ability to create and share posts is revoked for a period of time. This creates a fine line between not sharing the post enough, which reduces visibility, or posting too often, which could result in being suspended from Facebook use.

During the planning phases of this project the use of Facebook was initially ruled out as a possible recruitment tool. Others who have utilized Facebook for their motherhood studies, such as Friedman et al., (2021) and O’Reilly (2020, 2021a), experienced challenges in recruiting a diverse sample of respondents for their studies. It does not appear that Facebook is totally to

blame for the recruitment shortcomings, there are other factors to consider such as the availability of mothers to engage with a survey and the availability to complete an interview.

Originally, the strategy explored for recruitment was to send the study information to day care centers and request that a flyer or an email be sent to the families who utilize services at that child care center, by the care center personnel. This would have created a more targeted and personalized approach to the recruitment effort. However, in order for this process to be completed, written permission was required from each participating child care center to be submitted with the IRB application for this study. The researcher had contacted some child care centers to explore what the process of gaining permission would entail, but was unable to make contact directly with those who were in leadership positions to grant the permission and provide the appropriate documentation. Due to these roadblocks and additional barriers created by limited monetary and time resources, that recruitment strategy was dismissed as a realistic option.

After returning to the drawing board, the use of Facebook was once again considered because of the potential to reach a variety of mothers who have children who have not started kindergarten and utilize child care. It was presumed that by using Facebook motherhood affinity groups that the volunteer pool would be large enough to complete a selection process of who to interview. This could have resulted in a sample that included the voices of mothers from varying socioeconomic statuses, levels of employment, single mothers, queer mothers, etc. At that time, considering the resources available to complete the study and the potential to reach mothers who had a variety of experiences navigating the child care system, it was decided that Facebook would be utilized as the recruitment tool.

It was not forgotten that when analyzing feminist theorizing of motherhood with a critical lens, it was observed that white, middle class mothers' experiences have been foundational for motherhood studies (Collins, 1994). This created a myopic understanding of the phenomenon of motherhood and acts of mothering, rendering the experiences of those from different racial or social backgrounds non-existent (Collins, 1994). In addition to erasing those women from motherhood theory, the erasure reinforces social inequality and maintains existing power dynamics, which further exacerbates intersectional oppression of women (Collins et al., 2021). This study aimed to avoid contributing to that milieu, but was only able to gather the experiences of middle class mothers. This further perpetuates the intersectional oppression of women by not reaching the voice of the mothers who are traditionally left out of these types of studies.

In practice, utilizing Facebook as a recruitment tool had resulted in similar sampling challenges as other researchers who also utilized Facebook for recruitment. Friedman et al. (2021) utilized Facebook to recruit for their study, which resulted in a sample that “skewed heavily toward white and middle-class participants.” For this study, the researcher did not collect data from participants asking about their identified race or ethnicity, but the available data does support that the sample for this study was heavily skewed to middle-class participants.

It is not possible to identify at this time all the reasons why the recruitment strategy did not work the way it was intended to, but taking what was learned from this project, Facebook recruitment strategies are not recommended. Recruitment strategies that are targeted in a more direct fashion, such as direct emails to mothers who utilize child care, or in person recruitment strategies may have improved results.

### **Value of the Study Despite Limits**

Even with these limitations, it is possible to achieve the goal of this study by guiding social workers in improving their collaboration with communities, families, and mothers. It is also important to inform employers of social workers of the struggles mothers are experiencing so supportive environments can be created for employed mothers with young children.

### **Transferability**

An understanding of the setting, context, and experience is required before generalizing findings to other populations. These findings may lend insight into the experiences of different populations of mothers when navigating child care and motherhood. The general summary of the phenomenon will help increase awareness of the experience of mothers navigating child care.

The transferability of this study is impacted by the identified self-selection bias of the participants and the homogeneity of the sample. Nevertheless, findings from this study will be transferable beyond the COVID-19 pandemic because the experiences the mothers reported regarding navigating child care and illness were not unique to when the COVID-19 pandemic was taking place. COVID-19 was unique in its mitigation efforts (i.e., lockdown) and changed the national conversation about work, where it takes place, and when, unlike other viruses that kill thousands annually, such as influenza or RSV (Hansen et al., 2022). Mothers continue to experience disruptions to child care because of contagious illnesses and young children's susceptibility to them (Centers for Disease Control and Prevention, 2022c).

### **Conclusion**

Developed from phenomenological philosophy, the feminist hermeneutic phenomenological approach provides a structure to explore human existence (Heidegger, 2008).

Paired with the matricentric feminist framework, this research study has been executed to explore the experience that mothers have had with motherhood, motherwork, and child care during the COVID-19 pandemic.

By collecting the stories of mothers and applying a phenomenological approach, a snapshot of the experience for mothers during the COVID-19 pandemic with child care has been captured. Informed by the insight from this study, social workers can improve their practice and advocate for better work-life balance for mothers of young children.

#### **Chapter 4: Findings**

The purpose of this study was to understand how COVID-19 impacted the experience of motherhood for mothers with children who have not reached school age. Guided by matricentric feminism, the study sought to acknowledge experiences of mothers providing care to young children during a time of a global public health crisis. Interview data was collected, transcribed, and scrubbed for accuracy and clarity. From there, the data analysis process was completed. The three identified themes that emerged from the data analysis were “motherhood,” “impacts of COVID-19,” and “child care.” Themes and subthemes are outlined in this chapter.

##### **Motherhood**

At the start of each interview, the participants were asked to share what it meant to them to “be mom.” There was a general consensus that “being mom” meant “being everything,” even if that meant sacrificing her own self-care, career, or relationships. The experience of “being mom” was described as being all-consuming, all love, challenging, frustrating, and rewarding. The negative and positive aspects of the experience of motherhood were not expressed in a mutually exclusive way: it was all those things and more, all at the same time. “It is all in, it is just all consuming. It is all consuming in every single way. I guess it is just pure love. Just

empathy and just every emotion that goes into what I would consider amazing things. That is motherhood.”

### ***Being Everything***

“COVID-19 made it so that on top of being everything, I’m now also everyone.”

“Being everything” has taken on different meanings in different contexts. During the lockdown period, mothers reported finding that they were “being everything” from a speech therapist to teacher, entertainer to protector, employee to supervisor, and more. The concentration on “being everything” from that time period is discussed mainly through the additional roles that mothers took on to fill the gaps created by lockdown measures.

Nevertheless, “being everything” during lockdown encompassed the same essence as it does in the post-COVID “new normal.”

Mothers reported a continued sense of “being everything” to their children and within their families after lockdown, suggesting that how “everythingness” is framed was impacted by the COVID-19 pandemic, but not a result of it. “Everythingness” appears to be a quintessential characteristic of the motherhood experience. An all-encompassing state of everythingness transcends what may be considered formal professional titles (teacher, chef, chauffeur, etc.) and includes and exceeds abstract roles (provider, protector, supporter, etc.).

**Self-Care.** During the interviews, participants shared feelings of increased stress, obligation, and hardship because of their mother role and its many intersections with their other identities. This prompted a question about what self-care strategies have been implemented, if any, for wellness. At first glance, this may seem outside of the topic of the study and unrelated to child care and the COVID-19 pandemic, but self-care is part of the role of motherhood. One mother described it as: “I have to take care of myself to take care of them.”

In their reports, mothers joked about “just going to the bathroom alone” or “painting their nails during a Zoom call” as small acts of self-care. Others listed alternative small but intentional acts such as drinking water during the day or taking breaks during long stretches of work. At the same time, the tone shifted from jocular to serious when mothers shared about their experiences not being able to prioritize their needs. “That's probably the hardest thing for your own emotional well-being is just... losing yourself into motherhood.” Another mother expressed her feelings, “What are you gonna do for self-care? Take a bath? Like that’s going to help anything. Honestly, it’s just about surviving.”

### **The Village**

“There is no village, my husband and I are each other's people. It’s frustrating at times because you never feel like you’re getting a break.”

The mothers reported limited access to others outside of their homes to support them with child care during the post-COVID-19 period. It was stated that within the household, mothers and fathers share in the completion of child care tasks such as bathing, packing lunches, bedtime routines, and pick up and drop off from child care. Mothers did report a sense of doing more of the unpaid labor tasks associated with child care and homemaking, stating that their schedules and employment responsibilities allowed for them to engage more readily in those activities.

Participants shared that the social groups available to assist and support with child care (“villages”) were limited to only a few people or not existent at all. Mothers identified that without a village they were without a babysitter, mom friends who share in the experience of mothering, and others to assist with child care tasks outside of what is offered through formal child care settings. Some of the mothers interviewed reported having one best friend or close



relatives (typically others in a mother role such as grandmother, mother-in-law, or sister) who they could ask for help with child care if necessary. “If she [best friend] is unable to help me with them, my sister and mother are close by.”

### *Isolation*

“Because that isolation, that lack of community, that lack of being a part of something-not having that, I think is a lot of the part that had me thinking ‘I can't do this.’”

While going through memos as part of the analytic process, this note was found etched in the margin: “If I had to put one word from each interview that I've done so far: isolation. I think it is the one thing that people are saying "let me just highlight this word, I really have to let you know that the isolation during this process or during these last couple of years has really been what has affected me the most.”

The COVID-19 pandemic caused obvious isolation during the lockdown period when people were restricted to their homes and advised to not be in physical proximity of others. The isolation of lockdown and after when mothers continued to limit social gatherings to reduce potential exposure to the virus had negative consequences on their mental health and spousal relationships.

“I think part of being a mom, which shouldn't be a part of being a mom, is that you are isolated. And that was true, honestly, before COVID-19. It's the problem of our modern society. And I would say, post-COVID that became even more extreme, the isolation.”

The sense of isolation was not only caused by the lack of physical proximity to others and efforts to reduce the spread of viruses. The experience of being a mother is isolating because the time needed to care for children and balance multiple schedules, needing child care to leave children, and how relationships change for a woman when she becomes a mother.

## **Impacts of COVID-19**

### *Changes to Employment*

The COVID-19 pandemic changed the national conversation about working, where work is completed, and if going to an office is necessary. For some mothers, this was beneficial because of the flexibility working from home offered, including being available to pick up and drop children off at child care, have additional time to complete unpaid labor tasks such as meal planning and preparation, and the advantage of being home if there was a disruption to child care. Some of the mothers interviewed did not share the same experience, disclosing that working from home while trying to “mom” made them feel “bad” and “guilty” because they were not showing up 100 percent for either role. They reported feelings of “letting down” their coworkers and supervisors and despite reporting getting all their work tasks completed, and felt like they “were not doing enough” at work because their attention was divided between employment and child care.

Families took different approaches to accommodate mothers working from home. One mother reported that she felt positively about working from home with her child home with her. “I actually get more done when he is here!” She reported, sharing that because of her hybrid schedule she was able to reduce the number of days her child attends child care outside the home, saving them money and exposure to illness. In contrast, a mother shared that to accommodate her work from home schedule and the children’s schedules her husband had to take a demotion at work to ensure the children were cared for when needed. “My husband, he actually stepped down from his position. Because I needed more when I switched jobs. I couldn't do it myself anymore.” According to one mother, her office does not allow parents to have their children at home while working from home. However, she keeps her children at

home during the day anyway as needed, at the risk of disciplinary action or termination from her position.

### *Privilege*

It has been said in news and media outlets that the COVID-19 pandemic has exposed the challenges and hardships that mothers face with navigating and providing child care. A common thread that tied all the interviews together was outlining how COVID-19 was impactful but not necessarily the cause of the hardships. “A lot of the stuff that I'm experiencing are things I would have experienced in 2018 if I had a kid when there was no pandemic, or COVID, or whatever. I think that is the part that bothers me the most is that I knew I was gonna have the issues of child care. So for me my frustration lies in the fact that I did not have the basic needs.”

While mothers were working from home, people who may not have had prior experience of seeing motherwork in action now had real time exposure as mothers' Zoom meetings and phone calls were interrupted by children and home life was visible on screen. This speaks to both the invisibility of motherhood as identified by the matricentric feminist framework, as well as to the privilege of being unaware that others were facing these challenges.

Another privilege that was exposed as part of this research was regarding doctor appointments and requirements set by child care centers for negative COVID-19 tests and return to school/work notes from doctors. One mother described her experience with being able to find an appointment: “There are no sick visits available at the doctor's office. They are full, and there are no urgent care center appointments either. And if you do walk in, they'll either send you away and have you come back, they'll call you or text you if there's an availability or they'll just tell you they have no room or and they'll direct you to go to the ER.” Another mother shares the additional burden of the cost of seeing the doctor: “You are paying for that out of pocket.

That's another bill." Mothers also noted that when children did not attend formal child care they were still billed for those days. Avoiding illness then becomes not only about not getting sick, but also preventing the strain of having to access medical care, pay for medical care, take time off work, navigate child care for other children to accommodate appointments, and other stressors.

### *Child Care Closures*

"Everything's COVID. There's no more ear infections or sinus infections. It's no matter even if it's not-it's [assumed to be] COVID."

In the time period after COVID-19 lockdown, the winter of 2021, child care centers reopened and people started to engage in their daily routines outside the home once more. Mitigation efforts were still in place and vaccinations were not available yet to children under 5 years old, resulting in child care closures when there was a COVID-19 exposure in a classroom. During this season, mothers recalled struggling with the disruptions to child care. "I think it was six times being quarantined. It came down to, what, once a month at least. And then at one point one [child] was going out on quarantine and then another one was just getting off of quarantine. It was a mess."

Of the mothers who utilize formal child care services, all reported that the class rooms no longer close for a COVID-19 exposure, but policies have been put in place that have extended absence periods and other requirements to return to child care when a child is experiencing any type of illness. The mothers expressed frustration, yet understanding, of the new procedures.

Many of the mothers reported that if the child is unable to attend child care they are the one who "takes off" work because "it is easier" or "more affordable" than their spouses taking

the day. The extended time that children need to be away from child care centers in the event of a fever has mothers missing multiple days of work at a time. These stretches away from work become prolonged when there are multiple children in the home who become sick at different times and/or community resources are not available such as doctor appointments to get medical care, a return to school note, or COVID-19 testing.

### ***Other Illnesses***

“You hear all the stuff on the news about RSV and about them ending up in the hospital and getting really sick and its stuff that normally you wouldn't think a two-year-old would get this sick. But then I have friends that are people in his daycare, his friends, that are ending up in the hospital with it.”

The COVID-19 pandemic brought illness to the forefront of reported worries that the mothers interviewed have. COVID-19 has become less central to the conversation of illness and safety because of the increase of other illnesses that are affecting young children, such as RSV and influenza. Eighty seven and a half percent of mothers interviewed mentioned RSV having impacted their household in the last year. “I'm not feeling as concerned about COVID itself however, I'm concerned about some of the flu and RSV that's going around.”

### **Child Care**

“Just the juggling, it's a constant juggle, I can't possibly do everything at once, right?”

One hundred percent ( $n=8$ ) of the mothers interviewed reported that they utilized child care services to cover child care during work hours. The other reasons listed as reasons for utilizing child care were to socialize children ( $n=5$ ), for education ( $n=4$ ), to cover child care to complete tasks unrelated to unemployment ( $n=3$ ) and to access early intervention services ( $n=1$ ).

During the interviews mothers shared strategies that they have taken to accommodate changes in child care since the pandemic. These strategies ranged from changing employment to “just reacting to survive.” One of the mothers wasn’t able to get her children back into child care after having lost their spot during COVID-19 lockdown. The strategies to accommodate child care to get assistance from their spouse, ask friends or family members (although this appeared to be a limited option or “last resort”) or take off work themselves.

### **Conclusion**

This research sought to answer three questions. The main question, in accordance with phenomenological research approaches, was “What are the reported experiences of motherhood for women who utilize child care outside the home?” Two sub-questions were also asked and helped to guide the study. Those questions were: “How has COVID-19 influenced the reported experience of motherhood?” and “What changes in motherwork have been made to accommodate the pandemic in relation to child care?”

The findings from this study reveal that mothers are experiencing a sense of “being everything” to their children and families. Motherwork causes there to be little available time for self-care activities and is isolating. Despite these negatives, the experience is also positive at the same time; full of love and empathy.

The COVID-19 pandemic continues to have consequences on motherwork in that it has changed child care policies, brought illness to the forefront of thought and worry, and changed employment. COVID-19 changed the conversation about how people engage in employment unlike other illnesses that cause thousands to be sick or experience death annually. Mothers will continue to have to navigate the child care system and illnesses even after the COVID-19 pandemic is declared endemic.

The strategies utilized to accommodate the pandemic in relation to child care are changes to employment, with a prioritization of work from home flexibility, risk budgeting (Wood & Kelly, 2021) for exposure to illness, and leaning on partners and other supports to cover child care. Since the pandemic came on suddenly, these strategies were devised as needed and adapted to the changing environment. Mothers continue to make changes in doing motherwork to adapt as the pandemic continues to change.

### **Chapter 5: Analysis and Synthesis**

The intention of this study was to investigate mothers' experiences with motherhood, child care, and the COVID-19 pandemic. A phenomenological study is exploratory in nature and not intended to result in quantifiable conclusions. Through examining interview transcriptions, meaning is made from the provided narratives that helps with comprehension of the experience for mothers. Gaining this understanding of the experience for mothers is significant for social workers as to inform advocacy efforts for improved support for mothers of young children.

As presented in Chapter 4, the key findings of this phenomenological study are that the experience of motherhood has been impacted both positively and negatively by COVID-19 and continues to be affected by other illnesses such as RSV and influenza. Mothers continue to adapt and shape strategies to cover child care when disruptions take place. The experience of motherhood in this season of the pandemic has included feelings of isolation, self-neglect, and frustration, as well as increased intentionality regarding connection, self-care, and healing.

## Discussion

### A Dialogue with Literature

The literature that was available for review (Chapter 2) highlighted the experiences of mothers during the early months of the COVID-19 pandemic when life moved into the home full time. The literature review revealed that mothers were reporting impacts on balancing paid and unpaid labor, mental health, and accessing quality child care outside the home. Little research was available about the experience mothers were having once lockdown orders ended and this study aimed to contribute to filling that gap in the literature.

### *Balancing Motherhood and Employment*

Balancing motherhood and employment may have been challenging for many mothers prior to the start of the pandemic, because of the affordability and availability of child care (Gillian et al., 2021; Jessen-Howard et al., 2020; Strassman, 2022a), the unique demands of motherhood (Bateman & Ross, 2021; Hochschild & Machung, 2012), and barriers to employment such as the “mommy track” or “maternal wall” (Hill et al., 2004; Williams, 2004).

It comes as no surprise those mothers interviewed shared experiences that echoed what was already published in the literature. Once lockdown ended, mothers continued to face challenges with finding affordable and available child care, balancing mothering responsibilities with their other roles, and maintaining or advancing in their chosen fields of employment.

In contrast, some mothers interviewed during the course of this study highlighted benefits to not having child care and how their changes to employment created better opportunities for them to complete their daily tasks. The benefits identified of not having child care were reduced illness from decreased exposure to other children and reduced costs of child care, as well as more time spent with the children and family. Those mothers reported enjoying



the time they are able to spend with their children, and decreased guilt for utilizing child care and “letting others raise our children.” For some mothers who transitioned to working from home, either full time or a hybrid schedule, reported the benefit of more time to complete motherwork tasks, resulting in better balance of paid and unpaid labor. The mothers who returned to work full time outside of the home reported challenges brought on by navigating the child care system such as having used most or all of their available PTO time to cover care while their child(ren) were having symptoms of illness and feelings of guilt for not being at work as scheduled.

The increase in guilt that mothers report having experienced when they perceive themselves as not accomplishing their paid employment tasks or conversely reporting feeling guilty for perceiving they are not completing their motherwork tasks is congruent with the literature. The findings saw that mothers were disclosing that working from home while trying to do motherwork made them feel “bad” and “guilty” because they were not engaged fully in either role. They reported feelings of “letting down” their coworkers and like they “were not doing enough” at work because their attention was divided between employment and child care. Research from the lockdown era discovered similar findings: that with the increased need to balance demands of employment life and motherwork, mothers report feeling increased feelings of failure in both roles (Calarco et al., 2020).

The mothers interviewed during the course of this study maintained gainful employment throughout the pandemic. The literature revealed that mothers were experiencing large shifts away from employment to cover child care (Bureau of Labor Statistics, 2022; Couch et al., 2022; Kim et al., 2022; Montes et al., 2021). It was not surprising that the mothers who were interviewed did not experience shifts away from employment during this time because they held

positions that allowed them to transition to work from home schedules and had partners that were able to assist with child care tasks.

### ***Mental Health and Mental Load***

A component of motherhood is the mental load, or unseen labor, of managing schedules, thinking, planning, and organizing family members (Dean et al, 2022). The findings of this study revealed, as part of “being everything,” that mothers are encountering different unseen labor as result of the pandemic. Examples of this unseen labor includes monitoring symptoms of illness, arranging alternative child care (with grandparents, aunts, uncles, or friends), and assessing risk of illness prior to engaging in social activities. The reports of mental load from the mothers interviewed is not surprising because it is an anticipated element of the motherhood experience.

The literature review revealed a societal pattern to mothering practices that is both intensive and demanding called “intensive mothering” (Hays, 1996). Motherwork of this type asks mothers to sacrifice their own needs and autonomy over their children’s needs and interests (Hays, 1996). The findings of this study support the concept of intensive mothering, with mothers reporting decreased ability to engage in self-care and being all consumed by their role as mother.

The COVID-19 lockdown period had negative consequences for mental health of mothers (Babore et al., 2021; Brown et al., 2020; Burns et al., 2022; Dawes et al., 2021; Kerr et al., 2021; Nienhuis & Lesser, 2020; O’Reilly, 2021a; Ruppanner et al., 2021; Saleem et al., 2022). This study revealed that after lockdown ended mothers continued to struggle with implementing self-care, an effective coping tool for managing mental health symptoms. Mothers are still experiencing struggles with navigating child care and completing motherwork,

so therefore it makes sense that they would continue to share that their experiences include increased reports of stress and decreased ability to engage in self-care. The experience of “being everything” while “being mom” left mothers reporting that their needs “were on the back burner” while the care of the children was prioritized. These findings are congruent with the literature and not surprising, but more research needs to be completed with specific mental health measurement tools before final conclusions about mental health are drawn.

### **Conclusion**

Overall, the findings from this study are consistent with literature that was reviewed early in the development of this research project. This research has confirmed what was already known about the experiences of mothers with balancing employment and motherhood, mental health, and intensive mothering. This study has extended knowledge in the field of social work and motherhood studies by describing a phenomenon as it continues in the time period of “the new normal” for mothers of young children, including the continued disruptions caused by other illnesses such as RSV and influenza. Emphasizing these findings in the social work field can improve the station of mothers who use child care outside the home, inform social work interventions, and inform employment policies that promote greater work-life balance.

It is important to remember that mothers (and families) face a variety of challenges while raising children because of systemic factors rather than individual choices or circumstances. This study sought to capture the motherhood experience through individual narrative. This study verified what previously published literature and anecdotal evidence tells about the motherhood experience as it happens in the systems that oppress women and families in the United States. It could be argued that this does not add new knowledge to the field of motherhood studies or to the social work field, but it does provide insight that the COVID-19

pandemic response did not cause drastic shifts for mothers in a positive direction either. This is to say that since the findings of this study are in agreement with what was already known about the motherhood experience, the COVID-19 pandemic response did not result in latent benefits for mothers other than possibly some increased flexibility to complete unpaid labor tasks if their employment transitioned to a full time work from home model.

### **Revising Conceptual Assumptions**

An essential element to phenomenological work is addressing and revising conceptual assumptions. The hermeneutic circle is the act of revising conceptual assumptions as more information is gathered (Peoples, 2020). Through this process, fore-conceptions and bias are identified to increase the validity of the study.

An assumption was made about the organization of families around adults in romantic relationships. It was not until reading an article by Sanner and Jensen (2021) that suggested structure of family is often conflated with household structure that it was considered that alternatives exist. The data from this study did not reveal obviously different organization of the family around adults and children, but there was a demographic survey question asking for information regarding family structure. The question asked “What is your family structure? (Please select all that apply).” The multiple choice question included responses (available in Appendix B) that were varied with intention of inclusivity of different family types- LGBTQA+, blended families, co-parenting families, etc. but the multiple choice options did not consider other ways the family may be organized outside the patrifocal standard. It is currently unseen as to how this research study contributes to the existing social fabric of “motherhood” and reinforces White, middle class, patrifocal ideals. To improve this question, it must include

others who engage in the care of a child who may not live within the household or are considered family, such as friends, neighbors, and fictive kin (Crosbie-Burnett & Lewis, 1993).

Another assumption that was revised during this research project was regarding families generally following the guidance of the CDC for mitigation efforts, such as masking, social distancing, following lockdown orders, etc. though it was not investigated as part of this research. The understanding about the general level of following the recommendations needed to be revised prior to going into the interview phase.

At the same time as the research project was being developed, the COVID-19 pandemic was transitioning from lockdown to “the new normal.” Confusion and frustration about contradictory policies and practices nurtured a blindness to positivity that could be reported about motherhood. Review of the literature also provided a similar negative tone. Going into interviews, this researcher still held the assumption that mothers would be reporting strong negative experiences of motherhood and not report on the positive aspects of it. Once the interview process started, it quickly became clear that the conceptual assumption around motherhood needed to be revised. By addressing this assumption the researcher was able to better focus listening and tune into the participant during interviews.

### **Limitations**

Limitations of this study included having a population sample with a reported annual income of over \$75,000 and married, living with their partner. Therefore, data is missing of the voice of mothers without partners and who have reported annual household incomes of less than \$75,000 a year. This study recruited participants through the use of Facebook, inviting mothers who are part of Facebook mother affinity groups. This limited the study to those who have internet access and a Facebook account. The literature review revealed that mothers are busy,

and that was confirmed by the mothers who volunteered to participate in this study and then missed their Zoom appointments because “they totally forgot” and “are just so busy.” This impacted the study in other ways, such as limiting the amount of interviews that could be completed with each participant to respect their time and schedules.

Regardless of these weaknesses, the study maintains its value to the field of social work and motherhood studies by exploring the experiences of mothers with child care during the “post-COVID” timeframe of the COVID-19 pandemic. Some of the mothers interviewed during the course of this research were consumers of social work services, which then provides social work practitioners perspective on their clients’ experiences.

## **Chapter 6: Conclusions and Recommendations**

### **Implications**

This research study is just one brick in the larger wall of motherhood studies. It is a starting point only and that is where its value lies. Using this brick, and the bricks created by others, a strong foundational understanding of the experiences and needs of mothers can be formulated. That foundational understanding will be pivotal in ending the erasure of mothers, creating policy, and addressing systemic weaknesses and neoliberal policies that prioritize women's economic participation over providing policies that support child care initiatives and programs.

The COVID-19 pandemic was reported to be influential on the role of motherhood. It was found that the pandemic was impactful during lockdown and continues to have lasting consequences on things like child care policies and employment. The presence of the COVID-19 virus in the community continues to affect how people are making decisions, but for those who are responsible for young children there is always another virus that is threatening to

disrupt daily functioning. RSV is a common illness that young people are susceptible to and in the Fall of 2022 has proven to be relevant to the experiences of mothers.

### **Efforts For Change**

Obtaining insight into mothers' experiences in child care can inform advocacy efforts for changes to programs and policies. Several national-level advocacy groups exist in the United States that lobby, raise awareness, and support mothers (and caregivers) in their caregiving roles. Some examples of these organizations include The Chamber of Mothers, National Alliance for Caregiving (NAC), MomsRising, and the National Partnership for Women and Families (NPWF).

The Chamber of Mothers is a 501(c)3 non-profit that promotes paid and family medical leave, maternal health, and childcare. The Chamber of Mothers is a volunteer-driven group with a mission of ensuring that mothers have a voice. From the Chamber of Mothers website: “Chamber of Mothers expertly champions the work of existing advocacy groups; educates mothers about the personal impact of politics; and encourages women to use their voices, dollars, and power to hold lawmakers accountable for the nexus of failed or nonexistent support systems for mothers.” The Chamber of Mothers was founded by mothers with strong social media following in their respective areas; such as a maternal rights attorney, social impact executive, gender equity expert, and psychiatrist specializing in maternal mental health (Mills, 2021).

A National Association for Caregiving was founded in 1996 to support and advocate for caregivers of older Americans, and has expanded to service caregivers of children as well. NAC not only advocates for policies that are supportive of caregivers, but also provides training, supports research, and works to promote health and wellness for caregivers. An example of

legislation that NAC supports is the FAMILY Act (May, 2022), which creates Paid Family and Medical Leave insurance within the Social Security Administration, to provide monetary benefit to those who are recovering from pregnancy, childbirth, and bonding with a new child (117<sup>th</sup> Congress, 2021).

MomsRising is a grassroots organization that focuses on a variety of issues that impact mothers, women, and families. From the MomsRising website: “We are a transformative on-the-ground and online multicultural organization of more than a million members and over a hundred aligned organizations working to increase family economic security, to end discrimination against women and mothers, and to build a nation where both businesses and families can thrive.” Some examples of the campaign topics listed on their website as being currently involved with are: gun safety, workplace justice, maternal health justice, youth and family justice, and early care and education. MomsRising advocates were involved in advocacy efforts for the recent passage of the Inflation Reduction Act of 2022, The Pregnant Workers Fairness Act (PWFA), and increased funding for childhood nutrition initiatives (Karvetski, 2023).

The National Partnership for Women and Families (NPWF) is another example of a national organization advocating for mothers. The NPWF has been around for more than 50 years and is cited on their website as having been involved in the passage of The Civil Rights Act, The Affordable Care Act, and The Family and Medical Leave Act. According to the NPWF website, they work closely with Congressional leaders to advocate for change for many of the issues that women, mothers, and families face, including economic justice, equal pay, pregnancy discrimination, reproductive rights, health justice, structural racism, and universal health coverage.



National organizations such as these will be able to utilize this research as it supports what these organizations already know and what they are saying: mothers (and families) are struggling. With research available to corroborate their efforts, these organizations can continue to lobby and advocate for the needs of mothers. This research will also support the efforts of these national organizations by adding to the conversation around mothering, motherhood, and child care in other spaces where it may not have existed before. Examples of these spaces include national conferences and the sphere of influence of the researcher. As this research project continues, others will be invited to join the conversation about motherhood, child care, and solutions to the problems being experienced.

At the local level, it appears that many state legislatures are passing bills that support universal pre-k programs, better pay and support for teachers, improved working conditions for pregnant people, and increased accessibility and equity in paid leave programs (National Women's Law Center, 2022). In Pennsylvania (local to the researcher), a "universal pre-k" program called Pre-K Counts, is already available to 3-5 year olds of families earning up to 300% of the federal income poverty level or experiencing a special need (Department of Education, n.d.). Pennsylvania also provides financial assistance to those who qualify to supplement the cost of Head Start programming (Department of Education, n.d.). These programs saw an increase in state financial support, benefiting from a \$79 million dollar budget increase during the 2022-2023 budget season (Pre-K For PA, 2022).

The findings from this study support that families from all income levels would benefit from increased access and affordability of child care. When mothers are able to utilize child care, economic justice initiatives benefit by increasing job opportunities and participation in the

labor market, and mental health initiatives will benefit by reducing the burden of those families without a village to help support with child care.

Opponents to these initiatives may argue against tax increases, share concerns around the “indoctrination” of children through more “liberal” public education, and say that children need more time with their families instead of in formal care/education settings. These arguments are not fully supported by research (Meloy et al., 2019). The return on investment for child care programs has been found to be around 13% per dollar spent, and benefits could include crime prevention, poverty alleviation, health benefits, and life quality improvements (García et al., 2020; Sullivan, 2021). On the contrary, there is new evidence being published that suggests that universal pre-k programs are detrimental for academic success (Durkin et al., 2022) and have negative behavioral consequences (Lipsey et al., 2018). Although these findings could be leveraged against support for pre-k programs that are available to all children, the studies did not review outcomes over the entire lifespan and only used formalized test scores as a measure of academic achievement (Durkin et al., 2022; Lipsey et al., 2018).

Universal pre-k programming is only one strategy for providing mothers, children, and families support. This research also helps to support advocacy efforts for other programs, such as paid maternal leave and universal health care. Paid leave programs support parents with bonding with their children and are associated with increased positive mental health outcomes, physical health outcomes, and family stability (Abrams, 2022). Universal health care would provide access to health care regardless of employment status. Not relying on an employer or having to maintain full time status for health care benefits could in turn provide mothers with increased choice regarding their employment status and availability for mothering. Mothers'

voices are central to unraveling the tangled knot of policy and systemic shortcomings that affect mothers, children, and families.

### **Recommendations for Change**

The goals of this research study were to inform social work practice with mothers and to inform social work leadership practice for those who employ mothers. The population of study for this research project was specifically mothers, so recommendations are made using that language, maybe applicable to other caregivers as well. The following are the recommendations for both social work practice and leadership:

- **Social Work Practice:** The first recommendation for social work practice is continued education for social work practitioners regarding the challenges that mothers (and families) experience when raising children in the current socio-political environment. These training sessions should include education and exercises that encourage social workers to identify the power dynamics between themselves and mothers, and how these power dynamics impact the relationship and explore if these power dynamics are helping to mold and define motherhood practices.
  - The second recommendation for social work practitioners is to be mindful of the ask being made to mothers. It was confirmed through this study that mothers are busy and continue to carry a considerable mental load. This mindfulness in practice could look like maintaining scheduled appointments, starting and ending appointments on time, providing reminders of appointments, utilizing written reminders of to-do items or of things that need remembering. Assessing available capacity to follow through with action items and keeping goals realistic and attainable is also recommended.

- The third recommendation for social work practitioners in accordance with what has been learned from this research is to have flexibility, when able, with the modality of meetings. For example, having the ability to switch from an in-person session to a virtual meeting, if needed, may offer some mothers greater access to the services being offered.
- Social Work Leadership: The policies and practices that contribute to the on-going culture that perpetuates the challenges that mothers experience must be addressed to improve the work-life balance for mothers. Short term solutions may be individualized per each employee and consider unique circumstances, but long term solutions to overcome these challenges will need to be implemented at the policy level. It is understood that completing a full audit of current policies, suggesting and making changes is a time consuming and laborious process. Solutions for mothers may be found simply by asking those who care for children what their needs are. It may be advantageous to remember that those who provide care for young children may need unanticipated time off work, especially during heightened times of illness, such as the winter, and repetitive absences may not be indicative of lack of loyalty to the job or an unwillingness to carry out their employee responsibilities. Providing flexibility and understanding may help to support those who are navigating the “being everything” of motherhood and being an employee.
  - Priority should be given to policies governing the use and accrual of PTO, sick time, family sick time, etc. Ensuring that people who engage in the care of children have enough paid time off during the year to provide care for their children, as well as still have the ability to take time away from work for their

own medical and personal needs is paramount. Priority should also be given to auditing work from home policies where applicable. Of the mothers who participated in this study, the ones who had the flexibility to work from home when needed or to change their work schedules when needed reported a better ability to navigate employment when there were disruptions to child care.

Another goal of this research study was to inform advocacy efforts that address the systemic and structural issues that impact mothers and those who provide care to children. As explored in the section above, there are many examples of national-level organizations that are advocating for the rights of mothers and caregivers. The following are the recommendations for advocacy developed utilizing the information from this research study:

- Recommendation One: Both the literature review and the findings of this study demonstrate that families struggle with accessing affordable child care. Without the support of formal child care settings, mothers have reported struggles with navigating their multiple roles and challenges to completing both paid and unpaid responsibilities. A priority should be placed on advocating for policies that support sustainability and improve the child care infrastructure in the United States to increase access and affordability.
- Recommendation Two: The findings of this study support continued advocacy efforts for alternative solutions to neoliberal policies that prioritize a mother's economic participation over the care of children. Examples of these policies include but are not limited to paid leave for parents to care for children, health care coverage that is not dependent on maintaining full time employment, and policies that provide financial support for unpaid labor tasks and responsibilities. This research project supports these

advocacy efforts by verifying the continued struggles that mothers face in providing care for young children in the current capitalistic environment.

### **Value of Study Despite Limits**

The findings of this study deepen the understanding of the motherhood experience for those with young children and who use child care. The use of the feminist hermeneutic phenomenological approach has allowed this study to use the words of mothers to explore what is happening during this stage of the pandemic. These findings contribute to the field of social work and motherhood studies by acknowledging and honoring mothers and their experiences, calling social workers to consciously consider the complexities of motherhood and motherwork, and provide essential insight to advance advocacy efforts. This project was small in scale, but has produced meaningful discoveries about the state of motherhood currently.

Even with the identified shortcomings, this research continues to be valuable to the fields of social work and motherhood studies. By gaining insight into the experiences of mothers who utilize child care, advocacy efforts for changes to programs, policies, and interventions can be informed. Some examples of these efforts are paid maternal leave, universal pre-k programming, universal health care, and increased awareness of the struggles mothers are facing. Some of the mothers who volunteered to be part of this study disclosed that they are formally connected to social workers through therapeutic services or to support their children with developmental or mental health needs. This phenomenon is being experienced by individuals who are served by social workers. The findings of this study can be applied immediately to improve the work social workers do with mothers of young children.

This study lacks the voice of single mothers, those who have an annual household income of under \$75,000, and those outside the age bracket of 25-44. In this research, mothers

detailed their experiences navigating the dual roles of employee and mother as well as the advantages and disadvantages of utilizing child care in the "post-COVID" age. This knowledge can be used to help advance advocacy efforts for changes to the child care system, including but not limited to increased pay and benefits for teachers, government supported universal child care and pre-k programs, paid maternity/paternity leave, extended child tax credits, and work schedule policies that acknowledge work life balance and child care.

### **Recommendations for Future Research**

This research did not collect racial or ethnic identity data from participants. This was done intentionally to avoid drawing false conclusions or correlations (Zuberi & Bonilla-Silva, 2008). Two of the mothers spoke of the experiences as being a mother and not-White. It was welcomed as part of the interview discussion to gain better understanding of their lifeworld and experience, but that intersection of their identity was not explored in depth for this particular study. It is recommended that future research centers the lens of identity in a way that honors mothers' multiple identities and their intersections.

It was discovered during the literature review that recent research confirmed there is a positive relationship between a mother's mental health symptoms and their children's mental health symptoms (Coles & Cage, 2022). It has been suggested by Ross (2016) that science has created the idea of a "good mother" by defining the part that mothers play in ensuring the development of healthy infants, children, and adults. By justifying studying mothers' mental health with the outcomes of her children, the potential to continue to reinforce that the development of people is largely the responsibility of the mother exists. Future research should carefully consider other variables that also influence mental health and developmental

outcomes, as well as find space to study maternal mental health without defining it by her children.

This study only looked at mothers and their experiences. This was intentional through the use of the matricentric feminist framework, but in order to gain a deeper and more holistic understanding of the motherhood experience and the experience of raising children, it would benefit the field to design a study that collects experiences from both the mother and her partner. The perspective from the other parent in the household may provide insight into the experiences and into the structures that influence those experiences. If time and resources would allow, interviewing people outside of the home that support in child care, such as grandparents, aunts, uncles, or family friends, would also help to provide insight into how others understand “being mom” and the mothers’ place within these other relationships. This would address gaps in the literature that may exist in the field of parenting practices and would help continue the mission of this research to improve social work interventions for mothers and to improve work life balance for working mothers and parents.

Along those same lines, to build off this study, it would be recommended to interview the fathers separately from the mothers to ask about their experiences with fatherhood during the post COVID-19 time period, what their experience has been with navigating child care, and if COVID-19 has impacted their experience of fatherhood. Findings from that study may be beneficial in supporting mothers to heal from their experiences during lockdown and beyond, with isolation, and any weight that is carried by “being everything.”

A recommendation for future research and action, from a leadership perspective, would be to evaluate company policies and practices and obtain feedback from mothers and families.



Once that data is available, using it to create an action plan that addresses policies that contribute to the systemic oppression of caregivers.

Finally, this research did not involve stakeholders. In order to truly benefit the population it aims to serve, the study should involve members from the community and other stakeholders throughout the process. The strength of the study would benefit from member checking and increased participatory action (research) strategies. Matricentric feminism is rooted in social justice, and not including mothers in the development of the study and having not engaged the mothering community in a meaningful way has created a gap in this data that could be addressed in future research designs.

### **A Note About Care As Work**

This study sought to explore a number of issues that are complexly tied to larger constructs such as capitalism, economics, neoliberalism, positivism, and patriarchy. As the research process unfolded, and more discovery was made regarding the intricacies of these concepts, it became apparent that deeper reflection regarding the concepts of motherwork, carework, and the care of children would need to take place and will continue beyond this study.

According to some feminist ideologies, caring for others is equivocated to labor, whether it be paid or unpaid. The scope of this study was oriented with focus on both the unpaid labor that mothers engage in to care for their own children in combination with paid labor positions. The study did not attempt to explore intricacies of paid (child) care roles, such as the experiences of nannies or pre-school teachers. In the United States, with its history of white supremacy, capitalism, and patriarchy, care for children has had many different arrangements. With such involved history, it is a critique of this study that the concept of motherwork may

have been oversimplified or used in a way that minimized the philosophical, historical, and political foundations of the concept.

A different word that is sometimes used instead of “motherwork” to describe the acts of caring for others is “carework.” The definition of carework is more generalized and encompasses all paid or unpaid tasks that provide care to others, including children, the elderly, those who have disabilities, and more. It is not specified who engages in carework and is not defined by the relationship between the caregiver and the one receiving care. Although, in skimming examples of articles that use this word, it is noted that carework is associated with women (for example: England, 2005; Lokot & Bhatia, 2020). Skimming the results of a Google Scholar inquiries for “carework” and “care work” (it has been observed being spelled both ways) also leaves the impression that this word is used largely outside of the United States.

The decision to use the word “motherwork” was informed by the matricentric feminism model that this study was built with. The term “motherwork” is found throughout O’Reilly’s (2021b) work. Working backwards from there, the origins of the term “motherwork” were explored. A review of Collin’s (1994) writing provided a deeper insight into the meaning of the word, and its use, beyond the superficial understanding: “the work mothers do to mother.” Motherwork, as outlined in Chapter 1, involves economic, social, personal, and political factors (Collins, 1994). This word, unlike “carework,” is also defined by the relationship between the one providing care and the one cared for. For this research specifically, the relationship was important because it changes the boundaries of that role. Motherwork is carework, but carework is not always motherwork.

### **Conclusions**

The experiences that mothers shared about motherhood, navigating the child care system, and the changes to motherwork to accommodate the pandemic in relation to child care has highlighted the need for innovative ways to address the challenges that mothers face in engaging in motherwork. Mothers face a range of difficulties because of systemic barriers, which can be solved in a number of ways. Creative solutions could be established across the different levels, such as via policy or through one-on-one interactions with mothers.

Matricentric feminism provided a framework that indicated that those who do motherwork experience complex intersections of their identities and circumstances. In addition, ecosystem theory enabled an understanding of how mothers and their families are influenced by different environments made up of both institutions and social factors. Using these frameworks to develop future research and guide the formation of actionable goals towards solutions is recommended.

The findings of this research support that mothers continue to struggle with balancing employment and motherwork, navigating child care, and the mental health effects of isolation and stress. The pandemic has made some of these struggles more visible to others who may have seen mothers juggling work and motherhood during virtual meetings when they work from home with their children present. The findings of this study will continue to benefit both the fields of social work and motherhood studies as it presents a view into the phenomenon of motherhood during this season of the COVID-19 pandemic.

The fields of social work and motherhood studies will benefit from this research and its application in real time. It will also benefit from using this research to build future research from. This research is only a starting point to understand how the COVID-19 pandemic has

influenced motherhood and child care. This research provided mothers who volunteered to participate the opportunity to share their experiences. The design of the study has excluded a group of mothers who do not have a Facebook account or access to the required resources, such as internet access, computer access, or literacy, however social workers and researchers can still utilize the information gained and are encouraged to build future research from it.

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Appendix A

Call For Volunteers Flyer

**“WITHOUT A VILLAGE: MOTHERHOOD, CHILD CARE, AND COVID-19”**

**SEEKING VOLUNTEERS FOR A RESEARCH STUDY**

EXPLORING THE EXPERIENCES OF MOTHERS WITH YOUNG CHILDREN (BEFORE SCHOOL AGE) ACCESSING AND USING CHILD CARE DURING THE COVID-19 PANDEMIC.

**ARE YOU A MOTHER OVER THE AGE OF 18 WHO HAS AT LEAST ONE CHILD WHO HAS NOT YET STARTED SCHOOL AND HAS EXPERIENCE WITH UTILIZING CHILD CARE?**

**PARTICIPATION INVOLVES COMPLETING A SURVEY + ENGAGING IN A ONE HOUR INTERVIEW VIA ZOOM FOLLOW UP EMAIL**

**HOW GO TO [THIS LINK](#) FOR MORE INFORMATION**

**POTENTIAL BENEFITS HELP RESEARCHERS GAIN UNDERSTANDING TO THE EXPERIENCE OF MOTHERS DURING COVID-19 WITH ACCESSING AND UTILIZING CHILD CARE**

**FOR MORE INFORMATION PLEASE CONTACT BAILEY HIGGINS AT [BHIGG116@LIVE.KUTZTOWN.EDU](mailto:BHIGG116@LIVE.KUTZTOWN.EDU) KUTZTOWN UNIVERSITY OF PENNSYLVANIA, SOCIAL WORK DEPARTMENT**

This research has been approved by the Kutztown University IRB – approval #02102022.

**DISSERTATION RESEARCH IN THE PURSUIT OF A DOCTOR OF SOCIAL WORK DEGREE**

**PERMISSION FOR THIS STUDY GRANTED BY**

**KUTZTOWN UNIVERSITY IRB + ADMINS OF THE GROUP**

**QR CODE FOR MORE INFORMATION AND TO SIGN UP**



## Appendix B

### Google Form Content

# Without A Village: Motherhood, Child Care, and COVID-19

Thank you for showing interest in the "Without a Village: Motherhood, Child Care, and COVID-19" research study. The following information outlines the expectations, risks, benefits, and other information about the study. Please read it carefully and if you have any questions please reach out to Bailey Higgins at [bhigg116@live.kutztown.edu](mailto:bhigg116@live.kutztown.edu).

Consent to engage in the research study must be provided prior to participation.

#### **To participate you must:**

- be over the age of 18
- identify as a mother
- have children in your care who have not yet reached school age (preschool or younger)
- utilize child care services such as day care, babysitters, nannies, or family supports

#### **Participation includes:**

- reading this consent form and providing consent, about 10 minutes
- completing a brief survey, about 10 minutes
- provide an email address where the researcher can contact you, less than 1 minute
- completing a recorded interview via Zoom, about one hour
- responding to one follow up email (you may opt out of this step), about 15 minutes

The interview will be scheduled for one hour and you will have the option to opt out of utilizing the video ("muting your camera") or to call in using a cell or telephone. The Zoom call will be recorded for the purposes of transcribing and available for your viewing by request. Otter.ai will be utilized to transcribe the Zoom audio. At the conclusion of the research project, the recorded videos will be destroyed.

## Informed Consent

### **Purpose of the research**

The purpose of the research is to gain understanding of the experience of mothers with young children (before school age) accessing and using child care during the COVID-19 pandemic.

### **Voluntary Participation**

Your participation in this research is entirely voluntary. It is your choice whether to participate or not. If you choose not to participate, there will be no consequence. You may change your mind later and stop participating, even if you agreed earlier.

I am asking you to share personal and confidential information, and you may feel uncomfortable sharing about some of the topics. You do not have to answer any questions or take part in the survey or interview if you do not wish to do so. You do not have to provide a reason for not answering any question.

### **Mandated Reporting**

As a licensed social worker and researcher, I am mandated by law to report reasonable suspicions of abuse or neglect to the appropriate authorities.

This could include information about known or reasonably suspected incidents of abuse or neglect of a child including physical, sexual, emotional, and financial abuse or neglect. If the researcher has or is given such information, a report may be generated in accordance to applicable state laws.



**Risks**

Interview questions may cause thoughts or feelings that are distressing or uncomfortable. If this is to happen at any point during or after the interview, the researcher can support you in locating and accessing the appropriate resources to support your wellness. For more information about locating and accessing resources or to schedule a time to meet with the researcher for wellness support please reach out to Bailey Higgins at bhigg116@live.kutztown.edu

This Google Form is protected by a two factor authentication process and only the researcher will have access to submitted surveys. With all online data sharing there is a risk that the account could be hacked and information leaked.

**Benefits**

There will be no direct benefit to you, but your participation is likely to help us find out more about how the COVID-19 pandemic impacted motherhood and child care services.

**Reimbursements**

You will not be provided any monetary incentive to take part in the research.

**Confidentiality**

The research being done is for the purpose of a dissertation project. The information that is collected from this research project will be kept private. Any identifying information about you will not be included in the results to the best of the researcher's ability. Results will be presented publicly in both written and presentation formats at the end of the research period, therefore it is possible that attendees may be able to identify who the participant was regardless of measures taken to prevent identification. The names of participants will not be used.

**Sharing the Results**

Nothing that you share will be attributed to you by name. The information that you provide will be analyzed and direct quotes may be utilized as evidence to a point.

**Saving Data**

The survey is being completed utilizing Google Forms. Survey data is only accessible to the researcher and data is protected via a two factor authentication system. Once the survey collection period ends, the data will be exported to an Excel file and removed from Google Forms. The Excel file will be saved on the computer of the researcher. The electronic files will be destroyed after the conclusion of the research project.

Recordings of Zoom sessions and transcriptions of the interviews will be saved on the researcher's computer in a password protected file. These files will be saved for up to five years after the conclusion of this research project. Software will be utilized to destroy the electronic files appropriately.

**Right to Refuse or Withdraw**

You do not have to take part in this research if you do not wish to do so, and choosing to participate will not affect your child care in any way. To end participation at any time, close the browser to exit the survey. Your responses will not be collected unless you submit them via the "submit" button.

You have the right to withdraw from participation in the research study at any time. You have the right to skip any questions which you do not want to answer or stop your participation altogether. If you wish to have any recorded answers removed from the research data, please email Bailey Higgins at [bhigg116@live.kutztown.edu](mailto:bhigg116@live.kutztown.edu).

The next section of the survey was who to contact. This has been removed from the preview of the survey as to not share the researcher or others' contact information.

By providing consent to participate in the study, you agree to the following:

I have been invited to participate in research about COVID-19, child care, and motherhood.

I have been provided information regarding the risks, benefits, and what is required by participating in the survey and interview process.

I can stop participating in the research at any time without consequence, nor am I required to answer any question that I am uncomfortable answering.

This consent form has been provided to me prior to engagement in the survey and interview process.

I am 18 years of age or older and voluntarily consent to participate in this study. \*

Yes

No

### Demographic Information

The following questions will provide the researcher information about you and the children you care for.

How old are you?

- 18-24
- 25-34
- 35-44
- 45-55
- 55+

Including yourself, how many people live in your household?

- 1
- 2
- 3
- 4
- 5 or more

How many people under the age of 18 live in your household?

- 0
- 1
- 2
- 3
- 4
- 5+

How many children in your household have not yet reached school age? (preschool or younger)

- 0
- 1
- 2
- 3
- 4
- 5+

Do the children live with you full time?

Yes

No

Other: \_\_\_\_\_

How old are children who have not yet reached school age? (Please select all that apply)

0-1 years old

1-2 years old

2-3 years old

3-4 years old

4-5 years old

5-6 years old

Other: \_\_\_\_\_

How do you identify your relationship to the child (or children) who have not yet reached school age?

- Mother
- Father
- Step parent or Partner of the biological parent
- Grandparent
- Sibling of Parent (example: Aunt, Uncle, etc.)
- Primary caregiver, no relation
- Legal Guardian
- Other: \_\_\_\_\_

What is your family structure? (Please select all that apply)

- Single parent, never married or divorced
- Single parent, widowed
- Unmarried biological parents
- Married biological parents
- Biological parent and their partner (example: mom and step-dad)
- Blended family: biological children of one parent and the biological children of both parents in the household; "yours, mine, and ours"
- Non-parent relatives as guardians
- Foster parents/legal guardians
- Adoptive parents
- LGBTQ+ Parents

What is your annual household income?

- \$0-\$24,999
- \$25,000-\$49,999
- \$50,000-\$74,999
- \$75,000-\$99,999
- \$100,000-\$124,999
- \$125,000 or more

What is your employment status?

- I work a full time schedule.
- I work a part time schedule.
- I work, but I do not have a set schedule. (Includes self-employment, gig work, direct marketing, Etsy or other online markets, Uber/Lyft driver, etc.)
- I currently do not work.
- Prefer not to answer
- Other: \_\_\_\_\_

Is your employment status impacted by any of the following? (Please select all that apply)

- I am a caregiver to someone other than my children.
- I am taking care of personal health or attending health related appointments.
- I am a student
- Other: \_\_\_\_\_



Is your employment status impacted by any of the following? (Please select all that apply)

- I am a caregiver to someone other than my children.
- I am taking care of personal health or attending health related appointments.
- I am a student
- Other: \_\_\_\_\_

Has your employment status changed within the last year to accommodate child care?

- Yes
- No
- Maybe
- Other: \_\_\_\_\_

Briefly describe the type(s) of child care you utilize: (examples include day care, in home day care, baby sitter, grandparents, family supports, nanny, etc.)

Your answer  
\_\_\_\_\_

How often per week does your child (or children) utilize child care services?

- One day a week
- Two days a week
- Three days a week
- Four days a week
- Five days a week
- More than 5 days a week
- Never
- Varies for each child who has not yet reached school age
- Other: \_\_\_\_\_

If it differs for each child, please explain:

Your answer \_\_\_\_\_

What is your reason for utilizing child care services? (Please select all that apply)

- To cover child care during employment hours
- To socialize children
- The children attend for educational purposes
- To cover child care when I complete other tasks (not related to employment)
- Other: \_\_\_\_\_

### Contact Information and Scheduling

Please provide an email address where you can be reached. You will receive more information to the email provided including a confirmation of your scheduled interview and the Zoom information for the interview.

What is the best email to reach you? \*

Your answer

Please select a time to participate in the interview. You will receive an email with the Zoom information and confirmation of time and date. (EST GMT-5) \*

Choose

Thank you!

Thank you for your interest in this research project. You will be contacted with more information at the email you provided. If you have any questions, concerns, or need to change your appointment please contact Bailey Higgins at [bhigg116@live.kutztown.edu](mailto:bhigg116@live.kutztown.edu).

## **Appendix C**

### **Interview Guide**

#### **Provide Introduction**

“I am a doctor of social work student researching how COVID-19 has influenced motherhood and child care as my dissertation project. I will be asking questions about your experiences with child care during the COVID-19 pandemic, life changes you’ve needed to make to accommodate child care during this time, and questions about motherhood. The purpose of this interview is not to assess your mothering abilities, nor is this interview in any way a measurement tool for attitudes around mothering or parenting.

The interview is organized where we start off gathering some base information- what types of child care services do you utilize, how many times a week, and why, then move into questions about what “motherhood” means to you. I know that different people define and do motherhood in different ways, so we will talk about that too, and what language you use. Speaking of language- when I say “child care” I am talking about any care that you use that isn’t the primary caretakers. Sometimes I will say “child care outside of the home,” but I also understand that sometimes this type of care is inside the home- so it is less about physical location and more about having someone watch the kids who isn’t one of the primary caregivers.

After that, we will move into your experiences of being a mother during COVID-19, and then finally we will move to questions regarding your experiences with child care, COVID-19, and motherhood. I would really like to stress that in no way am I evaluating your performance or looking to make a judgment regarding your personal style- I understand that in any situation there are many variables, and we will not be able to discuss all of them in the time we have together. I say this to encourage you to be honest.

Please remember, you also maintain the right at any time to skip a question or stop participating altogether. This session is being recorded and I will be transcribing it so I can review the data. It will be saved on this computer and my faculty supports may request to see the data. I will do my best to change any identifying information about you- especially name and other details that may lead people to know it was you who participated in this study.

I do have to let you know that as a social work researcher I am a mandated reporter, which means that if you disclose child abuse or neglect I will need to report it. Most of the time, I'll discuss this with you first, but if this report presents a safety risk to yourself, children, or myself, I cannot disclose it."

### **Review Purpose of the Study**

"The purpose of this study is to explore what the experience has been for mothers navigating child care since COVID-19. If the answer is simply that you "haven't had any changes" or that "COVID-19 hasn't influenced anything" I appreciate your honesty, and hope that you will still complete the interview so that we can explore some of your thoughts and experiences."

### **Disclosure of Results**

"This is my dissertation project, so results will be presented during a defense presentation and I will be writing up a paper that will be shared publicly via the Kutztown Library. I will do whatever I can to de-personalize the information and keep things vague so that others cannot identify you. I will be recording it, transcribing it, and uploading it to Nvivo, the software used for data analysis. Nvivo is not internet or cloud based, so it will be saved directly to the computer. I will need to maintain a record of this, including the data, for at least 5 years after the conclusion of the study."

### **Review of Consent**

“You have been selected to take part in this research because your experience as a mother can contribute to the understanding of the effects of the COVID-19 pandemic on child care and motherhood. Your participation in this research is entirely voluntary. It is your choice whether to participate or not. If you choose not to participate, there will be no consequence. You may change your mind later and stop participating, even if you agreed earlier or answered any questions. If you want to end the interview at any time, just let me know and we will conclude this interview. By continuing in this research study you acknowledge that you have been provided information about the research process and the opportunity to ask any questions you may have. You agree that you are participating freely and have not been coerced.”

### **Questions Guide**

- 1.) Can you describe what it means to you to “be mom?”
  - a.) self care?
- 2.) How has COVID-19 influenced the role/impacted the experience for you?
- 3.) Can you share with me what it has been like for you to be a mother during the COVID-19 pandemic? (What has it been like for you in using...)
  - a.) after lockdown?
  - b.) partner’s responsibilities?
- 4.) Can you please share any strategies you have taken to accommodate changes in child care, if any?
- 5.) Has the COVID-19 pandemic changed the duties of “being mom” for you?
- 6.) Is there anything else you would like to share with me about your experience?

**Appendix D****List of Keywords**

day care, care	fever
pandemic	mentally
child	juggle
child care	doctor
mothers	normal
kids	friends
experiences	masks
people	anxious
questions	work
participate/ing	husband
mom	babysitter
motherhood	quarantine
home	feel
RSV	women
sick	pay
youngest	issues
hard	job
effects	
impacted	

**Appendix E****Codebook**

<b>Name</b>	<b>Description</b>
Child Care	care provided to children
Gov't Supported Programs	programs utilized by families that are funded by the gov't or subsidized; mention of the need for gov't funded programs
Mom Primary Parent	taking care of the children when day care isn't available because of illness, quarantine, etc; the kids are out sick or a day off.
Supportive Partners and Bosses	mentions of navigating child care because of the support others, specifically the help of the partner (dad) or a supportive boss that is flexible with scheduling and WFH
Using Others	having others available to assist with child care; i.e., grandparents, friends, aunts/uncles. those who are not a day care center
COVID-19 Impacts	consequences of COVID-19
Changes to Employment	strategies taken by parents or by employers to mitigate risk, accommodate child care, etc.



Day Care Closures	outside of lockdown experiences; when daycare (child care) is unavailable, disruptions to services, or the child is ill and unable to attend child care
Other Illnesses	other illnesses that are consequential to child care that are not COVID-19
Flu	influenza
RSV	
Work From Home	working from home references
Dads	information provided about Dads; their role in the family, responsibilities, child care activities
Lockdown Experiences	experiences during lockdown- early 2020 to fall 2020
Motherhood	definitions of what it means to "be mom"
Being Everything	As part of the definition of Mom- having most or all of the responsibilities, being consumed by the role, giving it 100%, etc.; "being everything" within motherhood
Self Care	Mom's self care strategies or activities
Isolation	being alone, avoiding others, not having the ability to be with others

Mental Load	unseen labor of motherhood, remembering, planning, etc. mental activities
Part of A Unit	mentions of how being Mom fits into the whole of the family unit

**Appendix F**  
**IRB Approval Letter**



**INSTITUTIONAL REVIEW BOARD**  
110 Old Main, PO Box 730, Kutztown, PA 19530  
(484)-646-4167

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DATE: November 2, 2022

TO: Bailey Higgins, DSW Program  
Dr. Sharon Lyter, Department of Social Work

FROM: *JW* Jeffrey Werner, Chairperson  
Institutional Review Board

STUDY TITLE: Without a Village: Motherhood, Child Care and COVID-19

IRB NUMBER: IRB02102022

SUBMISSION TYPE: Initial Application

REVIEW TYPE: Expedited

EXPEDITED CATEGORY: 7

ACTION: Approved

APPROVAL DATE: November 2, 2022

The Kutztown University IRB has approved the initial application for your research study. Your research study has been assigned the IRB Number IRB02102022. This number must be referred to in any future communications with the IRB.

In addition, the following language must be added to the consent form, "This research has been approved by the Kutztown University IRB – approval #02102022."

This research approved as Expedited will have no expiration date. However, any revisions/changes to the research protocol affecting human subjects may affect the original determination therefore must be submitted for review and subsequent determination.

Research must be conducted in accordance with this approved submission. You must seek approval from the IRB for changes and ensure that such changes will not be initiated without IRB review and approval, except when necessary to eliminate apparent immediate hazards to the subjects. You must submit the Application for Revisions / Changes form to the IRB, prior to making changes.

It is your responsibility to report all adverse events / unanticipated problems to the IRB. You must report adverse events that are unanticipated, regardless of seriousness, or report events that are more serious or more frequent than expected.

Records relating to the approved research (e.g., consent forms), must be retained for at least (3) three years after completion of the research. Refer to the IRB procedures regarding records.

Please go the IRB's website to review procedures and to obtain forms as needed. If you have any questions, please contact the IRB at 484-646-4167.