

## **Parenthood in a Crisis 2.0**

### **Motherhood in the Tension Between Homeschooling and Home Office: A Comparison**

#### **After 1 Year of the Pandemic**

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#### **Abstract**

The contact restrictions and closures of schools and childcare facilities in Germany in the course of the Covid 19 pandemic have presented families and parents with new challenges that have been accompanied by different (health) burdens and reinforce already existing gender differences in the division of tasks in families, especially with regard to care work. Women and mothers show themselves to be more burdened in the various dimensions of health in the course of the pandemic than men and fathers. In particular, the psychosocial dimensions of subjective health, especially the general experience of strain, stress, exhaustion and anxiety, increased again among women and mothers in the second lockdown. Reasons can be seen in a reinforcement of the unequal distribution of care work that already existed before the pandemic, as well as in a stronger mental load among women and mothers.

*Keywords:* pandemic, mental load, motherhood, subjective health, gender inequality

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## **Parenthood in a crisis 2.0**

### **Motherhood in the tension between homeschooling and home office- a comparison after one year of the pandemic**

The first lockdown in Germany was decided in mid-March 2020 and lasted for around seven weeks. After the first lockdown and the first Covid 19 wave, people in Germany were initially able to look forward to a comparatively quiet summer in 2020. However, this joy was shattered by the rising numbers in the fall of 2020. The rapidly rising case numbers of the second Corona wave resulted in a renewed lockdown, which was initiated in stages in November and was initially scheduled to last until January and later until the end of March 2021. However, infection numbers rose again in the spring of 2021. The onset of the third wave of the pandemic led to a renewed lockdown decision by the German government and extended the lockdown until May 2021. In mid-May, people in Germany were thus looking back on a period of a good six months of lockdown with contact restrictions and curfews, as well as mostly closed childcare facilities, schools, and recreational activities.

More than a year has passed since the first lockdown in Germany in March 2020. The societal challenges and consequences of the pandemic at the global, as well as at the national level, have continued to be discussed in many ways since then, so in this paper we would like to take a look - using a longitudinal comparison of empirical data - at the developments that more than a year of pandemic has brought.

In Germany, gendered role models and the possibility of a retraditionalization of gender images have been discussed since the outbreak of the Covid 19 pandemic (see IAB 2020; Allmendinger 2020; Blom et al. 2020; et al.), as well as the pandemic as a "deprivation of realization opportunities" (Güney-Frahm 2021). In this context, issues of equity in the distribution of care work (keyword: mental load) in heterosexual nuclear families and the particular burden of homeschooling and other pandemic-related changes in families on women

and especially mothers are widely discussed. But inequalities between men and women and between fathers and mothers were observable even before the onset of the Covid 19 pandemic. They were evident in an unequal distribution of household and care work as well as in childcare (see Schmieder/Wrohlich 2020). Mothers, in particular, are regarded as central "unpaid welfare producers" (Dackweiler 2003: 54), since they play a decisive role in the care and health work in families as well as in community management work to a high degree.

This is where this article comes in, asking about subjective assessments of the experience of stress and the effects of the pandemic on everyday coping, especially in families. In this context, the subjectively assessed health, emotions and life satisfaction of men and women as well as fathers and mothers are surveyed in comparison before the pandemic and in the course of the first and second lockdown in Germany. The data show, in part, substantial differences between the sexes in important dimensions of subjective health, such as exhaustion, stress, experience of strain, happiness, and life satisfaction. Comparing empirical data on these dimensions from the first and second lockdown allows us to look at changes over time and to discuss effects of the pandemic on parenting in a gender comparison.

### **Research Status**

The state of research on the impact of the pandemic on families shows, on the one hand, that men and fathers in Germany have become more involved in the household and in childcare in the wake of the pandemic. On the other hand, it shows that the amount of care work has increased for women and mothers and is significantly higher overall than for men. Our data show that subjective feelings of stress and perceptions of psychosocial emotions differ across gender (see Jellen/Ohlbrecht 2020). In essence, two basic lines of argumentation can be opened, which are conducted in Germany and are arranged in advance around the question of a possible retraditionalization of gender role images. On the one hand, the Corona pandemic, is seen as a driver of retraditionalization (cf. Allmendinger 2020), setting back gender equality

by decades, and on the other hand, the crisis is seen as an impetus for change that can drive greater participation of fathers and sees the crisis as an initiator of new gender equality opportunities (Alon et al. 2020; cf. Krohn 2020). Allmendinger (2020) warned early in the pandemic that mothers in particular could emerge as the losers due to increasing care responsibilities through, for example, homeschooling, reduced working hours, and poorer return options to the labor market. The subsequently formulated thesis of the retraditionalization of gender images in the wake of the pandemic has since been widely discussed in the academic and media spheres. The empirical findings of other national studies, such as the representative SOEP panel (Zinn et al. 2020) or the Mannheim study by Blom et al. (2020), however, do not attest to a shift in the division of labor in families to the disadvantage of women/mothers (Blom et al. 2020). Couples who had an equal division of tasks before the pandemic continued this division of tasks in the wake of the lockdown; the same was true for couples with an unequal division of labor (ibid.). Bujard et al. (2020) also failed to confirm retraditionalization, and the results showed that fathers' involvement in household chores increased (ibid.). Similar findings were shown in the evaluation of the SOEP panel, here it became clear that fathers' childcare hours have increased (Zinn et al. 2020). However, in all studies mentioned so far, it was also evident that the main burden continues to fall on women and mothers (ibid., Blom et al. 2020; Bujard et al. 2020 et al.). Thus, a multi-layered picture emerges from the state of research: figures from the Institute for Employment Research (IAB 2020) from the online survey "Living and Working in Times of Corona" show that about two-thirds of the mothers with children under 15 surveyed reported having taken care of the children mostly or completely during Corona. During the lockdown and after - the survey period was June 2020 - the ratio changed little in favor of men. The proportion of women who said they were predominantly responsible for child care fell from 66 to 63 percent (ibid.). Similarly differentiated findings are also found in the evaluations of the pairfam relationship

and family panel (Jessen et al. 2021). Here, it was also found that mothers who had found themselves in unequal distributions of care work before the pandemic found themselves even more burdened with childcare in the wake of the pandemic (Jessen et al. 2021).

### **Method and Sample**

The data reported as follows were collected as part of a partially standardized online survey during the first and second lockdown (repeat survey) in Germany. The thematic focus of the study is, among other things, on the effects of the pandemic on the family situation, psychosocial and subjective health, the work situation, and quality of life. In addition, we are interested in gender-specific stresses. The study was conducted at two measurement time points, focusing on participants' subjective self-assessment of their perceptions before and during the pandemic, as well as comparing the first and second lockdowns longitudinally. This is a convenience sample, which comes with certain limitations: the sample is not representative and has a healthy-user bias typical of online studies (Shrank et al. 2011), as well as a high proportion of people with high educational capital. The results represent a sentiment picture of the social conditions and problem situations of the pandemic. A total of 2,797 accesses to the questionnaire were recorded for the first measurement point, and after cleaning the data, 2,009 data records could be used for the analysis (cf. Jellen/Ohlbrecht 2020). At the time of the first measurement point, 30.6% (n= 615) stated that they lived in a household with at least one child under the age of 18.

The second survey in March and April 2021 achieved a response rate of 67% and a sample size of  $N = 812$  people. The goal was to survey individuals who had participated in the first survey again approximately one year later. The timing of the second survey was in March and April 2021 in the last third of the second lockdown, which lasted from November 2020 to May 2021.

## Results

### Subjective Health and Well-being after One Year of Corona Pandemic

In order to be able to compare the results of the second measurement period, we will first briefly discuss some of the key results of the first survey period<sup>1</sup>. In general, it can be stated that The Corona pandemic led to negative effects on subjective health and general life satisfaction.

The lack of contact with family members, friends and other social networks led to stress, and feelings of anxiety and loneliness were also more pronounced in the subjective self-assessment than before the pandemic. Subjective health deteriorated since the onset of the first lockdown, falling by 9 percentage points in comparison (Jellen/Ohlbrecht 2020; 2020 a). Overall stress levels were perceived to be high during the period of the first contact ban. In response to the question "Looking back on the period of the no-contact order so far, how much of a burden do you feel as a result?" 35% of respondents reported feeling a high or very high level of burden, and 40% felt a medium level of burden (Jellen/Ohlbrecht 2020). With regard to gender differences, 30% of men and 37% of women stated that they felt strongly or very strongly burdened. Mothers were particularly burdened; 44% of mothers stated that they felt strongly or very strongly burdened (ibid.).

The drop in life satisfaction could already be seen in the evaluation of the first measurement point for the group of parents. It also became clear that life satisfaction among mothers fell by almost 10 percentage points more than that of fathers (ibid.). The results of the initial survey showed that regardless of age, the experience of satisfaction, serenity, happiness and security decreases. However, the experience of stress also decreases regardless of age in a direct comparison between the time before and during the contact reduction.

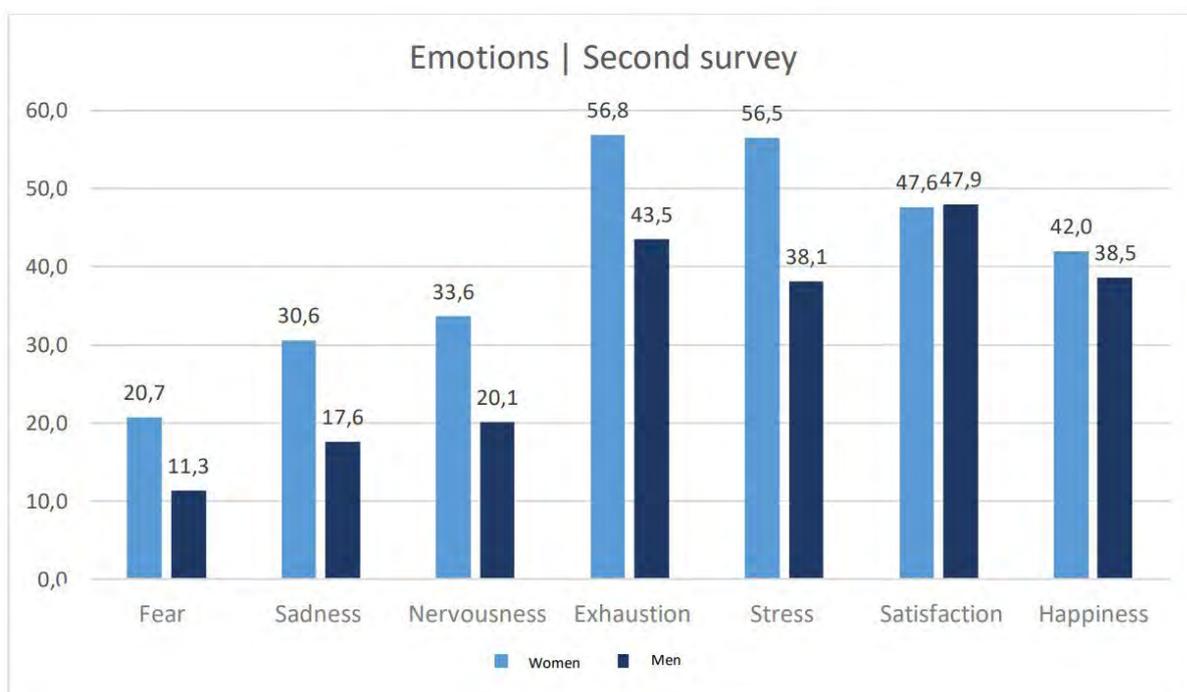
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<sup>1</sup> For a deeper insight, we refer to the publication from last year in the same journal on Parenthood in a Crisis-Stress Potentials and Gender Differences of Parents During the Corona Pandemic (Jellen/Ohlbrecht 2020) mentioned above.

Turning now to the second survey in the second lockdown, a comparison of feelings and emotions as indicators of subjective health between the first and second survey time points reveals that most indicators remain at a high level after about a year of the pandemic. Changes were evident, among other things, in the occurrence of existential fears. Here, the value fell by around 3 percentage points compared with the first survey time point.

**Figure 1**

*Question wording: How often do you currently experience the following feelings?*



*Note:* (battery); scaling: never (1) - rarely (2) - sometimes (3) - often (4) - very often (5) - not specified; results refer to 4+5 only, data in percentages.

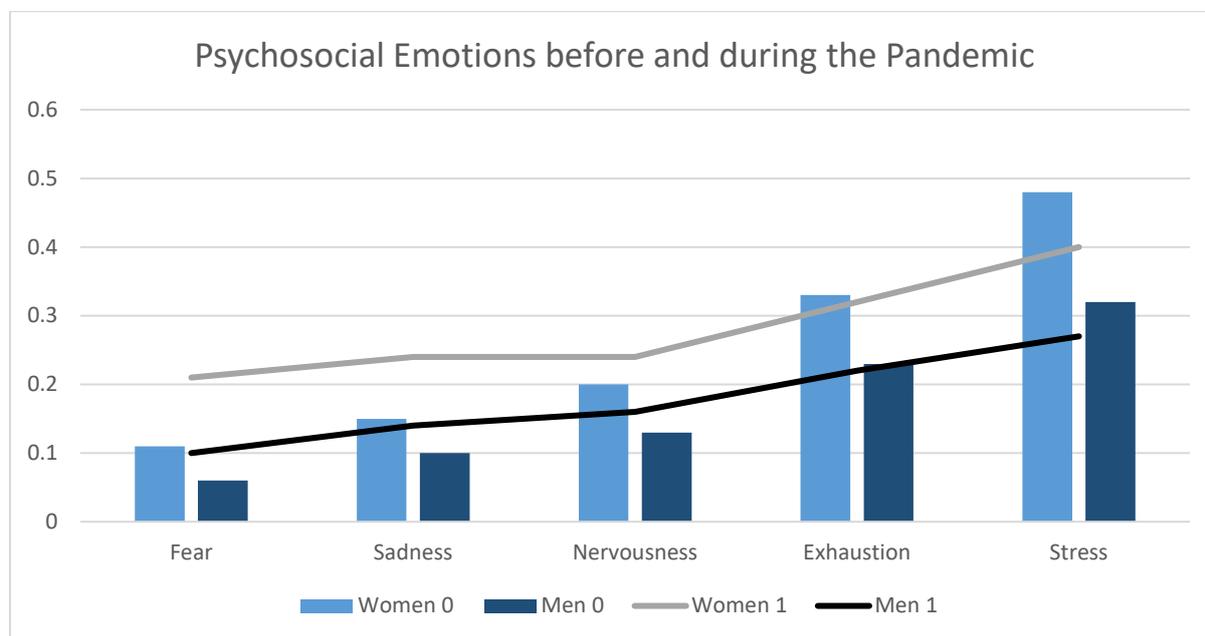
In addition, more significant changes can be seen with regard to the occurrence of exhaustion: Here, the number of those who feel strongly or very strongly stressed increased by 20 percentage points, to around 57%, compared to the information provided during the first survey. The situation is similar with regard to the occurrence of stress. At the time of the first survey, the stress experience of those persons who often or very often experienced stress

initially dropped from 43.1% to 36.2%. At the time of the second survey, there was an increase: around 52% of respondents stated that they often or very often experienced stress.

While the distribution of assessments of happiness and satisfaction is roughly equal among the sexes, the differences in anxiety, sadness, nervousness, exhaustion and stress are consistently high to the disadvantage of women. Comparing the results, it is clear that gender differences are pervasive. What is meant here is: The differences in the experience of stress and in the different occurrence of psychosocial feelings were already apparent before the start of the pandemic, even if the difference increased again slightly to the disadvantage of women at the time of the second lockdown.

**Figure 2**

*Comparison of Feelings of Fear, Sadness, Nervousness, Exhaustion and Stress Between Men and Women*



*Note:* Questions Women 0 and Men 0: How often did you experience the following feelings before the outbreak of the coronavirus pandemic? Questions Women 1 and Men 1: How often did you experience the following feelings after the outbreak of the coronavirus pandemic? Reply formats: 1) never 2) rarely 3) sometimes 4) often 5) very often. Only categories 4 and 5 are shown in the figure and have been condensed.

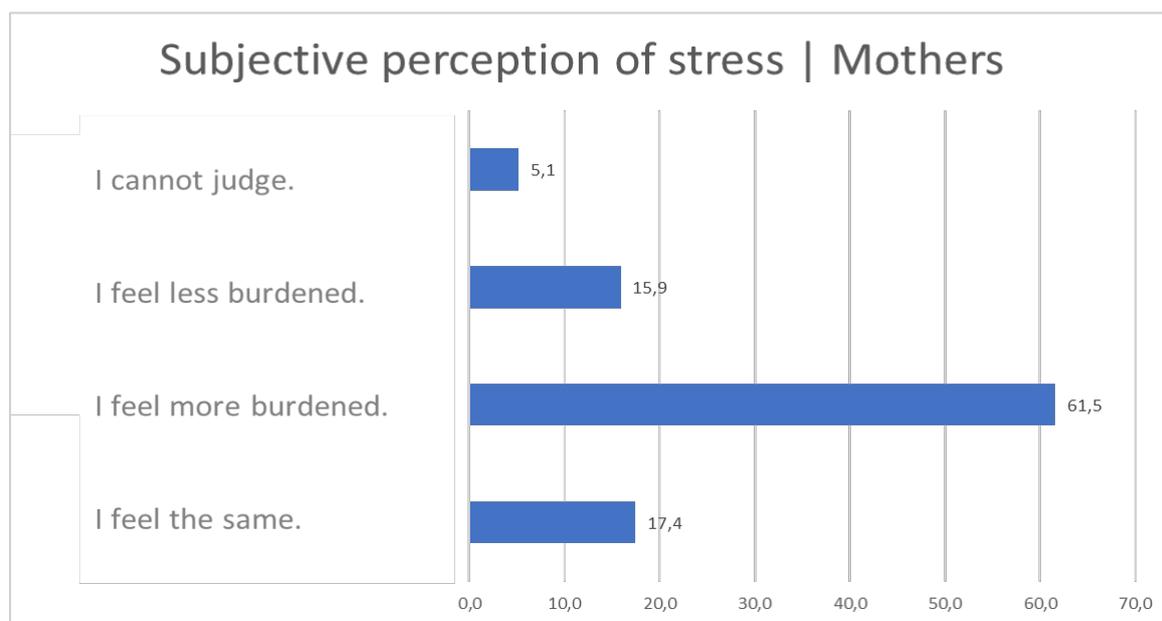
In a first conclusion, it can therefore be stated that the pre-pandemic gender differences in the dimensions of subjective health (exhaustion, stress, experience of strain, happiness, life satisfaction) tend to increase in the first lockdown and remain at a relatively high (difference) level in the second lockdown.

### Women and Mothers

The results of the second measurement point illustrate gender differences with regard to the impact of the pandemic. Women are more affected in terms of reducing working hours, caring for children, caring for family members, etc., and thus more affected by the impact of the pandemic. Even before the pandemic, the production of health (health work) in families was primarily the responsibility of women and mothers.

**Figure 3**

*Question wording: We would like to ask you to assess the following situation: The 2nd lockdown differs from the 1st lockdown in terms of my personal perception of stress.*



*Note: Scaling as in figure, data in percentages*

The subjective stress experience of mothers and childless women is almost the same. Thus, the proportion of childless women who feel more stressed in the second contact period is 60.7% and the proportion of mothers who feel more stressed is 61.5%. It can therefore be assumed that the main burden in the domestic environment is not the compatibility of family or children and work, but that the general responsibility of women for care work, even independently of child rearing, leads to increased stress for women. Possible reasons may lie in the mental load of women and mothers, which, especially in the context of domestic care work, is often characterized by seemingly invisible stresses (cf. Cammarata 2020). The concept of mental load does not have a clear definition; in essence, it can be stated that the concept of mental load refers "either to the objective workload imposed by the task (e.g., event rate) or to the subjective ratings of the operator with regard to the demands of the task. In most theories workload refers only to the processing capacity of the operator but in some theories it also encompasses emotional and physical aspects "(Gaillard 1993: 991). In the context of domestic care work, the term mental load is understood above all as the burden of that work which is difficult to quantify and is often undertaken by women and mothers, such as keeping appointments with the pediatrician, planning shopping, arranging gifts for third parties, planning and organizing childcare or play dates, talking to teachers and educators, etc. (cf. Cammarata 2020: 1).

### **Parenthood, Partnership, and Stresses**

It was already clear from the results of the initial survey that parents felt more burdened. The suspension of contact and homeschooling, for example, led to restrictions and changes in the organization of everyday life and the division of labor in families and partnerships (see Jellen/Ohlbrecht 2020). In the second survey, additional stress and resilience factors and effects on the family situation were recorded. Here, an equity gap between men and women becomes

apparent: just under a quarter of childless women perceive the division of labor in partnerships as unfair, compared to 8% of men. Among mothers who perceive their partnership as unfair, the rate is almost one-third.

We also used open questions as part of the data collection for the first and second measurement points. In the course of evaluating the open-ended questions of the second survey, it became clear that women and mothers do not simply want to return to the status quo before the pandemic, but would like to renegotiate the arrangement of care, relationship and family work - including the psychological burden. A free-text field allowed respondents to specify the unequal division of labor: The question read, "Yes, I feel an unequal division, specifically, I feel the following is unfair"; responses were then coded. The majority of respondents - about two-thirds - indicate that the unequal division of tasks within the partnership relates to housework (cleaning, shopping, cooking, etc.). More than 40 % refer to the general lack of division of labor in their partnership: here, a majority of women report traditional role models that lead to their having to manage the household almost alone and feeling heavily burdened by a permanent sense of responsibility. The keyword here is mental load, and again mental load, which continues to be ahead of women and places a greater burden on them - regardless of motherhood. Another question related to general stresses in the domestic context: In addition to housework, the stress caused by homeschooling, the lack of institutional childcare facilities and the lack of separation between private space, place of work and place of learning became clear.

### **Discussion and Conclusion**

The results of the second survey period reinforce the findings of the first measurement point (Jellen/Ohlbrecht 2020) and make it clear: The negative effects of the pandemic and contact restrictions in relation to the dimensions of subjective health and well-being remain at a high level and continue to increasingly affect women and mothers.

A good year after the onset of the Covid 19 pandemic, we were able to show that the challenges of the pandemic in the area of tension between increased care work, homeschooling, and social distancing worsened the psychosocial health of women and mothers in particular. The ongoing negotiation processes in families and partnerships regarding household tasks and care work are to be highlighted as particular stressors.

It remains questionable whether this will lead to long-term consequences. At present, it cannot be conclusively clarified to what extent effects of mental load have an impact on women's and mothers' (increased) experience of stress and which factors (financial resources, time resources, role perceptions, etc.) influence the negotiation of care work in families and whether the experience of stress will return to the level of the time before the pandemic. In order to get to the bottom of these and other questions, a qualitative interview study will be conducted. Only further surveys and analysis will show how exactly the changes in health and everyday coping triggered by the crisis manifest themselves and what medium- and long-term consequences may remain.

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