THE IMPACT OF COVID-19 ON CARE WORK AND PAID WORK

IN THE UNITED STATES

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THE IMPACT OF COVID-19 ON CARE WORK AND PAID WORK

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University of Missouri-Kansas City, 2022

ABSTRACT

Informed by disaster literature, the current study offers a quantitative, social structural analysis that reveals the inadequacy of the market to provide care during the COVID-19 Pandemic in 2021. This thesis focuses specifically on the impact that the COVID-19 Pandemic has had on both unpaid care work and paid work in the United States across gender, race, ethnicity, education, and age categories. This study seeks to address the following question: Which demographic factors significantly impact paid work and care work during the COVID-19 pandemic in the United States?

Participants in the current study (N=2,848) completed questions in the Household Pulse Survey regarding both paid work and unpaid care work and identified their gender, age, education, and race and ethnicity. Binary logistic regression models were used to determine the likelihood of the demographic variables impacting responses to questions regarding paid and care work. It was found that female participants, Black participants, and younger participants in the sample were more likely to indicate a care work related reason for not working for pay or profit during the COVID-19 Pandemic than male participants, white participants, and older participants respectively. Female participants were significantly less likely to report using unpaid leave, paid leave, cutting hours, losing a job, and supervising

children while working remotely than male participants. Black participants were more likely than white participants to report losing a job due to care work responsibilities. Asian and Black participants were less likely to report supervising children while working remotely than white respondents. Those with an associate's degree or below were more likely to take unpaid leave and lose a job and were less likely to use paid leave, cut hours, not look for a job, and supervise children on the job compared to those with a bachelor's degree or higher. Younger participants were more likely to report taking unpaid leave, cutting hours, losing a job, leaving a job, and not looking for a job compared to older participants.

APPROVAL PAGE

The faculty listed below, appointed by the Dean of the School of Humanities and Social

Sciences, have examined a thesis titled "The Impact of COVID-19 on Care Work and Paid

Work in the United States," presented by Kaydee F.C. Anderson, candidate for the Master of

Arts degree, and hereby certify that in their opinion it is worthy of acceptance.

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CHAPTER 1

INTRODUCTION

This project focuses specifically on the impact that the COVID-19 Pandemic has had

on both unpaid care work and paid work in the United States across gender, race, ethnicity,

education, and age categories. Informed by previous work on disasters, the current study

offers a quantitative, social structural analysis that reveals the inadequacy of the market to

provide care during the COVID-19 Pandemic in the year 2021. This study seeks to address

the following question: Which demographic factors significantly impact paid work and care

work during the COVID-19 Pandemic in the United States?

Neoliberalism and Disasters

Neoliberalism refers to an ideology that emphasizes the importance of individual

liberty and limited government, emphasizing privatization and commercialization of public

services (McGuigan, 2014). At its foundation, neoliberal policy acts as a bridge, connecting

an acting, "rational" actor in the marketplace with personal freedom through the reduction of

public funded services (McGuigan, 2014, p. 2). Policies supporting the general privatization

of the market coupled with cultural prejudice often influence values that perpetuate

inequality (Harvey 2007; Goodwin, 2021; Bariola & Collins, 2021).

Neoliberal logic is problematic for many reasons. Of particular relevance to this work

is the way neoliberalism frames needs (for food, for housing, for education) as

individualized. The individualized framing of need absolves members of society from

responsibility for a collective good, a resource that is needed even if it is not needed by the

individual themselves (England, 2005). The individualism that neoliberalism equates with

freedom is, in theory, a freedom that is applicable to all. This logic is flawed in that it does

not address pre-existing inequality within the system and in fact creates a narrative that excuses systematic societal inequalities. This push for privatization on the basis that individuals should be responsible for individual needs while also disregarding systemic sources of inequality eliminates the call for responsibility the state has to maintain the public. This push for privatization on the basis that individuals should be responsible for individual needs while also disregarding systemic sources of inequality eliminates the call for responsibility on the part of the state towards the public.

While much has been written about the incompatibility of neoliberalism logic and society's framing of need, it is critical to mention that neoliberalism is not solely responsible for the creation of such needs as they existed long before neoliberalism (Tierney, 2019). The welfare state is a term to describe a form of government where social programs are funded and provided by the state (Beland et al., 2014). The welfare state provides state services with the understanding that those seeking assistance are only rewarded if they meet the conditions outlined by the providers of the service (Collins, 2019; Tierney, 2019). The welfare state in the United States is a liberal welfare state in that supportive services are only offered as a last resort in the case of market failure (Collins, 2019). In this structure, adults are expected to find private solutions to issues like proper childcare rather than rely on state funded programs to assist them.

Policies that perpetuate the welfare state often conflict theoretically with political privatization efforts (Kamerman, 2014; Beland et al., 2014; McManus, 2022). Although theoretically, neoliberal privatization and the welfare state are presented as opposite approaches to social problems in debate, in reality policy in the United States is a mixture of both state-funded and privatized responses (Kamerman, 2014; Beland et al. 2014). Just as

there are examples of policy that emphasize the privatization of funding and performance of services, there are also government-run social programs that offer state-funded, supportive services. For example, although the United States does not offer a state-funded, universal healthcare option, Medicare is a federally-funded social program and Medicaid is a state-funded program provided through private insurance companies (Beland, 2014; Medicaid, 2022). Unemployment Insurance in the United States is another example of policy that is decentralized federally, as the amount and duration of funds awarded is determined by the awarding state (Beland, 2014).

The two differing political positions regarding social spending are especially relevant when considering the impacts of the COVID-19 Pandemic both socially and on the economy. In the United States, spending on social programs such as unemployment insurance and stimulus packages increased during the Pandemic (McManus, 2022). This is not to say, however, that the existence of current social programs eliminates all existing gaps in the market. In the United States, the neoliberal market's limited capacity to provide care, childcare and eldercare for example, is both exposed and strained during a time of pandemic such as COVID-19 (Tierney, 2019). During such times, social inequalities influence both who is exposed and who suffers disproportionately while gaps in the market further perpetuate inequality in the response system (Tierney, 2019; Goodwin 2021). The current private market for childcare offers care that varies in quality depending on factors such as location, cost, and family access to resources (Kamerman, 2014; Harbach, 2019). Removing the publicly funded program Head Start, for example, does not free those who would have qualified for reduced childcare and schooling for their preschool-aged children from inadequate access to quality, affordable childcare (Kamerman, 2014; Beland, 2014; Harbach,

2019). Globally, care work, like childcare, is disproportionately conducted by people who identify as women (World Bank, 2020; United Nations, 2020). The already existing childcare gap in the market, then, impacts women disproportionately. This is especially prevalent when a system is weakened by a disaster like the COVID-19 Pandemic.

On March 11th, 2020, the World Health Organization declared COVID-19 a pandemic after it infected 118,000 people, causing 4,291 deaths across 114 countries (Sencer, 2022). Disasters expose and exacerbate existing endemic social problems (Tierney, 2019; Calarco et al., 2020; Bariola & Collins, 2021). By definition, for an event to be considered a disaster, it must disrupt norms in some way (Tierney, 2019; Spitalar & Hocevar, 2021). Epidemics are types of natural disasters with a unique set of characteristics as they cannot often be contained by borders, are often unpredictable in both timeline and in how they will spread, and can cause institutions to engage and restrict the general population in ways they typically do not (Tierney, 2019; Spitalar & Hocevar, 2021). COVID-19 is considered a pandemic rather than an epidemic because infection and exposure rates impact individuals world-wide as opposed to just one population (Tierney, 2019; Spitalar & Hocevar, 2021). Exposure describes both physical location and social proximity to the disease (Spitalar & Hocevar, 2021).

Disasters create uncertainty and fear due to interruption of social routines, unpredictability, and death (Spitalar & Hocevar, 2021). Repair and recovery during a pandemic, such as the COVID-19 Pandemic, is difficult to predict as certain damages, such as deaths, are not recoverable. The vulnerability of a population and the physical risk to a population are important concepts to sociology disaster literature. While risk is associated with the physical impacts of disaster, vulnerability directly relates to economic and cultural

capital, poverty, and inequality (Tierney, 2019; Spitalar & Hocevar, 2021). The current study focuses specifically on vulnerability. Demographic characteristics such as age, gender, education level, race, and ethnicity can determine one's level of access to economic and cultural capital, and by extension one's vulnerability and exposure to COVID-19. This is not to say individuals should be characterized as vulnerable to hazards just because they belong to groups that historically have been considered vulnerable. Categorizing these groups as vulnerable due to group belonging is problematic because people are not born vulnerable, they are made vulnerable systematically. It should also be noted that by categorizing groups to examine systemic inequality can be useful as policy, for example, can be developed to specifically address issues relating to said systematic inequality, for example policies to assist children or those who live in poverty. Although beyond the scope of the current research, it should be noted that these demographic characteristics also influence both an individual's susceptibility, (the total consequences of exposure) and coping capacity (ability to manage economic and social conditions) that create vulnerability (Spitalar & Hocevar, 2021). The following analysis examines whether demographic factors that contribute to vulnerability and exposure rates to COVID-19, had a cascading effect on care work, which in turn impacted changes in work status and changes in pay and profit.

While disaster management focuses on returning to a "normal" state, protecting structure by trying to restore a previous order, the sociology of disasters questions whether the "normal" is something worth returning to given that it may institutionalize particular harms and/or inequalities (Tierney, 2019). This project echoes this line of thinking, focusing on inequality experienced by existing vulnerable populations in the workforce, the impacts that the COVID-19 Pandemic has had on pre-existing inequality (Spitalar & Hocevar, 2021),

and the weakened capacity of the state to restore order under neoliberal conditions,

specifically as it relates to unpaid care work.

CHAPTER 2

REVIEW OF LITERATURE

This chapter will present literature regarding demographic factors that contribute to vulnerability and exposure rates to COVID-19. These factors include education level (lower education), gender (women), race and ethnicity (Black, Hispanic, Asian,), and age (18 – 88), are established in the literature to influence one's likelihood to be overrepresented in unpaid care work duties. The theoretical framework of the study will also be outlined and connected to the conceptual models designed to frame the research questions.

Sociology of Disasters

Sociology of disaster literature questions the narrative pushed by disaster management, the desire to return society to a pre-disaster "normal", meaning protecting structure through a restoration of previous order. By definition, for an event to be considered a disaster, it must disrupt norms in some way (Tierney, 2019; Spitalar & Hocevar, 2021). Disasters create uncertainty and fear due to interruption of social routines, unpredictability, and death (Spitalar & Hocevar, 2021). The sociology of disasters questions whether the "normal" is something worth returning to post-disaster (Tierney, 2019).

Disasters expose and exacerbate existing endemic social problems (Tierney, 2019; Calarco et al., 2020; Bariola & Collins, 2021). The vulnerability of a population describes economic and cultural capital, poverty, and inequality (Tierney, 2019; Spitalar & Hocevar, 2021). Demographic characteristics such as age, gender, education level, race, and ethnicity can determine one's level of access to economic and cultural capital, and by extension one's vulnerability and exposure to COVID-19. By possessing characteristics associated with

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structural constraints and systematic flaws, one is already more vulnerable during a disaster than those who do not possess those characteristics.

Informed by disaster literature, the current study offers a quantitative, social structural analysis that reveals the inadequacy of the market to provide care during the COVID-19 Pandemic in 2021. This project focuses specifically on the impact that the COVID-19 Pandemic has had on both unpaid care work and paid work in the United States across gender, race, ethnicity, education, and age categories. This study seeks to address the following question: Which demographic factors significantly impact paid work and care work during the COVID-19 Pandemic in the United States?

Education Level and COVID-19

Level of education is a factor that impacts COVID-19 exposure rates. Education level often impacts one's eligibility for certain types of employment (National Center for O*Net Development, 2022). Due to remote work allowances, those workers considered highly educated faced fewer risks of losing their jobs during the Pandemic (Case & Deaton, 2020). While some occupations can be performed remotely, other occupations labeled "essential work" had to continue in person despite exposure risk, while still others, the "non-essential", were forced to shut down in 2020 (Faberman & Hartley, 2022). This job loss impacted approximately 9.4 million Americans with the greatest impact to the leisure and hospitality industry (BLS, 2021). In 2020, both computer usage and the importance of interaction with the public were factors that influenced job security (Baker, 2020).

Occupational fields where the worker both did not qualify for remote work and had a high level of public interaction are on average less educated than those who did qualify for remote work in low public interaction occupations (Mongey et al., 2020; National Center for

O*Net Development, 2022). More than one third of those with only a high school education were considered "highly exposed" in 2020 by their occupation compared to 20% of those with a bachelor's degree (Case & Deaton, 2020). Occupations described as having high computer usage and low public interaction are also occupations that require most applicants to have a post-secondary credential (National Center for O*Net Development, 2022). COVID-19 had a negative impact on the employment of women without a college degree specifically (Alon et al., 2020). Workers employed in fields deemed qualified to work remotely are more likely to identify as men than women due to overrepresentation of women in occupations that do not qualify for remote work such as healthcare support and personal care (Alon et al., 2020; Mongey et al., 2020; Albanesi & Kim, 2021; Fry, 2022). In 2020, women without a college degree were more likely to have a decrease in work hours while those with a college degree experienced an increase in work hours (Fan & Moen, 2022).

In 2020, 57% of Asian American workers surveyed reported being able work from home. This is compared to 39% of white workers, 37% of Black workers, and 29% of Hispanic workers (Parker, Horowitz, & Minkin, 2020). Compared to other racial groups, Asian Americans are more likely to have a bachelor's degree or higher (Sakamoto, Goyette, & Kim, 2009). Asian Americans with less education are more likely than equally educated white Americans to report losing a job during the COVID-19 Pandemic regardless of gender (Kim et al., 2020). Asian Americans considered highly educated lost employment at an equal rate when compared to equally educated white Americans (Kim et al., 2020).

Gender and COVID-19

In the United States, gender, as a marker of a social group, intersects with other social identities and impacts one's experience due to pre-established norms (Lazar, 2007). From a

feminist perspective, discussing "women" and "men" in a universally categorical way is problematic. However, discussions of women's experiences are used in this analysis to highlight patterns of inequality along gender lines. During the period between March 2020 and November 2020, a time referred to as the pandemic recession, more women than men were reported leaving the paid labor market (Albanesi & Kim, 2021). Despite policy initiatives, the COVID-19 Pandemic highlighted women on a national level as a vulnerable population in the labor market as an increase in remote schooling and caregiving burdens were reported (Bariola & Collins, 2021).

Care work is essential yet undervalued work, in that a worker is both compensated with low wages and granted low prestige (England, 2005). There are several theories outlining this undervaluation for those who perform paid care work. The "public good" theoretical framework defines the impacts of care work as benefiting a social group far more than the one performing the work (England 2005). This framework establishes care work as universally beneficial, while also outlining the lack of compensation workers receive in exchange for these benefits. The "prisoner of love" framework depicts those who choose careers in care work as selfless, with low compensation being supplemented by the intrinsic value of caring itself (England, 2005). The "devaluation" framework of care suggest cultural biases towards women and minorities are responsible for both low wage for care workers and further low state support for care work as biases inform valuation of work traditionally performed by both women and minorities (England, 2005).

Care work is often unevenly distributed, with women devoting more time to it than men (Charmes, 2015). In 2020, the overrepresentation of women in the formal care market and the disproportionate, structural impact COVID-19 had on women were both recognized

as a global phenomenon by the United Nations (United Nations, 2020). While overrepresentation of women in care work has been long established, recent research regarding care work and COVID-19 suggests that the COVID-19 shutdown of many institutions that provide care has resulted in an increased care burden for women (Power, 2020). The inability of the care market to keep up with institutional childcare support accompanied by gender norms can certainly be cited as two reasons mothers reported exiting the workforce during the Pandemic Recession (Power, 2020; Albanesi & Kim, 2021).

During the Pandemic, women were overrepresented among those leaving the workforce (Potts, 2020; Alon et al., 2020). Though there was little change in work hours from February to March, mothers experienced significant work hour reduction due to daycare and school closures related to the Pandemic (Collins et al., 2020). The result of mass unemployment for women has been described by both academic and media sources as a "shecession," as forty-four percent of adult women age 20 and older (1.6 million) have been unemployed for more than 6 months and another 1.8 million women have left the workforce in February 2020 (Potts, 2020; Gupta, 2020; Andrews, 2020). Many factors have contributed to this outcome. Men are primarily employed in production occupations while women are concentrated in service occupations, where they are typically overrepresented (Albanesi & Kim, 2021). The Great Recession of 2007-2009 adversely affected men, for example, because industries affected were ones where men were overrepresented; namely warehouse and manufacturing (Alon et al., 2020; Fry, 2022). Unlike previous recessions, public safety protocol for the Pandemic notably dictated the closing of many hospitality and service industry jobs (Alon et al., 2020; Fry, 2022). During the Pandemic, women were more likely to experience this change in work hours than men (Fan & Moen, 2022).

Race and Ethnicity and COVID-19

Black and Hispanic communities are also vulnerable populations that have been disproportionately affected by the COVID-19 Pandemic due to their residence, occupation, and experiences of socioeconomic inequality (Faberman & Hartley, 2022; Courtemanche et al., 2020). Black and Hispanic Americans are overrepresented in high public contact positions and are more likely to live in neighborhoods with workers who are also overrepresented in high public contact positions, increasing likelihood for exposure to the virus (Faberman & Hartley, 2022). Black women are overrepresented in the healthcare, social services, restaurant, and hotel industries (Holder et al., 2021). During the Pandemic, Black women were more likely than their white counterparts to be essential workers (Rogers et al., 2020; Holder et al., 2021). There was a notable decline in employment during 2020 that impacted Hispanic women (-21%), much more than men and women in other racial categories (Kochhar, 2020). Hispanic women are overrepresented in hospitality and leisure services (Stefania & Jiyeon, 2021). From February to May 2020, the leisure and hospitality sector lost 39% of its pre-COVID-19 Pandemic workforce, more than any other sector reported (Kochhar, 2020). Among men, Asian (-17%), Hispanic (-15%) and Black (-13%) workers have experienced a greater loss in employment than white (-9%) workers (Kochhar, 2020).

Patterns of inequality regarding employment have persisted through the Pandemic, disproportionately impacting Black and Hispanic women, especially those who are younger and with less education (Covington & Kent, 2020; Peterson, 2022). Black women overall experienced a major increase in hours worked during the Pandemic while Hispanic women overall saw a decrease in paid work hours (Fan & Moen, 2022). Hispanic and Black workers

considered essential were overrepresented in occupations with higher exposure risk and lower prestige (Goldman et al., 2021). Black, Hispanic, and Indigenous communities have experienced a disproportionate exposure rate and death rate overall compared to white individuals in 2020 during the COVID-19 Pandemic (Akee, 2020; Gross et al., 2020; Goodwin, 2021). Occupational field does not explain all impacts that COVID-19 has on paid work (Couch et al., 2020; Faberman & Hartley, 2020; McLaren, 2021). Although outside the scope of the current research, various factors such as low socioeconomic status, access to resources for particular communities (due to redlining for example) impact the Black community disproportionately (Dimico & Bertocchi, 2020; Robinson et al., 2021).

Age and COVID-19

The impacts of COVID-19 on older adults have been well-documented (CDC COVID-19 Response Team, 2020; Verity et al., 2020; Ioannidis et al., 2020; Brown and Ravallion, 2020). While impacts on health of older adults during the Pandemic is outside the scope of this research, it is important to acknowledge the unique vulnerabilities older adults faced during the Pandemic (American Geriatrics Society, 2020). COVID-19 is a virus that can spread easily, even through contact with a-symptomatic individuals and is especially deadly to certain populations including older adults. As a consequence, caregivers for older family members who are also considered "essential" workers, thus unable to telework (for example healthcare workers), were often forced to make a choice between exiting the labor force or informally caring for said family members (Van Houtven et al. 2020).

Regarding paid work, many older adults experienced unexpected early retirement or experienced job loss during the Pandemic (Coibion et al., 2020; Bui et al., 2020; Abrams et al., 2022). These unplanned changes in employment were not equal among all groups studied

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(Abrams et al., 2022). Hispanic older adults, older workers who completed some college, and older workers in service-related occupations experienced job loss disproportionately (Abrams et al., 2022). Further, older Black workers were 26% more likely than older white workers to lose their jobs during 2020 (Davis et al., 2020). Older workers who report not having a college education were 45% more likely to lose their jobs than older workers with college degrees (Davis et al., 2020). In 2020, those who identified as older women lost their jobs at a higher rate (38%) than those who identified as older men (Davis et al., 2020).

The "sandwich" generation describes caregivers who are intergenerationally "sandwiched" between caring for their children and older adults, often their parents (Hooyman & Kiyak, 2011; Stokes & Patterson, 2020). In the United States, a combination of limited policy support to caregivers and strong norms that families, particularly women and people of color, must act as informal caregivers are factors that often lead to the intergenerational dependence of older adults (Hooyman & Kayak, 2011; Wolff et al., 2016; Van Houtven et al., 2020). Those with disabilities, vulnerable racial and ethnic minority communities, and the oldest-old are often over-represented as the recipients of intergenerational dependence of care (Harrington Myer & Herd, 2007; Stokes & Patterson, 2020). The benefit for the U.S economy for this type of unpaid, informal care work is estimated as $412 billion per year (Chari et al., 2015). This care is not limited to the young caring for the old, however, as this number increases to $522 billion when accounting for caregivers who are 65 and older (Chari et al., 2015). Even when older adults that require care are institutionalized, family members, often working-aged adults, are forced to fill in for the inadequacies of either the public or private care system (Kemp et al., 2018).

Summary

In summary, COVID-19 and the impacts of the virus on the U.S. economy, workforce, and social structure has impacted vulnerable populations unequally (Robinson et al., 2021). Most notably, it has disproportionately impacted groups who are already marginalized due to pre-existing social inequalities (Alon et al., 2020; Robinson et al., 2021). Most notably, Black and Hispanic communities, those who report having less than a bachelor's degree, and women were among the most vulnerable populations. Although outside the scope of this research, there are other documented instances of unequal effects of the Pandemic on vulnerable populations during the COVID-19 Pandemic including the rental market and financial sectors (Robinson et al., 2021).

Conceptual Model

Demographic factors influencing vulnerability were identified through the literature review as race; gender; education; and age. These will be the independent variables used to build the conceptual model used in the current project. The current research utilizes the Household Pulse Survey (HPS) in a secondary data analysis. Two questions from this survey were chosen as the basis for dependent variables for the current research: "What is your main reason for not working for pay or profit? Select only one answer. I did not work because…" and "Which if any of the following occurred in the last 4 weeks as a result of childcare being closed, unavailable, unaffordable, or because you are concerned about your child's safety in care? Select all that apply." The former of these questions was further categorized as a question regarding an impact to a participant's pay or profit while the latter was categorized as an impact to a participant's care work. The study will therefore use the demographic characteristics (age, race/ethnicity, education level, and gender) as independent variables

across the impacts of the COVID-19 Pandemic on both unpaid care work and paid work (dependent variables). A conceptual model of the research question is below.

Conceptual Models

Factors Influencing care work responsibilities during the COVID-19 Pandemic
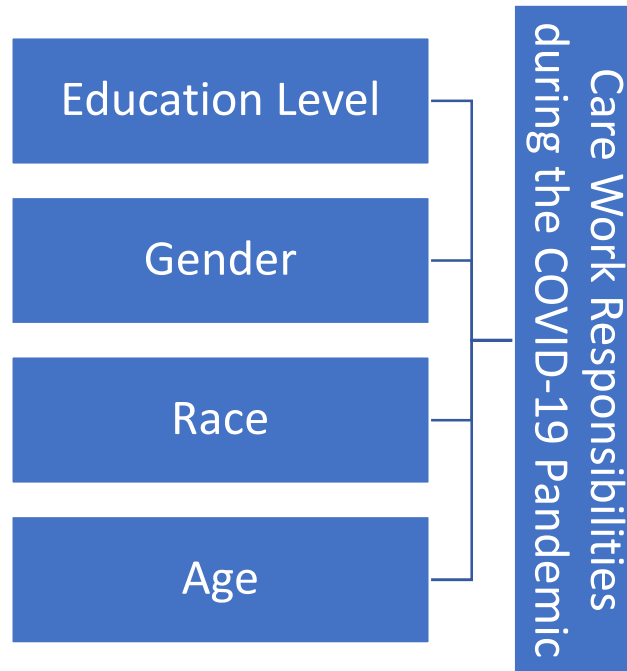

Figure 1. Conceptual model: four independent variables influencing care work responsibilities for respondents during the COVID-19 Pandemic

Factors Influencing paid work responsibilities during the COVID-19 Pandemic
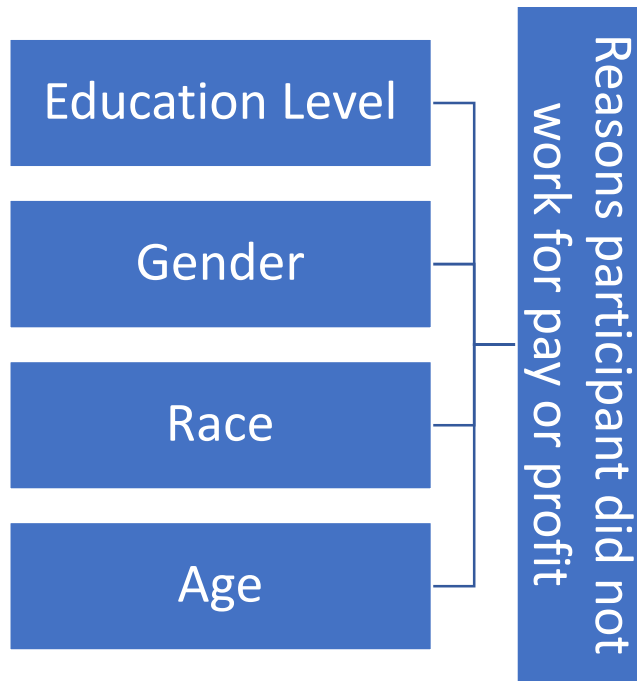

Figure 2. Conceptual model: four independent variables influencing reasons respondents did not work for pay or profit during the COVID-19 Pandemic

Research Questions and Hypotheses

This study seeks to address the following question: Which demographic factors significantly impact paid work and care work during the COVID-19 Pandemic in the United States? This question is associated with both conceptual models, each having 6 main hypotheses addressed in the current research. As the question addresses paid and care work, it was split into two separate research questions:

R1: Which demographic factors significantly impact care work during the COVID-19 Pandemic in the United States?

Hypothesis C1: Female participants are more likely to report impacts to care work during the COVID-19 Pandemic than male participants.

Hypothesis C2: Younger participants are more likely to report impacts to care work during the COVID-19 Pandemic than older participants.

Hypothesis C3: Participants with less than an associate's degree are more likely to report impacts to care work during the COVID-19 Pandemic than those with a bachelor's degree or higher.

Hypothesis C4: Black participants are more likely to report impacts to care work during the COVID-19 Pandemic than white participants.

Hypothesis C5: Asan participants are more likely to report impacts to care work during the COVID-19 Pandemic than white participants.

Hypothesis C6: Hispanic participants are more likely to report impacts to care work during the COVID-19 Pandemic than white participants.

R2: Which demographic factors significantly impact paid work during the COVID-19 Pandemic in the United States?

Hypothesis P1: Female participants are more likely to report impacts to paid work during the COVID-19 Pandemic than male participants.

Hypothesis P2: Younger participants are more likely to report impacts to paid work during the COVID-19 Pandemic than older participants.

Hypothesis P3: Participants with less than an associate's degree are more likely to report impacts to paid work during the COVID-19 Pandemic than those with a bachelor's degree or higher.

Hypothesis P4: Black participants are more likely to report impacts to paid work during the COVID-19 Pandemic than white participants.

Hypothesis P5: Asan participants are more likely to report impacts to paid work during the COVID-19 Pandemic than white participants.

Hypothesis P6: Hispanic participants are more likely to report impacts to paid work during the COVID-19 Pandemic than white participants.

CHAPTER 3

METHODS

To answer the research questions, data from the Household Pulse Survey (HPS) was used. This chapter describes Phase 3.2 of the Household Pulse Survey (HPS). The method used to analyze the data, binary logistic regression, is also discussed in this chapter.

Binary Logistic Regression Model

Logistic regression analysis is a statistical method used to determine the reason-result relationship of independent variable(s) with a binary dependent variable. It predicts group membership. The results indicate the probability a participant would fall into a target group (the dependent variable) based on how independent variables are answered (in this case demographic characteristics: gender, education level, race, and age). The binary logistic regression is best used when the outcome is dichotomous (belonging to the target group or not belonging to the target group). It also determines the impact of multiple independent variables when they are presented simultaneously to predict membership in the dependent variable target group. Logistic regression does not assume a linear relationship between the independent variable and the dependent variable.

The independent variables in this study are nominal (gender, education level, race) and continuous (age). Nominal independent variables were coded into dummy variables in which 1=target group and 0=non-target group. Responses to all dummy variables were kept mutually exclusive and exhaustive. For example, the variable "Female" under the gender category is coded "1=Female", "0=Male". Each regression completed has an omitted group used to help interpret the coefficient of each variable. The coefficient indicates the likelihood of an event occurring compared to the omitted category. Positive coefficient values signify a

positive relationship: as the independent variable increases, the dependent variable increases. Negative coefficient values signify a negative relationship: as the independent variable increases, the dependent variable decreases.

The model chi-square (goodness-of-fit) was used to determine whether the model adequately describes the data. Cox & Snell R2 and Nagelkerke R2 values were used to calculate the approximate explained variance of the independent variables. Considered alongside output from the binary logistic regression, these values all contribute to determining the strength of the relationship between the independent variable(s) and the dependent variable.

Data Description

Data gathered from the Household Pulse Survey (HPS) was used in answering the foundational question: Which demographic factors significantly impact paid work and care work during the COVID-19 Pandemic in the United States? The HPS is a nationally representative dataset designed and maintained by the U.S Census Bureau to document the social and economic effects of COVID-19 on paid work and unpaid care work in American households (Fields et al., 2020). The HPS collects data in weekly increments via text message and email. Weekly results are organized in phases. Data collection for Phase 1 started in April of 2020 and at the time of this study, data for new phases continues to be collected.

Data for the current study was collected from Phase 3.2, week 34-39, July 21st to October 11th, 2021. Although Phase 3.2 occurs from July 21st to October 11th, 2021, it was the best fit for this study as this phase was the first to allow participants to select care work responsibilities as a reason they were unable to work for pay or profit. This phase is also the

first of the phases to include a question regarding participant gender. Participants in the current study sample (N=2848) completed questions regarding both paid work and unpaid care work as well as questions regarding gender, age, education, and race and ethnicity. Those who participated in Phase 3.2 (N=382,908) were only included in the current study if they answered questions regarding care work during the COVID-19 Pandemic. Participants must have also answered all demographic questions used as independent variables to be included in the study. All responses have been exclusive and exhaustive and there could be no missing data in the case. If data was missing or incomplete, cases were removed from the sample via a listwise deletion for missing cases. There were 380,066 cases deleted for these reasons. It should be noted, that by limiting the sample for the current study, certain demographic factors in the sample changed dramatically. For example, the average age of respondents within Phase 3.2 was 54 with ages ranging from 18 to 88 while the average age of respondents in the current study sample is 39 with ages ranging from 18 to 88. This will be further discussed in the limitations section.

Gender

There is a large body of research regarding the role of gender in care work inequality. Women were overrepresented in job loss during the COVID-19 Pandemic in 2020 (Collins et al. 2020). The question regarding gender allowed participants to select the following responses: "Male" ,"Female" ,"Transgender" ,"other" , or "missing". Over half of respondents in Phase 3.2 identify as female (57.9 %) while 39.1% identify as male, 0.3% of respondents identify as transgender, and 1.1% identified as "other". In the current study, over three quarters of the sample identifies as female (77.8 %), while 19.8% identify as male, 0.6% of respondents identify as transgender, and 1.6 identify as "other". Due to the low

number of respondents answering "transgender" and "other" (2.2% of the sample combined), only two independent variables for gender, "Female"(77.8%) and "Male," (22.2%) were created. Multivariate logistic regression models were used to analyze the data. These models have a target group and an omitted group used to help interpret the coefficient of each variable. When interpreting the coefficient for each variable, the coefficient indicates the likelihood of an event occurring (target group) compared to the omitted category. For the purposes of this study "Female" was used in the multivariate logistic regression as the target group and "Male" serves as the omitted category.

Education

Due to the COVID-19 Pandemic, education level impacted individual risk of exposure as eligibility for remote work and/or essential work varied across different occupational fields (Baker, 2020; Case & Deaton, 2020). Participants were asked to identify their highest degree or level of school completed. Available responses included "less than high school," "some high school," "high school graduate or equivalent (for example GED), "Some college, but degree not received or is in progress", "Associate's degree (for example AA, AS)", "Bachelor's degree (for example BA, BS, AB)", and "Graduate degree (for example master's, professional, doctorate)". The largest number of participants in Phase 3.2 reported completing a Bachelor's degree (28.8%;), followed by participants who reported completing a graduate degree (25.8%), and those who completed some college, but had not received a degree (24.1%). In the current study, those who have "some college" make up the majority (29.7%) followed by a Bachelor's degree (21.7%) and a graduate degree (17.3%). Fewer respondents from Phase 3.2 reported completing a high school diploma (11.5%), an Associate's degree (10.6%), some high school (1.3%), and less than high school (0.6%). In

the current study 13.8% report having an Associate's degree followed by 13% having only a high school diploma, 3.4% with some high school, and 1.1% with less than high school.

As multivariate logistic regression models were used to analyze the data, variables were dummy coded into two groups; "Associates [Degree] and Below" and "Bachelors [Degree] and Above." This decision was made based on the fact that having a bachelor's degree or more provides many more opportunities than any level of education below that (Case & Deaton, 2020; Mongey et al., 2020; Fan & Moen, 2022). The omitted category for the regression was "Bachelor's [Degree] and Above" while the target category used was "Associates [Degree] and Below."

Race and Ethnicity

Participants were asked in the survey to identify their race. This variable was coded in Phase 3.2 as "White, alone," "Black, alone" "Asian, alone" and "Any other race alone or race in combination". Of those surveyed in Phase 3.2, 82.1% of the sample (N=314,278) identify as white, followed by 8.2% (N= 31,228) of those who identify as Black, those who identify as Asian 5.2% (N=19,873), and those who identify as any other race alone or race in combination 4.6% (N=17,529). Participants were also asked to identify if they were of Hispanic, Latino, or Spanish origin. Those who considered themselves not Hispanic, Latino, or Spanish in origin made up 90.6% of the Phase 3.2 sample. In the current study, the majority of respondents are white (68.6%) followed by Black (21.6%) and Asian (6%). Those who identified as Hispanic on a separate question totaled 3.7% of the current research sample. A full list of possible responses for both questions are listed in the appendix.

Due to the multivariate logistic regression model, variables for this group were coded "White," "Black," "Asian," and "Hispanic." The original Phase 3.2 questionnaire asked

participants to indicate their race, leaving space for participants to select more than one race. Race variables "Black," "White," "Asian," and "Hispanic" are designed exclusively and exhaustively for the purposes of the current research. The omitted category for race was "White" with target groups being "Black," "Asian," and "Hispanic" separately. This decision was made since race is found to be related to both COVID-19 exposure rates, and inequality as it relates to care work with people of color being significantly more impacted than white participants (Akee, 2020; Ellis, 2020; Goodwin, 2021).

Care Work

Care work can take many forms. The HPS Phase 3.2 asks specifically about childcare responsibilities and allows for the reporting of care work duties in other responses. Respondents were asked to answer questions regarding their arrangements for all forms of childcare during the last 4 weeks including daycare and before and after school care. Respondents answered the following question: "Which if any of the following occurred in the last 4 weeks as a result of childcare being closed, unavailable, unaffordable, or because the participant is concerned about their child(ren)'s safety in care? Select all that apply." Aside from "none" or "other," all the available responses for participants include reducing paid work or income to fulfill their childcare needs. These include doing the following to care for children: taking unpaid leave, using paid leave, cutting work hours, leaving a job, losing a job, not looking for a job, and supervising one or more children while working. In Phase 3.2, the top four reasons given by caregivers were: "Cut Hours" and "Supervised Children While Working" tied at 1.2%, "Used Paid Leave" at 1.1%, and "Took Unpaid Leave" at .8%. In the current study, the top four reasons were "Didn't Look For a Job" at 32.4%, "Left a Job" at 22%, "Took Unpaid Leave" at 20.7% and "Cut Hours" at 16.4%. For

a list of full responses, see the appendix. Variables for this category were coded into exclusive, exhaustive categorical dummy variables. Each response to the question became a separate variable with a separate multivariate logistic regression model completed: taking unpaid leave, using paid leave, cutting work hours, leaving a job, losing a job, not looking for a job, and supervising one or more children while working.

Paid Work

Participants were asked to indicate if they had done any work for either pay or profit in the last 7 days. Questions in the survey regarding care work and paid work examined in this project are only available if participants indicate they have not completed any work for either pay or profit in the last 7 days. All participants in the current study have had their paid work impacted in some way during the COVID-19 Pandemic. If participant pay or profit has been impacted, respondents are asked to identify reasons they have not worked for pay or profit in the last 7 days. Available choices include illness (both COVID-19 related and not), care work responsibilities, retirement, transportation issues, layoffs, and closures related to the COVID-19 Pandemic. In Phase 3.2 of the HPS, 3.2% of respondents selected a care work related reason for not working for pay or profit. In the current study, over half 53.7% of respondents selected a care work related reason for not working for pay or profit. For a full list of responses, see the appendix.

CHAPTER 4

RESULTS

This research investigates the effects of four demographic factors (age, race, gender, and education level) on the likelihood a participant will select a care work related reason as to why they did not work for pay/profit during a portion of the COVID-19 Pandemic. Further, the research assesses the impact of the demographic independent variables on the reasons why participants indicated they did not work for pay or profit due to a care work related reason, specifically lack of childcare. The results of the multivariate logistic regression models created during the analysis will be discussed in this chapter.

Main Reason for not Working for Pay or Profit

A binary logistic regression model was calculated using the binary independent variables "Female," "Male," "Black," "White," "Asian," "Associates [Degree] and Below," and "Birth Year" to predict the variable "RSNNOWORKCARE" (a dichotomous variable describing the main reason a respondent indicated they were not working for pay or profit in which 1= care work related reasons participants selected for not working for pay or profit and 0= non-care work related reasons participants selected for not working for pay or profit) in order to explain variation in the likelihood the dependent variable would occur.

The model chi-square indicates the model does have at least some explanatory power, when explaining variation in the likelihood someone will indicate a care work related reason for not working for pay or profit (Chi-square = 312.783; p<0.001). At least one of the population regression slopes is non-zero. The model explains between 10.4% and 13.9% of the variation in the likelihood a participant will select a care work related reason for being unable to work for pay or profit (Cox & Snell R2 = 0.104; Nagelkerke R2 = 0.139). Leaving

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a large amount (between 86.1% and 89.6%) of the variation unexplained. The model does a fair job of indicating what factors impact a participant's likelihood to report care work related reasons for not making pay or profit. The overall percentage of model fit is 63.8%.

The logistic regression coefficient for "Female" was statistically significant (Wald = 46.804; p<.001). In addition, the coefficient was positive (B= .667). This means that female participants are more likely to select a care work related reason for not working for pay or profit compared to male participants.

The Wald statistic (11.597; p<.001) indicates being Black to be a significant predictor of whether a participant will cut their work hours in order to care for children during the COVID-19 Pandemic. The negative direction of the logistic regression coefficient (B= -.337) indicates that Black participants are less likely to report a care work related reason for not working for pay or profit during the COVID-19 Pandemic compared to white participants. Black participants are less likely to report a care work related reason for not working for pay or profit during the COVID-19 Pandemic compared to white participants.

The logistic regression coefficient for birth year was statistically significant (Wald = 184.991; p<.001). In addition, the coefficient was positive (B= .053). This means that as reported birth year increases (i.e., the respondent is younger), there was a statically significant increase in the likelihood they would also select a care work related reason for not working for pay or profit.

Table 1

Care Work Reasons for not Working for Pay or Profit

		B	S.E.	Wald	df	Sig.	Exp(B)
Step 1ª	FEMALE	.667	.098	46.804	1	<.001	1.949
	ASSOCIATESANDBELOW	-.104	.084	1.543	1	.214	.901
	ASIAN	.176	.172	1.045	1	.307	1.192
	BLACK	-.337	.099	11.597	1	<.001	.714
	RHISPANICYES	-.413	.219	3.541	1	.060	.662
	TBIRTH_YEAR	.053	.004	184.991	1	<.001	1.055
	Constant	-105.945	7.762	186.321	1	<.001	.000

Unpaid Leave

A binary logistic regression model was calculated using the binary independent variables "Female," "Male," "Black," "White," "Asian," "Associates [Degree] and Below," and "Birth Year" to predict the variable "CHILDIMPACT1_UNPAID" (a dichotomous variable describing a childcare impact due to the Pandemic in which 1= You (or another adult) took unpaid leave to care for the children 0= respondent did not select this response) in order to explain variation in the likelihood the dependent variable would occur.

The model chi-square indicates the model does have at least some explanatory power, when explaining variation in the likelihood someone will indicate a care work related reason for not working for pay or profit (Chi-square = 41.355; p<0.001). At least one of the population regression slopes is non-zero. The model explains between 1.4% and 2.3% of the variation in the likelihood a participant will select a care work related reason for being unable to work for pay or profit (Cox & Snell R2 = 0.014; Nagelkerke R2 = 0.023). Leaving a large amount (between 97.7% and 98.6%) of the variation unexplained. The model does a fair job

of indicating what factors impact a participant indicating they took unpaid leave to care for children during the COVID-19 Pandemic. The overall percentage of model fit is 79.3%.

The Wald statistic (23.161; p<.001) reveals a participant being female to be a significant predictor of whether a participant will cut their work hours in order to care for children during the COVID-19 Pandemic. The negative direction of the logistic regression coefficient (B= -.520) indicates female participants are less likely to report taking unpaid leave to care for children during the COVID-19 Pandemic compared to male participants. If a participant is female, they are less likely to report taking unpaid leave to care for children during the COVID-19 Pandemic compared to male participants.

The logistic regression coefficient for having an associate's degree or below was statistically significant (Wald = 3.853; p= .050). In addition, the coefficient was positive (B= .196). This means that if someone has an associate's degree or below, there was a statistically significant increase in the likelihood they would also select that they took unpaid leave to care for children during the COVID-19 Pandemic compared to respondents with a bachelor's degree or higher.

The logistic regression coefficient for Birth Year was statistically significant (Wald = 14.6; p< .001). In addition, the coefficient was positive (B= .017). This means that as reported birth year increases (i.e., the respondent is younger), there was a statically significant increase in the likelihood they would also select that they took unpaid leave to care for children during the COVID-19 Pandemic compared to older respondents.

Table 2

Unpaid Leave

		B	S.E.	Wald	df	Sig.	Exp(B)
Step 1ª	FEMALE	-.520	.108	23.161	1	<.001	.594
	ASSOCIATESANDBELOW	.196	.100	3.853	1	.050	1.217
	ASIAN	-.081	.204	.158	1	.691	.922
	BLACK	-.031	.117	.071	1	.789	.969
	RHISPANICYES	.349	.226	2.381	1	.123	1.417
	TBIRTH_YEAR	.017	.004	14.600	1	<.001	1.017
	Constant	-33.970	8.588	15.644	1	<.001	.000

Paid Leave

A binary logistic regression model was calculated using the binary independent variables "Female," "Male," "Black," "White," "Asian," "Associates [Degree] and Below," and "Birth Year" to predict the variable "CHILDIMPACT2_PAIDLEAVE" (a dichotomous variable describing a childcare impact due to the Pandemic in which 1= You (or another adult) used vacation or sick days, or other paid leave in order to care for the children 0= respondent did not select this response) in order to explain variation in the likelihood the dependent variable would occur.

The model chi-square indicates the model does have at least some explanatory power, when explaining variation in the likelihood someone will indicate a care work related reason for not working for pay or profit (Chi-square = 35.920; p<0.001). At least one of the population regression slopes is non-zero. The model explains between 1.3% and 2.5% of the variation in the likelihood a participant will report using paid leave to care for their children during the Pandemic (Cox & Snell R2 = 0.013; Nagelkerke R2 = 0.025). Leaving a large amount (between 97.5% and 98.7%) of the variation unexplained. The model does a fair job

of indicating what factors impact a participant indicating they used vacation or sick days, or other paid leave in order to care for children. The overall percentage of model fit is 88.6%.

The Wald statistic (15.653; p< .001) reveals identifying as female to be a significant predictor of whether a participant will indicate vacation, sick days, or other paid leave was used to care for children during the COVID-19 Pandemic. The negative direction of the logistic regression coefficient (B= -.530) indicates that female participants are less likely to report taking paid leave to care for children during the Pandemic compared to male participants. Female participants are less likely to report using paid leave to care for children during the Pandemic compared to male participants.

The Wald statistic (18.546; p< .001) reveals a reported education level of associate's and below to be a significant predictor of whether a participant will indicate vacation, sick days, or other paid leave was used in order to care for children during the COVID-19 Pandemic. The negative direction of the logistic regression coefficient (B= -.528) indicates those with an associate's degree or lower are less likely to report taking paid leave to care for children during the Pandemic compared to those who have a bachelor's degree or higher. The lower education level a participant has, the less likely the participant reported using paid leave to care for children during the Pandemic compared to those who have a bachelor's degree or higher.

Table 3

Paid Leave

		B	S.E.	Wald	df	Sig.	Exp(B)
Step 1ᵃ	FEMALE	-.530	.134	15.653	1	<.001	.589
	ASSOCIATESANDBELOW	-.528	.123	18.546	1	<.001	.590
	ASIAN	-.137	.247	.306	1	.580	.872
	BLACK	-.086	.155	.306	1	.580	.918
	RHISPANICYES	-.184	.330	.311	1	.577	.832
	TBIRTH_YEAR	.010	.005	3.313	1	.069	1.010
	Constant	-21.038	10.802	3.793	1	.051	.000

Cut Hours

A binary logistic regression model was calculated using the binary independent variables "Female," "Male," "Black," "White," "Asian," "Associates [Degree] and Below," and "Birth Year" to predict the variable "CHILDIMPACT3_CUTHOURS" (a dichotomous variable describing a childcare impact due to the Pandemic in which 1= You (or another adult) cut your hours in order to care for the children 0= respondent did not select this response) in order to explain variation in the likelihood the dependent variable would occur.

The model chi-square indicates the model does have at least some explanatory power, when explaining variation in the likelihood someone will indicate a care work related reason for not working for pay or profit (Chi-square = 37.630; p< .001). At least one of the population regression slopes is non-zero. The model explains between 1.3% and 2.2% of the variation in the likelihood a participant will select cutting hours at work to care for children during the COVID-19 Pandemic (Cox & Snell R2 = .013; Nagelkerke R2 = .022). Leaving a large amount (between 97.8% and 98.7%) of the variation unexplained. The model does a fair job of indicating what factors impact a participant indicating they cut their hours in order to care for children. The overall percentage of model fit is 83.6%.

The Wald statistic (19.533; p< .001) reveals identifying as female to be a significant predictor of whether a participant will cut hours to care for children during the Pandemic. The negative direction of the logistic regression coefficient (B= -.517) indicates that female participants, are less likely to report cutting hours to care for their children during the Pandemic compared to male participants.

The Wald statistic (8.289; p= .004) reveals a reported education level of associate's and below to be a significant predictor of whether a participant will cut their work hours in order to care for children during the COVID-19 Pandemic. The negative direction of the logistic regression coefficient (B= -.306) indicates that a participant with an associates degree or below is less likely to report cutting hours to care for children during the Pandemic compared to those with a bachelor's degree or higher.

The logistic regression coefficient for Birth Year was statistically significant (Wald = 15.560; p< .001). In addition, the coefficient was positive (B= .019). This means that as reported birth year increases (i.e., the respondent is younger), there was a statically significant increase in the likelihood they would also select that they cut their work hours to care for children during the COVID-19 Pandemic compared to older participants.

Table 4

Cut Hours

		B	S.E.	Wald	df	Sig.	Exp(B)
Step 1ª	FEMALE	-.517	.117	19.533	1	<.001	.596
	ASSOCIATESANDBELOW	-.306	.106	8.289	1	.004	.736
	ASIAN	-.044	.213	.042	1	.838	.957
	BLACK	-.009	.130	.004	1	.947	.991
	RHISPANICYES	.196	.255	.592	1	.442	1.217
	TBIRTH_YEAR	.019	.005	15.560	1	<.001	1.019
	Constant	-39.218	9.651	16.513	1	<.001	.000

Left Job

A binary logistic regression model was calculated using the binary independent variables "Female," "Male," "Black," "White," "Asian," "Associates [Degree] and Below," and "Birth Year" to predict the variable "CHILDIMPACT4_LEFTJOB" (a dichotomous variable describing a childcare impact due to the Pandemic in which 1= You (or another adult) left a job in order to care for the children and 0= respondent did not select this response) in order to explain variation in the likelihood the dependent variable would occur.

The model chi-square indicates the model does have at least some explanatory power, when explaining variation in the likelihood someone will indicate they left a job in order to care for children during the Pandemic (Chi-square = 61.749; p< .001). At least one of the population regression slopes is non-zero. The model explains between 2.2% and 3.3% of the variation in the likelihood a participant will select leaving a job in order to care for children during the COVID-19 Pandemic (Cox & Snell R^2 = 0.022; Nagelkerke R^2 = 0.033). Leaving a large amount (between 96.7% and 97.8%) of the variation unexplained. The model does a fair job of indicating what factors impact a participant indicating they left a job in order to care for children. The overall percentage of model fit is 78%

The logistic regression coefficient for Birth Year was statistically significant (Wald = 44.850; p< .001). In addition, the coefficient was positive (B= .031). This means that as reported birth year increases (i.e., the respondent is younger), there was a statically significant increase in the likelihood they would also select that they left a job to care for children during the COVID-19 Pandemic.

Table 5

Left Job

		B	S.E.	Wald	df	Sig.	Exp(B)
Step 1ª	FEMALE	.005	.115	.002	1	.964	1.005
	ASSOCIATESANDBELOW	.053	.098	.289	1	.591	1.054
	ASIAN	.019	.198	.009	1	.924	1.019
	BLACK	.188	.111	2.869	1	.090	1.207
	RHISPANICYES	.437	.228	3.671	1	.055	1.548
	TBIRTH_YEAR	.031	.005	44.893	1	<.001	1.032
	Constant	-63.215	9.215	47.063	1	<.001	.000

Lost Job

A binary logistic regression model was calculated using the binary independent variables "Female," "Male," "Black," "White," "Asian," "Associates [Degree] and Below," and "Birth Year" to predict the variable "CHILDIMPACT5_LOSTJOB" (a dichotomous variable describing a childcare impact due to the Pandemic in which 1= You (or another adult) lost a job because of time away to care for your children 0= respondent did not select this response) in order to explain variation in the likelihood the dependent variable would occur.

The model chi-square indicates the model does have at least some explanatory power, when explaining variation in the likelihood someone will indicate they lost a job in order to care for children during the Pandemic (Chi-square = 46.473; $p<0.001$). At least one of the population regression slopes is non-zero. The model explains between 1.6% and 3.2% of the variation in the likelihood a participant will select losing a job in order to care for children during the COVID-19 Pandemic (Cox & Snell R2 = 0.016; Nagelkerke R2 = 0.032). Leaving a large amount (between 96.8% and 98.4%) of the variation unexplained. The model does a

fair job of indicating what factors impact a participant indicating they left a job in order to care for children. The overall percentage of model fit is 88.9%

The Wald statistic (5.556; p= .018) reveals identifying as female to be a significant predictor of whether a participant lost a job to care for children during the Pandemic. The negative direction of the logistic regression coefficient (B= -.333) indicates that female participants are less likely to report losing a job to care for their children during the Pandemic compared to male participants.

The logistic regression coefficient for an education level of "Associates and Below" was statistically significant (Wald = 12.325; p<.001). In addition, the coefficient was positive (B= .481). This means that if a respondent possesses an associate's degree or below, there was a statically significant increase in the likelihood they would also select a that they lost a job to care for children during the COVID-19 Pandemic compared to those who report having a bachelor's degree or higher.

The logistic regression coefficient for Black was statistically significant (Wald = 12.496; p< .001). In addition, the coefficient was positive (B= .484). This means if a participant is Black, there was a statically significant increase in the likelihood a participant would select that they lost a job to care for children during the COVID-19 Pandemic compared to white participants.

The logistic regression coefficient for birth year was statistically significant (Wald = 5.544; p= .019). In addition, the coefficient was positive (B= .013). This means that as reported birth year increases (i.e., the respondent is younger), there was a statically significant increase in the likelihood they would also select that they lost a job to care for children during the COVID-19 Pandemic.

Table 6

Lost Job

		B	S.E.	Wald	df	Sig.	Exp(B)
Step 1ª	FEMALE	-.333	.141	5.556	1	.018	.717
	ASSOCIATESANDBELOW	.481	.137	12.325	1	<.001	1.617
	ASIAN	-.183	.301	.369	1	.544	.833
	BLACK	.484	.137	12.496	1	<.001	1.622
	RHISPANICYES	.506	.279	3.296	1	.069	1.658
	TBIRTH_YEAR	.013	.006	5.544	1	.019	1.013
	Constant	-28.235	10.998	6.591	1	.010	.000

Did Not Look for Job

A binary logistic regression model was calculated using the binary independent variables "Female," "Male," "Black," "White," "Asian," "Associates [Degree] and Below," and "Birth Year" to predict the variable "CHILDIMPACT6_DIDNOTLOOKFORJOB" (a dichotomous variable describing a childcare impact due to the Pandemic in which 1= You (or another adult) did not look for a job in order to care for your children 0= respondent did not select this response) in order to explain variation in the likelihood the dependent variable would occur.

The model chi-square indicates the model does have at least some explanatory power, when explaining variation in the likelihood someone will indicate they did not look for a job in order to care for children during the Pandemic (Chi-square = 103.899; p<0.001). At least one of the population regression slopes is non-zero. The model explains between 3.6% and 5% of the variation in the likelihood a participant did not look for a job in order to care for children during the COVID-19 Pandemic (Cox & Snell R2 = 0.036; Nagelkerke R2 = 0.050). Leaving a large amount (between 95% and 96.4%) of the variation unexplained. The model

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does a fair job of indicating what factors impact a participant indicating they did not look for a job in order to care for children. The overall percentage of model fit is 67.6%

The Wald statistic (51.415; p< .001) reveals identifying as Black to be a significant predictor of whether a participant will report not looking for a job to care for children during the COVID-19 Pandemic. As this dummy variable was coded 1=black and 0= else, the negative direction of the logistic regression coefficient (B= -.813) indicates that Black participants are less likely to report not looking for a job due to childcare needs during the Pandemic compared to white participants.

The Wald statistic (18.182; p< .001) reveals a reported education level of associate's and below to be a significant predictor of whether a participant did not look for jobs in order to care for children during the COVID-19 Pandemic. The negative direction of the logistic regression coefficient (B= - .361) indicates that a participant possessing an associate's degree or lower will decrease the likelihood of looking for a job due to childcare needs during the Pandemic compared to those with a reported education level of a bachelor's degree or higher.

The logistic regression coefficient for Birth Year was statistically significant (Wald = 20.191; p<.001). In addition, the coefficient was positive (B= .017). This means that as reported birth year increases (i.e., the respondent is younger), there was a statically significant increase in the likelihood they would also select that they did not look for a job to care for children during the COVID-19 Pandemic compared to older participants.

Table 7

Did Not Look For a Job

		B	S.E.	Wald	df	Sig.	Exp(B)
Step 1ª	FEMALE	.146	.102	2.052	1	.152	1.157
	ASSOCIATESANDBELOW	-.361	.085	18.182	1	<.001	.697
	ASIAN	-.225	.171	1.733	1	.188	.798
	BLACK	-.813	.113	51.415	1	<.001	.444
	RHISPANICYES	-.203	.220	.854	1	.356	.816
	TBIRTH_YEAR	.017	.004	20.191	1	<.001	1.017
	Constant	-34.276	7.508	20.843	1	<.001	.000

Supervised Children While Working

A binary logistic regression model was calculated using the binary independent variables "Female," "Male," "Black," "White," "Asian," "Associates [Degree] and Below," and "Birth Year" to predict the variable "CHILDIMPACT7_SUPERVISEDCHILDRENWHILEWORKING" (a dichotomous variable describing a childcare impact due to the Pandemic in which 1= You (or another adult) supervised one or more children while working 0= respondent did not select this response) in order to explain variation in the likelihood the dependent variable would occur.

The model chi-square indicates the model does have at least some explanatory power, when explaining variation in the likelihood someone will indicate they supervised one or more children while working during the Pandemic (Chi-square = 70.985; p<0.001). At least one of the population regression slopes is non-zero. The model explains between 2.5% and 4.8% of the variation in the likelihood a participant supervised one or more children while working during the COVID-19 Pandemic (Cox & Snell R2 = 0.025; Nagelkerke R2 = 0.048). Leaving a large amount (between 95.2% and 97.5%) of the variation unexplained. The model does a fair job of indicating what factors impact a participant indicating they supervised one

or more children while working during the Pandemic. The overall percentage of model fit is 88.2%

The Wald statistic (9.868; p= .002) reveals identifying as female is a significant predictor of whether a participant supervised one or more children while working during the COVID-19 Pandemic. The negative direction of the logistic regression coefficient (B= -.425) indicates that female participants are less likely to report having supervised one or more children while working during the COVID-19 Pandemic compared to male participants.

The Wald statistic (41.101; p<0 001) reveals a reported education level of Associate's and below to be a significant predictor of whether a participant supervised one or more children while working during the COVID-19 Pandemic. The negative direction of the logistic regression coefficient (B= - .776) indicates those who possess an associate's degree or lower will be less likely to also report having supervised one or more children while working during the COVID-19 Pandemic compared to those who have a bachelor's degree or higher.

The Wald statistic (7.955; p=.005) reveals a participant identifying as Black to be a significant predictor of whether a participant supervised one or more children while working during the COVID-19 Pandemic. The negative direction of the logistic regression coefficient (B= -.476) indicates that Black participants are less likely to report having supervised one or more children while working during the COVID-19 Pandemic compared to white participants.

The Wald statistic (8.435; p=.004) reveals a participant identifying as Asian to be a significant predictor of whether a participant supervised one or more children while working during the COVID-19 Pandemic. The negative direction of the logistic regression coefficient

(B= -.870) indicates that Asian participants are less likely to report having supervised one or more children while working during the COVID-19 Pandemic compared to white participants.

Table 8

Supervised Children While Working

		B	S.E.	Wald	df	Sig.	Exp(B)
Step 1ª	FEMALE	-.425	.135	9.868	1	.002	.654
	ASSOCIATESANDBELOW	-.776	.121	41.101	1	<.001	.460
	ASIAN	-.870	.299	8.435	1	.004	.419
	BLACK	-.476	.169	7.955	1	.005	.621
	RHISPANICYES	-.192	.318	.363	1	.547	.825
	TBIRTH_YEAR	.009	.005	2.988	1	.084	1.009
	Constant	-19.667	10.692	3.384	1	.066	.000

Summary of Findings

This study seeks to address the following question: Which demographic factors significantly impact paid work and care work during the COVID-19 Pandemic in the United States? As the question addresses paid and care work, it was split into two separate research questions; one specifically asking about care work and one specifically asking about paid work. This summary will outline each research question with the corresponding finding and indicate whether the null is accepted or rejected. A further discussion of these results will be provided in Chapter 5.

The first hypothesis regarding care work is C1: Female participants are more likely to report impacts to care work during the COVID-19 Pandemic than male participants. Female participants are statistically more likely to select a care work related reason for not working

for pay or profit compared to male participants. The null hypothesis that there is no relationship between being female and reporting impacts to care work during the COVID-19 Pandemic is therefore rejected.

The second hypothesis regarding care work is C2: Younger participants are more likely to report impacts to care work during the COVID-19 Pandemic than older participants. The results of the multivariate logistic regression found younger respondents are more likely to select a care work related reason for not working for pay or profit compared to older respondents. The null hypothesis that being a younger participant has no relationship to reporting impacts to care work during the COVID-19 Pandemic compared to older participants is therefore rejected.

The third hypothesis regarding care work is C3: Participants with less than an associate's degree are more likely to report impacts to care work during the COVID-19 Pandemic than those with a bachelor's degree or higher. Participants with less than an associate's degree were not found to be statistically significantly more likely or less likely to have care work impacted during the COVID-19 Pandemic. Therefore, the null hypothesis that being a participant with an associate's degree or less have no relationship to reporting impacts to care work during the COVID-19 Pandemic compared to white participants is accepted.

The fourth hypothesis regarding care work is C4: Black participants are more likely to report impacts to care work during the COVID-19 Pandemic than white participants. Black participants are less likely to report a care work related reason for not working for pay or profit during the COVID-19 Pandemic compared to white participants. The null hypothesis

that being a Black participant has no relationship to reporting impacts to care work during the COVID-19 Pandemic compared to white participants is therefore rejected.

The fifth hypothesis regarding care work is C5: Asan participants are more likely to report impacts to care work during the COVID-19 Pandemic than white participants. As there were no statistically significant results regarding Asian participants and care work, the null hypothesis that being an Asian participant is not related to reporting impacts to care work during the COVID-19 Pandemic compared to white participants is accepted.

The final hypothesis regarding care work is hypothesis C6: Hispanic participants are more likely to report impacts to care work during the COVID-19 Pandemic than white participants. Hispanic participants were not found to be statistically significantly more likely or less likely to have care work impacted during the COVID-19 Pandemic compared to white participants. Therefore, the null hypothesis that being a Hispanic participant has no relationship to reporting impacts to care work during the COVID-19 Pandemic is accepted.

The first hypothesis regarding paid work is P1: Female participants are more likely to report impacts to paid work during the COVID-19 Pandemic than male participants. Compared to male participants, female participants are less likely to report using paid leave, cutting hours at work, and losing a job to care for children during the Pandemic. They are also less likely to report supervising one or more children while working compared to male participants. The null hypothesis that there is not a relationship between being female and reporting impacts to paid work during the COVID-19 Pandemic is therefore rejected.

The second hypothesis regarding paid work is P2: Younger participants are more likely to report impacts to paid work during the COVID-19 Pandemic than older participants. Younger respondents were also found to be more likely to report taking paid leave, cutting

work hours, leaving a job, losing a job, and not looking for a job to care for children during the COVID-19 Pandemic compared to older workers. The null hypothesis that being a younger participant does not have a relationship with reporting impacts to paid work during the COVID-19 Pandemic compared to older participants is therefore rejected.

The third hypothesis regarding paid work is P3: Participants with less than an associate's degree are more likely to report impacts to paid work during the COVID-19 Pandemic than those with a bachelor's degree or higher. Participants with an associate's degree or below are more likely to report taking unpaid leave and losing a job to care for children during the COVID-19 Pandemic compared to people with a bachelor's degree or higher. Participants with an associate's degree or below were also less likely to report supervising one or more children while working during the Pandemic compared to respondents with a bachelor's degree or higher. The null hypothesis that having an associate's degree or lower has no relationship to reporting impacts to paid work during the COVID-19 Pandemic is therefore rejected.

The fourth hypothesis regarding paid work is P4: Black participants are more likely to report impacts to paid work during the COVID-19 Pandemic than white participants. There was a statically significant increase in the likelihood a Black participant would report losing a job to care for children during the COVID-19 Pandemic compared to white participants. The null hypothesis that being a Black participant has no relationship to reporting impacts to paid work during the COVID-19 Pandemic compared to white participants is therefore rejected. If a participant is Black, they are less likely to report not looking for a job to care for children and also less likely to report supervising one or more children while working during the Pandemic compared to white participants.

The fifth hypothesis regarding paid work is P5: Asian participants are more likely to report impacts to paid work during the COVID-19 Pandemic compared to white participants. Asian participants are less likely to report supervising one or more children while working during the Pandemic compared to white participants. The null hypothesis that being an Asian participant has no relationship to reporting impacts to paid work during the COVID-19 Pandemic compared to white participants is therefore rejected.

The final hypothesis regarding paid work is P6: Hispanic participants are more likely to report impacts to paid work during the COVID-19 Pandemic than white participants. Hispanic participants were not found to be statistically significantly more likely or less likely to have paid work impacted during the COVID-19 Pandemic compared to white participants. Therefore, the null hypothesis that being a Hispanic participant has no relationship to reporting impacts to paid work during the COVID-19 Pandemic compared to white participants is accepted.

CHAPTER 5

DISCUSSION

Neoliberalism refers to an ideology that emphasizes the importance of individual liberty and limited government, emphasizing privatization and commercialization of public services (McGuigan, 2014). The push for privatization on the basis that individuals should be responsible for individual needs while also disregarding systemic sources of inequality alleviates the former responsibility of the state to maintain the public. However, it cannot be said that neoliberalism is solely responsible for the creation of group vulnerabilities as they existed long before neoliberalism (Tierney, 2019). The welfare state provides state services with the understanding that those seeking assistance are only rewarded if they meet the conditions outlined by the providers of the service (Collins, 2019; Tierney, 2019). This is not to say that programs supported by the welfare state eliminate all inequalities and existing gaps in the market, however. The individualized framing of need absolves members of society from responsibility for a collective good, a resource that is needed even if it is not needed by the individual themselves (England, 2005).

In the United States, the neoliberal market's limited capacity to provide care, childcare and eldercare for example, is both exposed and strained during a time of pandemic such as COVID-19 (Tierney, 2019). During such times, social inequalities influence both who is exposed and who suffers disproportionately while gaps in the market further perpetuate inequality in the response system (Tierney, 2019; Goodwin 2021). The current study focuses on the vulnerability outlined in disaster research that certain groups experience over others due to pre-existing inequality. The disaster studies literature in Sociology suggests that demographic characteristics such as age, gender, education level, race, and

ethnicity are the structural factors that continue vulnerability and exposure during a disaster. The current study applies this logic to a recent disaster, the COVID-19 Pandemic. Race and ethnicity, education level, gender, and age are all relevant social structural factors when considering impacts of COVID-19 on paid work and care work responsibilities.

Gender

Female participants are more likely to select a care work related reason for not working for pay or profit compared to male participants during the COVID-19 Pandemic. This finding is not surprising given the research presented in the literature review regarding gender and care work. While overrepresentation of women in care work has been long established, recent research regarding care work and COVID-19 suggests that the COVID-19 shutdown of many institutions that provide care has resulted in an increased care burden for women (Power, 2020). The inability of the care market to keep up with institutional childcare support accompanied by gender norms can certainly be cited as two reasons mothers reported exiting the workforce during the Pandemic Recession (Power, 2020; Albanesi & Kim, 2021).

Globally, care work, like childcare, is disproportionately conducted by people who identify as women (World Bank, 2020; United Nations, 2020). During the Pandemic, many schools and daycare providers shut down in response to COVID-19 infection and exposure rates. The childcare gap that existed in the market pre-pandemic therefore impacted women disproportionately after the start of the Pandemic. When the state was forced to shut down both private and state-funded education and childcare, women were disproportionately reporting an increase in care work responsibilities. In this case, the system was weakened by the COVID-19 Pandemic and women were overrepresented among those required to shoulder the responsibility.

In the current study, female participants were less likely to report supervising one or more children while working compared to male participants. This finding was surprising as women are overrepresented as care workers both formally and informally (Charmes, 2015; Power, 2020; United Nations, 2020; World Bank, 2020). Compared to male participants, female participants are less likely to report using paid leave, cutting hours at work, and losing a job to care for children during the Pandemic. Given the literature on impacts of gender and COVID-19 vulnerability, this is an unexpected finding. After considering the policies at the time of data collection, however, the finding that women are less likely to report using paid leave, cutting hours, and losing a job is explained. During the COVID-19 Pandemic workplace flexibility policies allowed not only for remote work, but gave those who needed to leave work to care for those with the virus, whether themselves or their children, time away from work to do so. In this case, using paid leave, cutting hours, and losing a job, are individual responses in the paid market to the Pandemic. Policies maintained by private businesses may have given other options to allow the women respondents to both work and care for children during the Pandemic.

Education

Those who report having an associate's degree or below are less likely to report using paid leave, cutting hours, and not looking for a job in order to care for children during the Pandemic compared to people with a bachelor's degree or higher. These findings mirror previous findings regarding group vulnerability and impacts of COVID-19 on care work and paid work. Throughout the Pandemic, level of education has impacted one's likelihood of being hired for remote work and, further, has impacted one's likelihood of being labeled

"essential" for in-person work or non-essential and laid off (Case & Deaton, 2020; Faberman & Hartley, 2022).

Participants with an associate's degree or below are more likely to report taking unpaid leave and losing a job to care for children during the COVID-19 Pandemic compared to people with a bachelor's degree or higher. Both job loss for the non-essential, and the heightened exposure risk of essential work contribute to the inability of participants to adjust their schedules to care for children during the Pandemic. Essential workers would be unable to cut hours or use paid leave due to workforce demand and due to the heightened exposure rates would be unable to supervise children while working any in-person job. Benefits such as cutting hours, and using paid leave, are not available to unemployed workers. Those considered non-essential are more likely to be less educated (Case and Deaton, 2020) and therefore may be more likely to report having lost a job due to the COVID-19 Pandemic.

Participants with an associate's degree or below were also less likely to report supervising one or more children while working during the Pandemic compared to people with a bachelor's degree or higher. Those with higher education are more likely to have a higher wage than those who do not. Workers with higher education would have access to greater resources than those who are not as financially stable. Regarding care for children during the Pandemic, access to informal caregivers (such as family members or unemployed guardians) during a time where formal care was not available could be considered a resource that would allow the continued employment of a worker.

Level of education is one factor that influences one's eligibility to work in certain occupational fields (National Center for O*Net Development, 2022). During the Pandemic, education level impacted individual risk of exposure as eligibility for remote work and/or

essential work varied across occupational field (Baker, 2020; Case & Deaton, 2020). For many, being an essential worker secured their continued employment and, for those unable to work remotely, increased their exposure risks (Faberman & Hartley, 2022).

Race and Ethnicity

Black participants were more likely to lose a job to care for children during the COVID-19 Pandemic compared to white participants. This finding is surprising as Black women in particular were more likely to be essential workers than their white counterparts (Rogers et al., 2020; Holder et al., 2021). Those considered essential workers experienced less job loss due to business closures overall compared to non-essential workers. It is not surprising, however, when considering that Black women are also overrepresented in the service and hospitality sectors, both of which experienced a 39% decrease in the workforce from February 2020 to May 2020 (Kochhar, 2020; Rogers et al., 2020; Holder et al., 2021). Related to this fact, Black participants were found to be less likely to report not looking for a job to care for children during the Pandemic compared to white participants. It is not surprising that Black women specifically would be more likely to seek employment when they are overrepresented in sectors considered non-essential.

Black participants are less likely to report a care work related reason for not working for pay or profit during the COVID-19 Pandemic compared to white participants. As Black women are overrepresented in the healthcare and social services industries and workers in those occupations are considered essential, it may be that they were not forced to stop working to care for children because they worked in high-demand fields that did not lay them off (Holder et al., 2021). Due to exposure risk for many essential workers, caregivers were

often faced with the choice between caring for children or older adults or continuing to work in high exposure occupations (Van Houtven et al., 2020).

Black participants were less likely to report supervising one or more children while working during the Pandemic compared to white participants. Overall, Black women experienced a major increase in hours worked during the Pandemic and were more likely to be essential workers (Rogers et al., 2020; Holder et al., 2021; Fan & Moen, 2022). Given these facts, it could be that the higher risk of exposure in medical and in-person social service industries, for example, coupled with the demand for essential workers in these sectors, led to essential Black workers being less likely to work remotely where they would be able to supervise their children while working.

Asian participants were also less likely to report supervising one or more children while working during the Pandemic compared to white participants. This finding seems counter to previous findings. Asian Americans are more likely to have a bachelor's degree or higher (Sakamoto, Goyette, & Kim, 2009). Education level is a factor that impacts one's eligibility for certain types of employment (National Center for O*Net Developmet, 2022). Workers considered highly educated face fewer risks of losing their jobs during the Pandemic as higher education levels are related to eligibility for remote work (Case &Deaton, 2020) In 2020, 57% of Asian American workers surveyed reported being able work from home (Parker, Horowitz, & Minkin, 2020). Asian Americans being more likely to work from home but less likely to report supervising one or more children during a time of Pandemic when many formal childcare options were shut down is something that should be further researched.

Counter to previous findings, Hispanic participants were not found to be more likely or less likely to have their care or paid work impacted during the COVID-19 Pandemic compared to white participants. Hispanic Americans are overrepresented in high public contact positions with lower prestige (Goldman et al. 2021; Faberman & Hartley, 2022) and Hispanic women are overrepresented in the hospitality and leisure industries (Stefania & Jiyeon, 2021). This finding could be due to the sample demographics as those who identified as Hispanic on a separate question made up only 3.7% of the current research sample. Hispanic communities as a whole are disproportionately affected by the Pandemic due to residence, occupation, and experiences of socioeconomic inequality (Faberman & Hartley, 2022; Courtemanche et al., 2020).

Age

Younger respondents are more likely to select a care work related reason for not working for pay or profit compared to older respondents. Younger respondents were also found to be more likely to report taking paid leave, cutting work hours, leaving a job, losing a job, and not looking for a job to care for children during the COVID-19 Pandemic compared to older workers. This finding is consistent with the literature regarding age and paid and care work responsibilities. In the United States, a combination of limited policy support to caregivers and strong norms that families, particularly women and people of color, must act as informal caregivers, are factors that often lead to the intergenerational dependence of older adults (Hooyman & Kayak, 2011; Wolff et al., 2016; Van Houtven et al., 2020). The "sandwich" generation describes caregivers who are intergenerationally "sandwiched" between caring for their children and older adults, often their parents (Hooyman & Kiyak, 2011; Stokes & Patterson, 2020).

These findings could also be influenced by the demographics of the sample. While the impacts of COVID-19 on paid work and informal care work were well represented among the younger respondents, older respondents were the minority in the sample. After the appropriate cases were deleted, the average age of respondents changed from 54 with ages ranging from 18 to 88 to 39 with ages ranging from 18 to 88. Alternatively, many older adults experienced unexpected early retirement or experienced job loss during the Pandemic (Coibion et al., 2020; Bui et al., 2020; Abrams et al., 2022). Due to this, younger respondents would report more impacts to paid work because they are more likely to be working during the Pandemic and are reporting more impacts to care work because they are more likely to be caring for someone as part of the "sandwiched" generation.

Limitations

The Household Pulse Survey (HPS) provided invaluable data regarding impacts to care and paid work during the COVID-19 Pandemic. As the current project is a secondary data analysis, there are limitations that must be discussed. Data was collected and assessed every week from the initial Phase 1 date April 23rd, 2020, after COVID-19 was officially declared a pandemic. This real time survey collection adds strong value to the secondary data used in this analysis. As this data was gathered in real time, the questionnaires used in each phase evolved and many questions changed, were created, or taken out in each of the phases. For example, questions asking recipients about unavailable childcare were not asked until Phase 3.1 of the questionnaire and the question regarding participant gender was not in use until Phase 3.2. Due to these new and changing questions, it was impossible to accurately combine phases to best analyze the data based on a time span in years (i.e. 2020-2021). Instead, data collected over the course of a few months was used as the source of data for the

current study. Phase 3.2 was conducted from July 21st to October 11th, 2021. This period of time is too short to fully capture the time in which the COVID-19 Pandemic may have exacerbated existing inequality in care work as COVID-19 was declared a pandemic in 2020 (Sencer, 2022).

All respondents in the current data set indicated that in the last seven days they had not completed any work for pay or profit. This is the case because additional questions regarding impacts to paid and care work were only accessible to those who had a wage impacted in the last seven days. The sample pool was therefore limited to 2,848 and there were 380,066 cases deleted. It should be noted, that by limiting the sample for the current study certain demographic factors in the sample changed dramatically. For example, the average age of respondents within Phase 3.2 was 54 with ages ranging from 18 to 88 while the average age of respondents in the current study sample is 39 with ages ranging from 18 to 88. The deletion of cases also severely limited other demographic characteristics. The current sample, for example, had a larger percentage of female participants than the general United States population. The sample was also disproportionately white and disproportionately possessed an associate's degree and below. All of which may have impacted study results.

Question design should also be considered. The HPS describes sexual orientation and gender identity as two of the many new topics introduced to the questionnaire, however the question asks: "Do you currently describe yourself as male, female or transgender?" "Male" and "Female" are words typically used to describe sex, not gender identity. Although the Household Pulse Survey user notes describe these categories as "cisgender male" and "cisgender female," the survey itself does not use these terms. Additionally, the question above the gender question states: "What sex were you assigned at birth on your original birth

certificate?" and uses the options "male" and "female" to describe sex. This terminology could have led participants to unintentionally choose a sex category for a question meant to assess gender identity.

The current study categorizes gender, race and ethnicity, age, and education level as impacting vulnerability due to impacts found in the literature to paid and care work during the COVID-19 Pandemic for these groups in a general sense. It is essential to note that people aren't born vulnerable regardless of group membership, it is policy that determines systematic vulnerability (Tierney, 2019). This vulnerability could change depending on time and location as well as type of disaster and policy changes. It should also be recognized that there are other impacting factors, immigration status for example, that may impact one's paid or care work that were not discussed, because questions regarding immigration status on the original questionnaire weren't asked.

When considering the results of this data, it is essential to consider how it was collected. This secondary data pool was a collection of self-report data from an individual to the U.S. Census Bureau. There is a general mistrust of what governments may do with this information given that one must qualify for state funded aid and is independently responsible for ensuring continued qualification. When qualifying for Unemployment Insurance, for example, one must be actively looking for a job and report doing so each week. If a respondent in the current study was not looking for work because they were caring for children due to the shutdown of reliable childcare during the COVID-19 Pandemic, they would have an incentive not to report their inability to look for work.

Conclusion

Those who experienced the effects of the COVID-19 Pandemic experienced the same event in differing ways due to group vulnerability and structural inequalities. Certain demographic variables influenced reported impacts of COVID-19 on paid work and care work in the United States. While the goal of disaster management is to protect structure through the restoration of a "normal" state, the sociology of disasters challenges whether the "normal" is something worth returning to as various harms and/or inequalities can become institutionalized (Tierney, 2019). The current project assists in exposing disproportionate impacts the COVID-19 Pandemic has had specifically on unpaid and paid care work in the United States while also recognizing throughout the literature that these impacts are influenced by pre-existing inequality.

The welfare state provides state services with the understanding that those seeking assistance are only rewarded if they meet the conditions outlined by the providers of the service (Collins, 2019; Tierney, 2019). The US welfare state can be described as a liberal welfare state in that supportive services are only offered as a last resort in the case of market failure (Collins, 2019). In this structure, adults are expected to find private solutions to issues like proper childcare rather than rely on state funded programs to assist them. This line of thinking can be problematic in a system that expects adults to participate in the workforce to qualify for many social programs (Collins, 2019). The problematic overt message is that individuals are personally responsible for their qualification for assistance. If they are not able to qualify, they are not worthy of assistance.

There are many components to disasters other than the physical impacts. Social impacts, economic impacts, and health impacts for example, should be at the forefront of

policy development (Tierney, 2019). Policy is a formal response of a governing body in disaster management. The severity of a disaster is often measured in part by social impacts of the disaster (Tierney, 2019). Disasters frequently highlight issues of inequality and are most heavily experienced by marginalized and vulnerable populations. At the same time, disasters can also influence public trust and challenge the perception of policy makers as working in the best interest of the public. When the sociology of disasters is used as a tool in policy development, patterns of inequality become recognizable. Public policy is responsible both for systematic inequality pre-disaster and forward momentum regarding such inequality post-disaster (Tierney, 2019).

Disaster risk reduction is often considered secondary to current political issues considered more immediately detrimental to a population, such as crime. Disaster risk reduction focuses on hypothetical issues rather than current real-time issues (Teirney 2019). Those in charge of establishing policy, therefore, are more likely to focus on issues that already have public support rather than those issues that cannot be predicted. Disasters can act as a light, with the after-effects illuminating awareness of social inequality among both those in charge of policy and the general public. Pressure for policy formulation, adoption, and implementation post-disaster is influenced by the amount of public awareness and media attention an issue receives post-disaster (Tierney, 2019). The time right after a disaster when the effects are fresh in the minds of the public tends to be the best time to gather public support for policy. Policy created during a time of crisis, however, runs the risk of creating deficient policy that often fails to address structural issues that influence the crisis created by the disaster in the first place. The policy created in times of crisis is reactionary rather than preemptive (Tierney, 2019).

Risk reduction policies can have unanticipated negative effects. Senate Bill 1953 is an example of this. This bill was adopted in 1994 after an earthquake in Northridge, California. It required older hospitals to bring themselves into compliance of seismic safety (Tierney, 2019). This in turn led to the closure of many non-profit and public hospitals that could not fund the changes in the time span given. Although the policy was initially created to positively impact earthquake readiness in the healthcare field, the unintended consequence in this case was a negative impact to healthcare for the poor communities these hospitals served (Tierney, 2019). Although this disaster is separate from the COVID-19 Pandemic, there is value in discussing the way policy has influenced the disaster aftermath to demonstrate the double-edged sword that reactive policy sometimes creates. In another example, U.S. mothers hesitate using flexible work benefits and reducing hours for fear it would impact their careers negatively as fathers do not also use leave policies at the same rate (Collins, 2019). Cultural context matters when forming policy. Cultural norms regarding gender, care work, and paid work, for example, shape individual experiences with all policies (Collins, 2019). During the COVID-19 Pandemic, there were many well-intentioned policies with unintended effects. Mask mandates are a ready example. While mask mandates were designed to assist with reducing high exposure rates in hot spot locations, they also limited access to locations for those who did not have access to appropriate PPE. When COVID-19 was declared a pandemic and State of Emergency policies were implemented, panic buying contributed to a logistics crisis and a lack of goods, such as toilet paper, in grocery stores.

Project Impact was a policy created to influence the level of risk and loss groups faced during disasters. This discourse moved from disaster resistance to disaster resilience in the early 2000's (Tierney 2019). Disaster resilience includes the ability of one to resist

negative impacts from a disaster, while still remaining functional, and a capacity to "bounce back" to pre-disaster functionality if resistance strategies fail to mitigate negative disaster impacts (Tierney, 2019). While it has been noted that individuals and groups experience vulnerability in different ways, it should also be noted that they experience resilience in different ways. Those considered resilient are also able to overcome factors typically associated with group vulnerability (Tierney, 2019). Those who may belong to similar social or demographic groups may have different levels of vulnerability based on place and time as well as type of disaster. This resilience has been included in many federal policy initiatives in the United States across all levels of government (local, state, regional, and national) (Tierney, 2019).

Through neoliberal policy, support services are a privilege that must be earned, not the right of any individual (Tierney, 2019). This shifts the responsibility of the state to care for the public to the responsibility of the individual to ensure they qualify for assistance. In order to be considered resilient, those who are vulnerable must course correct individually in a system that will not necessarily adjust policy to fit these vulnerabilities exacerbated by disaster (Tierney, 2019). This is not a critique of resilience per se, but instead a critique of a system that does not make resilience easy for individuals. In its purest form, resilience involves both the individual adaptation to negative disaster impacts, but also policy that mitigates known barriers to resilience. This is not to say that resilience itself will not exist without policy changes, but instead that policy and structure should support group resilience.

Establishing policy with resilient disaster in mind involves looking at the current system to anticipate negative impacts to groups while also considering hypothetical concerns that might occur during a disaster. Policies designed with vulnerability in mind are specific to

the community and increase the chances the community has to manage negative disaster related impacts. The most qualified leaders to carry out these policies are those who are integrated in the local community; those who know how certain policies will limit or enhance the lives of vulnerable groups within their communities while also being mindful of their own assumptions (Tierney, 2019). The network perspective model of emergency management presents the system as a collaboration between federal and state governments where the local governments would have discretion in the interpretation of policy, making sense of policy within the specific context of local culture and resources (Tierney, 2019). Recovery initiatives should integrate perspectives from the communities they are attempting to assist and incorporate location specific details such as local economy, resources for recovery, and social details. Policy makers should be mindful of unintended consequences of policy given these facts and treat policy as something that can grow and change with the changes of vulnerable population demands. Policies that address the root of problematic issues should be prioritized as public support for disaster management policies is strongest right after a disaster occurs (Tierney, 2019)

It is important when establishing policy to consider livability and cultural impacts. It is therefore also essential to allow control of the implementation to local governments as they have unique insight into unintended negative consequences of such policy. The goal of urban planning is to guide the recovery of a population while still considering community resources that impact livability and quality of life of a particular community (Tierney, 2019). Ideally, policy should address the impacts of disasters by attempting to assist those who have been the most impacted. Unfortunately, policy is often created and implemented with the ideals of those in powerful social positions in mind. Those who have more advantage pre-disaster,

frequently become more advantaged post-disaster while those who pre-disaster have fewer advantages, become more disadvantaged (Tierney, 2019).

Policies can be used to shape the types of behavior welfare states want to see from those in the care of the state. The Child Care Development Fund, for example, requires low-income parents to be involved in the paid market or preparation for joining the paid market, for example training, in order to qualify for childcare subsidies (Collins, 2019). Policies to encourage more caregivers to enter the workforce may include subsidized childcare, while weekly allowances and long paid parental leave may encourage caregivers to leave the workforce to care for their children. In the United States, there is no federal mandate for employers to provide state-funded services for family leave (Collins, 2019). Family leave, therefore, is up to the employer and workers shoulder the responsibility of planning around care work responsibilities. The vaccination mandate policy during COVID-19 is another example of policy designed to shape behavior by offering both incentives and punishments regarding the vaccine. Vaccines were provided without charge to encourage vaccination for those who otherwise may be unable to afford it. For those who work in the federal government, one must not only be vaccinated to continue federal employment, but also show proof of vaccination. Many private businesses offered rewards to customers who could show proof of vaccine status that those unvaccinated were ineligible to receive. For example, those who visited Krispy Kreme were eligible for a free doughnut with proof of vaccination.

Keeping all of these policy factors in mind, the results of the current paper can and should be seriously reflected in policy change and social program management as the findings echo many results in the disaster discourse regarding COVID-19 and inequality. As cultural context matters when forming policy, first an effort to redefine what it means to be a

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care worker also involved in the paid market should occur. Care work should not be considered a private responsibility and concern without the help of the state that disproportionately benefits more from the work of caregivers (England 2005).

Second, an effort should be made to redefine the needs of workers in the paid market (Collins 2019). Results from the current study lead to the conclusion that flexible work schedules lead to those with care responsibilities not reporting a need to leave a job or cutting hours. Policy should be developed with an understanding that those with care work responsibilities must juggle both paid work and care work in order to benefit the worker. The double-edged sword that one must consider when developing policy is the stigma that can come from using benefits offered if they are associated with a particular group. Women being unwilling to use a longer maternity leave policy out of fear that it would negatively impact perceived commitment to work is an example of this (Collins 2019). Because of this cultural context, the current study proposes policy not only for those with care work responsibility, but all workers. Depending on industry, jobs that can be done remotely should continue to be remote keeping the idea of work-life balance in mind. Data in the current study shows us that workplace flexibility matters. Using gender as an example, even with flexibility, more women reported losing out on pay or profit due to a care work related reason during the COVID-19 Pandemic compared to men. Therefore, it is not just flexibility that should be considered, but how that flexibility will be utilized in a cultural context. Those occupations that cannot be performed remotely should consider adjusting the traditional full-time work week schedule of Monday to Friday to include a four-day, ten-hour work schedule with a day off of the worker's choosing. This would allow an extra day for the worker to rotate responsibilities outside of the paid market without stigmatizing those who need this

day as it is standard policy. If workplace flexibility is promoted as something not just for caregivers, but for all workers, an effort can be made to avoid gendering flexibility. Following the network perspective model of emergency management, this policy should be implemented by local governments alongside considerations for local culture and resources to best avoid unintended negative policy outcomes.

In the context of a welfare state favoring privatization, limiting access to both resources and social mobility to those with particular social markers is significant. These significant factors act as a spotlight to further expose structural, systematic inequality in the face of the COVID-19 Pandemic. It is well established that these factors have the potential to limit much more than one's impacted paid or care work during the COVID-19 Pandemic. Demographic characteristics such as age, gender, education level, race, and ethnicity can determine one's level of access to economic and cultural capital, and by extension can influence one's vulnerability and exposure to COVID-19. Future research should explore further how these demographic characteristics are interrelated regarding access, vulnerability, and systematic inequality in the face of not just COVID-19, but other disasters. Future research should also further include how these significant demographic factors are connected to larger social policy related to COVID-19 in the context of a privatized system that limits access to both resources and social mobility.

APPENDIX SURVEY QUESTIONNAIRE

D1 What year were you born? Please enter a number.

D2 Are you of Hispanic, Latino, or Spanish origin?

    No, not of Hispanic, Latino, or Spanish origin

    Yes, Mexican, Mexican American, Chicano

    Yes, Puerto Rican

    Yes, Cuban

    Yes, another Hispanic, Latino, or Spanish origin

D3 What is your Race? Please select all that apply

    White (specify) _____

    Black or African American (specify) _____

    American Indian or Alaska Native (specify) _____

    Asian Indian

    Chinese

    Filipino

    Japanese

    Korean

    Vietnamese

    Other Asian (specify) _____

    Native Hawaiian

    Chamorro

    Samoan

Other Pacific Islander (specify) _____

D4 What is the highest degree or level of school you have completed? Select only one answer.

Less than high school

Some high school

High school graduate or equivalent (for example GED)

Some college, but degree not received or is in progress

Associate's degree (for example AA, AS)

Bachelor's degree (for example BA, BS, AB)

Graduate degree (for example master's, professional, doctorate)

D7 Do you currently describe yourself as male, female or transgender?

Male

Female

Transgender

None of these

EMP4 What is your main reason for not working for pay or profit? Select only one answer. I did not work because:

I did not want to be employed at this time

I am/was sick with coronavirus symptoms or caring for someone who was sick with coronavirus symptoms

I am/was caring for children not in school or daycare

I am/was caring for an elderly person

I was concerned about getting or spreading the coronavirus

I am/was sick (not coronavirus related) or disabled

I am retired

I am/was laid off or furloughed due to coronavirus pandemic

My employer closed temporarily due to the coronavirus pandemic

My employer went out of business due to the coronavirus pandemic

I do/did not have transportation to work

Other reason, please specify

EMP8 Which if any of the following occurred in the last 4 weeks as a result of childcare being closed, unavailable, unaffordable, or because you are concerned about your child's safety in care? Select all that apply.

You (or another adult) took unpaid leave to care for the children

You (or another adult) used vacation, or sick days, or other paid leave in order to care for the children

You (or another adult) cut your work hours in order to care for the children

You (or another adult) left a job in order to care for the children

You (or another adult) lost a job because of time away to care for the children

You (or another adult) did not look for a job in order to care for the children

You (or another adult) supervised one or more children while working

Other (Specify)

None of the Above

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