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Covid as a catalyst?

Exploring gendered parenthood and work-family development through the pandemic

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Laura Cox

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Abstract:

This thesis explored gendered parenthood and parents' experiences of their work-family interface through the COVID-19 pandemic. This thesis draws on decades of analysis of gendered labor division, father involvement, and the work-family interface to understand developments and tensions **before** the pandemic. It then positions the pandemic as a global 'developmental event' due to the restrictions imposed to contain the virus, that in turn overhauled family and work domains. This thesis contributes original empirical material regarding parents' experiences of their work-family interface **during** and **since** the pandemic. The topic is approached primarily from a psychological standpoint, focusing on individuals' meaning-making and psychological needs, however this thesis also draws on discussions from multiple fields, including sociology, gender studies, and human resources.

Paper 1 examined the experiences and mental health outcomes of parents in the antenatal (pre-birth) period in Sweden, using measurements of depression, anxiety, and self-efficacy (*N*=378). Many participants (*n*=212) provided qualitative open-ended survey responses which were analyzed using Content Analysis, leading to three categories of *Isolation, Concerns of Exclusion* and *Positives*. The categories were then transformed into quantitative variables and analyzed with the standardized measures of mental health. Results indicated that Isolation and Positives were significantly related to depression and anxiety and that Concerns of Exclusion were significantly related to parents' self-efficacy.

Paper 2 explored mothers' experiences in three countries (Sweden, the United Kingdom, and the United States) using qualitative open-ended survey responses from 193 mothers of children aged 0-18 years. Using reflexive Thematic Analysis, we generated four major themes of *COVID-related stress, Support deficit, Improved family interactions,* and *Contented mindset: Taking stock*. Core findings were that both challenges in support and positives of spending more time together were reported across the three countries.

Paper 3 focused on fathers' experiences in Sweden before, during, and since the COVID-19 pandemic. Semi-structured interviews were conducted with eight fathers, and Interpretative Phenomenological Analysis was used to generate three themes: *Fatherhood as protected and restrained before and during COVID, COVID as an opportunity for introspection* and *COVID as an opportunity for better balance.* Core insights were the importance of remote work flexibility for managing work-family life, and the role of social interaction in the workplace.

This thesis contributes three core messages focusing on the consequences of excluding fathers during the transition to parenthood, the overburdening of mothers, and the potential for transformation of the work-family interface through the changes brought about by the COVID-19 pandemic.

Key words: COVID-19, Gendered Parenthood, Work-Family Interface, Qualitative, Mixed Methods

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MADE IN SWEDEN

For my parents

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taught me so much, and I feel incredibly lucky to be your daughter. Thank you to my Dad, for fiercely believing in and supporting my abilities as a researcher and for your dedication as a father despite being based on the other side of the world. You've given me a lot to reflect on about the meaning of father involvement and closeness, as even though you couldn't be physically present as much as others might be, you still felt present, and I always knew you were there for us. Thank you to my Mum for being a huge part of my inspiration for undertaking a career in psychology, and for being my most passionate supporter throughout my life. Thank you for admirably handling four children and being my role model for strength and compassion. Thank you to my oldest brother Alex, for always being there to help me despite the intensity and importance of your own career. Thank you, Simon, for being such a caring and involved brother and for helping me develop my writing abilities. Thank you, Richard, for being everything from my archenemy to my best friend growing up (thereby teaching me how to think creatively and argue!), and for continuing to be an inspiring and supportive brother. It has been really special to do our PhDs at the same time, and to watch you become a father. Thank you to Sarah, Ági, and Darcy for being wonderful sisters-in-law, and thank you Dorian for reminding me about the challenging and adorable reality of the infant stages.

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Laura Cox,

Malmö, July 2024

Abstract

This thesis explored gendered parenthood and parents' experiences of their work-family interface through the COVID-19 pandemic. This thesis draws on decades of analysis of gendered labor division, father involvement, and the work-family interface to understand developments and tensions **before** the pandemic. It then positions the pandemic as a global 'developmental event' due to the restrictions imposed to contain the virus, that in turn overhauled family and work domains. This thesis contributes original empirical material regarding parents' experiences of their work-family interface **during** and **since** the pandemic. The topic is approached primarily from a psychological standpoint, focusing on individuals' meaning-making and psychological needs, however this thesis also draws on discussions from multiple fields, including sociology, gender studies, and human resources.

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This thesis contributes three core messages focusing on the consequences of excluding fathers during the transition to parenthood, the overburdening of mothers, and the potential for transformation of the work-family interface through the changes brought about by the COVID-19 pandemic.

Populärvetenskaplig sammanfattning

Att bli förälder är en stor omställning i livet och kan förändra arbetssituationen, relationer och den egna personliga utvecklingen. Föräldraskap upplevs ofta som starkt könsbundet och kvinnor över hela världen tar på sig mer hushållsarbete och barnomsorg än män, även i Sverige. Trots att Sverige har en generös och könsneutral föräldraledighet finns det fortfarande ojämlikheter i hur föräldrar hanterar arbete och familjeliv. Covid-19-pandemin ledde till stora förändringar när det gäller distansarbete och tid i hemmet, vilket i sin tur kan leda till förändringar av dessa befintliga ojämlikheter.

Den här avhandlingen undersöker hur mödrar och fäder har upplevt sitt föräldraskap under och efter pandemins början i samband med de tillfälliga förändringar i vardagslivet som pandemin förde med sig. Avhandlingen består av tre artiklar som beskriver resultaten från enkäter och intervjuer där föräldrars tankar och upplevelser har undersökts.

Den första artikeln undersökte blivande föräldrar som väntade barn under pandemin i Sverige, och deras psykiska hälsa. Den andra artikeln utforskade mödrars upplevelser i Sverige, USA och Storbritannien. Den tredje artikeln undersökte pappors upplevelser av sitt föräldraskap i en svensk kontext.

Resultaten visar att många föräldrar upplevde pandemin som positiv, eftersom de fick mer tid tillsammans som familj, och resultaten visade att de som nämnde positiva saker upplevde bättre psykisk hälsa. Mammorna kände sig dock överväldigade av ansvaret i hemmet och papporna kände sig utelämnade från upplevelsen av att bli förälder. Oron för att papporna skulle lämnas utanför förlossningsprocessen gick hand i hand med att föräldrarna kände sig mindre trygga.

Avhandlingen belyser vikten av att aktivt inkludera föräldrar som inte är födande föräldrar mer i de tidiga stadierna av graviditeten om båda föräldrarna vill det och vikten av distansarbetsalternativ för att hjälpa föräldrar att hantera både arbete och familj.

List of Papers

Paper 1

Cox, L., Alfredsson, E., & Psouni, E. (2023). Coparent exclusion, prenatal experiences, and mental health during COVID-19 in Sweden. *Journal of Family Psychology, 37*(7), 1083–1094. DOI: 10.1037/fam0001127

Paper 2

Cox, L., Alfredsson, E., & Psouni, E. (2023). Mothers' experiences of family life during COVID-19: a qualitative comparison between Sweden, the United Kingdom, and the United States. *Community, Work & Family,* 1-18. DOI: 10.1080/13668803.2023.2237179

Paper 3

Cox L., Bjärehed J., & Lundberg T. (2024) 'A total gamechanger': An Interpretative Phenomenological Analysis of Swedish Fathers' Work-Family Experiences since the COVID-19 pandemic. *Journal of Men's Studies 0(0),* 1-24. DOI: 10.1177/10608265241272073

Chapter 1: Introduction

Gendered Parenthood in "The New Normal"

The COVID-19 pandemic threw the entire world into a different state of being for an extended period. It closed many doors that were taken for granted, and opened new ones that many could not have imagined. As much as people longed to "go back to normal", it was recognized early in the pandemic that there was no going back to the world we had before, which initiated discussions about "the *new* normal". Life might look similar, and most people are once again able to do the things they used to, but arguably, no one emerged from the pandemic exactly the same as they went in, or as they would have had it not happened. Although the COVID-19 pandemic affected many populations and areas of life, this thesis is focused on what the pandemic meant for parents, particularly in terms of how work-family opportunities can shape gender roles in parenthood. The thesis primarily focuses on the Swedish context, with some international contrasts provided by participants in the United Kingdom and United States.

Previous research has highlighted a "stall" in gender equality development, namely in the inequality that remains in the home in terms of women shouldering the majority of household and childcare labor, constituting a second job, or 'second shift' after paid full-time work (Hochschild, 1989). Decades of research in multiple fields has highlighted clear patterns of mothers taking on more household and childcare labor (Baxter & Hewitt, 2013; Bianchi et al., 2012; Powell & Craig, 2015). Although maternal participation in the workforce has increased, this trend persists even when both parents work full-time (Gerson & Gerson, 2010). Fathers often feel excluded and side-lined from family-related processes (Deave & Johnson, 2008; Fenwick et al., 2010). Moreover, cultural contexts can shape parents' opportunities in different ways, for example through state-sponsored support systems like parental leave (such as Sweden's approach of reserving portions for each parent, which has increased fathers' use of leave). However, parental leave use remains unequal even in this context, with mothers still taking two thirds of the total leave, and fathers mainly using what is set aside for them (The Swedish Social Insurance Agency, 2019) and it is unclear how to progress further with the issue. Support for parents in the form of leave and subsidized childcare is clearly beneficial, but it is also a fixed and limited solution, and often does

not address the day-to-day work-family conflicts parents face. As such, parental leave and childcare remain only part of the solution, and researchers in Sweden have highlighted that policy could go further in addressing remaining issues (Hwang & Haas, 2008). Furthermore, there are gaps in our understanding of how parenthood increases gendered roles, even though many parents begin with the aim of equal sharing (Yavorsky et al., 2015) and had a less gendered role division before parenthood (Cowan et al., 1985). In brief, we know the problem and part of the solution, but we have not known how to fully "unstall" the revolution in gender inequality in the home highlighted by Hochschild (1989).

Improving gendered parenthood (reducing maternal burden and increasing father involvement) is important for several reasons. Firstly, it is clear that mothers face adverse health and career consequences from managing a double shift of both family and work labor (Artz et al., 2022; Hochschild, 1989; Macdonald et al., 2005). Secondly, unequal labor division is a core reason for marital conflict (Doss et al., 2009; Doss et al., 2017), and improving gendered parenthood would likely improve coparenting relationships. Thirdly, research has shown that high father involvement in childcare is beneficial for child development (Diniz et al., 2021). In addition, high involvement in the family is beneficial for fathers themselves (Walsh et al., 2014), including for their identity and personal development (Ewald et al., 2024; Fenwick et al., 2010). Finally, understanding how to improve the balance of gendered labor in parenthood is important for gender equality and the workforce in society more broadly, for example in relation to the United Nations Sustainable Development Goals (UN, 2015).

Theories suggest that families' paths of development, or trajectories, are impacted by a range of events (Crapo & Bradford, 2021). In brief, this thesis conceptualizes the pandemic as a widespread developmental event for families and seeks to understand how the pandemic changed trajectories in gendered parenthood through changing work and family life. Research on the COVID-19 pandemic and the impact of its restrictions boomed during the pandemic (Liu et al., 2022; Thomson et al., 2023), but many highlighted that we would not truly discover its impact until later (Alsarve et al., 2023; Beigi et al., 2021). This thesis examines the potential for these larger shifts – addressing old issues and questions in the topic of gendered parenthood, as well as understanding the potential for new developments. The thesis does this by positioning the pandemic as a potential catalyst for addressing continuing inequalities in work-family arrangements, but only one that will truly make a difference if individuals, healthcare, and workplaces heed its lessons rather than go back to "normal".

Core purpose and research question

The overarching research question that is explored throughout this thesis is: "How do parents experience gendered aspects of parental development and the management of

the work-family interface, in light of the changes brought about by the COVID-19 pandemic?" The core purpose of this thesis is to examine gendered parenthood and the work-family interface in depth, drawing on fifty years of research *before* the pandemic to understand the impact of the COVID-19 pandemic in shaping parents' trajectories *during* and *since* the pandemic, together with pandemic-focused empirical data and COVID-19 research.

The core contribution of this thesis is the combination and wider analysis of both research in the transition to parenthood during the pandemic, and research about later work-family labor distribution. Many studies during the pandemic analyzed the pregnancy and birth period (Arnold-Baker, 2022; Davis-Floyd et al., 2020; Molina et al., 2022; Poulos et al, 2021; Wei et al., 2021; Wells et al., 2022), and many analyzed the inequalities in household and childcare labor (Andrew et al., 2021; Alsarve et al., 2023; Beigi et al., 2021; Carlson et al., 2022; Craig & Churchill, 2021; Hjálmsdóttir & Bjarnadóttir, 2021; Shafer et al., 2020). However, to my knowledge, there is yet to be a bridge bringing the exclusion of the non-birthing parent in the transition to parenthood and the problems in unequal domestic labor in the COVID-19 pandemic together and analyzing how they may relate to each other in-depth. This thesis aims to provide such a bridge.

How does this thesis approach knowledge generation?

Parenthood is a complex web of biological, psychological, social, and structural factors. Although this thesis is situated in psychology and is therefore primarily focused on parents' experiences and meaning-making during the COVID-19 pandemic, this research is informed by, and relevant for, many other research fields such as gender studies, sociology, human resources, medicine, and law. In addition, the research within this thesis is relevant for workplaces, healthcare, and parents themselves in understanding the impact of the COVID-19 pandemic. This thesis aims to be interdisciplinary in approach, drawing on multiple fields to highlight how the experience of parenthood is shaped by external, as well as internal, factors.

As the domain of gendered parenthood is complex, and there are several different disciplines that are active within the topic, it is important to position this thesis **epistemologically**. Furthermore, discussions of social *change* require working with both knowledge generation of the current world and with knowledge generation of how the topic could be understood in the future (Mertens, 2017). In this section, I explain my positioning in both, and what the positions mean for this thesis. The papers themselves are conducted from an epistemological standpoint of **critical realism**. However, as this broader thesis is based both on empirical research and the broader research fields they contribute to, there is scope for another dimension to this position. Drawing on gender theories and the idea of trajectories, this thesis as a whole is concerned both with what we are now (critical realist) and what we could be (from a **constructivist** standpoint) as

a society. Recent texts have explored the ways critical realism and constructivism can co-exist and complement each other within the same research approach and this thesis draws on these discussions (Bogna et al., 2020; Willig, 2016).

I approach this topic with the position that there are observable phenomena, that are socially informed and interpretable, to study in the empirical research of this thesis in terms of how gendered parenthood is currently playing out (critical realist). However, as a broader analysis in this thesis as a whole, I posit that changes in society could lead to new opportunities and avenues for parenthood, that in turn will shape and normalize different ways of parenting (constructivist), which will only later become observable. While the pandemic did broadly and immediately affect life during its peak, its long-term influences are likely layered and nuanced, interacting with a multitude of other factors that take a long time to shift themselves (for example, ingrained attitudes about gender). The trends that it may or may not have initiated will not necessarily be apparent in the short-term but rather understood in reverse, many years and decades into the future. What I aim to capture here is a dialogue and genesis between the current state of affairs and what becomes a possible reality through broad societal change. While this thesis situates the potential for this change from the drastic and unusual situation of the COVID-19 pandemic, it is important to note that these changes would take place in the "everyday" development of parenthood and families, not just in a brief, intense period.

This thesis can also be considered within the framework of **transformative research** (Mertens, 2017) which seeks to address challenges in society and promote change. Given that both gender equality and good working conditions are two of the 13 Sustainable Development Goals (SDGs) in the Agenda 2030 (United Nations, 2015), the findings and discussion in this thesis can contribute to broader transformative work in society. While there are many actors involved in gendered parenthood, I primarily suggest that transformation can take place in healthcare and workplaces, which in turn would enable greater individual and social change. Without these broader structural transformations, it is unlikely that society will be able to achieve major change in gender equality. By positioning COVID-19 as a potential catalyst for this transformation, I aim to highlight where and how societal changes can be made and the impact this has on individuals and families.

Finally, it should be noted that the complexity of human experiences and the precision of research means that some delineations must be made. A variety of parenting structures have been kept in mind throughout and will be referred to in the literature, however this thesis primarily discusses normative, heterosexual parenting dyads. Furthermore, the context discussed in this thesis is primarily Sweden, which has a foundation of prior transformations to draw upon. Paper 1 offers some insights for same-sex mother dyads, and single mothers, and Paper 2 offers some insights for

countries other than Sweden (also within the Western context), but I acknowledge that there are far more populations and experiences than those covered in this thesis.

The Project, Papers, and Author Contributions

I will now position this work in a local scientific context and explain how the research developed. The research in this thesis began in February 2020, as part of a longitudinal project entitled ""Evidence over Conviction": Children's development of attachment security and socioemotional adjustment when they grow up with shared residence", led by Elia Psouni, at Lund University and with financing by the Swedish Research Council (2019-02787/E. Psouni) and Crafoord Foundation (2019-1024/E. Psouni). A key collaborator is Elin Alfredsson at the University of Gothenburg, while other PhD students and research assistants contribute as well. The PhD position I obtained was formulated within and financed by the project.

The project focuses on how growing up with shared residence from early in life affects children's attachment development, emotional security, and ability to adapt. It combines a large-scale longitudinal family development study, which allows the prospective control of important variables, with several cohort studies that scrutinize attachment and caregiving representations and behaviors. In practice, the project sheds light on parents' experiences, well-being, mental health, caregiving representations and links to child development in different contemporary family forms. Assuming that children can have several important caregivers, it studies the role of relationships to each of these caregivers, including preschool educators, for the development of attachment security and socioemotional adjustment. Part of the research in this thesis lies outside the project. The purpose of this section is to explain how the research in this thesis developed and clearly define my role in the project.

The project, and its financing, was established by Elia Psouni before I joined in February 2020. During my first months as a PhD student, I had a contributing role in preparing the questionnaires used in one study of the project, I managed the set- up and maintenance of the survey system on our data platform (REDCap; Harris et al., 2019) and contributed to the application for ethics approval for this study.

Due to the spread of COVID-19, it was decided to postpone the launch of the study, as pandemic conditions affected the healthcare system in such a way that significantly limited possibilities to recruit participants to the study according to the planned strategy. I suggested a smaller related study specifically on family life during COVID-19, to investigate the impact of the pandemic, both for its own sake and for context for the "Evidence over Conviction" project. I developed a research plan together with Elia Psouni and contributed to the ethics application for the study in Summer 2020.

Responding also to an encouragement from the Swedish Research Council, Elia Psouni and I developed three qualitative questions about parents' experiences of the COVID-19 pandemic, which were included both in the "Evidence over Conviction" project longitudinal study (and form part of the data for Paper 1) and the COVID-specific study (forming the basis for Paper 2). I had a significant role in the analyses and writing of Paper 1 and led the analyses and writing for Paper 2, supervised by, and working together with Elia Psouni and Elin Alfredsson.

As the research developed, it became apparent that there were gendered components of parents' experiences during the pandemic. This was investigated further in Paper 3, which is a separate study of fathers' experiences of the COVID-19 pandemic. The research in Paper 3 was planned and conducted with Tove Lundberg and Jonas Bjärehed from Spring 2023 onwards. I led the research plan and ethics application, conducted the interviews, and led the analysis and writing, with their input, guidance, and collaboration.

In all studies, I have been involved in identifying the conceptual and theoretical frameworks underpinning the research, and been highly involved in data collection and management, analysis, and writing. Elia Psouni, Elin Alfredsson, Tove Lundberg, and Jonas Bjärehed have provided their expertise to support the development of the papers and have formal responsibility for the ethics applications. All writing and editing of the papers have been a collaborative effort with the co-authors on each paper.

Structure of the Thesis

Having now positioned the core purpose and overarching research question that shaped the thesis as a whole, the three papers that form the empirical basis for this thesis including my role and contributions within them, and the overall contribution of this research, the following chapters explore each component in more depth. In Chapter 2, I explain the theoretical foundations for the thesis, drawing on the idea of the "second shift" and developmental frameworks. In Chapter 3, I explain what the transition to parenthood involves, and how gendered trajectories are arguably set out from the earliest stages. In Chapter 4, I delve further into gendered elements of parenthood beyond the perinatal period and draw on psychology, gender studies and sociology research regarding labor distribution, the work-family interface, and social structures that perpetuate inequalities. In Chapter 5, I introduce the COVID-19 pandemic as a transformative force for both the transition to parenthood and the work-family interface more broadly. In Chapter 6, I summarize the empirical studies, explaining their aims, methods, results, and core conclusions. In Chapter 7, I bring the findings of the studies together in a wider discussion, contextualizing this research within the literature identified in earlier chapters, explaining its strengths and limitations, and

providing recommendations for future research. The thesis closes with suggested implications of this research for different audiences, such as workplaces, healthcare, policy decision-makers and parents. A glossary of key terms (indicated by **bold** font) is included in Appendix 1, and abbreviations in Appendix 2, to facilitate understanding across audiences.

Chapter 2: Theoretical Foundations

Literature around gender and parenting has evolved considerably, particularly over the last five decades. There are many theories and conceptual frameworks focused on parenthood, families, development, work, and gender in different disciplines. The relevance of theory is often assumed in academic circles, and it can be helpful to define what exactly is meant by theory and what theories aim to do in relation to research. In this thesis, I draw on Homans' (1964) definition of theory as something that seeks to *explain* a phenomenon, drawing together properties, categories, relationships, and propositions to create a deductive structure. In other words, it is not enough to simply explore a topic and define components of it; a theory must draw together a cohesive system that goes beyond describing something to explaining how it works – which can then inform, and be informed by, **empirical** (evidence-based) research.

This chapter aims to explain the core conceptual foundations that have directly influenced the broader thinking around the topic in this thesis, beginning with the two main foundations. These include the concept of the "second shift" in gendered parenthood (Hochschild, 1989) and trajectories in family development (Crapo & Bradford, 2021). Then, Social Role Theory (Eagly & Wood, 2012) is explained as a supporting foundation for understanding gendered parenthood more broadly and the Theory of Planned Behavior (Azjen, 1985) is explained for contextualizing the process of change. Finally, the concept of self-efficacy (Bandura, 1977) is positioned as a core supporting component. It should be noted that this chapter concerns the thesis as a whole in terms of explaining the overarching concepts throughout the literature review and papers. There are more specific theoretical frameworks in the papers themselves that will be referred to in Chapters 3 and 4, for example those relating to the transition to parenthood, gender norms, and work and organizational theories.

Understanding and Exploring Gendered Parenthood: What is the "second shift" and why does it matter?

An influential theory conceptualizing gendered parenthood is Arlie Hochschild's (1989) concept of the "second shift" of domestic labor. The **second shift** is the idea that housework and childcare constitute a second job in addition to a day of first, paid,

employment when both parents are working. Hochschild conducted interviews with 50 families and observations in a dozen households in the US in the 1970s-1980s and examined gendered dynamics within families across a diverse set of family structures. While the original text offers many relevant and useful concepts, I position this thesis in relation to it in three specific ways.

Firstly, Hochschild emphasized that there is great deal of work involved in maintaining and developing a family, so much so that it constitutes a second job – albeit one that is constant, unpaid, and managed individually. This is similar to feminist studies' analysis of **social reproduction,** which is the idea that society – particularly capitalist society – depends on **human capital**, which is created and generally maintained by women (Bhattacharya, 2017). Social reproduction feminism is complex, but the following quote from Bhattacharya (2017, p.1) captures its main position:

> If workers' labor produces all the wealth in society, who then produces the worker? Who made sure this worker was cared for, clothed, and fed? Who nurtured them as a child, soothed their wounds, and socialized them into capitalist society?

Social reproduction is relevant for explaining the societal context that inequalities in the work-family interface are situated within, and the second shift captures this in a similar way. While the domestic sphere is not the only domain responsible for the reproduction of society, and there is a related branch for the role of education (Backer & Cairns, 2021), there are some important distinctions to be made. One is that teaching in education is a paid role, formally recognized as work, and supported with training and assistance, while parents often need to direct their own learning, decision-making, and labor distribution, and are not paid for their day-to-day labor as parents. In addition, if the domain of education collapses or is weakened, this labor is reallocated into the domestic sphere, as many parents experienced during the pandemic in countries that switched to home-schooling during peak periods. Another important distinction is that care work (childcare and household labor) is not paid in and of itself but *becomes* paid work if outsourced to another individual or system. What this can lead to is a **care chain**, including issues of both gender and racial inequality, in which mothers outsource responsibilities to another, often more disadvantaged, woman to help manage the second shift, who in turn needs to arrange care for her own child while she works for the other mother (Parreñas, 2009). The key issue here is that the initial labor could be better supported and improved by being more equally shared, but instead it often must be passed onto another person and only then becomes formally recognized as work to be paid for. Dependence on outsourcing childcare in particular also takes away the time each of these parents has with their own children – both the parents doing the outsourcing and the one providing the service who often has their own children.

Secondly, Hochschild noted the rapid increase of women in the workforce since the 1950s and termed this a "speed up" in the family (Hochschild, 1989, p.8). She drew on time use findings and estimated that women appeared to work an entire extra month of 24-hour days over a year due to work in the home as well as in employment. In this thesis, I suggest that the COVID-19 pandemic context provides something of a mirror image to Hochschild's "speed up" in the family. While families experienced major rapid advances since the 1950s that increased competing demands in home and work, the COVID-19 pandemic forced a "slow down" in terms of focusing in on the home environment and limiting other activities. Commutes were removed, social input was reduced, and family time increased. It should be noted that the expressions "speed up" and "slow down" refer to the societal level of change and movement, not necessarily the individual's perception of time. The COVID-19 pandemic presented something of a paradox in this regard, where individuals likely felt simultaneously overburdened and pressed for time with multiple immediate demands in one space yet released from other demands imposed by moving between places, making space for broader reflection.

Thirdly, Hochschild highlighted that there can be inconsistences between individuals' beliefs and their behavior, which contribute to inequalities. This is valuable when aiming to explain differences between attitudes and behavior, and especially in how a cultural context may seek to change attitudes and behavior, but only be partially successful because of more deeply held assumptions and systems.

In The Second Shift, Hochschild (1989) uses these three phenomena to introduce core concepts that could underpin the "stall" in the revolution of gendered parenthood: gender ideology, gender strategies and family myths (p.15-21). *Gender ideology* refers to what a person *wants* to identify with and how they would like the distribution to be and is divided into three types: traditional, transitional, and egalitarian. Traditional individuals believe in the male breadwinner and female homemaker model, with fathers working outside the home full-time and bringing economic provisions, and mothers working full-time inside the home. Transitional individuals believe in some greater involvement in the home for fathers and greater involvement in the workforce for mothers, although the distribution may not be exactly 50-50. Egalitarian individuals believe in fully equal division of both parents in both the home and in paid employment.

Gender strategies refer to plans and actions for solving the problems that arise in the family and represent more of the real-world *behaviors* parents undertake. Importantly, Hochschild identified that there can be major contradictions between gender ideology and actual strategy (i.e., differences between what people said they believed in versus how they actually performed divisions). Hochschild summarized this as people's ideas about gender often being "fractured and incoherent", and posits that people draw both on beliefs about manhood and womanhood forged in early childhood, which are "anchored" to emotions. These ideas then combine with the cultural notions and

expectations of gender, as well as the partnership, to form the gender strategy. Strategies include not only the actions themselves, but also the emotional work and preparations for the strategy. Emotional work in this sense is defined as "effortful adjustments" to align with a situation one does not agree with (similar to the idea of **cognitive dissonance**). For example, a mother holding an egalitarian ideology would need to do considerable emotional work in order to uphold a traditional gender strategy, as the behaviors for the gender strategy deeply misalign with her ideology. Hochschild found that *family myths* are often generated to create a new version of reality to manage tensions – for example reframing household work in different ways to rationalize them as equal when in reality, they are not.

Even though Hochschild's work was conducted 35 years ago, and in the United States which is a culturally specific context that does not offer much support for parents, it continues to be internationally relevant. More recent research has built on Hochschild's work and defined men's involvement in the home as the "second half of the gender revolution" (Goldscheider et al., 2015), after women's participation in the workforce as the first half. Swedish studies also draw upon Hochschild's ideas in their analyses of gender ideology (Evertsson, 2014) and negotiations of work and care (Alsarve, 2021; Edlund & Öun, 2023). In addition, many studies used Hochschild's work specifically during the pandemic to analyze domestic work in light of COVID-19 shifts (e.g., Roelofsen & Goyette, 2022; Orton-Johnson, 2021). I believe my three uses of the theory for this thesis described above are relevant in the current cultural context and time because they draw on the ideas that 1) raising a family requires considerable work and that work needs to take place somehow and by someone, 2) major societal shifts can influence changes within the family in terms of the demands they place or remove, and 3) individuals can navigate these issues in inconsistent ways in terms of their beliefs and their behaviors.

Understanding and Mapping Trajectories

In addition to The Second Shift, a second central framework for this thesis is Multidimensional Family Development Theory (MFDT), developed by Crapo and Bradford (2021). MFDT helps to explain and understand the many layers of development of individuals and their families, and how important events influence the journey of both. The theory is grounded in the earlier and well-established Family Development Theory (FDT; Rodgers & White, 1993), however it extends and reforms important aspects, as well as addressing key gaps, for example considerations of culture. Although there are other family theories such as Family Systems Theory (Bowen, 1966), MFDT was considered the most appropriate for this topic as it encompasses aspects of each individual's development beyond the family, as well as the family

context. Other theories also focus more on the child's development, and on emotional and relational components of interaction within the family, in order to address problems arising in family dynamics. As the purpose of this thesis is more focused on parents' experiences, and their multiple roles and commitments, being able to visualize the multi-layered framework is more useful, as it enables consideration of the parent as worker, parent, individual and partner, and consideration of where both the events of parenthood, and the event of COVID-19 fit in their journeys. This is similar to the justification of other uses of MFDT (Fitzpatrick, 2023; Kopystynska et al., 2023).

Like The Second Shift, MFDT (Crapo & Bradford, 2021) is a complex and multi-layered theory with more components than those mentioned in this thesis. The authors themselves advised using a "shifting lens" approach, focusing on using only relevant parts of the theory rather than the whole for single study as it is not possible to address all aspects within one research approach. In this thesis, MFDT has contributed to the broader foundation with the concepts of intersecting *trajectories* (i.e., the hypothetical paths that people would have been on had the pandemic not happened and the current, actual paths that have developed from the pandemic), *developmental events* (critical changes to those paths) and the role of *culture* in how able an individual is to influence their trajectory.

Crapo and Bradford (2021) defined four major components in MFDT: 1) *Personal*, which relates to topics of personal development and milestones such as being born, puberty, and deaths, 2) *Vocational,* which covers individuals' development in their educational and professional life, for example completing basic education, getting a job, losing one's job, changing career, and retirement, 3) *Couple,* which refers to development regarding romantic partnerships (for example, initiating a relationship, moving in together, relationship decision-making, ending the relationship) and 4) *Generative,* which refers to caring and reproductive efforts for example having a child, or adopting a pet. All four exist within an abstract *developmental space*, in which there are a variety of possible events that could happen. The four dimensions each have their own trajectory, which is defined as the likelihood of events either happening or not happening, based on prior developments and family context. Core events that influence the trajectory are referred to as *developmental events*, which can influence one or more dimensions at once and change the probability of future events happening. In the context of the theory, the terms "likelihood" and "probability" are not used in the mathematical sense, but rather creating circumstances in the developmental space that mean some choices are more or less accessible depending on the outcomes of previous developments.

Each of the dimensions interact with each other within both a single individual as well as with the other individuals in the family. The theory explains the interface and layered nature of the different dimensions. One of the examples given by Crapo and Bradford (2021) is a pregnancy, which increases the likelihood of three other possible events in

the future (giving birth, miscarriage, or abortion), which in turn affect the likelihood of further development (e.g., becoming a parent or not, having multiple children or not). Although the event of becoming pregnant is within the generative domain, it interacts with possibilities in the personal, vocational, and couple domains and has the potential to introduce developmental events in those dimensions too (for example taking parental leave from work, getting married, changing living conditions). These in turn interact with the developmental trajectories of other people within the family, for example partners (who have their own existing trajectories that this event contributes to) and the child (whose trajectory will be informed by the choices and actions of its parents). Throughout this thesis, the COVID-19 pandemic is thought of as a society-wide developmental event that impacted multiple dimensions for many people at once.

The theory recognizes the influence of cultural contexts in shaping individual's abilities to fulfil their developmental tasks (and indeed, meet them in *alignment*, or appropriate time). The theory uses the concept of *centering* within one's culture, which is the extent to which the individual aligns within the broader culture – the more centered a family member is with the ideals, values, and assumptions of the culture, the more "force" the culture exerts on the family developmental space. Similar to alignment in the family context, the theory explains accordance or discordance within the culture, where the culture can either facilitate harmony within the developmental space because of the individual being centered within the culture, or conflicting, when the culture does not afford the individual to fulfil their developmental tasks (and contributes to misalignment within the family space). In this thesis, I considered these elements in terms of possible internal conflicts parents may face; even though Sweden has a strong culture of gender equality in laws and social expectations which provide one dimension to adhere to, this exists within a broader, long-standing, and global culture of gendered parenthood which presents a different, and often contradictory standard to adhere to. As a result, parents may find themselves trying to align and accord with conflicting messages and potential trajectories, contributing to "fractured and incoherent" gender beliefs and behavior as highlighted by Hochschild (1989).

How do trajectories become more gendered with parenthood?

The Second Shift and Multidimensional Family Development Theory are the two major foundations for this thesis, with the former as a key framework for explaining gendered parenthood and the latter for explaining trajectories and the role of the pandemic in the development of family functioning. In addition to these frameworks, I also draw on Social Role Theory (Eagly & Wood, 2012) to explain the broader gendered trajectory and how gender roles inform participation in society even before parenthood. I also draw on the Theory of Planned Behavior (TPB, Ajzen, 1985) for understanding how parents may begin with equal intentions and plans but later shift into a more unequal division. Finally, the concept of self-efficacy (Bandura, 1977) is

essential in explaining how an individuals' perception of their coping abilities could be an integral part of this issue.

Social Role Theory (Eagly & Wood, 2012) is a theoretical framework for explaining sex differences and similarities in behavior, taking into account biological, psychological and social processes that set up and maintain differences. Eagly and Wood (2012) argued that there is an initial social segregation of the sexes based on physical attributes: namely the female body's ability to carry and birth a child and breastfeed, and male abilities in size and muscular strength. Drawing on constructivism, the theory posits that in order to uphold efficiency in society, these initial biological differences are deepened even further as individuals harness hormones in order to fulfil certain roles: for example, testosterone for dominance and management behaviors. Psychologically, Social Role Theory proposes that children disproportionately see women taking on more family-oriented, nurturing roles, and men in more paid employment roles, which results in *essentialism* – the assumption of inherent differences in the nature of men and women. In turn, this informs the development of gender identity, or how individuals see themselves as men or women through internalizing messages about their sex/gender. Socially, the theory proposes that these biological and psychological foundations are reinforced by *socialization* of the sexes; in that acting in accordance with one's gendered role is more likely to be met with approval and less likely to be penalized by others than diverging from the role. For men, job roles that generate higher income and status (such as managerial roles) are more likely to align with the expectations of the male role and diverge from the "communal" expectation of the female role.

In other words, what could be a simple sex-based difference due to biological capacities alone becomes a much larger, gendered difference through more malleable factors like hormones, role models and socialization. This is a core element in terms of the constructivist dimension of my epistemology in this thesis, as I suggest that longer-term shifts prompted by COVID-19 could enable and strengthen alternative discourses about these topics. For example, more children would be likely to see their fathers in the home more than they would have otherwise (affecting socialization and reducing essentialism). Furthermore, on the biological level, it is known that fathers do experience neurological and hormonal shifts in the transition to parenthood (Gettler et al., 2011; Swain et al., 2007). Thus, if fathers become more able to be present in day-to-day pregnancy and birth, they may experience more hormonal and psychological shifts that support caregiving in ways that have been assumed to be "naturally" female.

Social Role Theory is useful for understanding broader patterns in gender roles, whether parenthood is pursued or not, but it does not explain how individuals can choose other roles than those favored by the dominant narrative, and what contributes to the success of doing so. Here, I turn to the **Theory of Planned Behavior** (TPB; Ajzen, 1985) to explain what contributes to breaking out of, or conforming to, gendered trajectories. The use of the theory of planned behavior in gendered parenting

research was advocated by Perry and Langley (2013), after the authors identified issues of assumptions in previous research and theory use: namely that if fathers wanted to be equally involved, they could and would be, and the responsibility largely falls on them as individuals. Similar to Perry and Langley (2013), this thesis takes the position that there are likely broader issues limiting the choices parents are able to make and that change in gendered patterns requires more than simply recommending or intending greater equality on an individual level.

The Theory of Planned Behavior is a broad framework for intentions and action (extended from the Theory of Reasoned Action – TRA). There are three components to the theory: beliefs about behavior (*attitudes*), *subjective norms*, and *perceived behavioral control*. Perry and Langley (2013) assessed the utility of TPB in the fatherhood context, taking into account demographics, marital status, residence status, coparenting relationship and their own fathers' involvement. The authors concluded that TPB offers a useful framework for fatherhood involvement, and they specifically highlighted the component of perceived behavioral control, encouraging future research to examine this aspect. Although TPB has been used in motherhood research, it has focused more on specific aspects of caregiving practice, such as feeding and protective behaviors (e.g., Thomson et al., 2012; Giles et al., 2007; McKee et al., 2019) or about fertility planning (Agar, 2018; Dommermuth et al., 2009; Williamsson & Lawson, 2015) rather than for child involvement and labor distribution in coparenting in the way it is used for fathers.

As examples, a father could have an *attitude* towards gender equality but feel that he does not have sufficient control within his workplace over his options to take leave (*perceived behavioral control*). As another example, a father could have both the attitude and perceived behavioral control at his workplace yet feel constrained by norms of what other fathers in his workplace do (*norms).* These ideas are similar to the differences between gender ideologies and strategies in Hochschild's (1989) work, but the application of TPB can extend these further.

This theory and applied use of the theory by Perry and Langley (2013) is central to this thesis because the COVID-19 pandemic arguably directly shaped fathers' behavioral control and engagement in new ways (for example through increasing the accessibility of working from home). However, consideration of the role of the workplace in shaping norms and perceived control is limited in Perry and Langley's (2013) use of TPB. Furthermore, while healthcare is mentioned in their application of the theory, the COVID-19 pandemic presented an extra restriction on fathers' control in this domain (by being literally disallowed from being present due to the virus) that Perry and Langley (2013) could not have foreseen. I suggest that this is central to the shifts brought about by the pandemic and contributes to father's abilities to engage.

A distinct but related concept to perceived behavioral control is general self-efficacy, which refers to an individual's feeling or perception that they can cope with challenges effectively (Bandura, 1977). General self-efficacy can be considered in many different life challenges, and parental self-efficacy exists as a specific concept for self-perceptions of coping with parenting challenges. General self-efficacy has a significant positive correlation with parenting self-efficacy (Murdock, 2013). In this thesis, the concept of self-efficacy is considered both in terms of the transition to parenthood, and in terms of coping with the challenges the pandemic itself initiated. For this reason and in consideration of the self-efficacy needed in the time *before* there is a child to parent, I refer to individuals' general self-efficacy, rather than parenting self-efficacy specifically.

Summary of the chapter

The consideration of the overarching structure of families in this thesis is based on Multidimensional Family Development Theory (Crapo & Bradford, 2021), with the idea of COVID-19 as a developmental event that changed individual and family trajectories. In terms of what needed changing, The Second Shift (Hochschild, 1989) offered explanations of continued inequality in terms of mismatching attitudes and behavior, both in individuals and in society more broadly. In turn, explanations for this disconnect can be found in Social Role Theory (Eagly & Wood, 2012), the Theory of Planned Behavior (Ajzen, 1985; Perry & Langley, 2013), and self-efficacy (Bandura, 1977) as well as in MFDT in terms of aligning to one's culture. I posit that even in contexts with supportive policies for gender equality during parenthood, actual behavior and self-efficacy is undermined by attitudes about gender in individuals, in healthcare in the transition to parenthood, and in workplaces. My central argument is that pandemic's potential primarily lies in reshaping healthcare and workforce norms, which could then reshape perceived behavioral control in managing one's work-family interface and self-efficacy in parenthood. The next two chapters address these in turn, with Chapter 3 focusing on the transition to parenthood and the role of healthcare, and Chapter 4 focusing on the work-family interface more broadly and the role of the workplace.

Chapter 3: Transitions to Parenthood

This chapter aims to explore gendered trends in the *transition* to parenthood (i.e., gendered trajectories before individuals become parents, and in the early transitional stages of pregnancy and birth). If parenthood is pursued in partnership, the introduction of a child could be an incredibly meaningful and powerful force for bringing partners closer together and providing a new avenue to embark on as a unit. However, there is also the possibility for a greater divide due to the differences between birthing and non-birthing experiences. Some of these are unavoidable (e.g., the experiential differences arising from carrying and birthing a baby, and breastfeeding); however, many can arguably be shared rather than centered only on the birthing parent (for example information management and planning, household organization, and early childcare after the birth). I argue that adding gendered elements onto the transition to parenthood by excluding or not actively including the non-birthing parent in the perinatal period sets parents up for a less equal trajectory throughout parenthood. This chapter is focused specifically on the transition stages (conception, gestation, birth, and postnatal), while Chapter 4 will then build on this foundation for the broader work-family interface in later parenthood.

Before Parenthood

In the paper *Transition to Parenthood: His, Hers and Theirs,* Cowan et al. (1985) analyze how parenthood seemingly sets men and women off on vastly different paths even though they are centered on the same thing. The authors compared this to setting off on different train tracks, which aligns with Crapo and Bradford's (2021) concepts of trajectories in MFDT: the same developmental task can have vastly different effects, depending on where it sits within existing trajectories, the culture the individual is based within, and their own approach to the task. Cowan et al. (1985) followed both parent and non-parent heterosexual couples in their analysis, finding that in most family domains, the parent couples experienced more negative changes over time, became more different to one another, and experienced lower marital satisfaction because of this gender differentiation and conflict.

Research suggests that men and women have different attitudes to becoming a parent before parenthood as well, which may set up different expectations. A study based in Sweden conducted by Frisén et al. (2014) investigated young adults' willingness to become a parent, reasons for wanting to become a parent, postponement of parenthood, disruptions, work-family priorities, and ways of handling potential work-family conflicts. The participants were relatively similar in willingness and reasons for wanting parenthood, although more women than men referred to "parenthood as a social norm", and more men than women motivated the reason because of positive thoughts about children. More men than women wanted to postpone parenthood, but experienced fewer disruptions on the path to it, and men were more likely to want to prioritize *either* work or family, whereas more women wanted to prioritize both.

Attitudes to parenthood before becoming a parent can be influenced by many things, some of which can relate back to Social Role Theory (Eagly & Wood, 2012). Although the human body does often remind most men and women of their capacity to reproduce, these triggers can be considered in different ways. For example, most male bodily experiences can be (and arguably are) more often associated with sex drive and enjoyment rather than reproduction (until that becomes intended), whereas the menstrual cycle in female bodies is more clearly and strongly associated to reproductive capacity. The cyclical and involuntary nature of menstruation can also mean there is a constant biological suggestion to reproduce within female bodies in a way that is not necessarily the case for male bodies. Furthermore, the responsibility for preventing and monitoring potential pregnancy often falls on women (Shahvisi, 2020), particularly as most contraceptive options focus on controlling the hormonal environment within the female body. Socially, women are often reminded of their "biological clock" and asked more about their plans regarding parenthood, even during employment recruitment processes (Caccavale, 2023). In general, it is often assumed that a woman will want to become a mother and responses to the contrary are met negatively (Iverson et al., 2020). Concepts of femininity and masculinity are also strong social frameworks that guide social expectations and interactions. Traditional feminine gender stereotypes highlight sensitivity, emotional expression, compassion, softness, and warmth (which are all conducive to caring for a small, helpless being), while traditional stereotypes of masculinity include stoicism (or lack of expression), aggressiveness, competitiveness, dominance, independence, and force (Moynihan, 1998).

Psychological Transitions

While Social Role Theory (Eagly & Wood, 2012) addressed gender roles more broadly, theories specific to parenthood offer close examination of needs and differences in the task of creating and building a family. A central framework that has directly influenced

this thesis is Gemayel et al.'s (2018) conceptual model of factors and challenges in men's transition to fatherhood. The model is based on earlier work on mothers' perinatal adjustment by Milgrom et al. (1999), which specified vulnerability factors (e.g., personality, health history, previous life events), precipitating factors (e.g. (un)employment, labor complications, financial situation), and socio-cultural factors (e.g., levels of support and expectations about motherhood) in mothers' well-being. Gemayel et al. (2018) reviewed and extended the conceptual basis to fatherhood, assessing theoretical and empirical literature to understand how paternal challenges could be embedded in a framework. Their adapted framework also included vulnerability factors (occurring prior to pregnancy), precipitating factors (stressors and events within the perinatal period) and coping style (e.g., problem-focused, emotion-focused, avoidance).

However, there are two key differences in the Gemayel et al. (2018) model compared to Milgrom et al. (1999). Firstly, sociocultural factors (social expectations, social and partner support, and gender role stress) are positioned as a larger backdrop to precipitating factors, coping, and paternal well-being as opposed to being a single component as in Milgrom et al.'s (1999) model for motherhood. Secondly, Gemayel et al. (2018) more clearly delineate the antenatal period and postnatal period within the precipitating factors. Although parental knowledge, planning, father-mother relationship, negative perceptions about their partner, and partner mental health were factors in both, Gemayel et al. (2018) also specified the importance of adjusting to the pregnancy in the antenatal period and involvement in the postnatal period for fathers. This conceptual framework shaped this thesis by highlighting the differences in these two periods, as well as the importance of planning and parental knowledge for fathers who do not experience the physical changes of pregnancy in the way that the mother does (Milgrom et al., 1999). However, although it is often assumed that fathers do not experience any physiological changes, research has indicated that fathers do experience hormonal shifts such as reduction in testosterone (Gettler et al., 2011) and similar neural changes to mothers in response to caregiving stimuli such as hearing their baby's cry (Swain et al., 2007).

Gemayel et al.'s (2018) model also demonstrated how paternal well-being is often specifically tied to maternal well-being, ability to engage, and their relationship with and perceptions of the mother, as explored further in the next section. These factors seem to be less evident in maternal models, which are often more focused on the bodily and identity-based components of becoming a mother, with minimal focus on the partner (see Nelson, 2003 for a variety of theories and approaches to motherhood). However, a possible explanation for this in the context of parenting dyads could be due to the historically low involvement of fathers and their rapid return to the workplace, meaning that mothers are often left alone with responsibility and symptoms, affected more by the lack of possibility for support rather than by their partners' mental health

per se. It could be the case that if both birthing and non-birthing parents were together more throughout pregnancy and the postnatal period that there would be a stronger association on both sides.

Pregnancy, Birth, and the Postnatal Period

The onset of a pregnancy is often a joyful time, especially if it has been planned and prepared for (Price, 1988). However, even in the best of cases, having a child also entails a wide variety of physiological, physical, relational, and psychological adjustments (Saxbe et al., 2018). The transition to parenthood has been described as a "critical window" (Saxbe et al., 2018) for parents' adjustment, and even a "crisis event" in terms of the relational impact of having a child (LeMasters, 1957). Although more recent research has reframed this as more of a "challenging developmental stage" rather than "crisis" (Doss & Rhoades, 2017), longitudinal research does indicate more sudden deterioration in relational quality for parents after the birth (Doss et al., 2009), compared to pre-birth states and non-parents.

There is a large amount of information processing and communication from conception to after the birth, and many decisions to be made. There can be around 12 medical appointments throughout pregnancy, to provide advice on healthy pregnancy and supplements, perform blood tests, measure growth and fetal activity, and address well-being (Iles, 2020). The ultrasound (a scan of the uterus) is often a highly meaningful first experience of seeing the fetus (Molander et al., 2010). Appointments during pregnancy can be joyful and emotionally powerful experiences of connection, as well as worrisome if there are concerns about problems in the development. Expecting parents may have a lot of questions and concerns about what is happening to the body and how to prepare effectively, which are often addressed in antenatal classes and at appointments. This means that there is a large amount of emotional, mental, and practical preparation that centers on being highly involved *before* the child is born. Research on fathers' experiences of ultrasound attendance indicate that the experience contributes to feelings of connection and motivation to change behavior and can be considered a "magic moment" (Walsh et al., 2014). Such studies emphasize the power of involving fathers from these early stages and facilitating their transition to parenthood and behavioral change process, in line with the Ajzen's (1985) Theory of Planned Behavior, and Gemayel's (2018) conceptual model of fatherhood.

Under normal circumstances, 98% of fathers attend the birth in Scandinavia (Madsen & Munck, 2001). Most births in developed countries take place in hospitals with midwives (trained professionals for birth specifically) and doctors (who generally specialize in the field of obstetrics and gynecology). Research indicates a positive effect

of fathers' presence in perinatal care for the mother, child, and family functioning as a whole (Wolfberg et al., 2004; Erlandsson et al., 2007), as developed further below.

Being a non-birthing parent versus a birthing parent

The emphasis in most pregnancy and birth settings is strongly on the mother and fetus, although '**family centered care**' has been advocated in recent decades (Chalmers, 2017). Family centered care aims to actively acknowledge the role of the non-birthing parent and their importance for a well-functioning family after the delivery. However, the practices of individual healthcare professionals and services remains variable and there are many research studies indicating that non-birthing parents feel excluded, unsure of their role, and afraid (Daniels et al., 2020; Hildingsson et al., 2014; Lau & Hutchinson, 2020) and fathers often suppress their needs (Premberg & Lundgren, 2006). Steen et al. (2012) conducted a meta synthesis of 23 qualitative studies about fathers' expectations and experiences in pregnancy, birth, and maternity care, exploring core themes of risk and uncertainty, exclusion, fear and frustration, difference between ideals and the reality, support issues and transition.

A commentary by Draper and Ives (2013) discussed both the arguments for and ethical nuances of involving fathers. Although the paper is specifically referring to fathers, the ideas can also be applied to non-birthing parents more broadly. The authors delineated three main perspectives for the inclusion of non-birthing parents in perinatal care: for their own interest and development, as a support for the birthing parent, and as a parent protecting their future child. Importantly, the paper highlights the aspect of fathers being involved for their own right as an individual going through a major transition, not only as a means to an end in supporting the birthing parent. There appears to be a gap between parents' expectations and the reality of healthcare, with fathers wanting, expecting, and preparing to be involved as a partner in the birth, but ultimately feeling useless or sidelined due to lack of clarity or reverence for their role (Chandler & Field, 1997; Deave & Johnson, 2008).

Chapman (1992) defined three potential roles the non-birthing parent could have in the birth process: coach, teammate, or witness. The *coach* role was the most highly involved, actively engaging with information and options, helping the birthing parent to prepare and go through the birth, and participating in decision making. The *teammate* role was described as more of a 'helper', supporting the birthing parent with assistance and encouragement but staying somewhat distant from the central process. The *witness* role captured the state of mere presence at the delivery, neither participating in the process nor supporting the birthing parent, but simply attending the birth. Although these categories provide a helpful structure where otherwise the role of the non-birthing parent can be blurred and vague, there appears to be little middle ground between taking charge in the coach option and being a supporter in the teammate option. Non-birthing parents may feel uncomfortable with taking on too active a role

for a medical situation that is happening to someone else's body, yet also feel that their role is limited as a supporter – particularly if there are trained birth professionals present in the form of midwives, doctors, and doulas.

For the birthing parent, there can be a wide variety of experiences. Between 20-48% of women around the world experience birth as traumatic (Alcorn et al., 2010; Beck, 2004; Ford & Ayers, 2011). Of these, approximately 3-4% develop post-traumatic stress disorder (PTSD) in the postpartum period (Yildiz et al., 2017). Recent research in Sweden suggests similar trends, with a prevalence of 3.8% for postpartum PTSD (Stén et al., 2023). Birth is often experienced as a loss of control, and women report the importance of autonomy and being treated as an individual (Hallam et al., 2016; Nilsson et al., 2013; Sigurðardóttir et al., 2019). A study by Aune et al (2015) also highlighted the importance of a safe environment and emotional strength in positive birth experiences, building coping strategies on everyday stability and close relationships. These studies emphasize that the birth experience is not only about the physical event itself, but also the trust-building and decision-making leading up to it. This is important when considering how the non-birthing parent can be included as an informed partner, who could be made aware of the birthing partner's needs and wishes based on continual involvement throughout the pregnancy.

Finally, another dimension that often separates birthing and non-birthing parents in the postnatal period is breastfeeding if parents choose this option. Active support from partners has been highlighted as an important variable in the success and duration of breastfeeding (Davidson & Ollerton, 2020; Mitchell-Box et al., 2013; Rempel et al., 2017; Thulier & Mercer, 2009). These research studies do however emphasize the importance of teamwork and effective communication between the birthing and non-birthing parent, and highlight the need for sensitivity and responsiveness, not just knowledge (Davidson & Ollerton, 2020). These components are relevant in the discussion of gendered parenthood as these biological capabilities often form the foundation for splitting care by gender, both in terms of healthcare providers' caring of mothers specifically (rather than both parents), and parents' caring of the child. Furthermore, the research studies on the role of the partner highlight the importance of their involvement and clarify the types of roles that can be taken, even if the task itself (i.e., birthing, breastfeeding) is necessarily sex-based.

Mental health in the perinatal period

There are several studies suggesting that involvement of the non-birthing parent is important for their own mental health, as well as the mental health of the birthing parent in the perinatal period. Fathers who are less involved in the birth process report more negative experiences such as panic, feeling helpless, and feeling traumatized (Eggermont et al., 2017). Fear of childbirth is common, with up to 14.8% of birthing parents reporting clinically significant levels of childbirth anxiety (Nilsson et al. 2018).

Around 13% of fathers report birth fear (Bergström et al., 2013; Eriksson et al., 2005; Hildingsson et al., 2014). In Sweden, Hildingsson et al. (2014) found that childbirth fear was higher for first time and non-native fathers. The concepts of perceived behavioral control (Azjen, 1985) and self-efficacy (Bandura, 1977) are particularly important for whether fathers feel able to cope with challenges in the birth period. If non-birthing parents cannot see the ways in which they can help or be important in the process, it is likely they would experience it as something happening around them, and to someone they care for, that they have no ability to manage or influence. For the birthing parent, involvement of the non-birthing parent can help to moderate stress throughout the pregnancy (Rini et al., 2006) and women report greater birth satisfaction when their partner is involved (Waldenström, 1999). Stapleton et al. (2012) found that perceived partner support during pregnancy predicted lower distress in both birthing parent and infant.

There is strong evidence that if one parent experiences mental health difficulties in the postpartum period, it is likely that the other will too. Paternal depression appears to be a stronger indicator for maternal depression than the reverse (Anding et al., 2016; Kouros & Cummings, 2010). In addition, the relationship between depression and marital adjustment appears to follow different pathways in fathers and mothers: for mothers, the direction of prospective relationship goes from marital maladjustment to depression, but for fathers it is depression to marital maladjustment (Kiecolt-Glaser & Newton, 2001). Studies also suggest that depression symptoms in men are more tied to marital discord than depression symptoms in women (Keller et al., 2009; Kouros & Cummings, 2010). Similarly, relationship satisfaction is negatively related to depression symptoms in men, but not women (Anding et al., 2016; Gawlik et al., 2014), although some studies do find a relationship for women too as shown in a review by Pilkington et al. (2015). However, maternal symptoms tended to be related to life events, childhood violence and physiological complaints (Anding et al., 2016) rather than the relationship specifically.

Summary of the chapter

This chapter has focused on the earliest stages of the transition to parenthood, drawing on theoretical frameworks for parents' adjustment during pregnancy, and empirical literature about experiences of birthing and non-birthing parents through pregnancy, birth, and the postpartum period. The vast majority of studies indicate that positive and active involvement of the non-birthing parent is not only beneficial, but often even essential, in improving outcomes for the birthing parent in pregnancy and birth. The next chapter turns to the role of the workplace in shaping parents' work-family interface more generally, extending beyond the perinatal period.

Chapter 4: The Work-Family Interface

This chapter explains core dimensions in the work-family interface, namely types of demands (time and strain) that must be managed, the possible options for doing so (integration, segmentation, and alternating), and the roles of the individual and the organization. In order to more deeply examine the role of work in the work-family interface, and the potential meaning of shifts within this domain, I refer to specific work and organizational theories and work-family research within this chapter. I also explain the individual and interpersonal costs of difficulties in managing the work-family interface. Many parenthood theories focus heavily on individual responsibility, and the role of the parent in the family, as opposed to the mixed identity of worker that has likely predominated before parenthood. A similar argument was present in Perry and Langley's (2013) discussion of father involvement. While this chapter discusses all parents, I focus on the specific dimension of how the changes brought about by the pandemic regarding options for managing the work-family interface are likely most impactful for the possibility of increasing father involvement in the home in heterosexual coparenting partnerships, and in turn domestic gender equality. Given that culture and policy considerably shape parents' options primarily after the child is born, I begin with contextual information on what is available to parents in the three countries covered in this thesis, focusing mainly on Sweden but also discussing the United Kingdom and United States as included countries in Paper 2.

Contextual Factors

As explained in Multidimensional Family Development Theory (Crapo & Bradford, 2021), the contexts families are embedded within shape parents' options, motivations, and behavior in parenting. Sweden provides generous, gender-neutral leave that reserves time specifically for each parent and the Swedish parenting context is supported by family-friendly environments in public spaces, leave to take care of a sick child, and "fritids" (after school activities that enable parents to work full-time) (The Swedish Social Insurance Agency, 2019). Duvander et al. (2005) explained how these benefits enable Sweden to have both high fertility rates and high female labor force participation, although the authors noted that the "lion's share" of leave and benefits continued to be taken by mothers. The Nordic Gender Effect at Work report (Nordic

Council of Ministers, 2018) updated and extended this discussion, highlighting that supportive family systems benefit not only the family unit but the economy as a whole, but occupational segregation and pay discrepancies perpetuate inequality.

In contrast, the United States has no nationally guaranteed paid parental leave, only the right to 12 weeks, which may be unpaid depending on the employer's policy (Family & Medical Leave Act, 2003). In such contexts, the policy and cultural support for parenting is low and the individual, couple, and organizational responsibility could potentially become more central. The United Kingdom has more generous parental leave than the US, but far less than Sweden, and debates focus more on costs of childcare (Penrose, 2023). Furthermore, the parental leave options are still gendered in the UK system, with just two weeks of paid paternity leave set aside for fathers, compared to 52 weeks of maternity leave (GOVUK, 2024). There is an option for shared parental leave (SPL), however it is highly dependent on the mothers' usage of the allowance for maternity leave and not all is paid (up to 37 weeks), which may lead to parents prioritizing paid employment. To contextualize alongside the opportunities in Sweden, the total amount of time for both parents in the UK is approximately half the amount available for both parents in Sweden and the leave in Sweden is paid and gender-neutral from the outset, even if it does often become taken in a gendered fashion in practice. However, both countries secure employment rights, in that parents' rights to pay increases, vacation, and returning to work are secured (GOVUK, 2024).

Family-friendly policies on the national level could be thought to support widespread shifts in gender equality in part because they take away the risk for individuals and their workplaces, and they make options more widely available. This can be considered within the conceptual framework of the TPB (Azjen, 1985) for example, in terms of how norms are shaped. If the norm is for mothers to take extended parental leave and fathers to return to work rapidly, the behaviors of parents are likely to reflect such norms, even if they would like to behave differently and know the benefits and costs of different options (and in turn, the need for strong egalitarian attitudes and high perceived behavioral control becomes more important). Previous research has specifically highlighted the relevance of organizational culture for fathers' experiences of work-family conflict (Allard et al., 2011). The benefits of parental leave are examined in a systematic review by Heshmati et al. (2023), which indicated that parental leave was associated with better maternal mental health, particularly at least 2-3 months post-partum. The results for fathers were less conclusive in the same review, and improvements appeared to be more dependent on the need for replacing wages or fulfilling quotas. However, benefits of leave for fathers' mental health have been highlighted in a review by Philpott et al. (2022) and for paternal adjustment (Tamm, 2019) and relationship stability (Petts et al., 2020).

Regarding the "second shift", international studies indicated that taking paternity leave increases fathers' participation in domestic work (Hosking et al., 2010). In the Swedish

context, Haas and Hwang (2008) found that the amount of leave taken by fathers was significantly positively related to multiple aspects of fathers' participation in the home as well as their satisfaction with childcare, but the authors also found that simply taking some leave (i.e., using the allowance but only a small amount) was not significantly related to childcare participation. There were also remaining aspects that were not significantly related to the amount of leave that are also important, such as sharing general responsibility, non-working time spent together, closeness, and emotional caregiving after controlling for other factors. Haas and Hwang (2008) concluded that policy had "not gone far enough" to change attitudes and experiences. A similar conclusion was expressed in an in-depth analysis of the gap between policy intention and actual family practice in Sweden in terms of parents' negotiations of leave (Ahlberg et al., 2008, p.87): 'It is one thing to legislate and set up public institutions from the top, but quite another to change social practice in family life.'

While parental leave and support for difficult periods such as child sickness are highly beneficial, I aim to highlight in this thesis that they are only part of the support needed for parents to manage their work-family interface and achieve gender equality both at work and in the home. These solutions are time-limited and promote time *away* from the workforce, which can be shorter or longer periods. This is very important for focused and dedicated time with children to build stronger relationships, and for fathers to "gain mastery" in parenting skills that they have not been normatively prepared for in the same way as mothers (Rehel, 2014). However, beyond giving insights on how demanding domestic work can be and inspiring some equality due to changed attitudes, the effects of leave on the day-to-day efforts of managing parenthood and work are limited (likely because of remaining norms and limited perceived behavioral control). These solutions also involve an exit and re-entry back into the workforce if leave is for a longer period of time, which can often be perceived to result in disadvantages long term. A particular discrepancy that has been identified internationally is that men experience benefits in the workplace when they become fathers (e.g., promotions and pay raises, because he is now considered to need to support a family), referred to as the fatherhood "bonus" or "premium" (or "male breadwinner effect"), whereas women who become mothers tend to suffer a "motherhood penalty" in which they are seen as less dedicated and more likely to leave the workforce (Kmec, 2011). In addition, in Sweden, fathers often take their leave after the mother has taken an extended leave directly after the birth, meaning that the mother may have already established certain caregiving routines and knowledge about their baby that the father would not have to the same extent if he was primarily at work during this time.

Managing Multiple Demands as a Parent

In Chapter 2, I explained the overarching theoretical frameworks for this thesis, and Chapter 3 covered the theoretical frameworks relevant for the transition to parenthood. I now turn to theoretical frameworks that are relevant for understanding the work-family interface. The following theories intersect with the more dominant frameworks of the wider thesis, namely The Second Shift (Hochschild, 1989), Social Role Theory (Eagly & Wood, 2012) and the Theory of Planned Behavior (Azjen, 1985).

The balance of demands and individual control was considered by Voydanoff (2005) in her conceptual model of work-family fit and work-family balance. The model offered increased complexity by explaining not only domain-specific demands (split into *time-based* and *strain-based*) and resources (e.g., autonomy, and social support), but also boundary-spanning *demands, resources,* and *strategies*. For example, an individual may need to travel or work at home, which can place demands on time and introduce blurring of roles. However, there can also be resources that cross boundaries, for example flexibility in one's schedule, parental leave, part-time work, and one's partner also working and contributing to household management and childcare. Strategies include specific actions that individuals can take in order to reduce demands or increase resources, for example reducing work hours and travel, changing jobs, reducing family involvement, doing less domestic work, or hiring help. For this thesis, the shifts brought about by the pandemic can be considered alongside boundary-spanning resources (e.g., in increasing working from home) but also demands, as workers *had* to work at home during this time and many experienced greater demands both in work itself and in household labor during the pandemic (Alsarve et al., 2023; Beigi et al., 2021; Boncori, 2020; Craig & Churchill, 2021). The concept of strategies aligns with Hochschild's (1989) discussion of how gender roles are negotiated within the family.

A final framework relevant for this thesis is the work-family boundary management model put forward by Kossek and Lautsch (2012). Although strategies such as integrating (combining work and family) and segregating (keeping work and family as distinct as possible) have been discussed elsewhere in the literature (e.g., Nippert-Eng, 1996), this model offers a third option of *alternating* in which workers can opt for elements of both strategies. Furthermore, the model focuses on worker preferences and identity in boundary management and proposes that workers could have a *family-centric, work-centric,* or *dual-centric* position. The alternating option was deemed to be most useful and most used by workers with a dual family and work orientation. Finally, the model contributes a major element in the role of the **organizational climate** for individual worker customization, linking this to the individual's perception of control. These, together with worker preferences, identity, and boundary management style, contribute to levels of work-family conflict within the model. This final component

can also be considered in line with perceived behavioral control in the TPB (Ajzen, 1985).

Gendered Elements of the Work-Family Interface

The empirical literature on divisions of domestic labor extends far before the pandemic, and spans across different disciplines. As highlighted in The Second Shift (Hochschild, 1989), studies have documented that women still tend to take on more domestic labor (Baxter & Hewitt, 2013; Bianchi et al., 2012; Powell & Craig, 2015; Davis & Greenstein, 2013) even with their increased participation in the workforce (Gerson & Gerson, 2010). Although this trend is highlighted for both parent and non-parent women, studies indicate that the problems worsen with parenthood (Gjerdingen & Center, 2005; Offer & Schneider, 2011). Maternity is often followed by a period of absence in the workforce, which mothers struggle to recover from (Cahusac & Kanji, 2014), in part because of the household labor and caregiving demand at home (Stone, 2015) but also because of lack of institutional support and expectations on them about motherhood (Stone, 2007). Evertsson et al. (2015) analyzed women's career mobility after unemployment or family leave in multiple countries (Germany, Sweden, and the United States), finding that in Sweden, mothers' opportunities for upward mobility were hindered after taking family leave. In the US context, duration of family leave was associated with increased downward mobility for mothers.

Mothers' own commitment to work was explored in another study (Evertsson, 2013), with the results indicating that there is a temporary decrease in work commitment in the first four years of the child's life, however mothers and non-mothers return to similar levels after this time. This could reflect a divergence in focus needed to adjust to new roles, finding satisfaction in closeness with the child during parental leave, and new expectations. When mothers do return to work, they are more likely than fathers to take on part-time, flexible, or temporary roles in order to manage domestic demands (Wight & Raley, 2009). The Second Shift highlighted the physical and emotional toll these dual demands can have on mothers (Hochschild, 1989), and more recent research suggests these negative impacts are internationally prevalent and contemporary (Artz et al., 2022; Gjerdingen et al., 2001; MacDonald et al., 2005). As a result, part-time work has continued to be considered a "highly gendered phenomenon" skewed towards women (Hipp et al., 2015, p.354). Previous researchers have also highlighted lack of analyses about men's decisions around part-time work due to family management specifically, versus other reasons (Hipp et al., 2017). However, analyses of part-time work and work-life conflict suggests that mothers and fathers could benefit similarly from this type of flexibility (van Breeschoten & Evertsson, 2019).

Summary of the chapter

In this chapter, I have explained the long-standing and more general state of research and understanding regarding the work-family interface, building on the transition to parenthood chapter and on cultural contexts where policies can either facilitate or hinder parents' opportunities. I now turn to the COVID-19 pandemic as a disruptive force in changing the state of both the transition to parenthood and the work-family interface more broadly. In the next chapter, I discuss how COVID-19 offered new, widespread, possibilities for remote work that could reshape how parents manage their work-family interface.

Chapter 5: COVID-19 as a Catalyst?

The previous two chapters have discussed the transition to parenthood and the work-family interface more broadly, and separately from the pandemic context. While Hochschild (1989) highlighted the "stalled" nature of the revolution in gender equality in parenthood, and recent research on 23 countries indicated that the challenge continues (Edlund & Öun, 2023), it seemed that there was not one clear way to "unstall" the situation before the pandemic. I suggest that COVID-19 offered dramatic change that could propel this progress further. In this chapter, I draw on Multidimensional Family Development Theory (Crapo & Bradford, 2021) to explain how the COVID-19 pandemic can be seen as a developmental event that changed individuals and families' trajectories in two main ways. In brief, these are 1) the greater separation of the birthing and non-birthing parent in the perinatal period, highlighting the importance of the non-birthing parents' presence and involvement in the transition to parenthood, and 2) the shift to widespread remote (and later, hybrid) working models, that drew more attention to the home environment, and initiated new possibilities in terms of integrating work and family life. In this chapter, I first explain the nature of the pandemic itself and the national and international responses that led to restrictions on citizens' behavior. I then explain the short-term impacts within the crisis period of the pandemic itself, as well as the longer-term impacts that extend beyond the crisis period.

The COVID-19 Pandemic

COVID-19 is the acronym for a novel coronavirus (SARS-CoV-2) discovered in November 2019. The first known case occurred in Wuhan, China and studies of its origin suggested animal to human transmission (Hao et al., 2022). In March 2020, the World Health Organization (WHO) classified COVID-19 as a pandemic, meaning it affected countries across the world as opposed to a particular region or country (as is the case with an epidemic). The emergency phase of the pandemic continued until May 2023, but coordinated healthcare responses and risk of exposure continues (WHO, 2023).

In order to reduce transmission of the disease during the emergency phase, countries initiated widespread health measures and restrictions. On an individual level, it was advised to avoid close contact with other people, wash hands frequently, avoid communal indoor spaces, wear face masks and isolate if symptoms emerged. On a group and workplace level, there were restrictions placed on the number of people allowed in a particular setting at the same time and workers that could work from home were restricted to working from home full-time. On a societal level, countries closed borders and took varying levels of control over people's conduct, for example enforcing curfews and school closures. Sweden was an unusual country during the pandemic as it did not "lock down" its population or close primary schools (Bergdahl & Nouri, 2020). There were guidelines relating to navigating and organizing public spaces instead, and workplaces did restrict coming into the office and advise against leaving the home, but it was not mandatory to stay at home all the time at any point. Therefore, residents in Sweden during the pandemic experienced somewhat similar conditions and worries about the virus, but with relative freedom in terms of restrictions. While most of this thesis concerns Sweden, the United Kingdom and United States were included in Paper 2, and how these countries implemented restrictions is described in further detail within the paper.

Important for parents in particular were the restrictions that had an impact on healthcare, schools, and grandparent involvement (Eldén et al., 2022). As older adults and pregnant women were classed in a risk category, pregnant women and their partners isolated even more than the general population and families reduced their contact with grandparents who often provided important childcare support previously. Additionally, there were regional restrictions on prenatal visits and childbirth in Sweden. Specifically, non-birthing parents were not allowed to attend antenatal appointments in some regions (for example in Skåne). At certain times during the pandemic, it was not possible to attend even with proof of a negative test result and there were concerns about not being able to attend the birth itself if the non-birthing parent had any symptoms at all. These concerns and their relationship to expecting parents' mental health were examined in depth in Paper 1.

Immediate Impacts of the Pandemic

The closure of schools and childcare options led to millions of mothers reducing their paid work or leaving the workforce (Collins et al., 2021; Bateman & Ross, 2020; Heggeness, 2020). This, combined with job losses, meant a widened gap between the proportion of men and women in paid work, with increases of 20-50% in US studies (Collins et al., 2021; Qian & Fuller, 2020; Landivar et al., 2020). Socially, one study also suggested that perceptions of feminized home labor played an important role, with

participants seeing women staying home with the children as "natural" during the pandemic (Calarco et al., 2021). Other studies raised concern that these employment shifts would lead to regression in attitudes as a potential outcome of the results they observed (Reichelt et al., 2021).

Shafer et al. (2020) suggested that the increased presence of both parents in the home could support more equal domestic labor, through greater awareness of the tasks that need to be done (the "needs exposure" hypothesis). Empirical research on this topic indicated mixed findings, with some reports of increased men's participation. However, other studies showed that women's time spent on domestic labor also increased because all family members were more present in the home environment and the overall demand increased, so the gender gap remained disproportionate (Andrew et al., 2021; Craig & Churchill, 2021; Hipp & Bünning, 2021). Among men and women who both continued working, it has been found that men are more likely to have a dedicated working space at home than women (Mallett et al., 2020) and mothers are more likely to experience disruptions than fathers (Collins et al., 2021).

Much of the research has been conducted in the US, UK, Canada, and Australia, but other nations have found similarly high levels of burden and stress among mothers during the pandemic (de Araújo Vitória et al., 2022; Hiraoka & Tomoda, 2020; Czymara et al., 2021; Hjálmsdóttir & Bjarnadóttir, 2021). Hjálmsdóttir and Bjarnadóttir (2021) address the perception that more gender equal countries might demonstrate better conditions, but found similar experiences of overwhelm, frustration and annoyance among mothers in Iceland. In particular, the authors highlight that mothers are often responsible for the emotional management of members of the household, and children tended to seek out their mother more than their father.

In terms of the transition to parenthood and perinatal care, research highlighted higher levels of anxiety in birthing parents (Fransson et al., 2020; Naurin et al., 2021) and feelings of overwhelming responsibility (Gray & Barnett, 2022). Meanwhile, research studies on non-birthing parents highlighted feelings of exclusion, "missing out", and worry for their birthing partner (Poulos et al., 2021; Recto & Lesser, 2021; Vasilevski et al., 2022; Wells et al., 2022). There is evidence that COVID-19 exacerbated fear of childbirth, with up to 67.8% of birthing parents experiencing childbirth fear in some samples (Han et al., 2022). However, there appears to be variation among countries, as a study in the Netherlands found that fear of childbirth was reduced, which the authors speculate may be due to changes in work-life balance and more time to process information (Zilver et al., 2022).

For the work-family interface, multi-national research indicated that the pandemic led to a reformation of household strategies to cope with changing boundaries (Shirmohammadi et al., 2023), and many parents experienced heighted stressors and tension in the early stages of the pandemic. However, studies have also highlighted

positive experiences of the pandemic, for example in having more time to appreciate family (Evans et al., 2020; Wozniak-Prus et al., 2024). In-depth analyses of the antecedents and outcomes of work-life balance in working from home during the pandemic offers explanations for what factored into positive and negative experiences (Shirmohammadi et al., 2022).

Potential Long-Term Impact

Public media has generated, and continues to generate, an abundance of articles, discussions, organizational surveys, blogs, videos, and podcasts about the societal changes initiated by the pandemic. In particular, there is an ongoing public debate focused on the tensions between employee preferences for flexibility and continued remote working options versus employers forcing returns to office. Although there is a lot of material in the public space, and although there was a lot of research during the pandemic itself, research on long-term impacts is scarce. A notable exception is Jain et al.'s (2022) analysis of long-term impacts and psychological determinants of working from home, using TPB (Ajzen, 1985). The authors projected a rise in average weekly working from home frequency (expected to be 75% higher than before COVID-19) and concluded that behavioral control would be determined by job type, technology, and materials while norms would be shaped by employer and family context. These projections are strongly in line with the arguments in this thesis and provide further context for how the COVID-19 pandemic could shape future employment and family trajectories.

Although the likelihood of continued working from home was highlighted early in the pandemic and clear recommendations for optimal strategies can be found in the literature to support employers and human resources professionals (Shirmohammadi et al., 2022; Shirmohammadi et al., 2022), workplaces appear to still be debating the utility of remote work and uncertainty about the future does remain. While the beginning of the pandemic was characterized by an unexpected, forced, and unprepared shift (Beigi et al., 2024), many workers have now had the opportunity to develop their own relationships to remote working, and experience remote working in different ways. One crucial difference is that during the pandemic, many children stayed at home to a larger extent, which increased both childcare and household labor. Now that children are back at schools and after-school activities, it could be the case that the benefits of working from home are different in the aftermath of the pandemic emergency phase. For example, the primary benefit could now be more space and time to address household tasks (rather than childcare) during the workday and/or spend more time with one's partner if both are working from home. As mentioned previously, there is likely a layered effect of honing abilities and opportunities, and ongoing negotiations

that may not become clear patterns until later. In Sweden, a study by Alsarve et al. (2023) explored the opportunity for re-negotiating domestic practices through the pandemic and suggested partial progress toward more equal labor distribution in the home. The authors highlighted the remaining question of whether such negotiations and modifications would continue in the long-term, and the role of addressing broader gendered expectations and employers' willingness to adjust post-pandemic as part of this.

Summary of the chapter

In summary, this chapter has explained the nature of the COVID-19 pandemic itself, its immediate impacts as a crisis context, and the limited research thus far on its long-term impacts. Research studies from the pandemic period in the topics of the transition to parenthood and the work-family interface have been discussed, and the COVID-19 pandemic has been positioned as a major developmental event in the trajectories of individuals, families, and society as a whole, drawing on Multidimensional Family Development Theory's (Crapo & Bradford, 2021) framework.

Chapter 6: Summaries of the Papers

I now turn to the empirical research of this dissertation, and how the COVID-19 pandemic was experienced in the transition to parenthood and in the management of the work-family interface by the parents we conducted research with, concerning the overarching research question of "How do parents experience gendered aspects of parental development and the management of the work-family interface, in light of the changes brought about by the COVID-19 pandemic?" I will first explain the ethical foundations of all studies and then how data was generated, the methods and analytic approaches used, and summarize the study results for each paper.

Ethical Foundations

As psychological research addresses the human experience, and often addresses sensitive topics, it is important to both have an ethical framework and explain how ethics is approached within the research. One way of showing that research has been conducted ethically is by formal ethical approval, which all three studies in this thesis sought and received from the Swedish Ethical Review Authority (Etikprövningsmyndigheten). Specific registration numbers are included in the description of each paper.

There are multiple layers of ethical consideration in studying parenthood, and particularly parenthood in a period of high stress and crisis, as in COVID-19. Pregnancy and birth involve crucial elements of bodily autonomy and safety, as discussed previously in terms of the non-birthing parent role in these processes (Draper & Ives, 2013). Furthermore, the transition to parenthood and the context of the COVID-19 pandemic are both psychologically vulnerable times, with individuals at risk of mental health difficulties. This is particularly evident in Paper 1 where the intersection of both these vulnerabilities is examined.

In the context of interpretative analysis, there is the ethical dimension of both representing another's experience and analyzing to go beyond that experience (Aluwihare-Samaranayake, 2012). Handling others' stories and feelings is a humbling task and we have been mindful throughout to both accurately represent participants in their own words, but also delve deeper into the broader range of perspectives that go beyond the individual, or what the individual may see for themselves.

The foundations of the ethical approaches in this thesis are *informed consent* (in which participants are made aware of the nature of the study and the possibility for such interpretations), *member checking* (going back to the participants themselves where possible in order to understand their feelings about their interview and the analysis) and *protecting privacy* of the individuals involved (confidentiality) in line with the American Psychological Association Code of Ethics (American Psychological Association, 2017). Furthermore, in each study, participants were provided with a contact for a psychologist separate to the projects should they need further support.

Overview of Approaches and Data Generation

As there are many ways of exploring and understanding the topic of parents' experiences during and since the COVID-19 pandemic, this section aims to explain why the three methods in each paper were chosen and how they relate to the topic as a whole. Overall, the methods in this thesis were selected to allow for deeper, conceptual exploration of the topic and are largely qualitative. A core reason for opting for qualitative research was because the pandemic was a novel and disruptive time, which appeared to bring up new opportunities and dimensions. Reviews of qualitative research have highlighted how quantitative methods cannot always fully capture the complexities of work-family realities (Beigi & Shirmohammadi, 2017). In addition, qualitative research is especially useful for "unanticipated phenomena", where it is not fully possible to apply predefined categorizations to all variables (Beigi & Shirmohammadi, 2017, p.383).

The studies in this thesis align with a **methodological pluralism** stance, which is the idea that it is valuable to draw together different sources of information (Barker & Pistrang, 2005). This thesis draws on data generated through surveys, open-ended written survey responses, and interviews. In Paper 1, using scientifically validated measures of mental health meant this research could both work within the existing understanding of mental health in the perinatal period and show how new variables (derived from the written survey responses) interacted with established mental health constructs. This is valuable because while individual expressions of distress more broadly are powerful and important to note, the measures enabled placing this within a clinical understanding of distress. Using written responses and interviews was valuable for a deeper understanding of new dimensions of experiences during the pandemic, as participants were able to write and speak in their own words. Only using established measures likely would not have captured the same nuances of experiences during the pandemic. There is however an important dialogue between such measures and the novel situation of the pandemic, which mixed methods approaches can facilitate.

Paper 1

Paper 1 builds on data from a longitudinal study within the "Evidence over Conviction" project. Specifically, it utilizes prenatal (within the final 3 months before birth) data. Drawing on theoretical foundations of parental adjustment in the transition to parenthood (Gemayel et al., 2018; Milgrom et al., 1999), and the importance of self-efficacy (Bandura, 1977), Paper 1 investigated the experiences of expecting parents in Sweden during the COVID-19 pandemic, using both quantitative and qualitative methods. Previous research highlighted heightened tension and anxiety as a result of changes to antenatal care (Naurin et al., 2020) and feelings of exclusion among fathers (Wells et al., 2022). However, studies had not yet drawn explicit links between birthing and non-birthing parents' experiences, and links between feelings of exclusion and mental health outcomes in the antenatal period during COVID-19. Our sample included mothers with a male coparent or female coparent, fathers with a female coparent, and single mothers. The paper used established measures of depression, anxiety, and self-efficacy, and explored participants' qualitative reflections using Content Analysis (Hseih & Shannon, 2005).

Aims

The core aim of Paper 1 was to combine known scientific measurements of mental health concepts in pregnancy with the novel experiences of the COVID-19 pandemic in Sweden. We sought to understand and explain expecting parents' experiences using their own words, and honoring the topics that they chose to bring up in response to open questions about the pandemic. This, combined with established constructs of mental health problems, allowed for insights about how the pandemic interacted with known problems in the prenatal period.

Participants and Procedure

The longitudinal study within the "Evidence over Conviction" project received ethical approval in 2020 (registration number 2020-03784, Elia Psouni). The open-ended questions that generated the qualitative data were: "Do you feel that the COVID-19 situation has affected your relationship with your coparent? If yes, please describe how.", "Do you feel that the COVID-19 situation has affected how you currently feel and/or how you see your family? If yes, please describe how." and "Do you experience any special problems in daily life during COVID-19?". The questions were framed not to assume any specific experience or negative experience (in first two), and the first question was hidden if participants said they were a single parent. We recruited participants through collaboration with midwifery clinics, social media (e.g., groups for expecting parents), and through participants sending the study link to their partner.

At the time point for data extraction for Paper 1, there were responses for T1 (third prenatal trimester) from 418 participants, to be considered for analysis. The final sample included was 378 parents see Figure 1 for how the sample developed and the number of participants in each subgroup). The light grey boxes indicate the categories developed from the Content Analysis and how many participants specifically mentioned these experiences. The categories are not mutually exclusive (participants could mention both feeling isolated and experiencing positives, for example), and the concerns and positives categories refer specifically to coparenting. We did specify that a small number of single mothers (*n*=4) also expressed sadness about not being able to bring a companion, however as this was qualitatively different to the mentions of excluding the non-birthing parent and what this indicated about equality in treatment of coparents, these are not part of the category frequency.

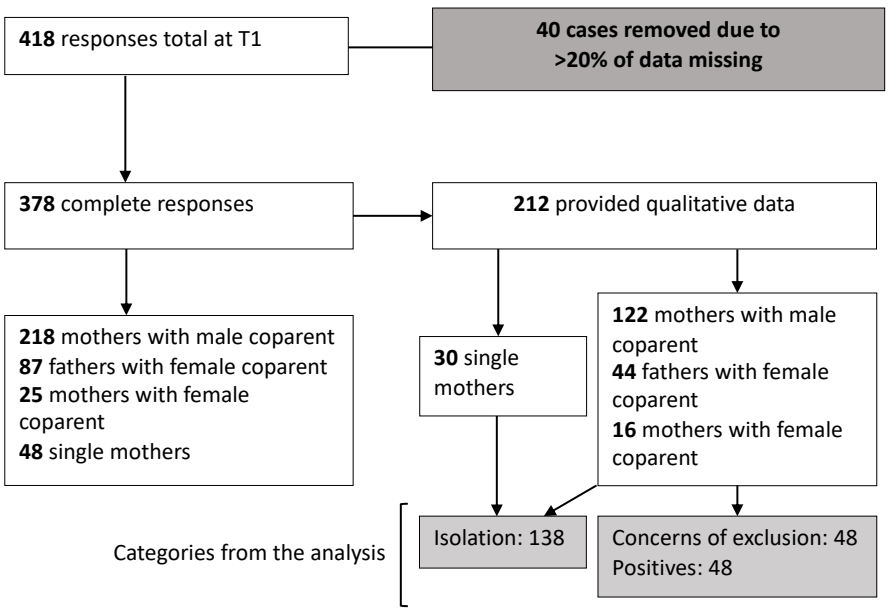

Figure 1. Recruitment flowchart for Paper 1 sample

Measures

Paper 1 combined qualitative and quantitative approaches in order to contextualize the pandemic experience amongst existing mental health challenges in the transition to parenthood. The following validated measures were used.

Edinburgh Postnatal Depression Scale (EPDS, Cox et al., 1987): The original scale uses a timeframe of the past seven days, but in the "Evidence over Conviction" project, this was changed to two weeks in order to be consistent with the criteria for depression

specified by the Diagnostic and Statistical Manual (DSM-5, American Psychiatric Association, 2013), in line with Psouni et al. (2017). The measure consists of ten items, answered on a 4-point Likert Scale (0-3). There is a total possible score of thirty, with ten as a recommended cut-off for clinically significant depression (with 12 in studies with fathers, Massoudi et al., 2013; Psouni et al., 2017). Some items (3 and 5-10) are reverse coded. There is a validated Swedish version by Lundh and Gyllang (1993), and validation among fathers specifically was conducted by Loscalzo et al. (2015). All participants, both birthing and non-birthing parents, completed the measure. Example items include: "I have been able to see life from the bright side" and "I have felt so unhappy that I have cried".

Gotland Male Depression Scale (GMDS, Wålinder & Rutz, 2001): The original timescale uses the last month, but similar to the EPDS, this was adjusted to the last two weeks. The original measure contains 13 items, but in the "Evidence over Conviction" project, question 13 was removed: "In your biological family, is there any tendency towards abuse, depression, dejection, suicide attempts or proneness to behavior involving danger?". We therefore had a total of 12 items for the GMDS. Furthermore, item 9 has four components within it ("I am overactive, jogging or exercising in other ways, for calming and / or relaxing purposes"), so for clarity, we split these into four separate questions and calculated an average. The items are answered on a 4-point Likert scale, 0-3 (*not at all, to some extent, very true* and *extremely so*), with a total possible score of 39 in the original, and 36 in our study. The original scale recommends cut offs of 13 and 26 which we adjusted in our study to reflect the removal of item 13. There are two subscales in the GMDS, identified in Zierau, et al. (2002): The distress subscale included the items 1, 2, 5, 8, 9, 10 and 12, while the depression subscale included the remaining items 3, 4, 6, 7, 11 and 13. The measure has been used in Swedish studies by Edhborg et al. (2016) and Strömberg et al. (2010). All participants, male and female, completed the measure. Example items include "I have a hard time making ordinary everyday decisions" and "Feeling of anxiety / discomfort, especially in the morning".

Perinatal Anxiety Screening Scale (PASS, Somerville et al., 2014): The measure uses a timescale of the past month, and a 4-point Likert scale, 0-3 (*not at all, to some extent, very true* and *extremely so*). There are 31 items in total, with a total possible score of 93. The recommended cut-off for clinical significance is 26, with <20 considered minimal symptoms, 21-41: moderate, and 42-93: severe. The measure includes four subcategories of anxiety: (1) acute anxiety and adjustment (items 24-31), (2) general worry and specific fears (items 1-10), (3) perfectionism, control, and trauma (items 11-18) and (4) social anxiety (items 19-23). All participants completed the measure, both birthing and non-birthing parents. Example items include "A feeling of fear that something bad will happen" and "Avoid things that worry you".

General Self-Efficacy Scale (GSE; Schwarzer & Jerusalem, 1995): The measure consists of ten items, using a 4-point scale (1=completely disagree, 4=completely agree). There

is a total possible score of 40, and the measure does not have a cut-off like the previous three measures. The measure is a more general evaluation of how an individual handles challenges in life, and it does not use a specific timeframe. There is an established Swedish version obtained from the authors' website, translated by Löve et al. (2012). All participants completed the measure. Example items include "In unexpected situations I always know how to act" and "Whatever happens I always manage".

Analysis

For the qualitative open-ended survey responses, we chose to use **conventional Content Analysis** (CA). In line with seven recommended steps by Hseih and Shannon (2005), we first formulated the research question as "How have expectant parents experienced the antenatal period in Sweden during the COVID-19 pandemic?" This question formed the foundation for the later mixed-methods analysis (see next section). For the second step of defining the sample, we had already begun gathering qualitative responses within the sample of expecting parents in the larger "Evidence over Conviction" project in October 2020, and determined a cut-off point of December 20th 2021 for beginning the analysis. I then immersed myself in the responses and noted recurring ideas and words across all participants' written responses in order to determine categories that could be coded systematically, and considered what could be included or excluded for the categories. In discussion with my co-authors, we decided upon the final categories and their boundaries. I then coded the entire dataset according to this framework, and my co-authors independently coded 20% of the dataset using the same categories and criteria. We then conducted a statistical test in order to measure our level of agreement for the material that had been coded by all three of us. This was Light's kappa (Light, 1971) which provides an overall indication of the level of agreement between multiple coders. This test indicated that our agreement was very high (over .95) for all three categories.

The above process of checking agreement diverges from the other methods of analysis in this thesis, which are more based in "big Q" approaches. However, this element was appropriate for the method and analysis in Paper 1 because of aligning this data with the quantitative variables for mixed methods analysis. We used Snrka and Koeszegi's (2007) approach for transforming the data for mixed methods analysis. The authors propose a *generalization model* (Mayring, 2001) for integrating the exploratory nature of qualitative research and the dominance of the quantitative approach that aims to transform qualitative data into categorical data for quantitative analysis (*integrated design)* so that generalizable results can be derived. We selected this approach in order to be able to demonstrate how the qualities of participants' experiences were unfolding on a broader scale and how they related to existing understanding of mental health in the antenatal period. For this, we used standardized measures of anxiety, depression, and self-efficacy, which we then analyzed together with the quantified categories from the qualitative data.

For the statistical analysis, we used **hierarchical regression** to understand the significance of different predictors in a layered approach (Petrocelli, 2003). The justification for using hierarchical regression as opposed to stepwise regression (which is similar but used for exploratory research with no expectations) was because there is an established research base on the importance of support in pregnancy and its relation to mental health, distress in situations of exclusion, and positives of expecting parents spending time together (as discussed in Chapter 3).

Results

Of the 378 participants included for Paper 1, 212 participants provided written qualitative responses. The analysis of the qualitative responses highlighted three core categories in expecting parents' experiences during the pandemic. Firstly, feelings of *isolation* were common in the sample across the different subgroups of participants. Although feelings of isolation were widespread in the population at large, participants highlighted that they felt more isolated than others due to the vulnerability of pregnancy during the pandemic. Both birthing and non-birthing parents spoke of taking extra measures to avoid risk of transmission, and for coupled participants these efforts were amplified by the potential risk of the non-birthing parent not being allowed to attend the birth. This concern about *exclusion* of the non-birthing parent in healthcare constituted the second major category, with two subcategories: 1) the worries of the birthing parent about going through the birth alone, the mental and emotional burden of carrying all the information and responsibility, and feelings of frustration and injustice on behalf of their excluded coparent and 2) the concerns and sadness of the non-birthing parent themselves about not being included in the prenatal and birth healthcare journey, and the worry of the non-birthing parent on behalf of the birthing parent (i.e., wanting to be there not just for themselves but to support the birthing parent). Finally, expecting parents also mentioned the *positives* of spending more time together in the home and getting to be more involved in the process of pregnancy from the home side. While non-birthing parents were not able to be part of the process in healthcare, they were more able to follow the day-to-day developments of pregnancy due to the increase in working from home. The transformation of these categories and statistical analysis with mental health measures revealed that concerns of coparent exclusion were significantly related to lower self-efficacy, and isolation and positives were significantly related to antenatal depression and anxiety (positively and negatively respectively).

Conclusions

Paper 1 highlighted the importance of including the non-birthing parent in the pregnancy and birth process. Exclusion, or even threat of exclusion, in healthcare during COVID-19 was distressing for both the birthing parent and non-birthing parent and may have considerable implications for how confident and able each parent

feels in adjusting in the birth, post-birth period, and often the entirely new transition to parenthood. However, the increased time together at home as a result of pandemic restrictions offered new opportunities in involvement that would have otherwise not been possible due to working responsibilities and commuting, and expecting parents found this to be positive. Beyond the pandemic, enabling coparents to spend more time together in the prenatal period may link to better mental health outcomes for both. Although any relationship to self-efficacy was likely influenced by the impact of exclusion in healthcare, it could also be the case that greater time together before the birth coupled with greater inclusion in healthcare could set parents up for a smoother pregnancy, birth, and post-birth journey and help them feel more able to cope with challenges.

Paper 2

Paper 2 is based on the COVID-specific study ("Parenting during a Pandemic") within the "Evidence over Conviction" project and focused on the broader experience of parenting, as opposed to the transitions of pregnancy and birth which was the focus of Paper 1. Although Paper 1 and Paper 2 were analyzed and written concurrently, Paper 2 builds on Paper 1 by exploring divisions of labor later in parenthood and by using the questions with a different sample. For the thesis overall, this provides an important conceptual link between experiences in the transition to parenthood and later work-family experiences. While direct links can only be drawn by longitudinal studies following parents who experienced the perinatal period during the pandemic over many years, Paper 1 and Paper 2 offer some insights for similarities and possible reasons for why change is only partial, or not immediate, with both parents in the home (as suggested by Shafer et al., 2020). Drawing on the theoretical foundations of The Second Shift (Hochschild, 1989) and Multidimensional Family Development Theory (Crapo & Bradford, 2021), Paper 2 explored mothers' work-family experiences during the first year of the COVID-19 pandemic in Sweden, the United Kingdom and the United States using reflexive Thematic Analysis (Braun & Clarke, 2006; 2012; 2022).

Aims

The core aim of Paper 2 was to explore cross-cultural similarities and differences in mothers' experiences during the COVID-19 pandemic. We aimed to improve understanding of how context influenced gendered parenting, both in terms of pre-existing gender equality contexts and in terms of how the countries responded to the pandemic. As Sweden was the only country that did not enforce a lockdown, we aimed to explain the positions of mothers in Sweden in relation to mothers in the United Kingdom and United States who did experience lockdowns.

Participants and procedure

The participants for Paper 2 were 193 mothers in Sweden, the United Kingdom, and the United States (71 from Sweden, 94 from the UK and 28 from the US). As in Paper 1, the qualitative data generation for Paper 2 was based on the following open-ended survey questions: "Do you feel that the COVID-19 situation has affected your relationship with your coparent? If yes, please describe how.", "Do you feel that the COVID-19 situation has affected how you currently feel and/or how you see your family? If yes, please describe how." and "Do you experience any special problems in daily life during COVID-19?". As mentioned previously, these were intentionally worded not to assume any specific experience or negative experience (in first two), and Q1 was hidden if participants said they were a single parent. The study received ethical approval in 2020 (diary number: 2020-02427, Elia Psouni). The survey was initially available internationally, but narrowed down to the three included nations as data from other countries was insufficient for detailed analyses. The choice was also informed by the aim to qualitatively compare three countries with different gender equality approaches and different COVID-19 approaches, which the three included countries provided.

Methods

Thematic analysis is a widely used method for analyzing qualitative data. Although the term has been used to describe other approaches (for example Attride-Stirling, 2001; Boyatzis, 1998), the primary one worldwide and in this dissertation is the method defined by Braun and Clarke (2006; 2012). Paper 2 used a critical realist reflexive **Thematic Analysis** (**TA**), which is, in contrast to inter-rater reliability and codebook approaches, a more in-depth and conceptual analysis of qualitative data, rather than being concerned with establishing agreement between coders or strict adherence to a codebook (Braun & Clarke, 2022). In a more recent article, Braun and Clarke (2022) emphasize the importance of defining one's underlying assumptions and viewpoints before even beginning the formal steps of the analysis. These include epistemology (essentialist to constructionist), orientation to the data (experiential to critical), approach to the data (inductive to deductive), and coding approaches (semantic to latent). Epistemology has been covered more broadly in Chapter 1, and within the analysis we conducted for Paper 2, we took a critical realist stance in our orientation to the data.

For Paper 2, we aimed to understand the texture of only mothers' experiences, but across three different cultural contexts. For this, it was important to delve deeper into nuances expressed by mothers about their context and feelings in their words to understand the gendered nature of them. Thirdly, the responses in the qualitative data for Paper 2 were on average richer, and provided a better foundation for more

interpretative analysis, whereas the data in Paper 1 tended to be briefer, although there were more elaborative responses included as well.

In line with Braun and Clarke's (2006; 2012) process, the analysis was conducted in six core steps. I first immersed myself in the responses and gained familiarity across the whole dataset before noting down potential codes that could be applied across participants. In a second step, I generated initial codes and noted key points from within the data that could eventually cluster together (e.g., more time together, worries about finances). The coding was inductive and semantic, building directly from the texts provided by participants rather than approaching the data with a specific theory in mind, given the novel context of the pandemic. In step three, I worked through the dataset, coding the material line-by-line, drafted thematic maps and constructed themes (novel and interesting clusters of codes, as described by Braun & Clarke, 2022) together with my co-authors. In line with the fourth step of TA, we reviewed the themes and assessed their fit to the original data. Part of this process involved defining their boundaries and assessing their relation to each other. In the fifth step, we collaboratively named the final themes, and produced a visual map to show how the concepts connected. We then wrote up the analysis as the sixth step of TA.

Results

Four major findings were generated using a reflexive Thematic Analysis process (Braun & Clarke, 2022). These were: *COVID-related stress, Support deficit, Improved family interactions and Contented mindset: Taking stock.* The first two findings related to challenges mothers highlighted across the sample, while the latter concerned unexpected positives from the pandemic context. Mothers in all three contexts described anxiety about the virus itself, concerns over job stability and the future, and difficulties with support. For many, the pandemic both increased domestic burden in general by forcing all family members into the home full-time, and decreased available support systems such as schools, day-cares, and grandparent support. In particular, the vulnerability of older adults due to the virus meant that mothers became less able to see their own parents and lean on them for childcare support. Furthermore, mothers reported imbalances in coparent involvement with childcare and household labor and difficulties managing working from home with all family members present. However, mothers did also report improvements in communication and teamwork with their coparent and increased closeness in their families overall. Mothers in all three countries expressed enjoyment and appreciation of more time together as a family, and that the pandemic provided an opportunity to slow down and take stock of their lives.

Conclusions

The most important contributions and conclusions from this study were the findings that similar support deficits were present in all three countries, and mothers expressed

similar relief and appreciation for greater time together as a family. These findings hint at underlying foundations of gendered parenthood that previously limited the amount of family time possible and shed light on the issue of equal parenting labor. Our findings suggested that simply being in the home together did not automatically translate into better distribution of labor in the home, but that it did enable some change and reflection that could be built upon. This study highlighted the need for further exploration of what limits gender equality in childcare and household labor even if both parents are in the home, and the role of emotional labor in motherhood, particularly during the pandemic.

Paper 3

Paper 3 was separate from the first two studies, as it is part of father-focused project covering paternal experiences of the work-family interface before, during and since the COVID-19 pandemic in Sweden. Paper 3 builds on Papers 1 and 2 through considering the experiences of fathers in greater depth, both in terms of their work-family lives during the pandemic but also their wider reflections on how these components may have shifted. Although fathers were included in Paper 1, Paper 3 builds on the worries about exclusion highlighted in Paper 1 and seeks to engage more deeply with the paternal side. As existing research studies highlighted that flexible work arrangements were largely used by mothers (Hipp et al., 2015; Wight & Raley, 2009) with limited insights about fathers' use and experiences with flexible work (Hipp et al., 2017), we considered that this study could shed light on the meaning fathers made of being thrust into remote and hybrid working arrangements. Theoretically, Paper 3 draws on the second shift (Hochschild, 1989) and the work theories of Voydanoff (2005) for types of demands and Kossek and Lautsch (2012) for the relationship between the individual employee and the wider organization. Although they are not directly referred to in the paper due to word limits, Paper 3 also conceptually draws upon Multidimensional Family Development Theory (Crapo & Bradford, 2021) and the Theory of Planned Behavior (Azjen, 1985), in that the wider view of examining fathers' reflections before, during and after the pandemic reflects shifts in their developmental trajectories, and perceived behavioral control for options to combine family and work. The paper explored eight fathers' experiences in depth using Interpretative Phenomenological Analysis (Smith et al., 2021).

Aims

The core aim of Paper 3 was to study fathers' experiences of their work-family life in-depth, as well as understand how their work-family experiences developed through the COVID-19 pandemic. We aimed to understand more about how fathers approached

involved fatherhood, the work-family interface, and to explore potential barriers to taking leave, use of remote working options, and participating fully in home life, in terms of both household work and childcare.

Participants and Data Generation

The qualitative data for Paper 3 was generated using semi-structured interviews with eight fathers in Sweden. The participants were recruited using snowball sampling, and the fathers were homogenous in terms of being Swedish and in full-time employment. All participants had a female coparent; however, there was variation in relationship type (three were married, three were cohabiting, and two were separated/divorced). There was also variation in job type, age of the child(ren) and possibility of working from home. The interviews lasted between 50 and 90 minutes (mean=65 minutes) and were transcribed verbatim. The interview guide was designed to be open and flexible using guidance from Magnussen and Maracek (2015), to enable deep, individual reflections. Example prompt questions included: "Looking back, what was your family life like before the pandemic?" and "What changed for you during the pandemic?". The study received ethical approval from the Swedish Ethical Review Authority in early September 2023 (diary number: 2023-03929-01, Tove Lundberg).

Methods

Interpretative Phenomenological Analysis (hereafter, IPA) was selected as the method of analysis for the interviews in Paper 3 because of its depth of analysis and understanding each individual first before moving onto the whole group. IPA was first developed as an approach that aims to deeply capture experiential elements in psychology but remain aligned with mainstream methods and approaches. The central idea of IPA is to provide a detailed, nuanced examination of human experiences of a particular phenomenon. This is done via constant dialogue between the individual and group(s) to which that individual belongs, and the researcher in the process. Smith et al. (2021) refer to "going back to the thing itself" (p.8), meaning going back to the experience of the phenomenon to understand its impact on wider experiences.

This approach was chosen as fathers are often under-represented in research and dialogues about parenting; although there are efforts to include more fathers, there are long-term and ongoing difficulties with involving fathers in family research to the same extent as mothers. It is thus crucial to focus deeply on a small number of experiences and understand how the current environment is shaping fatherhood, first for each participant and then for fathers as a group. IPA also became apparent as the most appropriate method due to the richness of experiences throughout the pandemic, and the pandemic as a key turning point first in terms of work and then subsequently for family.

In line with the seven steps of IPA (as outlined by Smith et al., 2021), I first immersed myself in each interview participants' narrative working manually through each transcript in turn. This involved reading and re-reading the material, listening to the audio files of interviews, and actively engaging with the material through creating maps and timelines (p.78-87). I then conducted exploratory noting as the second stage, identifying anything of interest, including semantic content (e.g., the way things are said and repetitions), relationships, processes, events, places, and meaning-based information such as values and principles as recommended by IPA procedure. As the third step, I condensed these exploratory notes into experiential statements (short statements that capture summaries of key points, combining participants' words with interpretation) and then explored connections across the experiential statements within one participants' narrative in step four (p. 88-90). In the fifth step, I developed personal experiential themes (PETs) based on the connections established between the experiential statements for a single participant with examples of participant quotations and the experiential statements to illustrate the development through the material and how these came together to illustrate the PETs. I then repeated this process for each participant and grouped together the individual analyses of multiple cases as the sixth step. I shared these PETs and individual summaries with my co-authors and discussed nuances within the material. In the final, seventh step, we developed Group Experiential Themes (GETs) from the multiple Personal Experiential Themes (PETs) across the cases showcasing both the shared and unique components from each participant. The Group Experiential Themes and written results with quotations were also presented at an internal qualitative methods and analysis group within the Department of Psychology in March 2024 for external impressions of the data and analysis. The feedback from this session was then incorporated into the results, and the group themes developed further.

Results

The analysis produced three themes capturing the participants' work-family experiences before, during and after the COVID-19 pandemic in Sweden: *'Fatherhood as protected and restrained before and during COVID', 'COVID-19 as an opportunity for introspection' and 'COVID-19 as an opportunity for better balance'*. The first main theme focused on restrictions placed on fathers from healthcare and coparents, with suggestions that even when fathers try to be actively involved in home life they are often still in a supporting, rather than central, role. This theme spanned before the pandemic and after the pandemic in terms of general parenting as well as specifically being highlighted during the pandemic through being locked out of pregnancy-related healthcare. The second theme focused on fathers' work experiences during the pandemic and the opening up of the practice of remote working, or teleworking, during this time. Fathers expressed that previously remote work had been off-limits and disadvantageous, in that they would not have the same opportunities to participate at work and prove their worth.

However, the pandemic was an opportunity to understand their relationship to work and home better, and fathers noted that workplaces seemed to have shifted and co-workers respected each other more, regardless of if they were calling in or physically in the room. Finally, the third theme captures fathers' needs and preferences in balancing work and family life. Fathers expressed that some days working from home gave them the space and time needed to address family responsibilities alongside their paid work, which in turn enabled more quality time with their family in the evening as they no longer needed to worry about chores. However, fathers did also emphasize the importance of some days in the office as they recognized the role of the workplace for social connection, collaboration, and structure.

Conclusions

Paper 3 highlights the potential of the pandemic to shift work-family practices, particularly for fathers. As a society-wide shift, the pandemic offered a widespread opportunity to evaluate working from home and understand its potential for combining work and family lives. Fathers appear to have appreciated this opportunity and want hybrid models to continue, although they do recognize the need for physical workplaces and opportunities in order to maintain social connections and routine. These findings have implications for workplaces, and even policy, as it was clear that national-level regulations have the power to set standards and open doors for father involvement. The findings are also relevant for clinicians and parents themselves in better understanding how to arrange their work-family lives and recognize needs. Future research can investigate optimal conditions for remote working, integration models of work-family responsibilities and how such shifts affect parent-child interactions, attachments, and adjustment.

Chapter 7: Discussion

The aim of this thesis was to investigate the overarching research question: "How do parents experience gendered aspects of parental development and the management of the work-family interface, in light of the changes brought about by the COVID-19 pandemic?" In summary, the research papers and the broader commentary within this thesis indicate that the COVID-19 pandemic accentuated parents' experiences of gendered parenting by highlighting the importance of actively including the non-birthing parent from early stages and during the birth (if this is wanted by both parents) and contributed to new opportunities for parents' management of the work-family interface by making remote working much more available. Broadly, the COVID-19 pandemic offered an opportunity to address underlying limitations in healthcare and work management. The research in this thesis aligns with and extends existing literature in three main ways: 1) emphasis on mothers and exclusion of fathers in the perinatal period as a core consideration in gendered trajectories (Papers 1 and 3), 2) maternal burden throughout parenthood as deepening the divide and long-term solutions for fathers' involvement is needed (Papers 1 and 2), and 3) COVID as a potential transformative force for addressing both issues (all papers). The following sections situate the findings within the research field and explain how they extend existing findings. This chapter will also outline strengths and limitations of the present research, recommendations for future research, and discuss practical implications of the findings for different groups.

Message 1: Emphasis on birth and exclusion of fathers could be setting up a gendered trajectory from the start

Previous research has highlighted overwhelming emphasis on mothers in the birth period and strong feelings of being ignored, side-lined, and pushed aside in fathers' experiences of perinatal care (Benzies & Magill-Evans, 2015; Deave & Johnson, 2008; Fenwick et al., 2012; Rominov et al., 2018; Venning et al., 2021). Even though the benefits of partner involvement are recognized for both birthing (Rini et al., 2006; Stapleton et al., 2012; Wolfberg et al., 2004; Erlandsson et al., 2007) and non-birthing parents (Eggermont et al., 2017; Walsh et al., 2014), and family-centered care is

recommended (Chalmers, 2017), it appears that progress in this domain is not fully integrated and remains variable. Physical restrictions on the attendance of the non-birthing parent during the pandemic amplified this and indicated a broader view that the involvement of the non-birthing parent was not necessary. Research during the pandemic captured the sense of exclusion and "missing out" felt by fathers (Poulos et al., 2021; Recto & Lesser, 2021; Vasilevski et al., 2022; Wells et al., 2022).

Our findings in both Paper 1 and Paper 3 aligned with this research, highlighting similar themes of the exclusion of fathers in the perinatal period. Paper 1 extends this understanding using a mixed methods approach, combining the qualitatively reported concerns of exclusion with mental health measures to show the relationships between these factors. Furthermore, while previous research primarily focused on either the birthing or the non-birthing parent experiences, Paper 1 draws these together and shows that the same exclusion concerns parents in different ways: birthing parents reported feelings of increased anxiety about going through birth alone and anger about the injustice of their partner being excluded, and non-birthing parents felt excluded and unimportant, and unable to support their partner. In Paper 3, the fathers who experienced the perinatal period during the pandemic mentioned similar struggles and explained in more depth about the helplessness and frustration they felt in trying to advocate for themselves and their partner in an inflexible system, as well as the feeling of being thrown from early stages of pregnancy to the birth with no opportunity to adjust and no support for their mental health.

Drawing on Multidimensional Family Development Theory (Crapo & Bradford, 2021), I argue that this early emphasis only on the birthing parent and fetus, with the exclusion of the non-birthing parent, sets parents up for a trajectory of unequal gendered parenting by placing almost all responsibility on the birthing parent and "downgrading" the non-birthing parent, even if both parents want equal involvement (Yavorsky et al., 2015). Gemayel et al.'s (2018) model of paternal adjustment suggests that non-birthing parents need *more* attention (not less) in the prenatal period in order to transition effectively into their new role, and reducing or removing this element puts the new parenting dyad at risk.

Message 2: The overburdening of mothers deepens the divide and requires addressing fathers' work options

Building on the previous argument that excluding the non-birthing parent increased the mental and physical burden on the birthing parent (as indicated by Paper 1), the second core message of this research is the long-term overburdening of mothers, including invisible mental and emotional labor (as indicated by Paper 2). The Second

Shift (Hochschild, 1989) emphasizes that domestic work constitutes a second job in addition to paid labor, which parents must address in some way. It is well documented in previous research that despite women's increased involvement in the paid workforce (Gerson & Gerson, 2010), they still take on the majority of domestic labor (Baxter & Hewitt, 2013; Bianchi et al., 2012; Powell & Craig, 2015; Davis & Greenstein, 2013), and this is especially true for mothers (Gjerdingen & Center, 2005; Offer & Schneider, 2011). The physical and emotional costs of doing this are also well-documented (Artz et al., 2022; Gjerdingen et al., 2001; Hochschild, 1989; MacDonald et al., 2005). In terms of career trajectories, research also highlights the professional costs of motherhood ("the motherhood penalty") due to the exiting and re-entering the workforce and lack of support from workplaces (Cahusac & Kanji, 2014; Stone, 2007) and high expectations on intensive mothering (Brenton, 2017; Brown, 2022; Elliott & Bowen, 2018; Hays, 1993). Research during the pandemic itself suggested that domestic labor demand increased, and maternal labor increased with it, especially because of the closure of schools and childcare services (Andrew et al., 2020; Carlson et al., 2022; Craig & Churchill, 2021; Hipp & Bünning, 2021). Although researchers' expressed optimism that the increase of both parents' presence in the home might increase father involvement, there were mixed findings in this regard (Shafer et al., 2020). An important explanation for this includes the invisible, but considerable, element of mental and emotional labor often undertaken by mothers in managing decision-making and the emotions of other family members (Hjálmsdóttir & Bjarnadóttir, 2021).

Our research in Paper 2 aligned strongly with the mixed findings of previous research highlighting some increased support and some inconsistent or lacking support from coparents during the pandemic. We also highlighted the role of hidden burdens of mental and emotional labor, which is briefly touched upon in Paper 3 as well, as fathers reflected upon the invisible labor of their partner. In addition, although it is not the same type of mental and emotional labor as in family coordination, mothers' reports in Paper 1 highlighted the difficulty of being the sole receiver of pregnancy information and having to relay important points to the non-birthing parent. This in turn fits with my argument from the previous point in that mothers are set up to manage more information, decision-making and overall responsibility even before the child is born. Conceptually, this extends the literature because it links later inequality in domestic labor back to earlier parts of the trajectory, aligning with MFDT again (Crapo & Bradford, 2021). Paper 2 also extends the literature by highlighting that there are similar experiences across countries, and that although Sweden's focus on family-friendly policy and gender equality is beneficial, mothers in Sweden also experienced problems in this domain.

Message 3: The pandemic could be transformative for gender equality and parents' work-family experiences

This final point brings the previous two together and argues that the COVID-19 pandemic offers a chance to transform trajectories on a broad scale. All three papers highlighted the COVID-19 pandemic as a powerful force for family cohesion, in the perinatal period and in later coparenting. In all three papers, parents mentioned the benefits and opportunities of COVID-19 in terms of being in the home together more, and many expressed that working from home opened new avenues for work-family integration that would not have been possible otherwise.

In the perinatal period, both birthing and non-birthing parents expressed the value of both being together in the home during pregnancy and being able to experience the development of their unborn child together (Paper 1). Although they missed being able to share the joy of pregnancy with others and worried about how the birth would be in the context of the pandemic and without support, birthing parents also expressed a sense of peace and stability in being able to work from home while pregnant, which is also highlighted by Arnold-Baker (2022). The mothers in Paper 2 expressed that the pandemic was a positive time of greater closeness within the family and an opportunity to reflect, even if they sometimes felt overwhelmed and burdened, which also highlighted by Evans et al. (2020). Finally, as Paper 3 focused on a broader examination of the entire journey through the pandemic from fathers' perspectives, we were able to see how working from home opened up new possibilities for fathers in terms of managing their work-family lives. Fathers expressed the impact on their time management, energy, relationships with their children, and personal development. These developments have been less explored in the literature, but this research suggests that future studies could find new dimensions of father involvement and experiences as a result.

Two important elements in this discussion are the concepts of space and time – in fathers being given space, or actively positioning themselves in spaces, and parents in general being able to share more space with each other and their children during the pandemic, that otherwise would have been 'traded off' with the workplace. This is captured in Voydanoff's (2005) theoretical framework, with the analysis of time and strain-based demands. Using The Second Shift (Hochschild, 1989) and concepts of social reproduction (Bhattacharya, 2017; Backer & Cairns, 2021) it can be emphasized that the childcare and domestic work undertaken by parents is essential to the functioning of society, and workplaces and policy arguably need to do more to actively enable parents to manage this "double bind" of two full-time jobs undertaken by both. Kossek and Lautsch's (2012) framework offered a pathway for understanding the distribution of responsibility between the individual and the organizational climate.

This includes the potential of an alternating, dual-centric position that enables individuals to both integrate these two demanding domains whilst also benefitting from boundaries that segregate them and promote individual well-being. In light of the pandemic, this in practice means building on hybrid work options that allow flexibility in tasks with benefits of social presence.

Overall Contribution of This Thesis

In this thesis, I argue that the pandemic highlighted core issues in how parents are able to prepare for the changes parenthood brings about, namely that even before the child is born, birthing parents experience increased (and sometimes sole) responsibility and information management (as indicated by Paper 1), and non-birthing parents experience limitations in being primarily a support or tolerated presence, even if both parents wish for a more equal involvement (Steen et al., 2012; Yavorsky et al., 2015). The physical barring of fathers from being present for themselves, for their partner, and for their child during pregnancy and birth during the pandemic appeared to indicate underlying and crucial differences in how parents are treated in the transition to parenthood (as shown in Papers 1 and 3). In research both before and during the pandemic (Deave & Johnson, 2008; Fenwick et al., 2012; Poulos et al., 2021; Venning et al., 2021) and participants' own words in Paper 1, parents have emphasized that the message this sends is that fathers are secondary, not viewed as necessary, and that mothers are expected to shoulder most of the information and decision-making from conception onwards.

Paper 1 also shows the impact of excluding the non-birthing parent from the perinatal process on parents' mental health and feelings of being able to handle challenges (known as self-efficacy). Then, once there is a child to parent (with the expectation of equality), the pandemic highlighted how there is something limiting fathers in taking up responsibility in the household labor (and to an extent, childcare), even with increased presence in the home with more opportunities to notice what needs to be done (Shafer et al., 2020) and even though they begin to show some renegotiation and modification (Alsarve et al., 2023). I argue that this could be explained by the trajectory set from this earlier state of fathers being secondary and only supporting rather than being able to actively participate to the extent they would like and need from the prenatal and birth stages. Furthermore, it could be argued that from earlier in life, men are not socialized for parenthood to the same extent as women, and a barrier could be not knowing how to participate fully, rather than not wanting to.

The COVID-19 pandemic also highlighted the limitations from work in the work-family interface for men, where more family-focused adjustments appeared not to be viable options previously. Not only that, but the pandemic then forced a major shift in

working from home for all workers that could. It was no longer a gendered, individual choice, but a necessity dictated by a global virus. In this process, existing disparities in domestic labor were highlighted and questioned, as well as opening up the ability for these to transform (Papers 2 and 3). As workers adjusted to the realities of remote work, and as employers needed to adapt to remote and hybrid styles, new opportunities arose on a broad scale for managing the work-family interface, which fathers did appreciate and make use of (Paper 3).

Many of the issues discussed in the papers, and indeed during the pandemic more broadly, have been ongoing for many years. It is for this reason that the pandemic can be positioned as a "catalyst", rather than an initial trigger, as a great deal of discussion and progress has been made in recent decades but reached a plateau (Hochschild, 1989: Edlund & Öun, 2023; Eydal et al., 2015). The core contribution of this thesis is the examination of how the COVID-19 pandemic could be a crucial turning point when considering the transition to parenthood, the work-family interface, and the new opportunities triggered by the pandemic. In line with theoretical foundations, the changes of the pandemic are crucial for increasing parents' perceived behavioral control (TPB, Azjen, 1985), self-efficacy (Bandura, 1977) and understanding of themselves and their relationship to work (Kossek & Lautsch, 2012). These psychological developments, coupled with improved organizational climates (Kossek & Lautsch, 2012) and improved resources to manage demands (Voydanoff, 2005), and changing social norms as an effect of children seeing a balanced gender division in the home (Eagly & Wood, 2012), could "unstall" the revolution in gender equality and change the trajectories of parents and families worldwide.

Dilemmatic aspects of transformation

However, change is not straightforward. The COVID-19 pandemic was a time of crisis, so there should be some distinction between what was due to the context of the pandemic itself, and what can be brought forward for the future. As discussed in Chapter 5, research has highlighted both increased challenges (e.g., in domestic workload, job losses etc.) but also positives (more time together and more flexibility). I argue that the COVID-19 pandemic's role in change lies not necessarily in how gendered parenthood was enacted in the pandemic itself (although there was some improvement), but more what it changed in terms of what was possible, and normal, in the workplace. COVID-19 restrictions changed our relationship to remote work, and indeed aspects of work itself, making more distinctions between what is a task that can be done from anywhere, versus a social interaction that is valuable yet intangible. Furthermore, in healthcare, the benefit from COVID-19 restrictions is not in how it was during the pandemic (which was difficult and upsetting for many), but the importance it highlighted in terms of the relationship between birthing parents and non-birthing parents' needs and interests. Before the pandemic, this was a scattered effect, and one that was acknowledged but not prioritized. I argue that the COVID-19

pandemic showed the impact of exclusion on a wide scale, and change can and should now take place as healthcare runs more typically once again.

Strengths and Limitations

A main strength of this thesis is the use of methodological pluralism (Barker & Pistrang, 2005), with different individual strengths and different depths in each method. In particular, the focus on using participants' own words as a basis for all three papers is especially valuable given the novelty of the pandemic at the time. Measuring the impact of the pandemic only using the same quantitative tools as non-pandemic times may not have brought about the same insights. In Paper 1, this data is used more categorically and in combination with quantitative data to facilitate understanding of relationships between concepts and provide context for different types of parents. Paper 2 took a more in-depth approach to the qualitative data, looking at shared experiences across different cultures, going beyond simple categories and obvious content of the answers. Paper 3 deepened the understanding even further with close examination of individual experiences and the pandemic's perceived impact on paternal trajectories. Paper 3's approach would not have been possible with Paper 1's data, and likewise, Paper 1 offered important insights on a broader scale that Paper 3 cannot. Similarly, Paper 2 offers a broader cultural perspective that neither Paper 1 nor Paper 3 were focused on. The value of this thesis lies in the integration of these three different methodologies and lenses through with gendered parenthood can be examined.

Research with multiple countries can offer insights into developments on a global scale (see Azevedo et al., 2023; Eisenbeck et al., 2022; Thorell et al., 2022; Van Bavel et al., 2022 for large international studies of the COVID-19 pandemic). However, a limitation in this thesis is that it focuses mostly on Sweden, and on heterosexual couples, meaning that application across different contexts should be done with extra care, especially given wide differences in social systems and parental support. The research in this thesis is also limited by being cross-sectional, meaning it is not possible to comment on families' development over time.

Regarding perspectives, although the central topic is the family environment, the question of impacts on child development and the child's perspective is beyond the scope of this thesis. From a children's rights perspective, this research is relevant and important. The "Evidence over Conviction" project focuses on child development and the children's perspectives in-depth. Furthermore, in the work-family interface, this research is conducted focusing on the perspectives of parents, and the perspective of the workplace was outside of the scope of the empirical findings. Similarly, it was not possible to cover the perspectives of healthcare or partners as couple dyads within this research.

This thesis has aimed to address these limitations by discussing research studies from other fields, however it is noted that the empirical analyses could be relatively one-sided. However, as the aim was to understand the experiences of individuals, this was not central to the analyses in this research and can be covered by other studies and future research. I now turn to suggested future research and the potential implications of this thesis.

Future Research

This thesis has brought together experiences in two aspects of parenthood: inclusion of the non-birthing coparent in the transition to parenthood, and the work-family experiences of both parents.

Future research should investigate experiences of healthcare providers during and after the pandemic to understand their perspectives on excluding non-birthing parents. Research on healthcare providers and how the healthcare service needed to reconfigure to meet demands and reduce the risk of the virus itself suggests there are further elements to address in the wider healthcare context (Coxon et al., 2020). Studies on midwives' experiences during the pandemic provides valuable context for how the COVID-19 pandemic presented professional and personal challenges, and how individual professionals struggled themselves during this time (Holton et al., 2022; Rothmann et al., 2023). For the Swedish context, there are few studies but one does highlight the difficulties midwives faced in following procedures and wanting to remain human and personal (Göransson et al., 2024). Research should also seek to develop and assess new programs that promote equal treatment of birthing and non-birthing parents and support the non-birthing parents' transition to parenthood. Although individual studies indicate the benefits of these, a systematic review by Lee et al. (2018) suggests lack of research and inconclusive findings. Overall, a major barrier appears to be a lack of a unified approach – while the review identifies best practice, there is currently no guarantee that such programs will be implemented, widely available, and culturally sensitive. In order to fully address the exclusion (or lack of active inclusion) of non-birthing parents, further understanding of the processes leading to this is crucial.

It would be valuable for future research studies to investigate if there is a direct link between experiences of exclusion in the perinatal period and later gendered parenting, as thus far the research on this is limited and the two are largely studied separately. In this thesis, I have argued that early experiences likely set parents up for a gendered trajectory, in accordance with Multidimensional Family Development Theory (Crapo & Bradford, 2021). This can be tested empirically, in light of pandemic changes, through longitudinal studies.

In line with my argument of the COVID-19 pandemic as a potential transformative force, future research could also investigate the long-term effects of the changes brought about by the pandemic, namely the increase in remote and hybrid working options, and parents' use of them.

Although some studies have investigated attitudes before parenthood (Evertsson, 2006; Frisén et al., 2014), more general research would be beneficial for understanding the paths to parenthood. As Social Role Theory (Eagly & Wood, 2012) highlighted, there is a socialization aspect to perpetuating gender inequality. Parents are children's first experience of parenting models, and since Bandura's Social Learning Theory (1977), psychology has built understandings of how our behavior is informed by what we observe. O'Shea and Kirrane (2008) provided an analysis of how this can look in transmitting work-related attitudes from parents to children, with children of dual-earner families having more positive attitudes towards balancing work and home than single-earner families. Although there is limited research on the ways this can look with gendered parenthood (as most societies hold the same historical male breadwinner model), this is line of thinking is consistent with Hochschild's (1989) theory of how gender ideologies are deeply ingrained, based on early, emotional, experiences. It may be that future research could investigate a greater variety of family forms with more fathers working remotely or in hybrid models than previously.

Although this thesis is primarily focused on parents' development and management of their work-family interface, and investigating the impact on children would be beyond the scope of this research, the thesis is written with the impact on children in mind. Broader research indicates that high father involvement is associated with better child development outcomes (World Health Organization, 2007), for example in behavioral problems, language development and social interactions (see systematic review by Diniz et al., 2021). As highlighted in Chapter 3: Transitions to Parenthood, partner involvement even before the child is born can have positive impacts on the birth, and levels of infant distress (Rini et al., 2006; Stapleton et al., 2012). Thus, if both parents are willing and supported in sharing more of the day-to-day journey to parenthood, they may be more able to set their child(ren) up for a better developmental trajectory as a result. Future research could investigate the child development outcomes associated with different models of working with remote and hybrid options.

Similarly, schools are essential places for communicating information and expectations about norms and behavior, and their closure in most countries during the pandemic highlights the importance of this labor, which then became a further burden in the home in countries that closed schools. As noted earlier, Sweden was unique in not closing primary schools during the pandemic, which may have affected parents in Sweden differently than in other countries (Vlachos et al., 2020). As mentioned previously, investigating education and child development was beyond the scope of this thesis. However, other work within the research team of

"Evidence over Conviction" focuses specifically on the domain of education (see Andersson Søe et al., 2022; Andersson Søe et al., 2023).

Implications

This research has implications for many different actors and contributors to gender equality in family and work life. The following sections aim to provide specific applications of the findings for different groups, ranging from individual parents, families and systems to policy and society.

Individuals and Families

This thesis aimed to not only be relevant and useful for those working with parents and families, but also for parents and families themselves. While there are many external factors that can influence trajectories and labor division, there is also scope for transformation within individuals, couples, and families. A main argument in this thesis is that this could be better facilitated by workplaces and healthcare on a broader level, but this in part is to enable parents and families themselves to develop on their own terms, with more options available. In other words, the research in this thesis aims to highlight that individual perceived control (TPB, Azjen, 1985) has likely been hindered and hidden by larger systems, which COVID-19 then influenced. As a result, parents could now make alternative choices regarding work and family that might not have felt as possible previously.

Furthermore, Social Role Theory (Eagly & Wood, 2012) positions socialization as a core element, and parents can shape their children's understanding of gender roles both intentionally and unintentionally. A study by Evertsson (2006) on Swedish children's perceptions of gender equality and reproduction of gender in housework highlights how there are gendered trends in Sweden among 10–18-year-olds, indicating how young children pick up on who is doing domestic work and how much depending on what they see in the home. Evertsson (2006) also highlighted that if children do certain tasks with their same-sex parent more, they are more likely to learn how to do such tasks well and bolster gender differences. For example, if a girl child mainly learns how to do laundry together with her mother, while a boy child mainly learns how to do outdoor tasks with his father, they become differently abled and more likely to handle the same gendered types of tasks as adults. The results of Evertsson's (2006) study appear to support this, with more boys taking on outdoor tasks and more girls doing family-care work. Girls in the sample also took on a greater number of tasks on average throughout the week compared to boys and did more cleaning and tidying tasks. With new work-family options, parents could be able to both change their own work-family

experiences as well as change the attitudes, assumptions, and expectations of gender roles in future generations.

Broader Systems: Healthcare, Workplaces, and Education

While the direct influence on family functioning and child development lies most strongly in individuals and family units, it is important to highlight that parents alone are only able to pursue these decisions and behaviors if the systems around them facilitate, or at least do not hinder, them. Here, I focus on the broader systems that parents engage with in the transition to parenthood (healthcare), in the management of their work-family interface (workplaces), and in the development of their child(ren) (education).

Healthcare

This research highlights that despite calls for family-centred perinatal care (Chalmers, 2017), progress remains scattered and inconsistent. Despite their interest and high commitment in attending appointments and birth, fathers continue to be excluded, put down, and unsupported (Deave & Johnson, 2008; Fenwick et al., 2012; Rominov et al., 2018; Venning et al., 2021), and even fully removed during the pandemic (Vasilevski et al., 2022; Wells et al., 2022). Care continues to be directed primarily, and heavily, at mothers. However, in the context of crisis, this thesis (Papers 1 and 3) also showed that maternal care was undermined by excluding non-birthing parents. Our findings indicated that parents' confidence in their ability to manage challenges is significantly associated to concerns about whether the non-birthing parent would be excluded. Although there has been a lot of research during the pandemic about the costs of exclusion, to my knowledge, there appears to be minimal discussion since about how this could be improved particularly in non-pandemic times. This is one area where there is *potential* for great transformation, but little action yet to secure progress. I suggest that the findings from the pandemic context can support new practices in perinatal care, and more actively involve the non-birthing parent (for example in making space during prenatal appointments for discussion of their mental health and adjustment, and specifically assessing what role they would like to have in the birth process). I suggest that this can, and should, align with greater day-to-day involvement in pregnancy and learning about childbirth and childcare, facilitated by workplace adjustments. This is explored in the next section.

Workplaces

In contrast to healthcare, there has been considerable public and academic debate about the future of workplaces in light of the COVID-19 pandemic. As a result of the COVID-19 pandemic, many more employees have been able to experience remote working, and develop their own preferences, than had the pandemic not happened

(Mallett et al., 2022). In addition, the COVID-19 pandemic highlighted that many tasks can be done from a remote location, and technology improved rapidly to facilitate remote working options in the context of the pandemic. As a result, workplaces are now arguably far more able to accommodate remote working than ever before, and employees are arguably far more able to understand how to manage freedom and flexibility regarding remote and hybrid work.

This was best indicated by participants in Paper 3, who described their own journeys with fully in-office work, that then transitioned to fully remote work in the pandemic, and then hybrid work post-pandemic. These fathers described in depth the autonomy and benefits greater flexibility gave them in feeling in control of their lives and enjoying their day-to-day balance more than pre-pandemic times, as well as greater appreciation for social interactions with their colleagues when they are in the office a couple of days a week. Most importantly, multiple fathers expressed that they could not imagine going back to the office full time and give up the greater family time they were now able to have, and that if forced, they would prefer to change job. As also indicated in post-pandemic workplace recommendations (Chan et al., 2023) companies that could support remote working but choose to "force" their employees to work one way or another may be likely to face higher levels of turnover and employee dissatisfaction, particularly as differences between companies become more apparent.

Thus, one of the most important implications of this research is to highlight that parents appreciate, and need, more time in the domestic domain, whether that is to ease burdens of tasks at home or follow their family development better in general. However, it is not automatically the case that all employees want to work from home all the time, in fact most of the fathers in the interview sample highlighted the necessity of social interaction and changing environment, meaning a hybrid model was ideal. Existing research and this study also suggested that greater guidance on managing boundaries is needed. Some employees may benefit from working from home but need more explicit boundaries and practices to help them separate work and home, if that is what works best for them.

Finally, this research highlights the potential benefit of working from home specifically in the transition to parenthood when birthing and non-birthing parents can share more of the everyday development of their unborn child and prepare together. Workplaces that facilitate this are arguably likely to themselves benefit from having employees that feel better, and more able to manage, the competing demands of work and family because they would have jointly prepared for parenthood as a unit.

Education

Beyond the transition to parenthood and as the child grows, the influence of systems turns more to education of children. Although feminist social reproduction theory positions mothers in the core role of socializing children in society, parents are not

alone in this responsibility. Another form of social reproduction theory is focused on education (Backer & Cairns, 2021). Possible implications for education could be how parents are included and contacted in schools, and how the education system passes on messages about gender, responsibility, and parenthood, in a similar way to the Social Learning Theory (Bandura, 1977) perspective in parenting mentioned previously.

Policy and Society

While individuals' and families' behaviors are to a large extent shaped by the systems they function within, both are situated within a broader societal frame influenced by policies and global frameworks. In this section, I discuss the implications of this research for the perspectives of policymakers and those working on broader, societal-level work in the topics of gender equality, work organization, and parenthood.

Policy

All three papers in this thesis, and Papers 1 and 3 in particular, highlighted the impact that policies can have on parents' experiences. During the pandemic, policy that excluded non-birthing parents from healthcare negatively impacted parents' experiences of pregnancy and birth, and arguably this goes beyond the power of healthcare systems. In other words, even if healthcare providers understood the need to include non-birthing parents, they were likely themselves limited by greater restrictions set at the policy level. Therefore, an important implication from pandemic research emphasizing the value of this can be in changing policy around the inclusion of non-birthing parents. As discussed earlier, this should be shaped to according to parents' wishes, and not undermine the autonomy of birthing parents (Draper & Ives, 2013). However, if both parents want the non-birthing parent to be equally and actively included, policies should not undermine this and could even actively set a standard for it. As discussed in Paper 3, fathers' involvement is highly informed by norms set at a legislative level – in that if policy makes it non-sensical not to take parental leave for example (if a certain amount is set aside for fathers), this facilitates fathers in actually using it.

A similar argument can be made for the implications of this research, and the pandemic more broadly, on work-family options. Policy on a societal level can shape workplaces by setting a standard beyond individual workplaces (i.e., making hybrid working a legal right, rather than more of a perk in individual companies). While parental leave is a form of societal support for helping parents manage their work-family interface, I have argued that it is limited in being temporary and involving an exit and re-entry to the workforce, so it is arguably not an everyday solution to the second shift (Hochschild, 1989). I have then argued that the COVID-19 pandemic has provided a better solution to the everyday challenge of managing the work-family interface through making

hybrid working far more available and normal than it would have been otherwise. Policy in turn can support this by extending this impact for the future.

In summary, I have argued that hybrid working models that allow parents the flexibility to occasionally work from home is one such solution that could suit all interested parties. Firstly, workplaces could have the continued talent of their employee. Secondly, parents would not have to leave the workforce and take time out of their career for extended periods. Thirdly, families would benefit from having more space, time, and energy within the family space whilst also enjoying the economic benefit of paid work. However, currently there is high variability between companies in enabling this flexibility, and there is still concern that employees will be "forced back into the office". Policy can support parents by mandating flexibility for all those who can work from home occasionally, and by supporting childcare and increasing leave for those who cannot.

Society

Finally, the broadest level concerns wider society and how all of us relate to each other as individuals and groups. There is no one particular audience on this wider level, rather, these implications are intended to provoke thought and action for those who can work more broadly, for example researchers and those working on the Agenda 2030 (United Nations, 2015). While gender equality (Sustainable Development Goal 3) is relevant for this thesis, I suggest that it is somewhat limited by being only focused on the empowerment of women, and not mentioning the role of men in any part of its subgoals or targets. I would argue that this is a similar issue to the overemphasis on women in healthcare and domestic care more broadly, and those working with the Agenda 2030 could benefit from adding a more gender balanced perspective by explicitly including men in their efforts. While efforts with women are extremely important, I suggest that it is only half of the transformation that needs to take place, much like the "first half" of the revolution being women's participation in the workforce, and the second half being men's participation in the home (Hochschild, 1989: Edlund & Öun, 2023).

Concluding Remarks

This thesis has brought together two critical aspects of parenthood (transition to parenthood and the work-family interface later in parenthood) that were dramatically affected on a large scale during the pandemic. I have situated these developments against the backdrop of 50 years of development in work-family research, as well as research conducted during the pandemic. The papers in this thesis have contributed empirical data and analysis to demonstrate how expecting parents and parents

experienced and made sense of the pandemic. In conclusion, the COVID-19 pandemic could be a profound catalyst for positive change for parents, if healthcare honors the importance of wanted non-birthing partners in antenatal appointments and childbirth, and if the workforce continues with more flexible working arrangements that allow parents to go through the transition to parenthood together and manage their work-family demands. However, a catalyst is not the end of the reaction, but simply something that triggers some change within it. COVID-19 could also be a negative force that deepens exclusion of fathers in the perinatal period, and if the workforce continues to battle and restrict worker flexibility, the potential positive effects could be lost. I have argued that the pandemic has opened up an opportunity to value parents for the underacknowledged work they do to maintain society. However, the impact of the changes triggered by the pandemic will depend on both individual and collective decisions.

Appendix 1: Glossary

Antenatal/prenatal period: The stage between conception and birth, or 'before birth'.

Birthing/non-birthing parent: The 'birthing parent' is most often referred to as the mother of a child and the non-birthing parent is most often the father of the child. However, the terms birthing and non-birthing parent enable discussion that includes birthing parents who may not identify as women, and non-birthing parents who do not identify as men. Furthermore, they offer a broader non-gendered role description that could help address gendered components of parenthood. Where relevant, the terms father and mother are used to discuss the specific gendered experiences associated with these roles, however when this is not necessary, the terms birthing and non-birthing parent are used.

Care chain: The intersection of gender, race and class that means care/household labor is often outsourced to another, often disadvantaged, woman who in turn must outsource her own labor to an even more disadvantaged woman in order to work.

Coparent: The term coparent has evolved over the years. Once specifically referring to post-separation in which parenting relationships in which a romantic partnership has ended and the parenting relationship remains, the term has become far broader. Coparenting can now refer to the parenting element alongside romantic partnership or a non-romantic parenting partnership. Most coupled parents prefer to refer to their coparent as their husband, wife, or partner, retaining the romantic connotations. However, the term 'coparent' offers a broad and widely applicable common language for capturing elements of relationships that are focused specifically on the task of parenting, regardless of the romantic status of parents (Feinberg, 2003).

Critical realism: The approach of investigating a topic as observable and socially informed, critically examining both elements.

Cognitive dissonance: The discomfort experienced when an individual holds two conflicting ideas.

Constructivism: The idea that reality is socially constructed, rather than having to be a certain way (realism).

Empirical: Relating to research-based evidence or data – as opposed to theoretical which can be conceptual.

Epistemology: the philosophical study of **knowledge**, including what knowledge is, methods of determining knowledge, as well as its validation and scope. In other words: What counts as 'knowing' something, and why? How do we know what we know? Epistemology is an essential foundation in research, because in order to investigate something, and explain the findings, it is important to know what knowledge is being produced and how it will be understood.

Gender ideology: The beliefs a person has about gender.

Human capital: The worth of a human worker (e.g. an employee)

Hermeneutics: the theory of **interpretation.**

Idiography: the approach of examining 'the particular' or the singular, rather than population-level issues (referred to as '**nomothetics**').

Miscarriage: A sudden and unplanned end to a pregnancy before the 20th week. Miscarriages occur in around 1 in 4 pregnancies, most (80%) within the first 3 months, with the risk of miscarriage decreasing after the 12th week (Dugas & Slane, 2019).

Organizational climate: The culture within an organization, for example common attitudes, behaviors and expectations in a specific workplace.

Parental leave: Parental leave refers to time away from paid labor in order to care for a child. In most cases, it refers to *paid* parental leave, subsidized by state programs and/or employers, however in some cases it refers to unpaid leave (for example in the United States). In Sweden, parents are currently entitled to 480 days of paid parental leave, with 90 days reserved for each parent that cannot be transferred (The Swedish Social Insurance Agency, 2019).

Perinatal period: The usage of perinatal period varies, broadly covering the period of pregnancy and up to a year after the birth (Garcia & Yim, 2017). Clinically, the ICD-10 (International Classification of Diseases, version 10) defined the perinatal period as between 22 weeks in pregnancy and 7 days after the birth (World Health Organization, 1992).

Phenomenology: the philosophical study of **experience**.

Postnatal/postpartum period: The time after the birth. Romano et al. (2010) identify three distinct phases of the postnatal period: the first 6-12 hours (acute postpartum period), 2-6 weeks after birth (subacute postpartum period), and 6 months after the birth (delayed postpartum period).

Social reproduction: The idea that capitalist society is 'reproduced' through creating and socializing human workers.

The 'second shift': The idea that domestic labor constitutes a separate work to paid labor.

Trajectory: A path of development.

Transformative research: research which seeks to address challenges in society and promote change (Mertens, 2017).

Work-family interface: Work-family interface is a broad term that refers to all interactions between work and family domains – these could be positive (e.g. work-family enrichment), challenging (e.g. work-family conflicts) and could also be an overarching sense of how the two fit together (e.g. work-family balance). Throughout this thesis, the term 'work-family interface' is used to describe the overall relationship of different factors in each domain that may have positive or negative meaning for work-family lives.

Work life balance: Work life balance is also a contested phrase, and it has been argued that balance as a concept can be difficult to properly define, measure and promote. Balance can look different for each person, and one half of the equation is far broader than the other. However, most balance is a useful umbrella term for the work-family interface that is under study in this dissertation, and thus still has value. Balance can represent the overarching result of managing work life conflicts and gaining work life enrichment.

Work-family conflict: Work-family conflict refers to clashes between one's work and home life. This could be needing to work late and not spending enough time at home as a longer-term example, needing to manage the care of a sick child whilst managing work as a shorter-term example. Work-family conflicts can lead to relationship tensions and difficulty managing workload.

Appendix 2: Abbreviations

CA	Content Analysis
EPDS	Edinburgh Postnatal Depression Scale
GMDS	Gotland Male Depression Scale
GSE	General Self Efficacy
IPA	Interpretative Phenomenological Analysis
MFDT	Multidimensional Family Development Theory
PASS	Perinatal Anxiety Screening Scale
TA	Thematic Analysis
SDG	Sustainable Development Goal
UN	United Nations
UNICEF	United Nations Children's Fund
WHO	World Health Organization

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About the author

Laura Cox completed her integrated master's (MSci) degree at the University of Reading (United Kingdom) in 2019 and moved to Sweden to begin her PhD in February 2020. Her main research interests are gender equality, internalized stigma, and common mental health problems. Her thesis investigates how the COVID-19 pandemic affected parents' experiences of work and family, and the pandemic's potential impact on wider issues of gender equality.

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