“I don’t have much of a choice”: Low-income single mothers’ COVID-19 school and care decisions

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Abstract
Objective: This study used a preferences and constraints framework to understand mothers’ decision-making processes around childcare and schooling during the COVID-19 pandemic and how socioeconomic context contribute to these decisions.

Background: Despite potential long-standing consequences of school decision making during the COVID-19 pandemic, we know little about how parents consider childcare and education options during these times. And, these decisions are particularly important for single mothers in resource-scarce environments whose children benefit disproportionately from appropriate care and education.

Method: This study used qualitative data gathered from semistructured interviews with low-income, single mothers (N = 34).

Results: Approximately half of mothers selected home-based care while the other half selected site-based care. Findings suggest that mothers made decisions largely on the basis of constraints—safety or financial need. Given high levels of fear and system mistrust, Black mothers more commonly selected home-based care than White mothers.

Conclusion: The COVID-19 pandemic seems to exacerbate the restricted childcare calculus of low-income mothers.

Implications: Partnering with communities and disseminating accurate information, particularly in Black communities, is critical for establishing trust and positioning low-income single mothers to make current care and education decisions, as well as future decisions, such as vaccination decisions.

KEYWORDS
childcare issues, decision making, race and ethnic (minority) issues, single-parent families, work and family issues
INTRODUCTION

The COVID-19 pandemic abruptly closed schools in the United States and around the world, affecting 90% of early education through higher education students (UNESCO, 2020). Although school closures, along with other policies to promote isolation, have slowed the spread of the disease (Hsiang et al., 2020), evidence also suggests that closing schools comes with potential costs including inferior academic instruction (Kuhfeld et al., 2020), delayed socioemotional development (Aviles et al., 2006), parental stress (Cluver et al., 2020), and increased work–family challenges (Cluver et al., 2020). Models projected that school closures from March–December 2020, with low-quality online instruction—most likely given time constraints—will result in a 7- to 11-month learning loss (Dorn et al., 2020).

Families do not experience the effects of COVID-19 equally or equitably. Single-mother low-income families are one vulnerable group particularly affected by COVID-19 and school closures. One in four children in the United States lives with a single mother (Semega et al., 2020), and nearly two-thirds of single mothers live below 200% of the poverty line (Lu et al., 2020). Single mothers are overrepresented in the disrupted service sector (e.g., hospitality, travel, retail), and among those lucky enough to keep jobs, they are overrepresented as essential workers with few childcare resources (Bobrow, 2020). Low-income families are more susceptible under the COVID-19 pandemic response than higher-income families because of limited remote-learning resources (Greenberg-Worisek et al., 2019; Van Lancker & Parolin, 2020), less support for home learning from schools (Dooley et al., 2020), and less job flexibility or security (Bobrow, 2020). While these families commonly juggle financial strain, safety concerns, and discrimination (Edin & Lein, 1997), the learning and childcare conditions under COVID-19 stand to disrupt single mothers’ delicate balance of working to meet family needs with limited resources. The long-standing consequences of early care and education, particularly among children facing disadvantage (Van Lancker & Parolin, 2020), led to the current study. We examine low-income single mothers’ decision-making processes about their children’s care and education in the midst of a pandemic through qualitative interviews with 34 low-income single mothers at two time points during summer 2020.

Mothers’ decision about whether to send their children to site-based childcare or school is an important one. Center-based childcare in toddlerhood and beyond has been associated with a range of cognitive benefits, including school readiness and achievement (Felte & Lalive, 2013; NICHD & Duncan, 2003; Vandell et al., 2016). For example, children in center-based care through 27 and 54 months of age had a 4-point increase on a composite of cognitive scores (e.g., Woodcock-Johnson Vocabulary and Memory for Sentences tests) compared to children who were not in center-based care during that period, yielding an effect size of .27. Studies also indicate that online learning does not promote school-aged children’s learning gains to the degree that in-person instruction does (Woodworth et al., 2015; Dorn et al., 2020). Dorn et al. (2020) predicted that low-income, K–12 students stand to experience a 1-year learning loss compared to the 7-month loss of the average student. In a recent examination of math scores in fall 2020, students in third through eighth grades performed 5–10 percentile points lower in math than pre-COVID-19 performance by same-grade students in fall 2019 (Kuhfeld et al., 2020). However, the learning loss may be much greater for the children of low-income single mothers. One-fourth of school-aged students did not complete the assessment test in fall 2020, and these students were likely disproportionately from disadvantaged backgrounds (Kuhfeld et al., 2020).

Conceptual framework

The distribution of young children across school and care arrangements ultimately reflects parents’ decisions. Sociologists and economists have paid considerable attention to examining how
parents make these decisions. We apply Casper and Smith’s (2004) preferences and constraints model to examine unmarried mothers’ care decisions for their young children in the COVID-19 pandemic environment. The preferences and constraints model derives from Becker’s (1965) model of household production: Unmarried mothers make decisions about employment and household production, including selecting care for their children, in the context of need, cost, quality, and preferences. According to the model, mothers simultaneously select educational or childcare providers, educational or care quality, and their amount of nonwork time to maximize satisfaction with the constraints of their budgets (Blau, 1991). Preferences include educational curriculum, shared values with school personnel, convenience of the arrangement, reliability of care, and importance of maternal leisure time. Social norms also shape care decisions. Significant others enter into the calculation by offering approval or sanction (Coleman, 1988) and providing information about options. In selecting care format, mothers make trade-offs of competing preferences on the basis of their own analysis of costs and benefits.

The COVID-19 pandemic environment undoubtedly changes many mothers’ care calculations. Although options often changed, the preferences and constraints model remains relevant in understanding mothers’ decision-making processes. Traditionally, parents prioritize safety. Among a national sample of parents, safety was most influential in levels of school satisfaction (Friedman et al., 2006). Schools that opened with in-person learning did so with new guidelines and procedures to minimize the risk of COVID-19 transmission. Community and school responses to the level of exposure along with state mandates meant parents often received new, incomplete, and/or conflicting information about what school would look like for their children. Mothers of elementary school children considered a wide-scale virtual option for the first time. Many mothers considered school options in light of their particular employment situations. Many faced unemployment; others had the option to work from home for the first time; still others faced new work schedules or increased job insecurity. Employment changes often translated into income loss. Cost (e.g., masks, increased Internet speed), too, may influence choice. For preferences, mothers may consider the level of required supervision for virtual attendance, quality of care, or parent and child preferences, including convenience; child’s learning style or needs; and child’s likes and dislikes. A frontline worker who is parent of a child with dyslexia, for example, may select site-based instruction to facilitate both her income and her child’s development, whereas a worker with the ability to work from home may opt for her child’s home-based care to increase child safety and bonding time.

Race and ethnicity, together with income, may influence care decisions because these factors often reflect employment status, location constraints, and signifying norms and values. Considering these sociodemographic characteristics within a preferences and constraints model can reveal whether groups select options out of desire or need. Recent descriptive portraits, for example, suggest that Black parents and parents with fewer economic resources planned to use virtual school options or home care at higher rates than White parents did (Chua et al., 2020). Our analysis speaks to why this may be the case. Are Black parents selecting virtual options because they were pleased with this option in the spring (e.g., preference), or do they lack trust with providers in schools to keep their children safe (e.g., constraint)? Are parents with lower incomes selecting home care because they have time due to unemployment (e.g., constraint) or because they have the desire to capitalize on quality time with their child in these times (e.g., preference)?

School and care decisions during COVID-19

The COVID-19 pandemic changed the care and school calculations for many parents. Never before have schools closed as abruptly as they did in March 2020, leaving many parents to
juggle job and family without reprieve. Descriptive data suggest that many parents were ready for their children to return to school for fall 2020. In June 2020, in the midst of data collection for our study, Chua et al. (2020) surveyed parents in Illinois, Michigan, and Ohio through an online instrument to gather their intentions for their children’s schooling in fall 2020 ($N = 1193$). Two-thirds of parents indicated that they would likely send all of their children to school, 12% indicated that they likely would not send at least one of their children to school, and 21% were not sure. The study suggested, however, that parents facing disadvantage were more likely to keep children at home. Over three-fourths of parents with households earning more than $100,000 were likely to send their children to school, compared to only 60% of parents earning less than $50,000. In addition, 72% of White parents planned to send children to school, compared to 55% of Black parents. Three-fourths of parents without a household member at high risk of severe COVID-19 illness were planning to send children to school, compared to only 57% of parents with a high-risk household member. A similar online survey distributed to 730 U.S. parents in early June had similar findings: 49% of parents of elementary through high school students would probably or definitely send their children to site-based schools, and 30% would keep them at home. Parents with lower incomes, flexible jobs, or job loss were more likely to keep children home than were parents with higher incomes and more flexible jobs (Kroshus et al., 2020).

A survey of parents in England provides initial insight into decisions related to education ($N = 1371$). Parents throughout England completed an online survey in June 2020. Of the one-third of parents who sent their children to school in June, parents commonly mentioned sending their children because of benefits for their children’s education, their child’s desire, or their own need to work. Those not sending their children back mentioned that the COVID-19 infection level was too high or that school would not be enjoyable for their children (Woodland et al., 2020).

Study rationale

This study builds on our limited knowledge about childcare and education decisions in the midst of a pandemic. Despite the potential long-standing consequences of school decision making during the COVID-19 pandemic, we know very little about how parents have considered the options for their children’s care and education during these times. These decisions are particularly important for single mothers in resource-scarce environments whose children benefit disproportionately from appropriate care and education (Van Lancker & Parolin, 2020). To our knowledge, this study is the first to explore single mothers’ COVID-19 school and care decision-making process by using thematic analysis of in-depth interviews with low-income single mothers of young, resident children. The study had two goals. First, we explored how and why mothers made the care decisions that they did in the midst of COVID-19 pandemic. Second, we considered whether and how mothers’ socioeconomic contexts contributed to their decisions.

METHODS

Study context

We collected data in a single midsize county in North Florida from low-income, unmarried mothers in June and July 2020. Because COVID-19 had different impacts across the United States and the world, the study’s state and local context is important. On March 1, 2020, the state governor declared a public health emergency. On March 17, 2020, he ordered statewide
closure of bars and restaurants, and on April 1, 2020, he established a stay-at-home order that lasted until May 3. On May 18, 2020, Florida entered Phase 1 reopening with limited-capacity restaurant, gym, and other service reopenings. Reopening continued from that point forward through the completion of data collection. With a state and local spike in cases, on June 25, 2020, the city and county passed a local ordinance that any person over age 6 years in a business establishment must wear a face covering, with some exemptions for gyms and restaurants.

Schools closed in the county on March 16, 2020, and remained closed for the remainder of the school year. As essential businesses, childcare centers were never mandated to close; however, approximately 20% had done so by early April due to decreased supplies and funding (Devine, 2020). Summer camps were allowed to open as scheduled on May 22, 2020. On June 11, 2020, the governor ordered all schools to open at full capacity in August. On July 6, 2020, the Florida Department of Education ordered that all schools must physically open for at least 5 days per week in August. Therefore, mothers learned about their children’s virtual or in-person educational options over the course of data collection. By the second interview, most mothers of school-aged children had informed the school of their choice.

Recruitment

We recruited mothers from social services organizations and the local food bank. Flyers were included at school and public housing authority food distribution sites, and case managers distributed study flyers to clients. A local organization specializing in providing services to single mothers posted the flyer electronically on Facebook. To be eligible for the study, single mothers were (a) not married, (b) earned less than $45,000 annually (although most earned much less), and (c) lived in the county. From information provided on flyers, participants completed screener questions online or by telephone (only one participant opted to call a research assistant). If eligible, they completed consent forms, demographic questions, and offered convenient times for interview. After 2 weeks of online visibility and flyer distribution, 476 potential participants fully completed the screener questionnaire, 274 were eligible to participate, and 272 provided consent. We selected a diverse sample based on race, education, and whether the mother had experienced a significant loss of income due to COVID-19 pandemic response. The first author and trained interviewers completed 34 telephone interviews with mothers in June 2020. We completed a second interview in July with all mothers except for one who did not have access to a telephone at the time of the second interview.

Data collection

Trained graduate research assistants and the first author conducted and audio recorded semistructured telephone interviews. The interview guide explored mothers’ lives pre- and post-COVID-19 pandemic, including topics of family life; relationships, daily life experiences (e.g., making ends meet, caring for loved ones, educating children), employment and education experiences and plans, fears of COVID-19 virus, and health and well-being. Related to school decisions, we asked mothers about their school decisions for their children and how they made those decisions (e.g., “Do you know what you are going to do for childcare/schooling for your child/ren in the fall? Tell me about that. How are you making that decision?”). Interview length ranged from 38 to 138 min, averaged 82 min for the first interview and 70 min for the second interview. Participants received $40 for the first interview and $60 for the second interview. The institutional review board at the authors’ institution approved study protocol.
Sample

We collected and analyzed interviews from a diverse sample of 34 low-income, single mothers. Mothers ranged in age from 21 to 63 years old; median age was 35 years. Most mothers identified as non-Hispanic Black \( (n = 20, 59\%) \) or White \( (n = 12; 35\%) \), with the remaining mothers identifying as Hispanic \( (n = 2, 6\%) \). Almost half of mothers had a high school diploma or less, 23% had some college, and 29% had a college degree or more. Mothers had one to five children, with 38% having one child and 24% having two children. Median child age was 5 years. In terms of the COVID-19 pandemic impacts, 68% of mothers experienced income decreases, and 26% of mothers’ wages dropped such that they entered the study’s income threshold of below $45,000 annual household income due to the COVID-19 pandemic. Twelve mothers (35%) perceived that they had or were caring for someone with a health condition at high risk for severe COVID-19 consequences. The breath of referral sources indicates that information about the study spread: social services agencies \( (n = 11) \), food banks \( (n = 4) \), Facebook posts \( (n = 11) \), child’s schools \( (n = 2) \), friends \( (n = 2) \), and housing complex \( (n = 2) \). Although we recruited only four mothers from foodbank distribution sites, 38% \( (n = 13) \) had received food from the food bank since March 2020 and the local onset of COVID-19 pandemic response.

Data analysis

We used Braun and Clarke’s (2006) six-phase, thematic analysis to analyze patterns in the data. First, the first and second author familiarized ourselves with the data by each reading the same six transcripts. Second, we generated initial codes separately through a theory-driven approach in which we used the study purpose of understanding mothers’ lives during the COVID-19 pandemic to bound the process. Third, we met to discuss, revise, and generate codes. We also searched for and identified themes using the coding outlines. Fourth, after the first author and trained research assistants coded the remaining data using the codebook, we met and ensured that each theme was distinct, a clear representation of the data, achieved saturation, and was relevant to the study research questions. To increase trustworthiness, the third author not involved in initial coding reread sample transcripts to assess fit to the data and offer insight into potential biases or oversights in the codes. Next, given the recursive nature of thematic analysis, we completed data analysis by defining and naming the themes as we reviewed the data and themes (Braun & Clarke, 2006). We concluded analysis by selecting illustrative data extracts that captured the themes or exceptions to the themes.

FINDINGS

The goal of this study was to understand how single mothers made care and school decisions for their children in the midst of the COVID-19 pandemic. Prior to the pandemic, all mothers except one used outside care for their children. All mothers considered outside care in fall 2020, as the mother using home care was enrolling her child in elementary school. Sixteen mothers (47%) selected site-based care, and the remaining mothers \( (n = 17; 53\%) \) selected home-based care or virtual schooling. Although the limited sample size of Hispanic mothers \( (n = 2) \) did not allow for an examination of ethnicity, Black mothers and White mothers often differed in their care decisions. Almost two-thirds of Black mothers \( (n = 13) \) selected home care, compared to only 25% \( (n = 3) \) of White mothers. Findings indicated that almost all mothers felt that they did not have a choice—regardless of their care selection. Mothers routinely voiced having made their decisions on the basis of their nuclear families’ needs without consultation from their children’s fathers or family members. We explored three central themes that contributed to
mothers’ decisions: fear of COVID-19 virus, work requirements, and child needs (Table 1). Findings also suggested that many mothers considered these factors in combination (e.g., job requires them to be at work and child needs to be around other children; COVID-19 is deadly and child will not wear mask). We organized findings according to each theme and note common intersections. In addition, within each theme, we consider both racial differences and how each group of mothers felt constrained in their decision-making processes.

**Fear of COVID-19 virus**

Although most mothers perceived danger in COVID-19 infection, they varied in how much they thought COVID-19 virus threatened safe school attendance. For most mothers selecting home-based care \((n = 15, 88\%)\), fear was high and an influential factor in their decisions. Two-thirds of Black mothers expressed these fears compared to one-third of White mothers, largely accounting for the differences in school and care decisions. These mothers commonly expressed little choice in their decisions because of the deadly threat of the COVID-19 virus. One mother summarized common sentiment among those keeping their children at home: “I believe it’s very real and it’s very dangerous. And I’m concerned about spreading.” Mothers commonly voiced that despite the extra responsibility of caring for their children every day, site-based care was

### Table 1  Themes and distinctions between mothers’ selecting home-based and site-based care

| Theme                  | Definition and participant distinction                                                                                                                                                                                                 |
|------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Fear of infection   | Mothers voiced a high level of fear about COVID-19. Mothers varied in how much they thought COVID-19 threatened safe school attendance.                                                                                                        |
|                        | Mothers Selecting Site-Based:                                                                                                      |
|                        | Mothers were more likely to know about and be satisfied by the care provider’s precautions to reduce virus transmission. Although mothers were concerned about COVID-19, their need to work overrode their fear of transmission. |
|                        | Mothers Selecting Home-Based:                                                                                                        |
|                        | Mothers voiced an intense-level of fear commonly voicing that sending their child to school was “not worth [my child’s] life.” Mothers were concerned about the unknown transmission and effects of COVID-19 as well as treatment costs. They mentioned a lack of information transparency from and trust of school officials, government officials, or the media. |
| 2. Work requirements   | Mothers discussed their employment obligations. Mothers not employed discussed their short-term plans to obtain employment.                                                                                                           |
|                        | Mothers Selecting Site-Based Care:                                                                                                     |
|                        | Mothers did not have jobs that allowed them to work from home, and they did not feel that self-care was an option due to child age or level of competency. They felt that they needed to send their children to site-based care in order to pay their bills. |
|                        | Mothers Selecting Home-Based Care:                                                                                                     |
|                        | Mothers could work from home with flexible schedules or felt that their children could self-care while they worked—usually reduced hours. Others lost or quit their jobs or delayed job searches. Most mothers in this category often lost income in exchange for increased flexibility. |
| 3. Child needs         | Mothers discussed their children’s needs. Mothers recognized that COVID-19 affected their children and wanted to nourish their development.                                                                                           |
|                        | Mothers Selecting Site-Based Care:                                                                                                     |
|                        | Mothers valued socialization, care continuity, and routine, particularly for children with special learning needs.                                                                             |
|                        | Mothers Selecting Home-Based Care:                                                                                                     |
|                        | Mothers commonly felt that their children were vulnerable, and home care increased their safety. Some mothers felt that their children would not follow safety protocol (e.g., mask wearing).                                    |
too risky to their family’s health. The following quote captures this concern about children getting sick:

“It’s just too soon to send kids back to school [in the fall]. It really is. They may find that out, the first day of school they get kids in there and the teachers and the students are getting sick by the thousands, by the hundred thousands. (Mother of children ages 1, 4, and 8 years)

Mothers keeping their children home also were concerned about how little was known about the virus, misinformation, and the potential deadly consequences. For example, one mother explained, “My kids are not up for the raffle and I’m not fixin’ to play with my kid’s life.” (primary caregiver of teenagers and 6-year-old nephew). Also, mothers keeping their children at home commonly discussed “craziness” surrounding the virus without knowing what to expect. One mother explained how the fear of the unknown led her to choose to keep her child home:

“This pandemic . . . It’s tricky. You don’t know what’s going to happen. One minute you’re supposedly symptomatic. Now you can have it and be asymptomatic. You can . . . test negative one day and really be positive. It’s just because I don’t know much about it, and I’m kinda of course being weary about it. That’s the biggest influence [in my decision to stay home]. (Mother of 10-year-old)

The unknown and changing information commonly contributed to feelings of distrust in the information about the virus. For example, one mother explained that she was keeping her 11-year-old daughter home because the government was “winging it” and “[not] giving us cold, hard facts.” Likewise, other mothers discussed how the government’s “lackadaisical approach” and the “walk[ing] back” of information led them to believe that the government was being careless in addressing COVID-19.

In making their decisions, most mothers who selected home care felt they had no other option. For example, one mother explained how she knew home care was difficult but felt obligated to do it given COVID’s potentially grim consequences:

“It’s not easy to work with [my kids] at home, but you’ve got to figure it out. You know what I’m saying? You’ve just got to figure it out. I’m not about to just send them out there like that and they don’t even know what the hell this shit is. They don’t even know what COVID is. They don’t even know what it is. (Mother of children ages 1, 10, and 11)

Mothers who selected site-based care expressed that despite the risk of COVID-19, they felt that schools and childcare providers planned to take appropriate precautions to minimize their children’s risk of exposure. For example, one mother who sent her children to summer camp and planned on-site care in the fall explained how she gained comfort after learning about the precautions:

“My ex-[husband] is all for sending them [to camp], but then it was just kind of up in the air. [The camp’s] going to be very cautious and they have certain rules. They’ve changed things around to meet the spacing requirements and everything. So I feel better about it. (Mother of four children from ages 2 to 12 years)

Spacing and cleaning protocols comforted many mothers when they made their decisions for site-based care. One mother, for example, explained that she left the childcare center she was using prior to the pandemic and selected her children’s new childcare center solely on the basis
of cleanliness. She prioritized cleanliness because of her reliance on her parents for additional childcare and her desire to minimize their risk of exposure.

Other mothers using site-based care explained that their children’s smaller schools or home-based childcare settings eased their fear of COVID-19 virus transmission through smaller class sizes or extra cleaning protocols. For example, one mother of two toddlers explained that her childcare provider “doesn’t have as many kids. So, it’s not like they’re getting in contact with a lot of people that could possibly have the virus or get in contact with the virus” (mother of 1- and 2-year-old toddlers). Several other parents discussed sending their children to private or charter schools with smaller settings which they felt protected their children.

Although mothers who selected site-based care were concerned about COVID-19, they also felt that precautions could minimize their children’s risk of exposure; and these mothers typically felt they had little choice due to work requirements (as discussed below in the next theme).

**Work requirements**

While most mothers caring for their children at home prioritized COVID-19 risk in their decision making, most mothers selecting site-based care prioritized work requirements in their decisions ($n = 12; 71\%$), often to meet their children’s material needs. A larger percentage of White mothers (58\%) mentioned work requirements than did Black mothers (30\%). Several mothers selecting site-based care discussed both considering work requirements and their COVID fears together. They perceived little choice because of their needs to financially support their families. One mother explained that she wished she had other choices:

> Honestly, I felt like I didn’t really have a choice. I think if I had my parents here, for example, like and they lived in town, I probably would have pulled him out and just had them watch him while I was at work. But I can’t take him to work with me and if I don’t go to work, my bills don’t get paid. So, that was the biggest thing like I don’t have another option. I mean, at first, I was very nervous about it. (Mother of 4-year-old)

This mother was similar to most mothers selecting site-based care in that she did not have the ability to work from home or others available to provide care. Another mother explained how work requirements dictated her decision: “The only reason that I [selected site-based care] is because I’m here by myself and I have to work. So my work doesn’t allow me to stay and do my work from home” (mother of children 9 and 14 years old).

Although all mothers in the sample typically relied on employment for income, mothers using home-based care typically had more flexible work schedules (e.g., food delivery driver), the ability to work from home (e.g., “Luckily, I talked to my supervisor . . . I told him, ‘I don’t feel comfortable sending my boys back to school.’ . . . [H]e was OK with me staying at home”), or children who could self-care. One mother, for example, expressed that having her own business allowed for home care: “I’m going to base my decision on working at home, just working my [own] business, and I’ll just work straight from home” (mother of one child age 6 years). Mothers also discussed working from home in the early morning or late-night hours while their children slept. Others with older children allowed their children to self-care while they went to work. Work adjustments commonly included reducing their hours, and their paychecks, to care for their children.

Mothers who quit or lost their jobs due to the pandemic also commonly decided on home care. One mother who lost her well-paying job as a consultant and was unemployed for the first time since she was 12 years old explained:
Since I don’t have any leads on a job right now I think I’ll . . . give up her spot [at the childcare center] and after I find employment then I’ll reevaluate it. It really just depends on the pandemic. I mean . . . I’m afraid of it because I have severe asthma. So her being in a daycare and exposed to all of those people concerns me. But at the same time, I can’t work with her at home. So it just kind of depends on the state of the virus, I guess. (Mother of 2-year-old)

In her decision making, she considered the fact that she was not employed and that once she had a job, she would need to make another decision based on the virus.

While this mother lost her job, other mothers selecting home care quit their jobs or delayed their job searches because of fear of COVID-19, prioritizing child safety over the convenience of outside care. They were waiting to see the course of the virus and business closures before considering education or employment. For example, one mother who was working two jobs in March 2020 lost her main job because she missed work to care for her child. She had tested positive for COVID-19 at the second interview and had delayed her job search until she could figure out her next step. Likewise, another dropped out of nursing school at the start of the COVID-19 pandemic and was waiting to find a job or enroll in school until she understood her children’s need for care in the fall. Mothers selecting home care with job instability commonly worried about paying their bills but felt the COVID-19 virus risk was greater than their financial risk.

**Child needs**

In conjunction with COVID-19 related fear levels and work requirements, mothers also considered their children’s needs. While mothers using home-based care prioritized child safety, mothers using site-based care discussed the importance of socialization and routine for their children, often in light of their own work requirements. About 40% of mothers \( (n = 7) \) who selected site-based care mentioned child needs, while only 12% \( (n = 2) \) of those who selected home-based care did so. As with fear levels and work requirements, considering children’s needs seemed to vary by race. While half of White mothers \( (n = 6) \) mentioned children’s needs when discussing their care decisions, only 15% of Black mothers \( (n = 3) \) did so. One mother who selected site-based care discussed “put[ting] him first” to prioritize her son’s learning and social needs:

> I [am] still trying to put him first as far as his mental health and level of attention because all of a sudden he’s seeing no one, which is also why he’s in camp this week, so he could see people again, because he’s an only child and it’s just the two of us in the household. (Mother of one child age 6 years)

Common among mothers selecting site-based care, this mother explained the need for interaction and engagement. Other mothers expressed similar sentiment such that their children needed to “be away from everything” referencing the general stress of living during the pandemic.

Mothers also discussed that teachers and schools provided a critical source of routine and support. The following quote captures this common rationale:

> I feel like their school is one of their safe places, with all the stuff going on with their dads and custody arrangements. I think that [school] was one of their routines that they had. And they could trust their teachers, and they felt safe there. And then it just kinda went away with [COVID]. (Mother of three ages 2, 6, and 8 years)
Mothers with children with special needs seemed particularly likely to select site-based care to continue their children’s routine and receive services. For example, one mother of a 4-year-old son explained that her son has autism with a sensory-processing disorder and a developmental delay: “It’s better for him to stay in school, and not really change up his routine too, too much.”

As previously mentioned, mothers selecting home-based care did so largely out of fear to protect their children’s health and the spread of the COVID-19 virus. For some mothers, these fears tied into their children’s behaviors, such as mask-wearing and hygiene. One mother raising her 11-year-old great nephew explained why she decided to keep her child home: “Children ain’t going to keep them masks on all day. I know my granddaughter, she don’t keep hers on all day. They got to breathe a little bit, you know.” Sharing this mother’s fear of spread, another mother voiced that she thought that children were particularly vulnerable to spread and explained how her concern about hygiene led to her decision to care for her children at home:

Being that the COVID is something that . . . seems like it just enters into you, as far as the kids. Even though I teach my daughter to wash her hands and to not put her hands in her mouth, it’s still something that you can’t really avoid, to be honest . . . And if I can keep them safe here, safer here than at school, with all these other different extra people, that’s how I make my choice, and so be it. I’m choosing home virtual. (Mother of children ages 6, 14, and 17 years)

Exceptions

Most mothers considered their children’s care needs in the context of ensuring their children’s safety (e.g., little exposure to COVID-19 virus) and financial well-being (e.g., consistent employment). Several mothers defied this pattern. A couple of mothers voiced that they could not control whether or not they got infected. They capitalized on their time away from work to have experiences with their children that they normally could not (e.g., water parks, travel). Fear was not an element of their care decisions. Likewise, in terms of employment, one mother received disability payments and work requirements did not enter into her care decisions. However, all mothers, even mothers who had little COVID-19 fear or consistent, government-provided income, wanted to do what was best for their children. Most mothers voiced making decisions due to a lack of options.

DISCUSSION

This study used a qualitative sample of low-income single mothers of young children ($n = 34$) and a preferences and constraints framework (Casper & Smith, 2004) to understand mothers’ decision-making processes around care and schooling for their children during the COVID-19 pandemic. Approximately half of mothers selected home-based care while the other half selected site-based care. Findings suggest that mothers made decisions based largely on constraints. Typically, parents voiced that they had “no choice” and selected care to keep their children safe and provide for their basic needs. Although low-income mothers face a careful, restricted childcare calculus in nonpandemic times, COVID-19 has further limited choice.

To consider our first research question (i.e., how and why do mothers make the care decisions that they do in the midst of COVID-19?), findings complement earlier work in nonpandemic times suggesting that low-income single mothers put their children first (Scott et al., 2001). Putting children first led to limited options. Few mothers contemplated options beyond trying to meet necessities; mothers made decisions largely on the basis of constraints.
Mothers selecting home-based care did so largely out of fear that their child’s life or other lives were in danger with site-based care. Rather than other indicators of quality care (e.g., teacher quality, care continuity), mothers using site-based care prioritized cleanliness, small group size, and group separation. Mothers who considered their specific children’s needs tended to have children with special learning needs or expressed that additional time in isolation would jeopardize their children’s social development.

The second research question examined how socioeconomic context contributed to mothers’ decisions. We examined care decisions and themes by race; income; whether the mother experienced a significant income drop since March 2020; whether the mother was herself or cared for a person at high risk of COVID-19 consequences; maternal education level; number of children; and age of youngest child. Race was the only factor that seemed to influence the decision-making process. The lack of differences may reflect mothers’ constraints; mothers largely made decisions on the basis of keeping their children alive (“If they’re still breathing at 18 I’m winning.”) and providing for their children.

Similar to Chua et al.’s (2020) findings, Black mothers selected home-based care more often than White mothers. Black mothers and White mothers seemed to think about their children’s needs differently. Black mothers more often discussed that home-based care provided necessary safety from COVID-19; they did not trust COVID-19 information from government officials and did not want their children to be “up for the raffle.” Trust in providers is critical to mothers’ care decisions (Weber et al., 2018), and the lack of trust seems to have contributed to Black mothers’ decisions to keep their children home. When we asked mothers about their trust in government officials, most mothers lacked trust; however, the lack of trust seemed stronger among Black mothers (e.g., “they don’t even know what the hell this shit is”), and more Black mothers explicitly discussed a lack of trust when making their care decisions. Lack of trust in government among Black mothers is rational and understandable given decades of well-documented mistreatment and ongoing structural racism coupled with the disproportionate effects of COVID-19 in and on communities of color (Centers for Disease Control and Prevention, 2020; Ojikutu et al., 2021). Alternatively, for White mothers, although most also lacked trust in the government, they did not seem to think that untrustworthy government officials threatened their children’s safety in care. Because they did not feel that their children’s safety was compromised, they selected care more frequently due to work requirements and child needs.

Limitations

Before turning to implications, we should consider the limitations of the study when interpreting its findings. First, the convenience sample and nature of qualitative work means that participants may not be representative of low-income single mothers in the selected city or in other places. Second, our recruitment strategies through social service agencies and the food bank could lead to a sample of mothers more connected to services than others. However, the large number of mothers who learned of the study through additional sources (e.g., landlord, social media) suggest that participation was not contingent on service connection. Third, qualitative data analysis inherently contains subjectivity. We minimized this risk through following Braun and Clarke’s (2006) thematic analysis.

Implications

Study findings can inform practice and policy with low-income single-mother families, particularly in meeting families’ needs during COVID-19 and other emergencies. Mothers’ feelings of
lacking choice in their decisions is concerning. Mothers deserve information from trustworthy sources. Trust among low-income single mothers is critical particularly in the coming months to inform childcare and education decisions, children’s engagement in extracurricular activities, and, perhaps most important, effective vaccine distribution. Information dissemination, particularly in Black communities, can improve trust. Data suggest that infection among children under 10—children’s ages of the majority of mothers in this sample—comprised 9% of infections and less than 0.5% of deaths in the United States (American Academy of Pediatrics and Children’s Hospital Association, 2020a, 2020b). School officials, medical professionals, and teachers have the opportunity to listen to mothers’ concerns and provide data-informed guidance on care and school options as well as vaccination decisions. The pandemic exacerbated the squeeze on single mothers’ time; accessible, accurate information, particularly to underserved and disadvantaged populations, can be invaluable to mothers’ decision-making processes about care (Betz, 2020). For example, small class sizes comforted many mothers in our sample, yet other mothers lacked details on class size and other information about care settings. Information dissemination and transparency could ease some mothers’ fears.

Mothers feeling forced to send their children to outside care in order to pay their bills when they felt uncomfortable is also concerning. Although work flexibility options may meet some mothers’ needs, similar to Hertz et al.’s (2020) findings, we found that this option is not feasible for many low-income mothers. For example, one mother of a 1-year-old son in our sample lost her job in childcare due to COVID-19. She explained her current plan for employment: “If I worked at home with [child] . . . maybe I could work at nighttime.” However, in this option, she immediately recognized the barrier: “But still, I would have to coordinate appropriately so I could also get some rest.” Therefore, high-quality, accessible childcare options in which mothers feel comfortable and safe could provide relief to some mothers. For example, although slots filled within days, Florida’s Office of Early Learning (2020) offered free and reduced childcare for 24,000 children of health-care workers and first responders. For mothers who do not feel safe leaving their children, however, a stronger financial public safety net to provide for low-income families in the midst of the COVID-19 pandemic response may be the only viable option to promote family well-being (O’Reilly, 2020).

The present analysis revealed low-income, single mothers are making pandemic childcare decisions at the intersection of financial, safety, and child concerns, with “choices” often driven by necessity. Yet mothers could benefit from fully understanding their options and feeling choice in their decisions. Identifying ways to assist resource-limited mothers in making childcare decisions and, further, supporting them in the execution of those decisions is essential to the physical, emotional, and financial well-being of these vulnerable families.

ACKNOWLEDGMENTS

The research was supported in part by the Florida State University Council on Research Creativity awarded to the first author.

ETHICS STATEMENT

All participants gave their informed consent prior to their inclusion in the study.

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**How to cite this article:** Radey, M., Langenderfer-Magruder, L., & Brown Speights, J. (2021). “I don’t have much of a choice”: Low-income single mothers’ COVID-19 school and care decisions. *Family Relations, 70*(5), 1312–1326. https://doi.org/10.1111/fare.12593