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**A CRISIS OF CARE:
EFFECTS OF COVID-19 ON THE HOUSEHOLD DIVISION OF LABOR**

by

CAROLINE ELLIOT ALBRO

**SUBMITTED TO SCRIPPS COLLEGE IN PARTIAL FULFILLMENT OF THE
DEGREE OF BACHELOR OF ARTS IN SOCIOLOGY**

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APRIL 29 2022

ABSTRACT¹

The COVID-19 pandemic brought monumental challenges to the lives of parents around the world. As schools shut down, children stayed at home, and employees worked from their living room couches or dining room tables, working parents struggled to balance paid labor, household labor, and childcare during this time. Working mothers faced particular challenges in reconciling household labor and employment due to the pressures of gender norms and the expectation for women to “do it all.” This paper explores the strategies that families utilized to deal with the household division of labor during the pandemic. Families employed a variety of strategies to manage childcare and employment, depending on their circumstances and resources. Twelve semi-structured, in-depth interviews with employed parents of young children produced three types of strategies, including *independence*, *unpaid outsourcing*, and *paid outsourcing*. Pandemic outcomes, including these strategies that parents employed to deal with the division of household labor, depended on family-specific financial capital, social capital, and other resources. While some families reported positive outcomes such as increased time spent with loved ones, others faced more detrimental impacts. Overall, the pandemic forced all families to alter their typical unpaid and paid labor routines. This paper explores sociological themes of gender, families, labor, and care to identify the ways in which families cope and respond to disruptions in their care and labor patterns. Ultimately, the findings indicate the importance of systemic government policies to support families and employees, shifting away from privatized forms of care and towards public aid to advance gender equality in the home.

Keywords: COVID-19, care, labor, families, gender, households

¹ A previous version of this thesis was submitted to Qualitative Research Methods at Pomona College in the fall of 2021.

ACKNOWLEDGEMENTS

My undergraduate experience has not been typical. During my junior year, while studying abroad at the London School of Economics, COVID-19 swept through the world and forced me to pack up my belongings within 48 hours and travel back to my home in California. I finished out the school year online but quickly decided to take a leave of absence for the following year to avoid remote classes. After taking an academic year off to work, ski, and travel, I returned to Scripps College in the fall of 2021 with a renewed excitement for my academic and social pursuits. I was particularly excited to write my thesis, which would come to be one of the most challenging and fulfilling tasks of my entire undergraduate career. My advisors, friends, family, and institution have supported me through it all. I would like to thank Professor Rapaport, my original sociology advisor and mentor at Pomona College. Ever since I enrolled in Sociology of Emotions with Professor Rapaport in the spring of 2019, she has guided me through the declaration of my major, my enrollment in a study abroad program, my decision to take a year-long leave of absence, my return to the Claremont Colleges, and this thesis-writing journey. I admire her unwavering encouragement, reassurance, and optimism, as well as her commitment to the sociology department at Pomona College. I would also like to thank my two thesis readers, Professor Morales and Professor Thai. Although we only met at the beginning of the school year, Professor Thai has been a constant source of support in my thesis process. His “cheerleading” never failed to instill confidence in my own abilities as a sociologist and student. Professor Morales has willingly supported this project from its early days and guided me through the Institutional Review Board approval process. To my fellow senior sociology friends, Trinity and Nathalie, thank you for bringing joy and humor to this process. Thank you to my family, Mom, Dad, Jake, and Gemma, for supporting me no matter what, trusting that I’ll find a full-time

job as a sociology major, and simply being my utmost favorite people in the world. Lastly, I extend immense gratitude to my respondents, many of whom shared the intimate details of their family lives with open arms. Without them, this paper would not exist. Thank you.

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*The challenge was that work never went away and life never went away. It just was all existing
at the same time.*

– Lauren, Higher Education Director of Admission and Mother of Two

INTRODUCTION

By late March of 2020, the COVID-19 pandemic was spreading across the world. Schools and workplaces shut down, advising people to stay at home for their own health and safety. In a matter of days, employees scrambled to set up remote workspaces and shift to virtual settings. Working parents met the demands of childcare and schooling alongside the demands of their own jobs, creating imbalances between work and life. These new, pandemic-induced circumstances within the home often produced an unequal division of labor between genders.

The traditional Male-Breadwinner/Female-Caregiver Model relies on women to stay at home, perform domestic work, and care for the children, while encouraging men to leave the home for productive, paid labor (Bariola and Collins 2021). Due to this societal pressure, women typically faced increased and unequal household labor and childcare responsibilities throughout the pandemic. As women now constitute a significant portion of the labor force and as dual-income families are increasingly common, the Ideal Worker Model places additional pressure on women to conform to society's expectations of employees. The Ideal Worker Model values productive labor above all else and discourages traditionally "feminine" characteristics in the workplace (Acker 1990). These competing demands to fulfill the roles of both the ideal caretaker and ideal worker pressure women to "do it all" – a common expectation of women in American society. However, "doing it all" is challenging in a society that consistently undervalues care work and provides limited support for women and families. Women are responsible for approximately 75 percent of unpaid care labor to support the care economy, which involves the reproduction of everyday life through household tasks like cooking, cleaning, and raising children (Power 2020). These tasks are imperative for the functioning of society and the economy, yet they continue to be undervalued and uncompensated in the private sphere. Women

ultimately shoulder the burden of the care economy to keep society running, without adequate government support or compensation. Unlike other wealthy nations that support citizens through public childcare, paid parental leave, or childcare subsidies, the United States provides little public support, instead relying on privatized care. These systems of care privilege wealthy families who can afford expensive daycares, nannies, and schools, but other families are faced with challenging decisions and the difficult choice between childcare and paid labor.

This thesis explores the division of household labor and the systems of care between working parents during the COVID-19 pandemic, with special consideration for the experiences of women and gender dynamics within families. Working parents constituted a unique group during the pandemic, as they faced considerable challenges in managing childcare, household tasks, and paid labor concurrently. I chose to focus my study on heterosexual, dual-income, married couples. While LGBTQIA+ couples are historically under-researched, my focus on heterosexual couples intends to provide insight into the gender dynamics and gendered division of labor between women and men in dual-income marriages. This focus on heterosexual couples inherently relies on an understanding of heteronormativity and an assumption of the gender binary. With the knowledge that non-heterosexual relationships and non-binary gender identities are valid and should be studied in academia, this study still relies on a heteronormative family structure, which is necessary to understand the gendered division of labor. Although my focus is limited to heterosexual, dual-income couples, this paper provides a framework for possible explorations of other types of families. Furthermore, this study fails to represent a fully diverse participant demographic. With limited racial and socioeconomic diversity among respondents, this study does not represent the experiences of low-income or racially diverse individuals during the pandemic. Future studies could examine other family structures, racial groups, and

socioeconomic classes. I also chose to study dual-income couples to investigate the pressures and time constraints placed upon working parents who must manage both paid labor and household labor during a pandemic. Due to persistent gender norms, I expected that my study would reveal women to perform the majority of household labor during the pandemic. However, previous research had suggested that men may have increased their household labor contributions during COVID-19 due to the rise of flexible working arrangements. While I did find that women continue to perform more household labor than their male counterparts, my study exposed even more complex understandings of the division of household labor. I found that couples employed different strategies to manage the division of household labor throughout the pandemic. Three key types of parental strategies emerged, including the *independent*, *unpaid outsourcer*, and *paid outsourcer* types. *Independent* participants perform most or all household labor while maintaining paid employment without additional outside support. *Unpaid Outsourcer* participants outsource some household labor to family, friends, and others within their social network without compensation. Lastly, *Paid Outsourcer* participants outsource some household labor to paid forms of support, such as babysitters, house cleaners, and daycare centers. Working parents employed one or more of these strategies depending on their individual circumstances, resources, and capital.

Research on gender inequality, childcare, and the division of household labor during COVID-19 is imperative to highlight the urgent need for public policy that supports women, families, and working parents. The United States currently lacks a formal parental leave system, unlike the other 38 nations in the Organization for Economic Cooperation and Development (Livingston and Thomas 2019). In fact, the U.S. is currently the only high-income nation in the world that fails to provide any federal maternity leave to its citizens. When compared to 41 other

wealthy countries in the EU and OECD, Estonia and Hungary top the charts with over 70 weeks of fully paid maternal leave provided to mothers. Japan, South Korea, Norway, Portugal, and Iceland offer significant parental leave to both mothers and fathers, emphasizing the importance of gender equality in childcare responsibility (Ro 2019). However, in the United States, most working parents depend on privatized forms of support, such as paid (or unpaid) leave from their workplaces or expensive daycare centers that can care for their children while parents maintain employment. However, workplaces rarely provide adequate parental leave or other benefits to low-wage workers. When a child becomes ill or a daycare center becomes too expensive, many workers must decide whether to risk unemployment and care for their children or neglect their children and continue to work. In October of 2021, President Biden proposed a social safety net bill that included twelve weeks of paid family leave, but this measure was eventually cut due to lack of Senate support (Finn 2021). The findings of this study underscore the need for public policy that protects families, and particularly low-income families, throughout COVID-19 and future crises. Federal systems of social support, such as paid parental leave and affordable childcare, have the potential to prevent families from making the difficult choice between the well-being of their children and their next paycheck.

Beginning with a comprehensive review of the literature, I first lay the groundwork for an understanding of gender, labor, and care prior to and during the pandemic. I then delve into the research methodology involved in studying twelve individuals over the course of the past six months. Utilizing qualitative interviews with the participants, I analyze the data by exploring the types of *independence*, *unpaid outsourcing*, and *paid outsourcing* among my participants. Lastly, I situate my findings within the broader sociological conversation surrounding gender, care, and labor during COVID-19, emphasizing the importance of public policy to address the issues

presented in this study and others. This study introduces new ways of understanding the household division of labor under the conditions of a global pandemic. As all families rely on routines to keep the household afloat, this study identifies three strategies that parents employ in the face of disruptions and uncertainty. Confronted with pandemic-related disruptions, families responded with context-dependent adjustments to their usual care and labor routines. This research offers insight into the ways in which families must pivot to new strategies to organize household labor in the face of crisis.

LITERATURE REVIEW

Introduction

This critical literature review synthesizes the sociological literature on gender, labor, care, and COVID-19 to examine the impacts of the pandemic on the division of household labor and childcare. The first section of this review will focus on gender and the labor market to introduce the issues facing working mothers within the home and at work. That knowledge will frame the understanding of the sociology of gender and labor within the context of a global pandemic. The second section of the review will focus on the intersections of gender, household labor, and productive labor during the COVID-19 pandemic. The sociology of gender, families, and care all underscores the difficulties facing working mothers compounded with the challenging conditions of the pandemic. The final section of the review will examine the responses and outcomes of other countries during COVID-19 to inform future policy in the United States.

Even before COVID-19 turned the world upside-down, parents faced considerable pressures between productive labor, household labor, and childcare. The demands of childcare and work are well-documented, particularly for working mothers, who often return home after a

full day of work to perform a “second shift” of household labor and childcare (Hochschild 1989). These competing demands can be blamed on the cultural model of the male-breadwinner/female-caregiver, which expects women to stay at home, perform domestic work, and care for the children while encouraging men to leave the home for productive, paid labor (Bariola and Collins 2021). However, as women now constitute a significant portion of the workforce and dual-income families become increasingly common, women face another pressure to conform to the Ideal Worker Model. The “ideal worker,” rooted in hegemonic masculinity, requires devotion to productive labor above all else. Workplaces discourage traditionally “feminine” characteristics and expressions of sexuality among workers (Acker 1990). Women in the United States blame themselves when they are unable to fulfill the roles of both an ideal worker and an ideal housewife or mother. Contrary to the belief systems in other countries, it is uncommon to blame structural social problems in the U.S. or to expect the government to provide social support. In response to their problems, American women typically seek childcare and domestic labor support from private sources, such as babysitters, nannies, and housekeepers (Collins 2020). Women in other countries, including Sweden, Germany, and Italy, blame the lofty parental expectations, career expectations, or lack of government resources in each (respective) society for their work-life balance difficulties (Collins 2020). Thus, the pressure to “do it all” significantly affects American women and has negatively impacted the professional and personal lives of employed mothers (Collins 2019).

COVID-19 has only exacerbated these difficulties. For women in particular, the pandemic resulted in detrimental personal and professional losses. While both mothers and fathers reduced their working hours during the pandemic, 42 percent of mothers reduced their hours to care for children at home, while only 30 percent of fathers did so (Croda and Grossbard

2021:3). Women with young children decreased their working hours four to five times more than their husbands (Collins et al. 2021:101). Women also comprise more of the service industry, which was disproportionately affected by COVID-19 as consumers remained at home, health and safety depended on isolation, and service-sector businesses closed (Albanesi and Kim 2021). On a psychological level, women reported marginally greater levels of happiness than men prior to COVID-19, but their happiness decreased during the pandemic (Giurge et al. 2021). While some have argued that the flexible working arrangements spurred by COVID-19 could be a solution to the inequality of care labor, the literature shows that flexible working arrangements sometimes end up reinforcing traditional gender roles (Power 2020). For example, flexible work may allow women to combine paid labor with care labor, but that same flexibility allows men to work additional hours without any contribution to care work. Overall, the scholarship demonstrates the negative implications of COVID-19 on the professional and personal lives of mothers. An analysis of other countries' policy responses to the pandemic showed that Denmark reopened schools after a month of lockdown to ease the burden of childcare for working parents, but the U.S. school system followed a patchwork approach to reopening (Bariola and Collins 2021). This approach, as well as the lack of a social safety net in the United States, created and emphasized existing gender, racial, and socioeconomic inequalities during COVID-19.

A central argument of this literature review is that COVID-19 has modified the “second shift,” or the work that women perform at home in addition to paid labor, as coined by Arlie Hochschild (1989). The literature demonstrates that COVID-19 has impacted women of different socioeconomic backgrounds and labor situations in different ways. In some cases, women benefited from the shifting landscape of labor, flexible work arrangements, new childcare systems, and changes in cultural and societal expectations. In other cases, these factors produced

negative outcomes for women. Many of these differences can be attributed to the socioeconomic circumstances of women and families. Therefore, a diverse, intersectional analysis of the issues is important to understand the vastly different COVID-19 experiences of low-income and high-income families, as well as others in-between. This literature review emphasizes the need for future research to consider the COVID-19 policy responses of other countries. Along with a better understanding of other countries' broader policy frameworks for families, workers, and children, additional research can inform United States public policy and limit potentially detrimental impacts of current and future crises. COVID-19 is a recent event that will have long-lasting implications for society, yet researchers can still draw important learnings today to avoid the harmful effects of other impending crises, including climate change and economic inequality.

Gender & Labor

Women have historically faced competing demands between work and the home. In Arlie Hochschild's seminal 1989 book, *The Second Shift*, she conducted interviews and participant observation to understand couples' "gender strategies" to cope with the division of household labor. While previous studies had introduced the concept of unequal labor in the household, Hochschild sought to document the specific behaviors, strategies, and feelings behind this unfair division of labor. In doing so, she produced the work that would serve as the foundation for the understanding of the intersection between gender and labor in the home to this day. She found that women feel more overall "responsible" for household labor and childcare, but she specifically identified three categories of couples, each with different relationships to household labor (Hochschild 1989). The "traditional" partner model identifies with stereotypical gender roles akin to the Male-Breadwinner/Female-Caregiver Model with women responsible for housework, care work, and motherhood. The "egalitarian" model of couples strives to achieve

equality between partners. Lastly, the “transitional” model blends the traditional and egalitarian models. Hochschild’s participants fell into one of these three models. She observed that working class couples mostly aligned with the traditional model, while upper- and middle-class couples typically aimed to achieve an egalitarian arrangement (Hochschild 1989).

Women in partnerships with unfair divisions of labor often avoided asking their husbands to participate in household labor. These women considered household labor to be their own personal domain, even lacking the mere expectation that their husbands participate (Hochschild 1989). Both women and men employed various strategies to reconcile the mismatch between men’s actual lack of household labor and their ideological ideals of gender equality. While many men claimed to believe in gender equality, they did not practice it within their homes. In order to resolve this internal inconsistency, men employed a strategy of “needs reduction,” where they reduced their needs to avoid performing household tasks. For example, some men might decide that they did not *need* the bed made every morning or that they did not *need* homemade dinner every night in an effort to avoid performing these tasks (Hochschild 1989:202). Men also employed a “strategy of substitution” where they performed unnecessary or superfluous tasks, such as renovating the backyard, to replace the more important tasks like washing dishes or doing laundry. This strategy attempted to prove to both men and their wives that men were doing *something*, which is better than nothing (Hochschild 1989:202). Lastly, both partners adopted “family myths,” or narratives that characterized women as less burdened by housework and more willingly engaged in it (Hochschild 1989:206).

Hochschild’s later work (1995:332) coined the term “care deficit” to describe the expanding need for care coupled with the contracting supply of care in the United States. The care deficit can exist privately, within the home, when the division of care work is unequal

between partners. The care deficit also occurs in the public sphere, as the government fails to provide adequate social support for working parents and children. This public care deficit is particularly evident in the United States when compared to other wealthy nations. Hochschild identifies four cultural models to describe systems of care across contexts and countries. The “traditional” model represents women who independently fulfill the role of homemaker and caretaker. The “postmodern” model describes the working mother who “does it all,” including both paid labor and care work, while the “cold-modern” model illustrates a system of impersonal and institutional care. Finally, a “warm-modern” model relies on both institutions and families to share care work (Hochschild 1995:338). While the current American model of care combines elements of the traditional and postmodern models, the postmodern model has become increasingly common as more women enter the workforce in recent decades. Despite this increase in labor force participation among women, men are no more likely to engage in household labor, creating a “stalled gender revolution” and widening the care deficit within the home (Hochschild 1995: 343). Overall, women’s care work is invisible work. The United States government, along with workplaces across the country, often rely on women to buffer the economy by performing unpaid reproductive labor in the household (Jenkins and Smith 2021). Without people (many of whom are women) to perform this form of free labor, the economy would inevitably fail.

While many of Hochschild’s findings continue to apply to life today, much has changed since 1989. Recent studies have shown that the ideal worker model is stronger than ever, as companies today expect their workers to be devoid of any household or childcare responsibilities (Blair-Loy et al. 2015). When workers do request to work part-time or take leave, employers may view them poorly and even dispense detrimental employment outcomes (Blair-Loy et al.

2015). In the United States, women often deal with competing pressures to be the ideal worker and the ideal housewife by hiring private help, typically from low-income, female, and immigrant workers (Blair-Loy et al. 2015). The hiring of domestic workers contributes to the global care chain, or the global labor market of workers who typically perform care work (Orozco 2009:4; Parreñas 2001). This cycle benefits the wealthy while perpetuating low-pay and disrespect for low-income immigrant women, many of whom have their own children. Women also cope with the unfair division of labor by lowering their expectations of their partners to perform household labor, another example of a “gender strategy,” according to Hochschild’s terminology. However, in social welfare states like many of the Nordic nations, families expect the state to provide social safety nets, demonstrating the state’s attributed value towards caregiving (Collins 2019). In the United States, various factors contribute to the lack of value given to caregiving, including cultural norms and government policies. Hochschild discussed the lack of workplace flexibility as another impediment to caregiving value in *The Second Shift*. She suggested that greater workplace flexibility would allow working parents to equitably balance their paid labor and household labor. In recent years, workplaces have become increasingly flexible, but caregiving continues to be a challenge for working parents (Blair-Loy 2015). Recent studies have shown that while some of the circumstances surrounding *The Second Shift* have changed, the negative outcomes for women have largely persisted.

Various factors, including government policies and cultural norms, contribute to different attitudes towards work among mothers internationally. Studies have found mothers in Sweden to be the most content with their work-life balance, but American mothers experience the least satisfaction (Collins 2019:25). Family leave policies, childcare programs, and even a “child allowance,” or compensation for each family to support raising children, can promote a more

equal division of household labor and greater satisfaction (Collins 2019:34). Many Swedish women have no concept of “working mothers” because it is clearly understood and accepted that nearly all women work and raise children simultaneously in Sweden. Swedish women do not perceive their own experiences with motherhood and work to be remarkable, demonstrating that raising children and working in Swedish society is truly commonplace. When parents in Sweden do face problems with parenting and working, they typically blame the lofty expectations for parenting in Swedish culture (Collins 2020:869). These lofty expectations also exist in the United States, pressuring parents to engage in “intensive parenting” (Collins 2019:12). However, women in the United States blame themselves for their problems with parenting and childcare (Collins 2020:869). Unlike Swedish women, American women do not blame the government for its lack of assistance in their difficulties. Rather, they criticize themselves and turn towards private solutions, such as babysitters and nannies, many of whom are low-income, immigrant women (Stevano et al. 2021:276).

The differences between expectations and blame among women in Sweden and the United States underscore the pressure on American women to “do it all.” Individuals and society implore women to work a job, clean, cook, and take care of the kids, all without government assistance. Even in this contemporary cultural comparison of work and motherhood, the findings in *The Second Shift* continue to apply to modern-day motherhood. However, the expectation upon women to “do it all” cannot be adequately analyzed without an understanding of the labor market and the pressures to be an ideal worker in modern society. Workplaces are sites for the production and intersection of gender and class relations. Gender plays a major role in constructing the labor market, wages, and workplace relationships (Acker 1990:145). Historically, dominant social and cultural norms have deemed women’s bodies as too sexual,

unwieldy, or complex for the workplace, which has resulted in the exclusion and control of women in the productive sphere (Acker 1990:152). Hegemonic masculinity, or stereotypically masculine social roles, are encouraged in work settings and masculine bodies are viewed as the “ideal” worker form (Acker 1990:153). The workplace discourages workers from taking time off for illness, parental leave, or otherwise, as rest and caregiving are viewed as “feminine” activities (Blair-Loy et al. 2015:436). The concept of the ideal worker continues to pervade society as neoliberal capitalism relies upon the free market for individual success. This system perpetuates self-reliance, work ethic, and economic output at the cost of families, social support, and government assistance.

Some aspects of the workplace have changed, potentially unburdening some from the constraints of the ideal worker. For instance, flexible working has become increasingly popular in recent years. As more and more (mostly white-collar) workers have the ability to work from home, they may experience greater flexibility to adapt their work responsibilities to their family responsibilities (Chung and van der Lippe 2020). However, flexible work can also have detrimental impacts, particularly for women. When women work from home, partners and children may expect them to perform both household tasks and productive labor simultaneously, while men only face an expectation to work. Therefore, flexible work has the potential to reaffirm traditional gender roles at home. Additionally, flexible work arrangements may produce conflict between work and family responsibilities, blurred boundaries between work and life and leisure, and increased workloads for women at home (Chung and van der Lippe 2020). Social normative views of gender shape how women, men, colleagues, and friends perceive women’s roles at home, so the combination of work and household labor within the home has the potential to deepen existing gender inequality (Chung and van der Lippe 2020). As COVID-19 has shifted

much of white-collar employment to a remote model, new arrangements in work and childcare may create and aggravate gender inequality for some working parents or, alternatively, ease the burden for others.

Gender & Labor in COVID-19

COVID-19 resulted in social, economic, and personal changes for people all over the world. There is no doubt that sociologists will continue to study the effects of COVID-19 for decades to come. In this review, the literature focuses on initial findings, primarily from the first months of the pandemic (spring of 2020) to understand the changing dynamics between households, gender, and labor during this life-altering time. In addition to the rise of remote work, schools across the nation shut down and children stayed home. In the early months of the pandemic, most of child education became virtual, hybrid (between in-person classes and remote classes), or canceled entirely, and parents dealt with these shifts in a variety of methods. While some parents offered significant time and educational assistance to their children, others provided very little. Parental time inputs depended on schools' remote learning resources during COVID-19, as well as internet access, parental education levels, and children's access to live teachers (Bansak 2021:63). Overall, mothers bore the brunt of household labor, childcare, and teaching responsibilities during the pandemic. Working mothers faced additional challenges in balancing work and childcare. An analysis of the U.S. Household Pulse Survey demonstrated that working mothers spent an average of 1.5 fewer hours per week helping their children with schoolwork compared to stay-at-home mothers (Bansak 2021:78).

Throughout the pandemic, companies assumed that workers would have adequate access to space, housing, and resources to work, which is simply untrue for the majority of workers, and especially for those with children (Jenkins and Smith 2021). Companies also relied upon the

homes of their employees to be safe and undisturbed for optimal work, but homes can be stressful and even violent sites for many. In this way, both governments and corporations relied upon assumptions about the home and expectations for employees or their partners to keep the home afloat while engaging in productive labor. These expectations demonstrate the devaluation and invisibility of care work in American society. Corporations' and government reliance on the individual to work efficiently, maintain the home seamlessly, and raise children quietly – all without negative impacts on productivity – serves as yet another key example of the unattainable Ideal Worker Model (Acker 1990).

The care economy is the reproduction of everyday life through cooking, cleaning, raising children, and managing the household (Power 2020). While the care economy is an unpaid economy, it is just as valuable to the functioning of society as the paid economy. COVID-19 brought increases to care work within the care economy, in large part for women, who are responsible for approximately 75 percent of unpaid care labor (Power 2020:67). The pandemic brought flexible working arrangements, which upon first thought, may have encouraged men to increase their participation in housework. However, women often ended up performing more household labor while working from home than they would have performed while working from an office. When offered flexible hours, men would devote more hours towards work every day than when they worked in a rigid nine-to-five arrangement (Power 2020:68). Data shows that parents with young children performed around 40 hours per week of childcare during the pandemic, equivalent to the hours in a standard work week. One out of every three working partnered mothers reported being the sole provider of childcare for their school-age child during COVID-related school closures, compared to one out of every ten working fathers (Zamarro and Prados 2021:35).

While the research on gender within the home during COVID-19 has produced grim findings for gender equality, there have been some positive outcomes. Women have spent more time caring for children during the pandemic, but men have also increased their hours spent on childcare compared to prior to the pandemic (Sevilla and Smith 2021:9). Men who were working from home or furloughed during the pandemic performed more childcare than when they were working in an office full-time before COVID-19 (Sevilla and Smith 2021:1). This finding contradicts various studies that reported that men did not increase their childcare participation while working from home. It is likely that men increased their childcare participation during the pandemic, yet women increased their childcare participation even more. Prior to the pandemic, women spent approximately two hours on childcare every day, while men spent only 45 minutes on childcare during the weekday (Sevilla and Smith 2021:45). While dealing with COVID-19, both men and women increased their weekly hours of childcare, but women still performed an average of ten hours more than men each week (Sevilla and Smith 2021:3). The division of childcare continues to be unfair, but studies show that it may be more equitable than pre-COVID-19 arrangements.

When examining the labor market, it is clear that COVID-19 brought negative employment outcomes for women at far greater rates than men. Women faced an increased risk of unemployment when they had young children who could not enroll in childcare during the pandemic (Petts et al. 2021:515). Mothers with young children ages 1 to 5 decreased their work hours four to five times more than their husbands, resulting in a gender gap in work hours of 20 to 50 percent (Collins et al. 2021:101). Another study found that 42 percent of women reduced their working hours to care for their children during the pandemic, while only 30 percent of men did (Croda and Grossbard 2021:3). Women's working hours fell by just 30 minutes per week

during the Great Recession, but COVID-19 has resulted in a drop in women's working hours by a whopping average of two hours per week (Collins et al. 2021:103). Forty-three percent of mothers voluntarily left the workforce in the first month of the pandemic, while only 26 percent of fathers chose to opt out (Petts et al. 2020:524). And between February and April of 2020, 250,000 more mothers than fathers with children below the age of 13 completely exited the labor force (Landivar et al. 2020:1).

Workforce exits and decreases in working hours are tied to increased childcare responsibilities (Zamarro and Prados 2021). During the pandemic, mothers were less likely to retreat from the workforce if their partners participated in childcare (Petts et al. 2020:515). Workforce exits are also dependent upon the socioeconomic status of parents. Low-paying jobs tend to require in-person work and may have been deemed "essential" during the pandemic. Low-income parents (and particularly women) are more likely to work in roles that do not offer flexible or remote work arrangements, so they may have been forced to exit the workforce to care for their children who were out of childcare during COVID-19 (Zamarro and Prados 2021).

Historically, men have experienced higher rates of unemployment than women during recessions because men are more likely to be employed in highly cyclical industries like goods production and manufacturing (Albanesi and Kim 2021:3). However, COVID-19 created unique circumstances that resulted in greater workforce exits among the female population. Women faced three significant detrimental challenges during the pandemic that resulted in their unusually high rates of labor force exit. Many women occupy roles in the service industry, an industry most at-risk for layoffs and shutdowns during COVID-19. Concurrently, women were most likely to be frontline or "essential" workers who were most at risk of contracting COVID-

19. Lastly, gender norms posit that women should bear the responsibility of childcare in the face of school closures. Each of these challenges will be explored in detail.

The pandemic resulted in greater job loss amongst the female population because of women's increased participation in service-sector work (Albanesi and Kim 2021:3). Women are more likely to hold jobs that could no longer operate due to health risks during the pandemic, such as jobs within the retail, food services, caretaking, and beauty industries. While service-sector work has historically been protected during past recessions due to its low correlation to economic downturn, the infection risks of the pandemic caused high rates of job loss among service-sector workers. Coupled with school closures that sent children home from school and required at least one parent to provide care, women were more likely than men to leave their forms of employment.

Analyzing the effects of COVID-19 with an intersectional approach, studies showed that minority groups comprised many essential workers in high-risk roles, such as healthcare, delivery services, and some food services (Allen et al. 2020:585). Much of this work is historically and currently undervalued and underpaid in society, but the pandemic created unique requirements for workers to perform this essential labor for the continuation of society (Heintz et al. 2021). At the same time, essential workers faced a greater risk of contracting COVID-19 due to the interactional nature of their work. In particular, women comprise much of the healthcare workforce, putting them at increased risk of infection (Heintz et al. 2021). Women constituted between two-thirds and three-quarters of healthwork employees who became infected with COVID-19 (Heintz et al. 2021:472). Additionally, women account for 88 percent of personal care workers, again increasing their risk for infection (Heintz et al. 2021:473). Migrant workers were especially likely to lose their jobs, benefits, and the ability to travel during the pandemic

(Kabeer et al. 2021:11). This increased risk of COVID-19 infection led to more workforce exits amongst women in essential work roles.

Privileged citizens have historically depended upon minority groups for care work and other forms of essential labor, which perpetuates long-standing racial inequalities (Allen et al. 2020). Minority women tend to have larger families and multigenerational households, all of which increase their social reproductive labor during the pandemic (Allen et al. 2020). Therefore, COVID-19 has heightened the gendered and racialized components of capitalism, an economic system that fails to recognize or value social reproduction. Educational attainment also correlates to COVID-19 outcomes. Less-educated mothers faced greater job loss, dropping from a 90 percent employment rate to a 70 percent employment rate, compared to both less-educated fathers and more educated groups (Fuller and Qian 2021:211). The employment gap was less significant among more educated mothers, with its height at a 7.5 percent gap in May of 2020 (Fuller and Qian 2021:212). While wealthier households with high-paid employed members might be able to afford to outsource their care work and household labor (to domestic workers or nannies, who are often low-paid migrant women), low-income households struggled to balance work and childrearing, often leading to drops in the workforce (Stevano and Smith 2021). Once again, this gap in workforce exits could be attributed to the overrepresentation of lower-educated women in service-sector work. Service work typically requires in-person labor that mothers simply could not provide due to their children being home from school.

These challenges highlight the serious employment disadvantages for working mothers, and especially poor working mothers, during COVID-19 due to the lack of a formalized childcare system in the United States. Women's care work, and specifically their unpaid care work, served as a "shock absorber" during the pandemic. Women's unpaid labor accounted for

goods and services that families could no longer access due to COVID-19, such as public education, medical attention, restaurant services, cleaning services, and childcare (Heintz et al. 2021). The American capitalist system can only function only when parents, and primarily mothers, devote time to raising children and performing household labor (Stevano and Smith 2021). The United States has always relied on parents to perform this unpaid labor, but the pandemic exaggerated the problem with unpaid care work when children were sent home from school. While many of these care services are necessary, none of them are compensated by the government. Therefore, the demands of service sector work, essential labor responsibilities, lack of government assistance, and gender norms all contributed to women's increased leave from the workforce during COVID-19.

Cultural and social gender norms serve as the final factor in workforce exit amongst women throughout the pandemic. In many cases, women assume the role of caretaker due to gender norms. Men constitute the majority of primary breadwinners in American households (Albanesi and Kim 2021; Heggeness 2020). Therefore, when one partner needs to stay at home to care for children, women are the ones to typically do so. The rate at which women transitioned from employment to nonparticipation in the workforce doubled during the pandemic, with even more drastic consequences for women with children (Albanesi and Kim 2021:5). The limited childcare options during the pandemic reinforced traditional gender norms by creating challenges for mothers to balance employment and reproductive labor, even resulting in workforce exits.

Numerous studies have focused on the psychological outcomes for parents during the pandemic. While emotional and psychological outcomes are not the main areas of study for this literature review, it is worth noting that mothers with school-aged children reported higher levels of psychological distress than fathers and women without children (Zamarro and Prados

2021:11). Even prior to the pandemic, working mothers in the United Kingdom reported 40 percent higher stress levels than the average person (Power 2020:68). In the United States, 32 percent of fathers and 57 percent of mothers have reported worsened states of mental health during the pandemic (Power 2020:68). Another study found that greater rates of psychological distress and domestic violence occurred during the pandemic, with close to half of mothers of school-aged children reporting at least some symptoms of psychological distress (Croda and Grossbard 2021:3). Women report lower levels of overall happiness when they perform more household labor (Giurge et al. 2021:4). Prior to COVID-19, women reported marginally higher levels of happiness than men, but women's happiness decreased during the pandemic (Giurge et al. 2021:4). While leisure activities are proven to correlate to well-being, low-income groups and women face significant barriers to leisure activities, resulting in a "leisure gap." Instead, these groups spend most of their "free" time dealing with the necessary tasks to maintain the household, such as childcare responsibilities (Giurge et al. 2021:1). Economic climates can wield significant impact over women's work-life balance and ability to engage in leisure activities (Kromydas 2020). Changes brought on by a recession or pandemic have the potential to result in negative consequences on the work-life balance of women. In contrast, during recessions or crises like COVID-19, women with advanced education degrees reported improved work-life balance when compared to women with little or no education. This improvement can be attributed to the access to resources and flexible working arrangements granted to women with advanced degrees and white-collar jobs (Kromydas 2020:10). While mental health and psychological outcomes are not the focus of study for this paper, they are still necessary to consider in order to understand the challenges and negative outcomes for women in a global pandemic.

Cross-Cultural Analysis & Policy

While this literature review has primarily discussed the effects of COVID-19 on families and gender in the United States, other countries have faced different outcomes based on their cultural norms and government policies. It is important to examine some of these outcomes and policies not only to gain clarity regarding the situation in the U.S., but also to inform American policies surrounding pandemics and other crises.

Different countries across the world uphold different infrastructures of social support. Scandinavian countries, including Sweden, Denmark, and Norway, are perhaps some of the most well-regarded for their comprehensive social welfare systems. These countries are not perfect in their COVID policies; for example, Sweden avoided a national COVID-19 shutdown and instead strategized to achieve herd immunity at the beginning of the pandemic. Nonetheless, these countries have historically and continuously provided strong social support infrastructure for families in times of crisis and normalcy (Brusselsaers et al. 2022). The United States, on the other hand, operates with a free-market approach. Some social support infrastructure exists, like Medicare, but this nation offers relatively few family and parental-related supports. The United States is the only country amongst the 38 nations in the Organization for Economic Cooperation and Development (OECD) that does not offer some form of paid parental leave (Livingston and Thomas 2019). While other countries require both parents to take some amount of time off from work, often to ensure gender equality in the act of childrearing, the United States has no such requirement. Many working parents rely on their workplaces and private organizations to offer paid leave (or any leave at all). Women in countries such as Sweden, Italy, and Germany expect support from their governments, while women in the U.S. place no expectations upon the government and instead frequently seek outside help by hiring babysitters or nannies (Collins

2020:869). Parental leave benefits, or even sick leave, are rarely afforded to low-wage workers. Therefore, many blue-collar workers are forced to quit or risk unemployment from their work due to the demands of childcare.

Government policies are not the only requirement for adequate family social support. Cultural and social norms also need to value the importance of parental leave. Citizens should uphold the right of both parents to take time off from work to stay home and raise their children. In the United States, gender inequality, capitalism, and the Ideal Worker Model have all contributed to the common understanding that taking time off to perform care work signals a weak employee. In an attempt to “do it all,” working new mothers may limit their amount of time off from work. Some women even tout the minimal time they take off, as demonstrated by Yahoo CEO Marissa Mayer in 2015 when she returned to work fewer than two weeks after she gave birth to her first child (O’Brien 2016). New parents may feel social and cultural pressures that lead to reluctance in their decision to take leave.

These cultural norms work hand-in-hand with government policies. Federal and workplace policies that only promote paid leave for mothers, but not fathers, contribute to gender inequality (Collins 2020). Policies that offer paid leave, but do not require it, fail to adequately encourage workers to stay at home (Collins 2020). Sweden has been successful in its attempts to attain gender-equal leave distribution. By providing long leave periods for fathers in particular, Swedish policy encourages male partners to take time off from work and stay home to care for children, either alongside the mother or independently (Nygård and Duvander 2021). The literature overwhelmingly shows that family policies work. In fact, mothers in Sweden are some of the most content mothers in the world, while mothers in the United States experience the least satisfaction (Collins 2019:25). Thus, familial government policies and the American cultural

script both need reform before producing long-lasting change in family policy. Neither cultural change nor government policy alone will be enough to adequately encourage gender equality within the home.

When analyzing the differences in COVID-19 outcomes on families in other countries, the research clearly demonstrates that many strong social welfare states have effectively supported their citizens. Other nations, like the United States, have relied on individuals and private organizations to support its citizens (Bariola and Collins 2021:4). Many parents in the U.S. turned to labor market solutions for the childcare problems posed by COVID-19, such as homeschooling or private school for children – both options that require extensive time and money. While Denmark reopened schools after a month of lockdown to ease the burden of childcare for working parents, the U.S. school system followed a patchwork approach to reopening (Bariola and Collins 2021:1) Some schools opened after six months of lockdown, while others failed to open for a year or even longer. Therefore, financially privileged parents were forced to look towards private childcare solutions while others had to turn toward other options (Bariola and Collins 2021). In contrast, the reopening of schools created additional problems for families in the United States. High rates of infection in classrooms have led to frequent and unplanned shutdowns of schools and daycare centers throughout the pandemic. Parents faced uncertainty and disruption with childcare schedules. Conclusively, reopening schools is one component of support for families, but proper healthcare reform and COVID mitigation strategies are also necessary to ensure that parents and children can receive the support they need. Denmark was able to introduce a swift reopening of classrooms because of its other beneficial health policy decisions, such as keeping bars and restaurants closed to limit transmission of the virus. In sum, the United States could not simply reopen schools during the

height of the pandemic without a comprehensive and effective healthcare policy system to combat COVID-19. Additionally, as previously outlined, dominant social norms in the United States promote gender inequality. Social values in Denmark tend to encourage equality in domestic labor between men and women, but Americans continue to stereotype men as breadwinners and women as caregivers (Bariola and Collins 2021:1). This expectation for women to deal with domestic labor and childcare further reinforced gender roles during the pandemic.

The United States was not the only country to deal with pandemic problems. Other countries also dealt with negative family impacts due to COVID-19. While Australia handled health and safety concerns of the pandemic far more effectively than the United States, with comprehensive lockdowns throughout the country, the Australian government and corporations still failed to account for the multitude of challenges that workers, and especially female workers, would encounter while working from home. In Australia, as in the United States, unpaid care work negatively pressures or constrains “ideal workers” when working from home (Jenkins and Smith 2021). Many Australian women perform invisible and unpaid labor in the home, all while experiencing insufficient access to resources and even domestic violence during the pandemic (Jenkins and Smith 2021). It can be tempting to believe that other countries maintained perfect pandemic responses, but research shows that other nations experienced various challenges within their families and care systems. Many countries have shifted toward a neoliberal model of care, one that emphasizes personal responsibility over collective responsibility and institutional support. Over the past several decades, systems of care have moved from institutions to private homes, from skilled care workers to individuals and families. The COVID-19 pandemic highlighted this shift toward the privatization of care, as the pressure

of a global pandemic quickly revealed a fragile and unstable healthcare system in the U.S. and in other countries. Some families faced no option but to turn to neoliberal, privatized models of care, including those discussed in this thesis. Nations including Poland, Hungary, Sweden, Russia, Finland, and the Czech Republic have all seen transformation from strong welfare states to neoliberal care systems in recent decades, but this shift became even more evident with the onset of the pandemic (Näre & Isaksen 2022).

The literature proposed some solutions to address the challenges of COVID-19 for families and women. These solutions are by no means comprehensive, and some are entirely unfeasible. Families with willing grandparents or other multi-generation households where extended family members could care for the children fared better during the pandemic than nuclear families without those resources. However, most families could not access intergenerational systems of care, as the risk of COVID-19 transmission discouraged grandparents or extended family members from feeling safe while caring for grandchildren. Intergenerational care arrangements were primarily common in countries with low COVID-19 caseloads and traditionally multigenerational households (Croda and Grossbard 2021:9).

Countries led by women also produced better responses and outcomes to COVID-19 than countries led by men. Women-led countries had 300 fewer daily cases and 18 fewer daily deaths than countries led by men (Kabeer et al. 2021:16). This difference could be attributed to the greater investment in universal healthcare coverage and commitment to earlier lockdowns in countries led by women (Kabeer et al. 2021:16). COVID-19 underscored the importance of political power in the hands of women and government investment in healthcare. Investing in healthcare services helps meet the care needs of populations while creating high-paying jobs in the healthcare industry (Kabeer et al. 2021:18). Beyond the benefits of intergenerational

households and female-led governments, the literature also recommended solutions such as working arrangement flexibility (which is disputable, according to research outlined earlier), affordable and accessible childcare systems, expanded benefits for low-income workers, extensive paid family leave, government subsidies for care work, universal basic income, and a feminist and intersectional analysis of future crises.

Gaps, Limitations, & Further Research

Based on the review of the literature, the findings show that the negative outcomes of COVID-19 for families, and for women in particular, are rooted in two factors: lacking government policies and deep-rooted gender norms. The literature thus far has analyzed the results of these two factors in the outcome of the COVID-19 crisis in the United States. The literature has also reviewed various policy responses and cultural norms of other countries in relation to COVID-19 outcomes. However, sociological literature has yet to cover the qualitative, context-dependent experiences of families during the pandemic. In response, this thesis aims to begin to uncover the fabric of the social lives and repercussions of COVID-19 for dual-income families. Additionally, the existing literature has lacked solutions to the issues facing families during the pandemic. It has been over two years since the pandemic began to spread. In the early spring of 2020, few knew what COVID was or how to limit its spread. Even fewer considered the potential ramifications of the pandemic for families and women. Now, as society grows increasingly distant from that first detected case of COVID-19, sociologists and policymakers need to consider solutions and aid for families in the wake of COVID-19 and in future crises. In October of 2021, President Biden proposed 12 weeks of paid family leave in a social safety net bill that would support American families as many attempt to recover from the continued effects of the pandemic. The proposal was cut down to four weeks of paid leave, and

then paid leave was eventually entirely eliminated due to lack of Senate support (Finn 2021). This cut from Biden's package was a severe disappointment to many families and working mothers, as the United States continues to lag behind nearly every other country in its family leave plan (Livingston and Thomas 2021). Therefore, research on other countries' plans and successes with paid family leave, as well as feasible solution proposals, can help encourage Democrats and Republicans alike to support paid family leave policies moving forward. COVID-19 will continue to be a challenging feature of society for years to come, so solutions will continue to be useful to address the negative outcomes for families and women. Additionally, such solutions can be applied to future impending global crises.

Studies have the potential to extract findings from other countries, such as Scandinavian countries with strong social welfare states, and apply them to the United States. The potential successes or pitfalls of other countries' policies could be used to inform American policy surrounding COVID-19 and other future crises. Some of the results may be obvious. For example, the United States should implement a formalized paid family leave system based on the evident success of Scandinavian parental leave policies. Other policies, such as earlier school openings (as Denmark authorized in the spring of 2020), may have been less effective due to the potential for negative health outcomes on the population. An analysis of these policies would be useful for the future of American crisis policymaking, which is increasingly necessary considering the impending climate crisis and increasing economic inequality. While the United States must make significant progress before supporting its citizens in the face of crisis, COVID-19 could be the wake-up call for this necessary change in the system. Further research is ultimately necessary to call attention to the detrimental effects of COVID-19 on families, women, and gender equality within the home and workplace – effects that are heightened when

compared to findings in other countries with strong social welfare programs. This thesis begins to shed light on such detrimental effects, but further research is always valuable.

Thus far, the literature has succeeded in analyzing the outcomes of COVID-19 on families, labor, and women. Readers have seen the devastating effects of the pandemic on gender equality, labor participation, and even mental health. These effects only get worse when accounting for differences across gender, race, and socioeconomic status. This analysis stems from the work of Arlie Hochschild in her 1989 seminal work, *The Second Shift*. This literature review seeks to apply the findings of *The Second Shift* to present-day society. In doing so, readers can begin to understand how women continue to perform a second shift in new and different ways during a global pandemic. Therefore, this thesis, along with work from Blair-Loy et al. (2015), serves as one of the few sociological studies to follow up on *The Second Shift* in modern times. With changes in work arrangements, childcare, and gender norms, it was unclear if the findings from *The Second Shift* would continue to apply to life today. However, the literature shows that inequality in the division of household labor and childcare continues to affect families despite advancements in workplace flexibility and changing gender norms.

RESEARCH METHODS

This qualitative research study was conducted over the course of six months, beginning in the fall of 2021 and continuing through the spring of 2022. Through in-depth interviews and participant observations with twelve respondents, I became familiar with the daily lives and routines of families across the United States. At the time of this study, I was an undergraduate student at a small liberal arts college in Southern California. The nature of my participant outreach tactics resulted in a majority of respondents residing in the nearby Southern California area. Many live in or adjacent to a small suburban community, home to my college and a group

of other liberal arts colleges. The town is a suburban, affluent community outside of Los Angeles with a population of approximately 36,000. According to the U.S. Census Bureau, the median household income is \$101,000 in 2021, ranking it the 51st city with the highest median income out of 140 cities in Los Angeles County (Data Commons 2021). Due to the relative affluence of this community, all my participants are middle to high-income earners. Additionally, many residents work in higher education as a result of the presence of a few liberal arts colleges nearby. Thus, several of my participants work in the industries of higher education administration, research, or instruction at the local colleges. In a few cases, as is indicated, participants in this study resided outside of the Southern California area.

Given the nature of my study and my number of participants across ten different families in the community, I had no one site of my study. Throughout the fall term, I lingered in the homes of the participants on numerous occasions to conduct participant observation and gain vivid insights into the day-to-day lives of my respondents. I spent hours on living room couches and at dining room tables – even bouncing on a trampoline at one point – to observe the Sunday afternoons and dinner routines of families with young children. Participants' homes varied in aesthetic style and feel, but on various occasions, I found myself entering one-story, ranch-style homes with landscaped front yards and backyards full of children's toys. One home, with a white exterior and brick porch, opened into a living room crowded with puzzles, dollhouses, stuffed animals, a television, and a Peloton bike in the corner. Two French doors opened to a meticulously designed backyard with a massive trampoline, completed by an outdoor furniture set circled around a built-in fire pit. Another home, just across the street, featured a dry, barren landscape in the front yard, perfectly fit for the native Southern California environment. The home's open floor plan connected a large living room to the dining hall and kitchen. The more

formal living room, towards the back of the home, included an ornate fireplace, a sectional couch, stacks of books, and a constructed Lego house in one corner. Each home that I stepped foot in felt settled and comfortable, with details such as toys, books, and games all indicating the presence of childhood in the household. While some homes appeared disorderly and chaotic, others felt peaceful and warm, tucked into cul-de-sacs or twisting suburban streets. The homes of my participants never failed to feel welcoming, cozy, and inviting after too much time spent in my own humble dorm room.

At the start of this study, I decided to recruit participants by social media and word-of-mouth efforts to reach as diverse a sample as possible. I contacted eight of the participants through connections of various friends and coworkers. The other four participants came from social media posts on two community Facebook pages. In these posts, I proposed my research topic and asked that interested participants reach out to me over Facebook Messenger. I made the qualifications for research subjects clear, as potential participants needed to be married with young children (below the age of 18) and employed at the time of study. Initially, these social media posts yielded several comments and messages. Yet, when I provided the interested subjects with additional information, including the time commitment of both participant observation sessions and interviews, only four participants agreed to continue with my project. Ultimately, the group of twelve participants includes ten working mothers and two working fathers in the Southern California area. Two married couples are included in these participants. All have at least one child under the age of 12. Four families have just one child, while all other participants have more than one child. The relatively young ages of the children ensure that they continue to be dependent on their parents for care, but it is safe to assume that the older children require less support than the younger children of my participant families. All parents were

employed at the time of study. Most had been working full-time since prior to the pandemic, though one participant had been working part-time and began a second part-time job just a few months before this study. All names and identifying details of the participants have been changed for confidentiality purposes.

I began my research by conducting participant observation sessions in the home environments of my participants. These sessions typically lasted between one to two hours on evenings or weekends, when all or most members of the household were present, in order to accurately observe the dynamics between family members. During these sessions, I recorded short notes and jottings in a notebook, which I would elaborate upon shortly after leaving the field. In later weeks, I returned to my fieldnotes to reflect on my initial notes and to add observations from my experiences in the meantime. While I interviewed all twelve participants, time constraints and health considerations limited me from observing all participants. In fact, for the participants that I could observe, I got tested for COVID-19 prior to my visit and wore a mask throughout my time in their home, always doing my best to respect their health and safety boundaries in light of the pandemic.

Respondents were more willing to participate in interviews than observation sessions because interviews could be conducted virtually, thus avoiding potential COVID-19 transmission. Therefore, I shifted my research method focus to participant interviews in the spring of 2022. I conducted and recorded all interviews over Zoom video conferencing, then transcribed the interviews shortly thereafter. The interviews ranged in duration from 40 minutes to 1.5 hours. A list of interview questions guided my interviews, yet I remained flexible to diverge from these questions and follow participants' own anecdotes, ideas, and even tangents. The interview questions covered participants' daily lives, both currently and during the height of

the pandemic, as well as their pandemic experiences, childcare and schooling situations, household division of labor, and relationships. All interviews took place between me and individual participants, except for one joint interview between myself and a married couple. After collecting data from interviews and participant observations, I coded the data for themes and types within my research. Based on this interview coding, a typology emerged amongst my participants to describe the strategies that they employed to manage household labor during the pandemic. Participants generally fell into one of three types, including *independents*, *unpaid outsourcers*, and *paid outsourcers*.

LIMITATIONS

Despite the success of this study and the development of a strong typology to describe household systems of labor in COVID-19, some limitations persist. I failed to represent diverse socioeconomic and racial groups among my participants. The majority of the study's participants are white, with the exception of three Asian-American women. My study also did not account for the experiences of low-income people, as all respondents maintain middle class or upper-middle class status in the local context. The literature has demonstrated that the pandemic experiences of low-income people vastly differ from the experiences of high-income people, particularly regarding working arrangements, labor outcomes, and safety. Given the high representation of low-income individuals in service-sector roles and essential labor, low-income groups faced mandatory in-person labor, increased health risks, and insufficient resources to support children at home. Further research has the potential to account for these differences by representing a more diverse sample, including low-income groups.

Another limitation of my study is the lack of interviews and observation between both partners. Out of seven total participants, I was able to interview only two complete couples. I

interviewed eight individual women without interviewing their husbands, thus providing me with an incomplete perspective from those households. Further research would benefit from interviews with both partners in the marriage to gain a more thorough understanding of the households from the perspective of both partners. The implications of interviewing one partner in the relationship, as opposed to both partners, is elaborated upon in the *Appendix A, Research Methodology*.

DATA ANALYSIS

Families rely on routines and habits to execute daily responsibilities, tasks, and activities. From morning commutes to bedtime routines, parents must incorporate distinct, specific habits into their daily lives to keep the household running and to ensure the supervision of their children. However, COVID-19 introduced significant disruptions to these routines. With children home from school and parents home from work, families had to create new routines and strategies to manage the multiple demands of paid labor, household labor, and childcare. While these strategies may differ based on contexts, my study proposes a typology, composed of three main types of strategies that families and households, rather than individuals, employed in response to COVID-related disruptions. The *independent*, *unpaid outsourcer*, and *paid outsourcer* types each describe a different household strategy for handling labor, formulated from the research conducted with my twelve participants (see Figure 1 below). *Independents* maintained responsibility for all unpaid and paid labor without outside help. *Unpaid outsourcers* outsourced some of their care work to unpaid forms of support in their close social networks. *Paid outsourcers* outsourced much of their household labor to paid forms of support like nannies, private schools, or cleaners.

Socioeconomic status and financial privilege play a major role in the categorization of household labor strategies. While those with ample financial capital could often afford to outsource care work, others were forced to rely on friends, family members, or no one at all. However, at the same time, financial capital did not matter as much during COVID-19 than in other crises. Due to the health risks of the pandemic, many individuals (even wealthy ones) could not locate willing care workers or care institutions. Babysitters, daycares, housekeepers, and other paid care workers sometimes paused their labor to preserve their own health and safety. Those who may have wished to outsource household labor had to find alternatives. Thus, while money mattered in some cases, this pandemic also downplayed the role of financial capital due to care workers' necessary health precautions. The relatively small number of respondents classified as *paid outsourcers* is demonstrated in Figure 1, where *unpaid outsourcers* and *independents* are more common in the research sample. In a time where the boundaries between work and life became increasingly blurred, these types serve to define the systems that parents have utilized to cope with the competing demands of paid labor and household labor.

Figure 1. Participant Information

Name (Pseudonym)	Occupation	Partner's Name	Partner's Occupation	Children (Number & Ages)	Type
Lily	Higher Education Administrator	Christian	IT Worker & Higher Education Administrator	1 Kid Age 12	Independent
Christian	IT Worker & Higher Education Administrator	Lily	Higher Education Administrator	1 Kid Age 12	Independent
Jane	Small Business Owner	George	Elementary School Principal	2 Kids Ages 9 & 11	Independent

Annie	Life Coach & Homeschool Teacher	Ethan	College Professor	3 Kids Ages 8, 13, & 17	Independent
Nora	Elementary School Teacher	Graham	Banker	2 Kids Ages 5 & 9	Independent
Kate	Elementary School Specialist	Ben	Elementary School Teacher	2 Kids Ages 9 & 11	Unpaid Outsourcer
Ben	Elementary School Teacher	Kate	Elementary School Specialist	2 Kids Ages 9 & 11	Unpaid Outsourcer
Lauren	Higher Education Director of Admission	Leo	Elementary School Principal	2 Kids Age 7 & 9	Unpaid Outsourcer
Margaret	Recruiter	Ray	Vice President of Family Business	2 Kids Ages 9 mo & 7 yrs	Unpaid Outsourcer
Alice	Photographer	Dylan	Commercial Producer	2 Kids Ages 7 & 9	Unpaid Outsourcer
Samantha	College Professor	Luca	Higher Education Communications Specialist	1 Kid Age 2	Paid Outsourcer
Sabrina	College Professor	Henry	Doctor	2 Kids Ages 2 & 7	Paid Outsourcer
Hailey	Epidemiologist	James	Science Researcher	1 Kid Age 2	Paid Outsourcer

Independents

Jane, a small business owner and mother of two, spends most of her days contributing to the responsibilities of the household: making meals, driving her young daughter and son to and from activities, and picking up around the house. Every night, she devotes several hours to running her own small skincare business – meeting with clients, preparing shipments, and

responding to emails. Jane is an example of an *independent*, or someone who single-handedly performs the majority of household labor while maintaining employment. *Independents* rarely rely upon their partners, family members, or others for support with household labor and childcare. Often, they feel solely responsible for a smooth-running household. From my twelve participants, I classified five as *independents* based on my interviews and observations. Four of these participants are women, including Jane, while one is a man, married to another *independent* woman. All identified types are *household* strategies of labor, rather than individual labor strategies. Therefore, two parents in one household can both constitute an *independent* type, meaning that they both perform household labor and childcare independent of outside help. Nonetheless, the majority of *independents* in this study are women who single-handedly manage the majority of household labor. The contexts surrounding *independents* may vary, but the defining characteristic of the *independent* is their lack of reliance on other forms of help or support, such as babysitters, extended family members, or friends. Rather, as in Jane's case, *independents* manage everything themselves.

JB: We were home a lot. And it was up to me because [my husband] wasn't home. It fell on me and it was hard. I think we both were just so burnt out, and in so many different ways. His job wasn't any easier than mine. And my job wasn't any easier than his. They were just completely totally different.

Jane acknowledges that both she and her husband faced significant pressures from paid labor and household labor, but Jane clearly differentiates between "his job" and "my job." While Jane's job focused more on the household, her husband worked as a school principal, which required him to spend most of his days at the school site, even during the height of the pandemic. Therefore, Jane assumed more household labor. In all *independents*, flexible working arrangements and careers allowed them to be independent. While other participants faced demanding jobs and long hours, the *independents* typically had the freedom to control their hours

and spend a significant amount of time on household labor and childcare during traditional working hours. An independent couple, Lily and Christian, both worked two part-time jobs. Lily worked a total of 40 hours per week split between two part-time jobs at the local colleges. Christian also worked one part-time job at a local college and another part-time job at Lily's father's company. The relaxed, remote nature of their part-time jobs allowed them to determine their working hours and daily schedules. My field notes from the time also suggest that their only daughter, age 12, was largely independent, requiring little support or care from Lily and Christian compared to the younger children in this study. For all these reasons, Lily and Christian faced minimal difficulty in managing both care work and paid labor. Christian even described some of the benefits of the pandemic for his time and family life:

CH: I think it would have been a little harder and we would have felt more pressure, except that our workload went down because of COVID. So, we just had more time to negotiate those things. So, I didn't feel any pressure. I [spent] a little less time doing work [and] a little more time with [my daughter].

While it can be tempting to classify all pandemic experiences as negative, Christian's remark proves that some families experienced positive outcomes from the pandemic. Throughout my interviews and observations, parents often commented that COVID-19 gave them more special time with their loved ones. Without the rush of commutes and constant extracurriculars, some parents reported that the pandemic forced them to slow down and appreciate their time at home. For many, the pandemic was the first time that parents did not feel pressure to engage in "intensive parenting," or the highly demanding and child-centered approach to parenting that has become the norm in recent decades (Shirani et al. 2012). However, not all parents reported such positive experiences. Lily and Christian's uniquely flexible work schedules and one independent daughter likely contributed to their optimism regarding COVID-19 outcomes. The largely

positive experience of Lily and Christian also highlights the family's middle-to-upper class positioning. Other families, with less financial privilege, faced disadvantageous outcomes. The discrepancies of experience point to the inequality that emerged between social classes during the pandemic, affecting families of varying socioeconomic spheres in dramatically different ways.

Jane, the aforementioned small business owner and mother of two, was also independent. Jane had worked in the fashion industry for years, but when her daughter suffered from a seizure at a young age, Jane decided to pivot to a more flexible occupation. She has enjoyed running her own business for the flexibility and freedom that it affords her. Jane's husband, an elementary school principal, manages a hectic daily schedule that Jane referenced throughout our interview.

JB: He actually was [working] in-person the entire time [of the pandemic]. But it was just him. So, he actually never got a single day off over the summer. He got the month of July off, but he worked every single day. My husband has the least flexible job there is in the world. So, he can't leave during the day at all.

Jane perceived her husband's work to be intense, inflexible, and demanding. Jane alluded to her husband's lack of work flexibility in several points throughout the interview, often to remind both herself and me that her husband did not have the capacity to take on household labor. I interpreted these mentions as Jane reconciling the unequal division of household labor between her and her husband. By reiterating the demands of her husband's job, Jane could justify her continued performance of the majority of household labor and childcare. This dynamic relates to Hochschild's work on the economy of gratitude, or the exchange of gratitude and its complex meanings between partners. Individual identities and family myths determine one's personal conceptualization of "gifts" between them and their partner. For example, Jane interprets her husband's paid labor as a gift because it brings financial stability while Jane can focus on unpaid household labor. However, Jane's husband may not interpret Jane's household

labor as a gift because of the deep-rooted and gendered social norms that code household labor as the women's domain. Hochschild describes this economy of gratitude, and specifically the giving and receiving of gratitude between partners, as a common source of struggle for couples (1989:18). When one partner fails to express gratitude or another does not feel appreciated for their labor, conflict can ensue.

While Jane acknowledged that she too faced burdensome demands of running a small business and caring for two children ("my job wasn't any easier than his"), she implied that her small business ownership was flexible, unlike her husband's role. Thus, Jane found the *dual* responsibilities of worker and caretaker to be overwhelming. Jane considered herself as equally "burnt out" as her husband due to her multiple roles inside and outside the home. However, the lack of stress and intensity that Jane associated with her small business, compared to her husband's role as a school principal, allowed Jane to accept greater household contributions and an unequal division of labor. This dynamic maintains some parallels to the "strategy of substitution," as outlined in *The Second Shift*. Just as the strategy of substitution helped men rationalize their decreased care work by replacing necessary household tasks with unnecessary ones, Jane had accepted that her husband would replace his household labor with paid labor. Due to this personal understanding of her husband's excessive work responsibilities, Jane never assumed that he would alter his schedule to support their two children during the pandemic. Instead, Jane adjusted her own schedule, shifting her work to the evenings and weekends so that she could support her children's online learning efforts during the day. Jane's willingness to be flexible and assume greater household labor in the face of disruption stemmed from her uniquely adaptable job, deep-seated gender norms, including the Male-Breadwinner/Female-Caregiver Model, and "family myths," or common stereotypical beliefs that code care work as inherently

feminine (Bariola and Collins 2021; Hochschild 1989:206). Jane's situation aligns with Hochschild's post-modern model of care, defined by the working mother who "does it all," which is increasingly common in modern-day society. The *independent* type applies Hochschild's postmodern care model to present-day pandemic circumstances, mapping an updated model of care onto an older one. The pressure to do it all comes with significant challenges in balancing paid labor and household labor, as evidenced by Jane's shifts in her daily schedule to account for the needs of the household.

Nora, an elementary school teacher married to a banker with two kids under the age of ten, taught her classes over video conferences for the first several months of the pandemic. During her class times, her son would sit at a table and take his own Zoom classes next to his father while he worked. If her son needed help with anything, Nora's husband could easily glance over his shoulder and direct him to the next worksheet or lesson. Despite her husband's demanding job in banking, Nora thought that the set-up worked well. In fact, now that her husband works from home full-time and Nora has returned to the classroom, Nora has noticed an increase in his contributions to household labor.

NE: I think my husband does more now because his job has shifted, so he's working from home all the time. The office has never really opened up. Because we were both at home, it was very much 50/50. Now, because I'm back at work full-time, he does way more than I do on the home front. He does all the laundry, all the dishes, drops off and picks up the kids from school [...] For household chores, my husband does way more now because I'm not home.

Nora and her partner's dynamic diverged from the other *independents*, in that Nora's male partner actually increased his contributions to household labor during and since COVID. Despite his full-time job as a banker, his new work-from-home arrangement allows him to do daily tasks like laundry and dishes while Nora teaches at school. With work-from-home and flexible working arrangements becoming increasingly common during COVID, some predicted

that household labor would begin to equalize between men and women. Nora and her husband confirm that hypothesis and exemplify greater household equality emergent from pandemic circumstances. However, the traditional Male-Breadwinner/Female-Caregiver model continued to prevail in many homes. Annie, another *independent*, reflected on the division of labor in her household, where she does the majority of daily labor.

AK: My husband and I take care of [vacuuming]. Everything else is pretty much me, yeah. I am kind of a stickler for restrooms and kitchens [...] My husband can walk over the same thing ten times and have no consciousness of it. He is definitely in the outdoor domain. I don't touch it. I'll tell him what I like, but that's his domain. I take care of the inside.

When asked why she performs the majority of household labor, Annie notes that she was brought up in a manner that encouraged it. She also “learned a lot from [her] mom,” thus continuing generational arrangements of labor. She even described her tendencies to perform household labor as innate, saying:

AK: [Some of it] came from growing up, but there's also a natural, innate desire to keep track. I know the kids' schedules. I'm the one who is more aware of their routines. Scheduling appointments, things like that, all fall under my jurisdiction. My husband grew up never doing anything in the house. In college, I had a chore wheel. Every week we move the chore wheel around, so it's just a natural thing to come into my house and apply the same principles.

Annie, much like the other *independents*, often followed a traditional model of household labor, aligned with the Male-Breadwinner/Female-Caregiver Model. While Lily and Christian attributed their independent household labor to their flexible working schedules and Jane linked her independent labor to the intense demands of her partner's job, Annie attributed her strategy to her social conditioning and childhood, or the way she was raised. Thus, each *independent* cited a different reason for their household labor system. While Annie saw no issues with her household's division of labor and felt no desire to change it, other *independents* often

commented on their desire to hire support to aid in household labor and childcare. Lily summed up a common predicament facing *independents*:

LH: I mean in a dream world, if I had more money, I would hire someone to [clean]. Part of working part-time was so that we can do stuff ourselves. But now that we're both working full-time, it would be nice if we had someone who could clean our house or do the yard work, but we still do it all. And it feels like we don't have enough time to do it all. It always feels like that. And so ideally, we would have hired help, but I don't think we have enough disposable income.

While the *independents* may have wanted to hire a babysitter or housekeeper from time to time, they may not have had the “disposable income” to afford it. Compared to the *paid outsourcers*, limited financial capital forced *independents* to perform their own household labor and care work. While Jane considered relying on her parents who live nearby, they were unable to support the family due to their COVID-19 health concerns and technological incompetence (a basic understanding of technology is imperative to support kids' online learning). Unlike the *unpaid outsourcers*, *independents* lacked the social capital or nearby ties necessary to depend on friends and family for care work. Thus, with limited financial and social capital, *independents* managed household labor and childcare without the help of others.

Unpaid Outsourcers

Kate and Ben, a learning specialist and teacher (respectively) at local public elementary schools, relied on their neighbors and friends to help with the care of their two young children throughout the pandemic. As the district required Kate and Ben to return to teach in-person at their schools in the spring of 2021, they were left with few childcare options for their children, ages nine and eleven. They turned to close neighbors and family friends to watch the kids throughout the day until Kate or Ben could return home. I came to define this strategy, in which parents outsourced their care to extended family and friends, as *unpaid outsourcing*. I classified five of my twelve participants, including one couple, as *unpaid outsourcers*, making them tied

for the most common type in my research, next to *independents*. Kate and Ben, among others, enlisted the help of friends and neighbors for the care of their two children, while other study participants relied on family members (typically their own parents) to care for their children. *Unpaid outsourcers* mainly outsourced their childcare responsibilities – rather than their household labor – to family and friends, contrary to some of the *paid outsourcers*.

Notes from my time visiting Kate and Ben's home reference Ben's emphasis on community values. He appreciated the tight-knit sense of community, annual block parties, and kids of the same ages as his own who lived just down the street. This reliance on friends, as well as intergenerational reliance on extended family members, becomes increasingly uncommon as individuals distance themselves from strong communities organized around religion and other traditional institutions in modern life. Neoliberal capitalism and American ideals of individualism have discouraged community support. Therefore, the care infrastructure that *unpaid outsourcers* employed is unusual yet useful for understanding the shifts in family lives and labor routines during COVID-19. It also continues to prove invaluable to parental strategies of care. Potentially because of these shifting attitudes towards intergenerational care and community reliance in present-day society, Kate and Ben expressed significant distress in their decision to rely on friends for their childcare needs.

KL: We had to rely on a couple different very close friends. We split up the kids. One [kid] went to a friend's house, there was a nanny there, so we pitched in to fund that nanny. We had some other good friends where our son went. He was there five days a week because [the parents] were still working from home, so they just took [our son] every day and we sent him with all his school work. He did his school with their two boys. Our daughter was at another house. It's a lot, you know, and [...] in the middle of a pandemic, it was nearly impossible to find anybody to watch your children. College students weren't on campus. Our childcare is through our school district. Our kids weren't back to school.

Kate and Ben conceptualized childcare as a responsibility of the public schools, not of their friends or family. Later in the interview, Ben expressed a “deep debt” to the parents who cared for his own children during that time, noting that many of those parents are professionals with their own significant time commitments. He reflected, “[The parent is] not exactly like a stay-at-home mom or babysitter person, you know? And so I felt really guilty about that.”

Despite these feelings of guilt, Kate and Ben felt that they had no other option but to rely on their friends during this time. Like the *independents*, the *unpaid outsourcers* typically could not afford high childcare costs. While Kate mentioned paying the nanny at the friend’s home where her son stayed, the family’s middle-class status made it “exorbitantly expensive, honestly, to pay someone just to be in your house all day, every day.” Much like the *independents*, the financial commitment of nannies, babysitters, and housekeepers forced the *unpaid outsourcers* to seek out other options for a reduced charge or at no cost. Many of these free arrangements created an emotional or logistical strain on parents, even inducing feelings of guilt in Ben’s case. Financial capital and social class served to determine their household strategies for labor, differentiating them from the relative ease experienced by *paid outsourcers* when handling household labor during the pandemic.

Lauren, a Director of Admission at one of the colleges in the area, utilized a system of intergenerational care during the pandemic. Lauren and her husband had moved to another town in Southern California five years ago to be closer to her husband’s parents, a decision that paid off when Lauren’s mother-in-law was able to care for Lauren’s two young boys throughout the pandemic. Lauren’s mother-in-law would watch the kids during the school day while Lauren and her husband worked. Lauren greatly appreciated this exceptional arrangement:

LS: We had such a unique set of circumstances with the level of support that we had from [my husband’s] mom. I think that if I had been working full-time at home and managing

the kids' school and trying to keep up with house stuff, I think that would have been really hard. I've always thought that was a very different thing for us because the kids were with [his] mom.

Lauren's circumstances *were* unique. COVID-19 created barriers to intergenerational care. Many grandparents felt uncomfortable caring for young children due to the possibility of COVID-19 transmission. Additionally, due to typical American traditions of living independently and distancing from family members, grandparents or extended family members are now less likely to live near their children and grandchildren. Some studies show that intergenerational care arrangements were common in countries with low COVID-19 caseloads and traditionally multigenerational households, but this form of care was typically inaccessible for U.S. households (Croda and Grossbard 2021:9).

Alice, a professional photographer, and Dylan, a commercial producer, appreciate their tight-knit community in the Los Angeles area. They even decided to move their nine-year-old son from a charter school to the local public school to form stronger connections within their neighborhood. Now, Alice and Dylan's two kids can walk to school with the neighbors, rather than driving through Los Angeles traffic every morning and afternoon. In the spring of 2020, Alice described her childcare experience as a "day full of figuring out what to do with the kids." While her husband took video calls from one room, Alice would be in the next room, attempting to keep the kids quiet to avoid disrupting Dylan's production work. Alice had a more flexible work schedule, and the majority of her photography covers events, non-profits, and schools. Without those events and institutions in live operation during the pandemic, Alice's project load drastically decreased. While Dylan continued to work full-time, Alice took on the initial responsibility of childcare before eventually finding an *unpaid outsourcing* solution. Additionally, Alice had made a career change requiring her to attend graduate school and take a

pay cut, so Dylan earns more money in the partnership. Alice said, “If there was a decision of who was going to do what, it would be him working, obviously because of the money factor.”

After a few months of *independent* childcare, Alice found another mother in the community who was willing to do a childcare share. Alice would take the other family’s children, along with her own, twice a week. She would help facilitate online learning for the majority of the school day, and then the other parent would take all the kids for another two days each week. Both of Alice’s two kids aligned with the ages and academic classes of the other family’s two children, so they could easily attend virtual classes together and work on assignments together. Alice described this arrangement as a huge relief and as one of the first times throughout the entire pandemic where she experienced alone time in her own home. Alice and Dylan also relied on Alice’s parents to drive or fly from their home in Seattle to Los Angeles to care for the kids when Alice had a big photography shoot and would be out of the house for days at a time. However, the family faced significant challenges with their household labor arrangement. While they would have liked to hire a babysitter or nanny at some points, babysitters were unwilling to spend time in the homes of multiple families, and they often had commitments to only care for one or two families for health reasons. Thus, even with the financial capital to afford *paid outsourcing*, the nature of COVID and the risk of transmission prevented such outsourcing of childcare in some cases. Additionally, Alice expressed another challenge in carrying the burden of managing the family’s household labor and childcare:

AG: I’m the one with the community of people... It’s me who has to figure out who’s going to take care of our kids in the morning. That’s how it was in the pandemic. [I carry] the burden of finding the community and finding childcare if I need to work. It’s me finding the work and me finding where to put the kids.

Alice possesses the social capital to reach out to friends and community members for childcare support. While on one hand, access to social capital is a privilege, it also comes with

the burden of responsibility to find help, ask for it, and coordinate the logistics. The very responsibility of managing care work, even without performing the care work itself, can become burdensome. Alice expanded on the challenge and emotional burden of asking for help from friends:

AG: I think it would have been a very different experience if I did have family in town. Our friends and our neighborhood are great communities and really willing to take care of one another's kids, but it's still really hard to ask, you know? It's like, can you take my kids again? It's nice, it's just not an everyday solution aside from that little pod that we did. It's more sporadic.

Despite the clear benefits of *unpaid outsourcing*, Alice brings up an important point.

Unlike *paid outsourcing*, which is a fair and transactional arrangement, *unpaid outsourcing* relies solely on the kindness and altruism of friends and community members. Feelings of guilt or shame can arise among *unpaid outsourcers* without some form of compensation. Particularly in American culture, where community support is more uncommon and private models of care prevail, *unpaid outsourcing* practices could be viewed negatively. In Alice's case, her childcare share with another family remained fair in that each parent took the kids twice a week, but the act of asking for support can be intimidating when compensation or reciprocation is absent.

The final *unpaid outsourcer* couple, Margaret and Riley, relied on a combination of *unpaid outsourcing* and *paid outsourcing* for their childcare during the pandemic. Margaret, who works in recruiting, attempted multiple options for the care of her young son in the early stages of COVID, beginning with a learning pod of friends, shifting to a private tutor, and eventually settling on support from Riley's mother. Margaret worked virtually from her mother-in-law's house while her son completed his online classes and schoolwork. Riley's mother, who lives in the nearby Southern California area, was happy to help facilitate her grandson's learning. While the risk of COVID transmission remained a concern, she valued her family and prioritized

quality time with her grandson. Even when his school began a hybrid learning schedule with in-person instruction in the mornings, Margaret's mother-in-law would continue to guide the child's remote learning at her home in the afternoons.

As Margaret's son advanced from preschool to elementary school, Margaret and Riley placed him in a private school with ample online learning resources. Most classes continued virtually, with teachers offering substantial support throughout the school day. In the spring of 2021, during the later stages of the pandemic, Margaret and Riley had another child. Now, they rely on both a nanny and Riley's mother for the baby's care. Riley has also adjusted his working hours to be able to leave his office at 4pm, pick up the baby, and watch their older son until Margaret returns home from work. Thus, the family utilizes a patchwork system of *paid outsourcing* and *unpaid outsourcing*, as well as some *independent* labor, to cover all their household labor and care work. Margaret reflected on the family's COVID childcare set-up, saying:

ML: If I had tried to do it on my own, I would have lost my mind. I was really lucky, but I was also really focused on making sure we had help. Whether it meant paying my friend or engaging my mother-in-law [...] Without those resources, I would have collapsed and had to leave our jobs or take a leave of absence or something like that. Fortunately, for everything that was provided by the school and the other resources that we engaged, I felt like I was pretty able to stay on track at work and cover the bases.

Although Margaret outsourced care work to friends, family, and even a tutor, she also described herself as "really focused on making sure we had help." Much like Alice, who possessed the social capital to coordinate the outsourcing of care work, Margaret was also responsible for figuring out her family's labor arrangement, a labor-intensive responsibility by itself. The logistical work involved in coordinating childcare arrangements was often performed by women in my participant sample, demonstrating the apparent gender inequality in both the planning and performing of care work. Additionally, the friends and family members performing

the labor for *unpaid outsourcers* are typically women – grandmothers of children, neighborhood mothers, or aunts. Thus, outsourced caregivers are disproportionately female, once again highlighting the gendered nature of care work.

By utilizing care support from social networks, the *unpaid outsourcers* all engaged in a form of Hochschild’s “warm-modern” cultural model of care (1995). This model, while uncommon in modern-day society, depends on families and institutions (both formal and informal) to share in caretaking responsibilities. Friends and extended families serve as types of institutions in this case, a term that can be defined here as a significant relationship in society or culture. Brought together by shared interests, location, or genetics, the support networks of my participants allowed for shared systems of caretaking during the pandemic. While increasingly exceptional in the 21st century, the warm-modern care model that characterizes *unpaid outsourcers* serves as a useful and sometimes necessary form of support for families in the face of insufficient government policy. Much like the relationship between the *independent* type and the post-modern care model, the *unpaid outsourcer* type applies Hochschild’s older care models to present-day strategies of care.

Despite the classification of Kate, Ben, Lauren, Alice, and Margaret as *unpaid outsourcers*, they all continued to perform independent household labor in many instances. No participants relied solely on friends or extended family members for all household labor and childcare. In fact, few *unpaid outsourcers* relied on social networks for household labor like cooking or cleaning. Rather, childcare was the main type of labor outsourced to friends and family. For example, while Lauren’s mother-in-law may have cared for the children during the school day, Lauren continued to perform household tasks independently, such as making dinner and washing dishes. Similarly, during a fieldwork session at Kate and Ben’s house, I witnessed

Kate doing a load of laundry as I spoke to Ben in the living room. These families maintained some aspects of independent labor within their greater household labor, piecing together various strategies and systems of care to create functioning routines during a disruptive pandemic.

Paid Outsourcers

Sabrina is a professor at a small liberal arts college in Southern California and a mother of two young daughters. In the beginning of the pandemic, Sabrina spent evenings huddled over her laptop, breastfeeding her youngest daughter in between virtual office hours with her students. During the days, she devoted hours to homeschooling her eldest daughter, a first-grade student at a local public school. Unlike Sabrina's college classes, her attempts at teaching her own six-year-old would typically result in arguments and frustration on both sides. Sabrina's husband works as a doctor at a local cancer hospital. While he worked long hours at the hospital throughout the pandemic, Sabrina's more flexible role as a college professor meant that she stayed home with their two kids. After a while, Sabrina could no longer balance her two roles of professor and mother. She decided to outsource some of her care by enrolling her eldest daughter in a private school in the area. Sabrina is one of three participants in my study to represent the *paid outsourcer* type, or those who outsourced care work and household labor to paid forms of help, including nannies, housekeepers, and in Sabrina's case, private schools. I categorized families based on their primary ways of dealing with labor during the pandemic, and although other families outsourced some care (Lauren and Jane both hired house cleaners once a month), Sabrina, Hailey, and Samantha mostly relied on outsourcing their care work. The decision to outsource care work relied on a variety of factors, including access to financial capital, access to willing labor during a pandemic, and health and safety concerns. Many *paid outsourcers* harbored significant financial capital to be able to afford to hire nannies and housekeepers.

Additionally, *paid outsourcers* had to find workers who were willing to enter their homes, interact with their children, and clean their spaces. The subjects themselves also had to feel comfortable with welcoming others into their homes. During the COVID pandemic, health and safety became a primary concern, so fewer families were comfortable with *paid outsourcing*, despite a financial ability to do so. The relatively small number of participants who aligned with the *paid outsourcer* type in this study could be attributed to these limiting factors that played a major role in the decision to outsource labor.

Throughout the pandemic, Sabrina faced significant difficulty in balancing her employment and household labor. She enrolled her eldest daughter in a morning childcare program but continued to homeschool her in the afternoons through the spring of 2020. Eventually, Sabrina realized that something needed to change. “I realized, we’re already paying for daycare. At some point, I sat down and was like, it’s either going to be my career – *because it wasn’t going to be my husband’s career* – it was either my career or the kids’ education.” In a cynical tone, Sabrina emphasized that her husband’s career would not be sacrificed for the wellbeing of their daughters, recognizing the gender inequality at play in her situation. While Sabrina found herself choosing between her career and her children, her husband did not have to make that choice. As she later described it, her husband’s career became the “default,” while her own career as an established professor and researcher was overlooked. Multiple ideas attempt to explain the tendency to prioritize men’s careers while sacrificing women’s careers in times of crisis or need. First, traditional notions of gender associate women with domesticity and caretaking, so families often expect mothers to take time off from work or even quit when they have babies or when their children need support. Additionally, men typically continue to earn more money than women, solidifying their role as the breadwinners in many families. When

children need to be taken care of, the lower earner's career is the more obvious choice to sacrifice, as Alice previously acknowledged when describing her household's division of labor (Heggeness 2020). Lastly, Sabrina's husband's role in healthcare required him to work in-person in the hospital. Such an essential role during a health crisis asserted the importance of his work over Sabrina's own teaching and research work. For these reasons, her husband's career became the "default" to prioritize, not unlike other jobs of other men across the country, as demonstrated in previous literature.

As a result of these challenges, Sabrina "called every single school within a 20-mile radius," telling her husband, "I don't really care how much this costs. It's not your career. It's my career that's being derailed." They soon enrolled their eldest daughter in a small private school open for in-person instruction. Sabrina took charge of the decision to outsource care, as did other female participants with their respective strategies, thus underscoring the expectation for women to take responsibility for domestic and caretaking domains. "If I didn't do something about it, I don't know if he would do anything about it. He'd just be like, 'Oh, she can just stay home with you,'" Sabrina remarked. Nonetheless, Sabrina acknowledged that she was in a position of privilege to be able to afford private school for her daughter.

SD: We're privileged enough to do that. I cannot imagine [being] a single parent or not having the financial resources to do something like that. I really feel like these public schools were just expecting this traditional model where you have one parent working and one staying at home. If you have that, not to say that's not stressful, but it's doable. You have one parent at home, it's doable. If you have two parents working, it's a lot.

Despite their differences in class status, resources, and strategies, Sabrina's sentiments reflected those of Kate and Ben, who also expressed similar frustration towards the public schools for expecting dual-income parents to find other forms of childcare. While Kate and Ben relied upon their neighbors for care, Sabrina had the privilege of outsourcing her daughter's care

to a private school, some of which cost upwards of \$30,000 per year in the Southern California area. Thus, Sabrina's financial capital placed her in a unique position to outsource care in a way that other couples in the study could not afford. Furthermore, she hired a house cleaner to clean her home every two weeks. Throughout my conversation with Sabrina, she emphasized "doing things her own way." By sending her daughter to an in-person private school, hiring a house cleaner, and ordering dinner from restaurants, Sabrina described herself as dealing with household labor in a way that worked for her. "If I'm going to be making all of these big decisions, I'm going to have to do it in a way that works for me," she noted. Sabrina did not necessarily enjoy household labor, but she viewed her increased household responsibilities as increased control over when and how tasks would get done. Sabrina's financial capital afforded her additional control over the household labor. Many of the families in this study implemented imperfect strategies to handle household labor, but their limited income, resources, or difficult contexts required that they be flexible. Sabrina's privileged position and her ability to outsource labor to her liking directly related to her increased control over the household and the ability to "do things her own way." Sabrina's mindset represents the neoliberalization of care in the United States today. Without sufficient institutional care systems to support families, individuals must assume self-reliance and personal, privatized responsibility for household labor. While Sabrina is fortunate enough to be able to outsource her care, she must do so privately, with significant financial contribution. She has no public support or institutional system to rely upon, demonstrating the individualized responsibility to perform care work in the present-day neoliberal capitalist society. Except for the final participant, Hailey, all respondents in this study are victims of this neoliberalized approach to care. Nearly all were forced to find personal and

private systems for handling their household labor during the pandemic, whether that involved doing the care work independently, relying on friends or family members, or hiring support.

Other families utilized *paid outsourcing* without as much financial capital. Samantha, another college professor, is married to Luca, a higher education communications specialist. They had a baby in the fall of 2020, during the early stages of the pandemic. Samantha and Luca rely on a combination of *paid outsourcing* and *unpaid outsourcing* for the care of their baby. They first placed him in a daycare in spring of 2021 while Samantha worked on her dissertation as a graduate student at the time. However, the daycare was expensive. “It was \$375 a week, [which is expensive] especially on a graduate school budget. And my husband doesn’t make a lot. It was a painful thing for our finances.” Now that the family lives close to Samantha’s parents, they take the baby for a few days a week while Samantha teaches classes at her college. For another two days a week, her child attends daycare. While Samantha’s role as a professor allows her to work from home for a few days each week and remain somewhat flexible, she still relies on various systems of care. Much like other parents in the study, Samantha and Luca have pieced together a patchwork system to handle their childcare needs.

Another example of a patchwork approach to care is Hailey, an epidemiologist with one young daughter. Hailey and her husband, James, who reside in the Midwest, had their first daughter in the late fall of 2019. They created a plan for childcare early on. Hailey would take 12 weeks of paid leave from work, then James would take six weeks, and then Hailey would work from home three days a week while her mother and a neighbor shared the childcare responsibilities for the other two days of the week. However, in the spring of 2020, when COVID first emerged, their plan fell apart. Both Hailey’s mother and her neighbor were elderly and immunocompromised, so they were no longer able to provide childcare. Additionally,

daycare centers became unavailable. In response, Hailey took an *independent* approach to the care of her daughter. As an epidemiologist working directly with COVID response plans for the state government, Hailey's workload actually increased dramatically during the pandemic. As such, trying to manage independent childcare while working became challenging. "Because my job was doing COVID management [...] sometimes I'd have [my daughter] home screaming and I'm trying to take calls because I couldn't really afford to miss the call." Eventually, Hailey's state government offered paid emergency leave to government-employed parents without other childcare options. Hailey decided to take it, even if it meant declining an opportunity to lead a pandemic response division.

HF: It definitely felt like, at the time, I had to make a big choice between doing something to advance my career and doing the right thing for my family because my husband was not able to take the same leave. We weren't sure how long he was able to be home, or when he could go back [to the lab]. It just made more sense for me to be on leave. I was on leave until the second week of June, when we had our childcare spot open up.

Hailey's husband works as a scientist, and due to the uncertainty of his role, they both decided that Hailey would take the leave. This emergency plan provided Hailey with more time to perform *independent* childcare, and once June rolled around, she was finally able to enroll her daughter in daycare full-time. Now, Hailey and James work full-time while their daughter attends a small, in-home daycare center. The family's reliance on government support was an uncommon and unique experience in my research, and Hailey acknowledges this:

HF: I've told a lot of my friends that I feel like I got really lucky in the pandemic. Because of it, I was home for almost seven months with my daughter, not having to worry about paying the bills, which I think in the States is virtually unheard of. I was so grateful to have had that. I was also very grateful when the daycare opened up a spot and I could send her, because I also really value being able to contribute and working and being around other people.

Despite the limited public support for parents and childcare, Hailey was able to take advantage of a rare and valuable public offering in the form of paid emergency leave. This option truly supported her family when she had no other form of childcare to turn to, demonstrating the immense potential benefits of public forms of childcare and expanded parental leave in the United States. However, the majority of parents were not so fortunate during the pandemic. And even despite the paid emergency leave, Hailey and James now continue to privately outsource their childcare through a private daycare center. Thus, while Hailey and James pieced together a patchwork system of household labor, they are also characterized as *paid outsourcers* here for their reliance on a private daycare rather than family members and friends. Nonetheless, their experience is still unique as the only example of a family that utilized government support for childcare during the pandemic out of the twelve total research participants.

CONCLUSIONS

This thesis begins to understand how dual-income families approached household labor and care work during the COVID-19 pandemic through a qualitative lens. Three key strategies emerged to describe the ways in which parents handled the division of household labor: *independence*, *unpaid outsourcing*, and *paid outsourcing*. Some families could afford to outsource their care to housekeepers and private schools, while others were forced to rely on family and friends, and still others faced the demands of childcare and paid labor entirely on their own. All families faced challenges in balancing paid labor and household labor during the pandemic's significant disruptions to daily life, yet the occasional participant, like Lily and Christian, reported some positive outcomes. Nonetheless, all participants expressed some form of

emotional burden during the interviews and field sessions, depending on their access to resources, capital, and overall contexts.

Parents in this study made their systems of care work during the pandemic, but the arrangements typically involved inequalities, sacrifices, and challenges. While each participant strategy outlined in this study looked different, *independents*, *unpaid outsourcers*, and *paid outsourcers* all maintained similarities in that parents organized their own systems of care in a time of crisis. All strategies for household labor were individual, self-reliant, and privatized. With the exception of Hailey, the Midwest epidemiologist, who relied on paid leave offered through her state government, all participants assumed individualistic models of care. These individualized systems represent the larger shift in this nation – and others – towards a neoliberalization of care. As the welfare state becomes weaker, citizens must turn towards family, friends, paid help, or simply themselves to perform care work while maintaining paid employment. Without the support of public institutions or federal aid, individuals are forced to find inadequate and difficult solutions to make care work in the household.

This study demonstrates the immense need for public policy to address the problems at hand for working parents during and following crises. In the wake of COVID-19 and in preparation of an impending climate crisis and growing economic inequality, a comprehensive social safety net is necessary to support families. The COVID-19 pandemic has the potential to be the necessary wake-up call for the implementation of such social infrastructure. Parental, family, and child-focused policy recommendations include mandatory paid parental leave, childcare subsidies, and a “child allowance,” or compensation for families to support the costs of child rearing. Provided the challenges facing families of middle-class status in a wealthy suburb of Southern California as outlined in this study, we should expect the challenges facing lower-

income families in other parts of the country to be even more devastating. The experiences of all families, from *independents* to *unpaid outsourcers* to *paid outsourcers*, demonstrate just some of the distressing effects of COVID-19 and the lackluster solutions or arrangements that many families are forced to turn to in times of crisis, ultimately highlighting the need for universal family policies and sweeping social support in the near future.

While COVID-19 is a relatively recent event that will be studied for decades to come, this thesis begins to examine the various outcomes of COVID-19 on the division of household labor and childcare responsibilities between partners. The literature and original research demonstrate that COVID-19 deepened existing gender inequality between couples, severely burdening working mothers with pandemic-related challenges due to the United States' lack of formalized and affordable in-person childcare. Two main cultural models contributed to this unequal division of labor: the Male-Breadwinner/Female-Caregiver Model, as well as the Ideal Worker Model. However, cultural norms are only one piece of the puzzle. Lacking government policies and the insufficient response to COVID-19 from the American government created serious issues for working parents, many of whom could not balance the dual demands of work and childcare. Particularly for low-income and "essential" workers, or those who continued to work in-person throughout the pandemic (often women in healthcare, food, or service industries) the conflicting demands between childcare and paid labor became incredibly burdensome. Sexist cultural norms alongside deficient family policy ultimately resulted in labor market loss, increased mental health problems, and deepened social inequality, among other outcomes. This paper applies findings from *The Second Shift* to the present-day, as COVID-19 challenges have exacerbated gender inequality. While the literature explores some of the outcomes for families in other countries with different systems, these findings have yet to be compared to the United

States or used for policy making. Thus, further research into international policy and outcomes is recommended, particularly to inform future policy to address crises to come.

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APPENDIX

Appendix A. Research Methodology

I grew up in a “traditional” and *independent* household, where my mother stayed at home to care for me and my two siblings while my father worked to support us financially. I spent much of my young adulthood feeling critical of our arrangement. I questioned why my family operated in such a gender-normative, stereotypical manner. At times, I witnessed inequality and even resentment between my parents due to this division of labor in the household. In response, I vowed to assume paid labor in my own adulthood and create a life for myself outside of my future household. I believed that someday, my own partnership would function equally inside and outside the household and that it would constitute what Hochschild termed an “egalitarian” marriage model. Yet over time, as I began my sociology coursework, independent learning, and this thesis work, I became convinced that household labor equality remains a mere myth. The neoliberal capitalist system in the United States offers such limited public support to families that the egalitarian marriage model is nothing but a lofty goal for most. As such, it is no wonder that many families (including my own) must resort to a one-parent or *independent* mode of household labor, while others rely on a network of friends and kin in an *unpaid outsourcer* model. Some others, yet only those with the financial privilege to do so, can outsource household labor to nannies, housekeepers, and others in a *paid outsourcer* model. While the gendered division of household labor remains unfair, the strategies that couples employ to manage household labor make sense in this unsupportive and individualistic society.

When COVID-19 hit in the spring of 2020, during my third year of college, my interest in the sociology of gender and labor led me to question the pandemic’s potential outcomes on gender dynamics within the household. I wondered how dual-income working parents managed

to both raise children and maintain jobs during such a tumultuous period. I also realized the financial privilege of my own family's situation, where both parents could continue to fully support their three children. In fact, in the summer of 2020, my parents enrolled my younger sister in a small, private, in-person high school to avoid remote classes, much like Sabrina's decision to enroll her daughter in private school. At the time, I thought little of that decision. Now, I realize the immense resources and privilege that allowed my parents to outsource the care and education of my sister in this way. As I reflected upon our privilege, I became interested in studying the ways in which parents, and specifically working mothers, handled labor during the pandemic. During my final year as an undergraduate sociology major, I embarked upon this investigation of the division of household labor among working parents during COVID-19 for the completion of my senior thesis.

My main research method consisted of in-depth interviews with twelve research subjects over the course of approximately 18 weeks, spread out over the course of two semesters. However, I also utilized some in-person participant observation sessions throughout the first semester of my research. Each interview and participant observation session brought its own surprises. The participant observation sessions could be particularly challenging. As a female student entering the homes of strangers during a global pandemic, both myself and my subjects expressed some (albeit justified) apprehension. From the beginning of my sampling process, I had trouble convincing people to allow me to enter their homes for observational purposes, as many cited health and safety risks. While never officially confirmed, I believe that two of the three couples whom I observed only agreed to in-person observation because they work at the local colleges, so they trusted that I was a well-intentioned and healthy student. As mentioned, I received negative COVID-19 tests prior to my home visits and wore a mask throughout to avoid

health risks. However, upon continuing my research in the second semester, I deemed participant observation too challenging to continue on a regular basis, as few participants felt comfortable with in-person research during a pandemic. In response, I shifted my approach to focus on in-depth interviews as my main research method.

I also acknowledge that my gender, race, class, and physical appearance provided me with privilege as a researcher for this study. As a 22-year-old white woman, participants may have been more trusting of me than another older male or person of color. Having babysat throughout high school, I knew how to conduct myself around families and young children. I often drew on past babysitting experiences to inform my conduct around the presence of children. On numerous occasions, I asked the kids to show me their rooms or play with their toys. My social capital, acquired from my babysitting background, allowed me to effortlessly engage with kids and parents. Additionally, my social class and my ability to appropriately converse with older adults created a warm, trustworthy environment for my research. On the other hand, I faced some difficulty in gaining access to interviews with male participants. I always gained access to my participant families via women, who I persistently messaged on Facebook or emailed to schedule interviews and observation sessions. I rarely communicated directly with men, with the exception of Christian, who had coincidentally attended the same high school as me. I emailed Christian a few times to schedule an interview but maintained no direct contact with any of the other fathers in my study. At times, the male partners of the women I interviewed claimed to be too busy for an interview, yet their wives were able to make the time. I regret my lack of assertion and directness in my requests to talk to husbands and fathers. However, upon further reflection, I acknowledge that women may have been more willing to speak with me because they are more aware of these topics and dynamics in their relationships.

Based on the social norms and gender expectations outlined in the literature review, men may be less likely to deeply consider the division of household labor in their families. Therefore, the greater number of women interviewed for this thesis made sense in the context of gender norms. Nonetheless, I still assert that perspectives from both partners in the family are valuable for future research. In some instances, my positionality afforded me benefits in the field, such as my ability to naturally ingratiate myself among children and within family life. At other times, my positionality created barriers between me and potential participants.

At various points in my research, I realized some irony in my thesis. My research dealt specifically with time and labor challenges for families, yet I was also asking parents to commit their substantial time and labor to my interviews. Even the act of scheduling required time on participants' behalf. In one instance, Lauren (the Director of Admission) and I had been emailing back-and-forth for weeks to schedule a time for in-person observation at her home. We had finally agreed upon a Monday evening, but a few days before, I came down with a horrible cold. I apologized for having to cancel the session, but I did not want to risk passing my cold on to Lauren's family. The week after that, I ran into Lauren on my college campus. I once again apologized, and she laughed, saying that when she told her husband that I had to cancel, he did not even know what she was talking about. "Caroline? Who's Caroline?!" he had said. This dialogue between Lauren and her husband summed up the dynamic between many of the couples that I studied: pure chaos at times, with an endearingly flexible and understanding attitude. After all, parents just had to make it work. I am grateful for the flexibility and trust of my participants during these challenging times. I am also grateful for the opportunity to tell their stories, give an outlet to their experiences, and inspire future solutions.