Impact of the COVID-19 pandemic on support available to mothers in the UK and the USA

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Extended Abstract

Introduction

Women commonly receive support with childrearing from a number of different individuals, including close and distant kin members as well as unrelated friends, neighbours and usually in high-income contexts, the government or paid helpers (Emmott & Page, 2019; Sear, n.d.; Sear & Coall, 2011). It is impossible to meet the demands of multiple young dependents at the same time and receiving support from others allows women to simultaneously invest in both the quality and quantity of their children (Helfrecht, Roulette, Lane, Sintayehu, & Meehan, 2020; Kramer, 2019). This support provided to mothers is considered crucial in the successful raising of multiple offspring – by contributing their time and energy towards mothers, supporters help women to increase their fertility with little cost to the survival of existing children (Hrdy, 2005b, 2005a, 2011; Kramer, 2010; Kramer & Veile, 2018). Who women receive help from varies considerably across studies with a vast body of literature indicating that there is no single crucial helper across societies (Apicella & Crittenden, 2015; Kramer, 2010; Sear & Coall, 2011; Sear & Mace, 2008; Snopkowski & Sear, 2013, 2015). The types of support received by mothers are also variable and include physical support, e.g., direct help with childcare activities or household tasks that relieve mothers and allow them to focus on childcare; financial help; as well as emotional support. Industrialisation has also nuclearized the family in contemporary Western societies (Emmott & Page, 2019; Gibson & Lawson, 2011), and fathers have become an increasingly important source of support (Emmott & Mace, 2020).

The social isolation resulting from governments' responses to COVID-19 has impacted mothers' social networks, likely limiting social support from outside the household. In particular, existing evidence suggests that tasks such as childcare and domestic work have fallen disproportionately on mothers. Research also suggests that, during the COVID-19 pandemic, mothers may be relying on fewer sources of support beyond their partners than they would have prior to the onset of the pandemic (Vazquez-Vazquez et al., 2020).

This increased burden of care has consequences for women's health. Research conducted during the pandemic in high-income countries suggests that COVID-19 may have negatively impacted women's mental health (Connor et al., 2020; Dib, Rougeaux, Vázquez, Wells, & Fewtrell, 2020) due to reasons such as maternal depression and anxiety (Davenport, Meyer, Meah, Strynadka, & Khurana, 2020; Vazquez-Vazquez, Dib, Rougeaux, Wells, & Fewtrell, 2020) and disconnection from social networks (Brown & Shenker, 2021; Connor et al., 2020; Dalgard et al., 2006; Matsushima & Horiguchi, 2020). In many cases, mothers have also suffered an increased burden of care when assuming responsibility for children not in school (Connor et al., 2020; Manzo & Minello, 2020; O'Reilly, 2020). Difficulty in balancing these increased childcare responsibilities with paid workload has likely also impacted women economically.

Objectives and Predictions

We have two linked objectives: (1) to provide novel data on the impact of the COVID-19 pandemic on maternal social networks and burden of childcare; and (2) to quantitatively test whether women received less care from their networks during the pandemic and if this was associated with

reductions in their paid work and worsening of their mental health. As such, we make the following predictions:

1. Carers will have provided less support to mothers during the pandemic unless they co-resided with them
2. If mothers received less overall support, they will have reduced their own paid work to provide childcare
3. Receiving less support with childcare will be associated with worse mental health
4. Higher maternal workload will be associated with worse mental health

Data & Methods

Data used for this study were collected using an online survey between August and September 2020. A participant was eligible for inclusion if she was a woman of any age, was residing in the USA or the UK, and had at least one child born since January 2016 (i.e., under 5 years at the time of the survey). Respondents were asked to answer questions about their social networks, the ages of their children, and who helped them care for one focal child under the age of 5 years. Participants were also asked questions about how the COVID-19 pandemic had affected their ability to obtain help caring for their children. No potentially identifying information such as names, addresses, or birthdates were requested or recorded. Participants were recruited through the Prolific platform and the survey was administered through Qualtrics. The final sample size was 1528 women: 609 in the USA and 919 in the UK.

We first describe the socio-demographic characteristics of the mothers included in our sample, and the changes in maternal interactions with, and help received from, their support networks during the pandemic. Logistic regression models are used to test if women received more/less support with (a) childcare and (b) domestic tasks during the pandemic compared to pre-pandemic, and whether increases/decreases in support were predicted by women's characteristics including age, country of residence, nativity, education level, household wealth, partnership status and number of births. Multilevel models were used to test if different categories of supporters (kin versus non-kin, different types of kin, and co-resident versus non-resident individuals) were more or less likely to provide support to women during the pandemic. For these models, a random effect captured clustering due to repeated observations for women and supporters in different dyads.

Results

The mean age of women included in the sample was 32 years; 90% of women were native US or UK-born; and 90% had a partner at the time of survey; 15% had secondary-level education and 24% junior college-level, while 41% had an undergraduate degree and 20% a postgraduate degree. Half of the women only had one child (who was under the age of 5 years), 36% had 2 children, 11% had 3 children, and the remaining 4% had 4 or more children. The majority of mothers (78%) reported less in-person contact with their emotional support network during the pandemic, however virtual interactions increased from pre-pandemic levels for 55% of women. While childcare support changed over the pandemic, for some women it increased (29%), for others it decreased (33%). Likewise, 25% of women received more domestic support, while 25% received less than they had before the pandemic.

Receiving less help was predicted by mother's country of residence, nativity, partnership status, and level of education. Women were more likely to have received more support with childcare and domestic tasks during the pandemic if they lived in the US versus the UK, and if they were partnered compared to single; however, they were more likely to have received less support with childcare than before the pandemic if they were native US or UK born. Additionally, women were more likely to have received less support with domestic tasks if they had higher levels of educational attainment (i.e., undergraduate or postgraduate level versus secondary or junior-college level).

Who mothers received support from also differed before and during the pandemic. Women were much more likely to have received support from kin members than non-kin during the pandemic. Disaggregating by categories of kin indicated that this effect was driven by support from partners: women had lower odds of receiving more support during the pandemic from all kin members except their partners. However, investigating this further suggested that it was co-residence of the supporter which had the greatest effect on who women received support from, and this explained away the effect of partner support (as partners were usually co-resident with the mothers).

In the full paper we will also discuss results relating to paid work and mental health.

Conclusion

Few studies are investigating the impact of COVID-19, and ensuing quarantine or social isolation, on the support being provided to mothers of young children (see: the COVID-19 New Mum Study (Vazquez-Vazquez et al., 2020) and recent research on social support, maternal wellbeing and postnatal depression during COVID-19 (Myers & Emmott, 2021)). Here, we contribute, to this currently small body of research, novel data on the impact of the COVID-19 pandemic on support available to mothers in the UK and the USA. Using these data, we aim to understand whether the pandemic placed an increased burden of care on women with young children by depriving them of the support that was usually available to them in pre-pandemic circumstances.

We demonstrate that the nature of support differed before and during the pandemic for the majority of women and identify the significant proportion of women who are at risk of experiencing reduced support during the pandemic. We also show that some women experienced higher levels of some types of support during the pandemic, highlighting the diverse impacts of COVID-19. Our research may be of significant interest to the UK and US governments, public policy officials particularly those investigating the impact of COVID-19 related policies on maternal and child health, as well as NGOs working in the social and health sectors.