Mothers' and fathers' parenting attitudes during COVID-19

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Abstract

Attitudes about parenting are derived from early socialization of gender role norms and often include intensive parenting beliefs, which give mothers an outsized role in parenting. This study examined the differences in intensive parenting beliefs among cisgender mothers and fathers during the United States COVID-19 response. Data from a sample of 1048 mothers and fathers were collected during March and April 2020 to understand parenting beliefs. Results indicated that some demographic factors, including gender and ethnicity, impact intensive parenting beliefs. Additionally, the number of COVID-19 cases in a state, along with school closure length, was related to intensive parenting beliefs.

The transition to parenthood is one of the most intense and life-changing events of all family system transitions (Martins et al., 2017). Becoming a mother or father requires a complex shift in identity, where parents must consider their previous understanding of themselves and integrate their newly acquired parent role. For couples, the transition to parenthood can be a tumultuous time as it is common for them to experience several distinct life-changes requiring role reorganization (Welch et al., 2019). Upon entering parenthood, many couples report a reduction of relationship quality and satisfaction (Hughes et al., 2020; Welch et al., 2019) often resulting from unrealistic expectations about how parenthood changes their lives (Biehle & Mickelson, 2012). Much of the relational conflict arising from entering parenthood is often due to unrealistic expectations about the division of labor (Biehle & Mickelson, 2012) and struggles with role reorganization (Martins et al., 2017). Newkirk et al. (2017) found that couples with a seemingly equal division of home and childcare reported less conflict than couples with inequitable parent roles. Couple relationship quality depends on their ability to

cope and adapt to these monumental changes (Cast, 2004). Therefore, it is vital to understand mothers' and fathers' beliefs about parenting in order to assist in smoother transitions, equality within their partnership, and positive couple relationships that serves as a foundation for their family's functioning.

Parenting Attitudes and Beliefs

Parenting attitudes, beliefs about the role of a parent, largely drive parenting behaviors and interactions with children (e.g., authoritative, authoritarian, etc.; Wamser-Nanney & Campbell, 2020). There is relatively little empirical literature about various parenting attitudes and especially parenting attitudes held by fathers. Schiffrin et al. (2014) called for further examination of intensive parenting attitudes among fathers. Similarly, Wamser-Nanney and Campbell (2020) indicated that much of the parenting literature focuses on parenting behaviors instead of parenting attitudes. These authors advocated for additional studies to better understand parenting attitudes as they typically precede and influence parenting behaviors (Wamser-Nanney & Campbell, 2020).

Schiffrin et al. (2014) and Liss et al. (2013) described intensive parenting attitudes as stemming from societal norms that prescribe how people *should* parent. These attitudes are: a) mothers are inherently better parents, b) parenting should be a fulfilling endeavor, c) parents are responsible for their children's cognitive stimulation, d) parenting is challenging, and e) children's needs should be prioritized over parent's needs (Liss et al., 2013). While some literature does not differentiate

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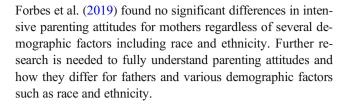
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mothers or fathers regarding parental attitudes, the U.S. culture's gender norms may contribute to differences in parental attitudes based on gender. For example, the variations in how boys and girls are socialized may impact their later parenting attitudes stemming from gender norm expectations. Research has indicated that men typically describe a "good" parent as one who provides for his family financially (Chesley, 2011; Shows & Gerstel, 2009). Whereas women receive the message that in order to be a good parent, she must put her parenting role above her own personal needs, well-being, and career (i.e., intensive mothering beliefs; Hays, 1996). Although the literature discusses "parenting attitudes," parenting is largely assigned to mothers.

Intensive Mothering Beliefs

Hays (1996) identified the term *intensive mothering* which is an ideology believed to be constructed from stereotypical gender norms which prescribes specific and unrealistic motherhood standards in order to reach the status of good mother. This ideology exerts that mothers are the best and preferred caregiver and should be responsible for the health and development of her children. Mothering must be "child-centered, expert-guided, emotionally absorbing, labor-intensive, and financially expensive" (Hays, 1996, p. 8). In order to reach these unrealistic standards, mothers are also instructed to deprioritize herself to put her children first. However, intensive mothering has been identified as an unrealistic set of expectations that creates unrealistic parenting standards and contributes to decreased well-being and mental health for mothers (Forbes et al., 2020; Hays, 1996; Johnston & Swanson, 2007; Lamar et al., 2019; Medina & Magnuson, 2009; Prikhidko & Swank, 2019; Rizzo et al., 2013). In addition, it is believed that intensive mothering beliefs can create an inequitable division of labor for parents which leaves mothers largely responsible for all parenting tasks (Bianchi & Milkie, 2010).

Although the intensive mothering ideology focuses on mothers, it establishes a complimentary social script for fathers. This culture prescribes how parents should organize, perceive, and approach their parenting role (Parke, 2002). Simultaneously, this culture largely prescribes the parenting role to mothers which leaves fathers in a complementary parenting role (NICHD, 2004). Parents may have similar attitudes regarding parenting but gender norms largely pressure mothers to carry the brunt of the responsibility (Arendell, 2000; Forbes et al., 2020; Hays, 1996). Culturally speaking, there seems to be a lack of understanding about the differences of parenting attitudes across cultures. Jambunathan et al. (2000) found cultural differences in mothers' parenting attitudes, however the description of "attitudes" within this research seemed to report parenting behaviors, not attitudes.

Forbes et al. (2019) found no significant differences in intensive parenting attitudes for mothers regardless of several demographic factors including race and ethnicity. Further research is needed to fully understand parenting attitudes and how they differ for fathers and various demographic factors such as race and ethnicity.

Parenting during COVID-19

Parents were challenged during the early stages of the COVID-19 pandemic and the subsequent United States response measures. The Kaiser Family Foundation (2020) found that 84% of people in the U.S. reported disruptions to their lives due to COVID-19. Of that group, parents with kids under the age of 18 (88%) reported the highest rates of disruption of any demographic group (Kaiser Family Foundation, 2020). During the initial stages of the pandemic, many wrote about the impact of the coronavirus on parenting (e.g., Bennett, 2020; Cooney, 2020; Lewis, 2020; Minello, 2020; Senior, 2020). The publications at that time reflected a stressful new reality where families' lives were severely impacted due to fear about the virus and adjusting to life amidst school closures, quarantine, and stay-at-home orders. These realities gravely impacted parents' lives because these changes essentially moved childcare, schoolwork, and recreational pursuits into the home—activities parents typically outsourced to be able to effectively balance their lives (Lewis, 2020; Senior, 2020).

During the COVID-19 response, parents were required to be full-time caretakers and teachers, yet they were unable to rely on help outside of the immediate household (Cooney, 2020; Senior, 2020). Some parents were expected to maintain their paid work from home, in addition to child and homecare tasks. Others had to quarantine with their children while simultaneously dealing with the consequences of losing employment (Kaiser Family Foundation, 2020). Essential workers continued to work in the community and had the added stress of worrying about who would care for their children while they were at work and about the risk of exposing their families to the coronavirus (Kaiser Family Foundation, 2020). COVID-19 response measures drastically altered many dual-earning couples' previous division of labor arrangements (Lewis, 2020). Parents were forced to endure and navigate a reorganization of paid work, childcare, and homeschooling (Minello, 2020).

Prior to the COVID-19 pandemic, experts agreed that mothers in heterosexual relationships were doing the majority of the home and childcare, even in cases where women were also breadwinners in the family (Bennett, 2020; Minello, 2020; U.S. Department of Labor, 2016). In a culture that reinforces the intensive mothering ideology (Hays, 1996), many mothers were already doing more of the family-related work.

The COVID-19 crisis exacerbated gender inequality as home and childcare tasks fell heavier on women (Bennett, 2020; Lewis, 2020). Gender role norms that influence parenting attitudes seem to be deep seated and difficult to change. To our knowledge, there are no studies analyzing the differences of parenting beliefs between mothers and fathers during COVID-19. Some predict this pandemic will have long-lasting impacts on gender equality (e.g., Bennett, 2020; Lewis, 2020; Minello, 2020; Senior, 2020) so it is important to understand parenting beliefs during the COVID-19 crisis. Therefore, the purpose of this research was to investigate the parenting beliefs of cisgender mothers and fathers during the COVID-19 pandemic.

Method

The research questions guiding this study were: what are parenting attitudes of mothers and fathers across the U.S., as measured by the Intensive Parenting Attitudes Questionnaire (IPAQ, Rizzo et al., 2013)? What is the relationship between the five subscales of the IPAQ, including Essentialism, Fulfillment, Challenging, Stimulation, and Child-centered? Are there differences in parenting attitudes among U.S. parents based on demographic characteristics? What is the relationship between parenting attitudes and COVID-19 factors, such as school closures and case counts?

Study Design and Population

Survey data from 1048 U.S.-based parents with at least one child under the age of 18 were collected beginning March 24, 2020 through April 28, 2020. In addition to 21 demographic and mental health history questions, the survey included items on intensive parenting. A stratified sampling strategy was employed to ensure that gender, race, ethnicity, education level, and geographic location was similar to U.S. census data (Table 1). The sample was crowdsourced from a Qualtrics sampling pool (Qualtrics Online Sample, 2020) with no missing data. Because this study was seeking to understand traditional gender roles as it relates to mothers and fathers, a cisgender sample was utilized.

Measures

Participants consented to participate at the beginning of the survey before they were asked demographic and mental health history questions. Intensive parenting beliefs were measured using the Intensive Parenting Attitudes Questionnaire (IPAQ), which consists of 25 items, scored on a six-point scale from "strongly disagree" to "strongly agree" (Liss et al., 2013). This instrument includes five sub-scales measuring "Essentialism," which is a belief that women are better suited for parenting

Table 1 Sample Characteristics

Sample Characteristics	Percentage
Gender	
Female	50.7
Male	49.3
Race/ethnicity	
Caucasian/White	78.2
Latino/a/x	17.6
African American/Black	14.4
Asian	6.4
American Indian/Alaska Native	<1
Other	<1
U.S. Region	
South	37.9
West	22.3
Northeast	18.6
Midwest	21.1
Education Level	
Less than high school	11.2
High school diploma	28
Some college	20.6
2-year degree	8.4
4-year degree	19.3
Professional/masters degree	10.3
Doctorate	2.2
Age	
18–24 years old	5.7
25–34 years old	28.7
35–44 years old	38
45–54 years old	17.4
55–64 years old	7.7
65–74 years old	2.1
75+ years old	<1
Number of Children	
One	36.6
Two	36.4
Three	15.2
Four	6.8
Five or more	5.1
Job Status	
Employed, full-time	56
Employed, part-time	10.9
Unemployed, looking for work	9.2
Unemployed, not looking for work	12
Retired	3.7
Student	1.6
Disabled	4.4
Household Income	
Less than US$20,000	16.1
US$20,000-39,000	21.1
US$40,000-79,000	31.6

Table 1 (continued)

Sample Characteristics	Percentage
Above US$80,000	31.2
Current Relationship Status	
Married/partnered/living with a man	37.8
Married/partnered/living with a woman	37.5
Divorced	7.5
Separated	2.3
Never married	12.8
Partnered but not cohabitating	1.2
Widowed	1

than men and are the preferred caregiver; "Fulfillment," the idea that parenting should be fulfilling for a person; "Challenging," which is the concept that parenting is difficult; "Stimulation," a belief that parents are responsible for providing cognitive, emotional, and social stimulation for the child; and "Child-centered," which is the idea that parents should prioritize their children's needs over their own. Higher scores on the IPAQ indicate stronger endorsement of a given subscale. Reliability for the IPAQ is high with a Cronbach's alpha of 0.83 for this sample of parents.

COVID-19 data was added to survey responses post hoc. Dates of state school closures were found online from state education sources and new variables were created based on a) the respondent's state, b) when schools closed, and c) when their response was recorded to provide how long schools were closed at the time of submission. Information on case numbers were recorded from the Centers for Disease Control (CDC) website daily throughout the data collection process so new variables could be created by response date and state case numbers. While we recognize individual counties and school districts may not reflect the state data, it does provide a way to examine trends as people were most affected by what was occurring within their state at the start of the pandemic.

Statistical Analysis

Analysis began with descriptive statistics to examine factor mean score and correlations were used to examine relationships between factors. Differences in correlation strengths were examined by male and female using www. psychometrica.de/correlation.html (Lenhard & Lenhard, 2014). T-tests were conducted when two categories were compared (e.g. male vs female), while one-way analysis of variance was used with more than two categories (e.g. education level, region). Assumptions of normality were tested. Homogeneity of variance was also tested and, when violated, Games-Howell post hoc tests were used instead of Tukey's (Leech et al., 2005).

Results

Participants' intensive parenting beliefs were reported using the IPAQ (Liss et al., 2013). Sample ($n = 1048$) mean scores were calculated for Essentialism (M = 3.51, SD = 0.92), Stimulation (M = 5.0, SD = 0.78), Challenge (M = 4.31, SD = 0.87), Fulfillment (M = 4.57, SD = 0.76), and Child-centered (M = 4.43, SD = 0.99). Pearson's correlations between total scores for Essentialism and Stimulation were significant, but small, $r = 0.07$, $p = .02$. Correlations were moderate between Essentialism and Challenge, $r = .45$, $p = <0.001$, Fulfillment and Stimulation, $r = .47$, $p = <0.001$, and Fulfillment and Child-centered, $r = .50$, $p = <0.001$. Weak correlations were found for Fulfillment and Essentialism, $r = .25$, $p = <0.001$, Fulfillment and Challenge, $r = .33$, $p = <0.001$, Challenge and Stimulation, $r = .27$, $p = <0.001$, Stimulation and Child-centered, $r = .38$, $p = <0.001$, Child-centered and Essentialism, $r = .29$, $p = <0.001$, and Child-centered and Challenge, $r = .32$, $p = <0.001$.

Demographic Differences

Female participants reported significantly higher endorsement of Essentialism, $t(1004.68) = 1.99$, $p = 0.05$, Stimulation, $t(1046) = 2.34$, $p = 0.02$, Challenge, $t(1046) = 2.49$, $p = 0.01$, and Fulfillment, $t(1046) = 2.51$, $p = 0.01$, than male participants (see Table 2). Differences in the relationship between parenting attitudes were found by gender. Essentialism is related to Challenge and shows a significantly stronger relationship for females, $r(514) = 0.37$, $p < 0.001$, than males, $r(530) = 0.52$, $p < 0.001$, $z = 2.96$, $p = 0.002$. Challenge and Stimulation are related with a stronger relationship found for males, $r(514) = 0.31$, $p < 0 .001$, than females, $r(530) = 0.23$, $p < 0.001$, $z = 1.34$, $p = 0.09$. A relationship was found between Challenge and Child-centered, where males, $r(514) = 0.39$, $p < 0.001$, had a stronger relationship than females, $r(530) = 0.25$, $p < 0.001$, $z = 2.60$, $p = 0.005$. Challenge was also related to Fulfillment, with a stronger relationship for males, $r(514) = 0.37$, $p < 0.001$, than females, $r(530) = 0.28$, $p < 0.001$, $z = 1.72$, $p = 0.04$. Finally, a correlation was found between Fulfillment and Stimulation with a stronger relationship found for males, $r(514) = 0.51$, $p < 0.001$, than females, $r(530) = 0.43$, $p < 0.001$, $z = 1.67$, $p = 0.05$.

Scores for participants who identified as Latinx ($n = 184$) were higher for Essentialism, $t(1046) = 1.96$, $p = 0.05$ and Fulfillment, $t(1046) = 2.06$, $p = 0.04$, than parents who were not Latinx. Regional differences were found for several subscales. For Essentialism, participants in the Midwest reported significantly lower endorsement of this belief over the Northeast and the South, with the Northeast part of the U.S. endorsing this belief at a significantly higher level than the West, $F(3, 1044) = 9.45$, $p < 0.001$, $\eta^2 = 0.03$ (Table 2). Participants in the Northeast scored significantly higher than

Table 2 Intensive parenting demographic differences

Category	Essentialism			Stimulation			Challenge			Fulfillment			Child-centered		
	n	M	SD	n	M	SD	n	M	SD	n	M	SD	n	M	SD
Gender															
Female	532	3.56	0.83	532	5.05	0.74	532	4.38	0.89	532	4.63	0.75	–	–	–
Male	516	3.45	0.99	516	4.94	0.81	516	4.24	0.85	516	4.51	0.77	–	–	–
Ethnicity															
Latinx	184	3.63	0.88	–	–	–	–	–	–	184	4.68	0.79	–	–	–
Not Latinx	864	3.48	0.92	–	–	–	–	–	–	864	4.55	0.75	–	–	–
Region															
Midwest	221	3.28	0.86	–	–	–	221	4.25	0.85	–	–	–	221	4.33	1.03
Northeast	195	3.74	1.02	–	–	–	195	4.45	0.88	–	–	–	195	4.50	0.98
South	398	3.55	0.90	–	–	–	398	4.32	0.90	–	–	–	398	4.54	0.96
West	234	3.46	0.86	–	–	–	234	4.23	0.83	–	–	–	234	4.26	1.0
Education Level															
Less than HS	118	3.52	0.84	–	–	–	118	4.27	0.88	118	4.63	0.71	118	4.45	1.05
HS	293	3.47	0.87	–	–	–	293	4.30	0.97	293	4.67	0.71	293	4.53	0.92
Some college	216	3.16	0.78	–	–	–	216	4.12	0.78	216	4.42	0.74	216	4.19	1.06
2-year degree	88	3.30	0.81	–	–	–	88	4.38	0.80	88	4.51	0.79	88	4.27	1.0
4-year degree	202	3.67	0.94	–	–	–	202	4.36	0.81	202	4.52	0.78	202	4.43	0.99
Professional degree	108	4.08	1.08	–	–	–	108	4.68	0.82	108	4.73	0.81	108	4.69	0.87
Doctorate	23	3.68	0.88	–	–	–	23	4.08	0.93	23	4.29	0.89	23	4.43	0.95
Child's age in years															
Child is 0–3	–	–	–	–	–	–	–	–	–	–	–	–	212	4.57	1.02
Child is not 0–3	–	–	–	–	–	–	–	–	–	–	–	–	836	4.39	0.98
Child is 4–6	–	–	–	–	–	–	–	–	–	–	–	–	263	4.59	0.92
Child is not 4–6	–	–	–	–	–	–	–	–	–	–	–	–	785	4.37	1.01
Child is 7–11	446	3.60	0.96	–	–	–	–	–	–	–	–	–	312	4.32	1.04
Child is not 7–11	602	3.43	0.88	–	–	–	–	–	–	–	–	–	737	4.47	0.97
Child is 12–14	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Child is not 12–14	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–
Child is 15–18	420	3.36	0.82	–	–	–	–	–	–	–	–	–	420	4.27	1.01
Child is not 15–18	628	3.60	0.97	–	–	–	–	–	–	–	–	–	628	4.53	0.97
Current Relationship Status															
Divorced	78	3.18	0.96	–	–	–	78	4.09	0.92	–	–	–	–	–	–
Married to a man	391	3.57	0.91	–	–	–	391	4.41	0.90	–	–	–	–	–	–
Never married	133	3.57	0.89	–	–	–	–	–	–	–	–	–	–	–	–

those in the West on the Challenging subscale, $F_{(3, 1044)} = 2.86$, $p = .03$, $\eta^2 = 0.008$. Those in the south endorsed Child-centered at higher levels than those in the West, $F_{(3, 1044)} = 5.12$, $p = 0.002$, $\eta^2 = 0.01$ (see Table 2).

Education level was another area where significant differences were noted. Participants with a graduate or professional degree endorsed Essentialism significantly higher than any other education level, while those with 4-year degree endorsed it more than those with a 2-year degree or some college, with participants who had some college endorsed this category lowest of all education levels, $F_{(6, 1041)} = 15.26$, $p < 0$

.001, $\eta^2 = 0.08$ (Table 2). Participants with a graduate or professional degree reported higher levels of Challenging than those with less than high school, high school, some college, and a 4-year degree, $F_{(6, 1041)} = 559$, $p < 0.001$, $\eta^2 = 0.03$ (Table 2). For the Fulfillment subscale, participants with some college reported lower scores than those with a high school diploma or those with a graduate or professional degree, $F_{(6, 1041)} = 4.13$, $p < 0.001$, $\eta^2 = 0.02$ (Table 2). Responses to Child-centered items indicated that those with a graduate degree had significantly higher scores than those with some college or 2-year degree. Participants with some college

reported significantly lower scores on Child-centered than participants with a high school diploma, $F(6, 1041) = 4.13$, $p < 0.001$, $\eta^2 = 0.03$ (Table 2).

While there were no differences in intensive parenting based on the number of children a parent had, there were differences based on the child's age. Participants with more than one child were analyzed separately within each age group, meaning a parent could be included in the 0–3 group and the elementary group if they had 2 children. Parents with at least one child in elementary (ages 7–11) scored significantly higher on Essentialism, $t(909.12) = 2.87$, $p = 0.004$, than those without an elementary aged child (Table 2). Parents with a child in high school (ages 15–18) scored significantly lower on Essentialism, $t(989.27) = 4.34$, $p < 0.001$, than those with younger children. A distinct patten is seen where parents with younger children score higher on Child-centered, while parents with high school aged children score lower: 0–3-year-olds scored higher, $t(1046) = 2.45$, $p = 0.01$, 4–6-year-olds scored higher, $t(1046) = 3.04$ $p = 0.002$, 7–11-year-olds scored higher, $t(1046) = 2.27$, $p = 0.02$, and parents with 15–18-year-olds scored lower, $t(1046) = 4.20$, $p < 0.001$.

Finally, differences were found in the participant's relationship status for Essentialism and Challenge. Participants who identified as divorced reported significantly lower levels of Essentialism than participants who identified as married to a man and never married $F(6, 1030) = 2.26$, $p = .04$, $\eta^2 = .01$ (Table 2). Participants who identified as divorced also reported significantly lower levels of Challenge than participants who identified as married to a man $F(6, 1030) = 2.32$, $p = .03$, $\eta^2 = .01$.

Relationship to COVID-19

COVID-19 case numbers, by state, along with state government actions, including school closures, were analyzed in relation to the data on intensive parenting. Higher levels of Essentialism are noted at the onset of the pandemic and when case counts rose in a state, $F(6, 1039) = 4.70$, $p < 0.001$, $\eta^2 = 0.03$ (Table 3; Fig. 1). Additionally, differences were found for intensive parenting based on the length of time schools

were closed in the participant's state. When schools had been closed for less than 10 days, participants reported higher endorsement of all intensive parenting except Stimulation. As the COVID-19 response continued, levels of intensive parenting decreased (Fig. 2). Specifically, Essentialism scores were significantly lower at 40+ days of school closure than at any other point in time, $F(4, 1043) = 8.31$, $p < 0.001$, $\eta^2 = 0.03$ (Table 4). Challenge scores were significantly lower at 40+ days of school closure, as compared to 0–9 days, $F(4, 1043) = 2.44$, $p = 0.05$, $\eta^2 = 0.009$. For Fulfillment, scores for 0–9 days of school closure were higher than 20–29, 30–39, and 40+ days, $F(4, 1043) = 7.04$, $p < 0.001$, $\eta^2 = 0.03$. Finally, Child-centered scores were higher at 0–9 days, as compared to 20–29, 30–39, and 40+ days, $F(4, 1043) = 3.69$, $p = 0.005$, $\eta^2 = 0.01$.

Discussion

The current study was designed to understand the parenting attitudes of U.S. parents during the early stages of the U.S. COVID-19 response. Our hypothesis about the existence of demographic differences for parenting attitudes was confirmed. There were significant differences found in gender, ethnicity, regions, education level, and age of children for some aspects of intensive parentings. Our hypothesis that intensive parenting attitudes would be related to COVID-19 factors was also confirmed. We also found changes in intensive parenting as the length of school closures increased and state-specific case counts changed.

There were no differences in intensive parenting attitudes across race, parent age, number of children, or job status for all participants. There were differences found based on gender, ethnicity, U.S. region, education level, and child's age. Gender differences are important to note because, in general, females endorsed the IPAQ constructs of Essentialism, Stimulation, Challenge, and Fulfillment more strongly than males. It is not surprising that mothers had a higher endorsement of intensive parenting beliefs because it is a dominant ideology in the U.S. which holds mothers responsible for child and family outcomes (Hays, 1996; Liss et al., 2013). However, these differences were not seen across all subscales of the IPAQ. No differences were found for the Child-centered subscale for gender or ethnicity. Similarly, no significant differences existed for Stimulation on either ethnicity, region, education level, or child's age. Previous studies also found few differences in intensive parenting attitudes across demographics (Forbes et al., 2019). This seems to indicate that gendered parenting attitudes in the U.S. are somewhat dominant across parent groups.

Our other primary focus of this study was to understand how parenting attitudes were related to the COVID-19 pandemic and U.S. response. We found that, during the early

Table 3 Level of essentialism reported by state COVID-19 case count

State Case Count	n	M	SD
101–500	49	3.82	.94
501–1000	53	3.52	.67
1001–5000	353	3.43	.87
5001–10,000	232	3.45	.89
10,001 – 20,000	120	3.30	.77
20,001 – 40,000	94	3.76	1.05
40,001 +	145	3.68	1.07
Total	1046	3.50	.92

Table 4 Intensive Parenting by Length of School Closures

Length of School Closure	Essentialism			Challenge			Fulfillment			Child-Centered		
	n	M	SD	n	M	SD	n	M	SD	n	M	SD
0–9 days	37	4.04	1.17	37	4.67	.90	37	4.99	.82	37	4.89	.84
10–19 days	269	3.60	.89	269	4.35	.87	269	4.69	.76	269	4.53	.95
20–29 days	438	3.50	.85	438	4.28	.88	438	4.55	.73	438	4.37	.99
30–39 days	269	3.43	.99	269	4.30	.85	269	4.43	.78	269	4.36	1.04
40+ days	35	2.90	.68	35	4.10	.83	35	4.48	.75	35	4.26	.97
Total	1048	3.51	.92	1048	4.31	.87	1048	4.57	.76	1048	4.43	.99

stages of COVID-19 in a given state, participants reported higher levels of Essentialism, the idea that mothers are better suited to parenting than fathers. It is possible this phenomenon occurred because, in March, COVID-19 was still relatively unknown and anxiety about it was high. Based on the intensive mothering ideology being so pervasive in our culture, one could assume that mothers have become the primary source of comfort and protection for members of their family. Being quarantined at home also resulted in an increased workload, particularly for mothers (Bennett, 2020; Lewis, 2020). This shift in responsibility potentially magnified beliefs that mothers needed to be the essential parent. Our data analysis showed that as COVID-19 continued and cases started increasing, initially, Essentialism scores decreased back to levels found prior to COVID-19 (Forbes et al., 2019). This was not related to any point in time, but rather the case count for a given state based on when the parent's response was recorded. The downward trend in Essentialism could indicate that parents were quickly adjusting to the stress of additional responsibilities and new schedules.

However, when cases increased in a state to 20,000 or more, Essentialism scores increased again. Perhaps the second spike in Essentialism was seen as it became clear that school closures were being extended and that the pandemic may last longer than initially believed. In general, each time there is a shift in environmental stimuli, people must reorganize and learn to adapt to the changing demands (Kashdan & Rottenberg, 2010). The continuing crisis that resulted from the ever-changing COVID-19 U.S. response created shifts in environmental stimuli that impacted parenting beliefs. Ahmad (2020) suggested that the initial stage of adapting to a crisis involves seeking security. The foci for individuals and families become their immediate needs, including psychological and physical security. As people's fears potentially increased with each wave, they seemed to look to mothers as the essential caretakers and child protectors, thus increasing Essentialism beliefs.

This research also uncovered a relationship between length of school closures and the IPAQ subscales of Essentialism, Challenge, Fulfillment, and Child-centered subscales. Within the first 10 days of school closures, participants reported high mean scores for these subscales. This increase may have simply been out of necessity because of stay-at-home orders demanding parents to focus on their children more than prior to quarantine. The high scores for Essentialism, Challenge, Fulfillment, and Child-centered may be more reflective of an attempt to adjust to new realities than an actual change in parenting beliefs. As school closures continued, the scores for Essentialism, Challenge, Fulfillment, and Child-centered all fell significantly. By the time schools had been closed for

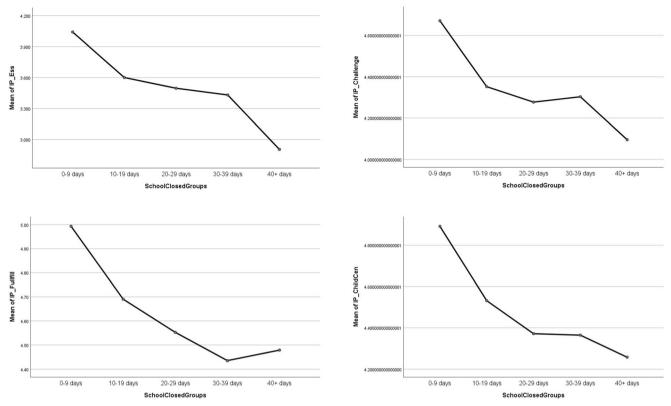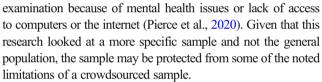**Fig. 1** Level of essentialism reported by state COVID-19 case count

Fig. 2 Intensive parenting levels by school closure length

30–40 days, the IPAQ scores fell to the same level as a pre-COVID sample of mothers (Forbes et al., 2019). We believe that this may be the result of parents adjusting to the normalization of school closures, working from home, and other COVID-19 response measures. This belief is in line with literature about psychological flexibility, the process of adapting to situational demands and changing environmental stimuli by being able to shift mindsets and stay committed to behaviors that demonstrate deeply held beliefs and values (Kashdan & Rottenberg, 2010). Interestingly, Stimulation scores were not significantly related to school closures. Forbes et al. (2019) also found higher scores for this subscale pre-COVID, so stimulation may be persistent despite changes in the environment.

Limitations and Future Directions

A potential limitation of this study is the use of a crowdsourced sample. Crowdsourced samples, from places such as Qualtrics or Mechanical Turk (mTurk), can be valuable for understanding social science (Campbell & Strickland, 2019). While there is some skepticism on crowdsourcing (Kraemer et al., 2017), others have found that crowdsourced samples are not significantly lower in quality than samples recruited in more traditional manners (Campbell & Strickland, 2019). However, representativeness of the sample may be limited because researchers may have issues recruiting certain segments of the general population under

examination because of mental health issues or lack of access to computers or the internet (Pierce et al., 2020). Given that this research looked at a more specific sample and not the general population, the sample may be protected from some of the noted limitations of a crowdsourced sample.

While this study does have the strength of being representative of many U.S. parents given that it represents parents from every state and has a race/ethnicity sample that mirrors U.S. census data, it lacks representation from LGBTQ+ parents. This study intentionally studied parents with cisgender identities to understand how gendered norms are translated to parenting beliefs. Therefore, these findings cannot be generalized to parents within the LGBTQ+ community. It is important for future researchers to investigate parenting beliefs in the LGBTQ+ community because, while LGBTQ+ mothers still endure the unrealistic expectations of the intensive mothering ideology, it cannot be assumed that their experiences of gender roles and division of labor with their partner is similar to heterosexual couples. In addition, LGBTQ+ mothers likely face additional challenges related to the bias and oppression faced within a largely heteronormative culture.

Practice Implications

Our results suggest that many parents tend to hold similar parenting beliefs despite differences in demographics. The

indication that intensive mothering beliefs are so widely held has implications for mothers' mental health, relationship health, and child/family outcomes. Given the deleterious effects of intensive mothering beliefs, it is imperative that parents recognize and understand the impacts of these belief systems, as well as determine whether these beliefs are congruent with other strongly held beliefs, such as gender equity. Hays' (1996) definition of intensive mothering may seem as though it is outdated due to its inception 24 years ago, however the results of this study confirm that it has largely remained unchanged.

Many girls are socialized to believe that their biggest achievement and measure of womanhood is to become a mother, which may contribute to an unrealistic set of standards by which to achieve status as a good mother. Mothers who attempt to reach this unrealistic status experience decreases in well-being, relationships, and paradoxically, ability to be a good mother (Forbes et al., 2020; Hays, 1996; Johnston & Swanson, 2007; Lamar et al., 2019; Medina & Magnuson, 2009; Prikhidko & Swank, 2019; Rizzo et al., 2013). As a half-hearted resolution, common advice to depleted mothers is to simply practice self-care. However, this advice puts another expectation on the mother and does not require fathers, co-parents, the rest of the family, or society to change (Lamar et al., 2019). Perhaps if the standards of mothering were more realistic, mothers would not require so much self-care. Previous research has demonstrated that couples who engage in this reduction of gender role conformity and become more flexible at the start of parenting experience less conflict, more satisfaction, and may not need to resort to divorce to find that place of increased equality (Biehle & Mickelson, 2012).

Researchers can continue to examine parenting, mothering, and family outcomes to better understand how to permanently and substantively shift expectations on mothers. Mental health practitioners, educators, and policy makers, among others, can use this knowledge to more effectively assist mothers and families by advocating for a deconstruction of the etiology for parenting beliefs. Couples can be invited to question the status quo within their family and consider how inequality is reinforced in their relationship. As an individual or family system, they can re-write and co-construct their new belief system about parent roles that fits for their unique family system instead of blindly subscribing to a societal script that's inflexible, unrealistic and that creates inequality and poor maternal, marital, and child outcomes.

Conclusion

This study and existing literature on intensive mothering provide some insight into the persistence of intensive mothering, despite advances in women's rights and equality (Forbes et al., 2019). Intensive parenting beliefs are deeply rooted in gender role norms and therefore are seemingly resistant to change, even in the midst of a global pandemic. In order to change persistent and harmful intensive parenting beliefs, there needs to be a change in belief about self, gender identity, and social scripts that are socialized from an early age.

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