

01 Jan 2022

Parenting Pre-Teens during Covid-19 in a Rural Midwestern Community: An Interpretive Phenomenological Study

Sarah Oerther

Daniel B. Oerther

Missouri University of Science and Technology, oertherd@mst.edu

Follow this and additional works at: https://scholarsmine.mst.edu/civarc_enveng_facwork



Part of the [Architecture Commons](#), and the [Civil and Environmental Engineering Commons](#)

Recommended Citation

S. Oerther and D. B. Oerther, "Parenting Pre-Teens during Covid-19 in a Rural Midwestern Community: An Interpretive Phenomenological Study," *Journal of Child and Adolescent Trauma*, Springer, Jan 2022.

The definitive version is available at <https://doi.org/10.1007/s40653-022-00507-9>

This Article - Journal is brought to you for free and open access by Scholars' Mine. It has been accepted for inclusion in Civil, Architectural and Environmental Engineering Faculty Research & Creative Works by an authorized administrator of Scholars' Mine. This work is protected by U. S. Copyright Law. Unauthorized use including reproduction for redistribution requires the permission of the copyright holder. For more information, please contact scholarsmine@mst.edu.



Parenting Pre-teens During COVID-19 in a Rural Midwestern Community: An Interpretive Phenomenological Study

Sarah Oerther¹ · Daniel B. Oerther²

Accepted: 1 December 2022

© The Author(s), under exclusive licence to Springer Nature Switzerland AG 2022

Abstract

To uncover the experiences of parenting Generation Z pre-teen children in rural communities impacted by the Stay Home Missouri order from April through May 2020. Researchers have focused on urban parents, leading to gaps in understanding the impact of the COVID-19 quarantine on rural parents and children. A qualitative study employing interpretive phenomenology. 14 white cis-male-sexed fathers and cis-female-sexed mothers living in midwestern rural communities participated in this study. Semi-structured interviews with 14 participants parenting pre-teen children were conducted. The interviews were analyzed using interpretive phenomenology. The COREQ checklist was followed. One theme that emerged from the narratives was the study participants' understandings of parenting, discovered when their routines were disrupted by the Stay Home Missouri order. This theme involved three sub-themes: 1) responding to the challenges of protecting pre-teen children; 2) coping with disrupted social relationships; and 3) renegotiating responsibilities. Professionals who work with families need to find ways to assist parents during and after a health emergency that requires quarantine. COVID-19 is not the first pandemic to endanger humanity, and the next pandemic—or a future variant of SARS—could require an additional period of local, regional, or national quarantine. Implications for professionals supporting parents during periods of severe disruption—such as future public health crises as well as large scale quarantines—are offered to assist with preparation for and coping with severe disruptions to parenting.

Keywords COVID-19 · Generation Z · Pre-teen · Parents · Parenting · Quarantine

From rising levels of loneliness to increased levels of stress, the public health impacts of the COVID-19 pandemic have been substantial for parents and their children around the world. Researchers have found the age group that has been impacted the most by COVID-19 has been Generation Z (American Psychological Association, 2020). The youngest members of Generation Z are now pre-teen children (from age eight to 12 years old).

A particularly stressful period of COVID-19 was the “quarantine,” which is defined as the period in early 2020 commonly known as the “lockdown” or when “stay home”

orders were issued by many governments. Nearly half the global human population was barred from leaving their homes except for health reasons, non-deferrable work, or other urgent matters. The effects of the COVID-19 quarantine on parents of pre-teen children fell unequally across race/ethnicity, social class, culture, and gender as well as among other social features (van Dorn et al., 2020). The effects of quarantine across the rural–urban divide are poorly represented in the published literature, even though rural communities may have been more impacted when compared to urban communities (Lakhani et al., 2020). In the United States (US), researchers have focused on parents and children living in urban communities, which has led to gaps in understanding the impact of quarantine on parents and children living in rural communities. This urban focus overlooks 46 million rural parents and children in the US (Brooks & Voltaire, 2020; Puma et al., 2016).

✉ Sarah Oerther
Sarah.Oerther@slu.edu

Daniel B. Oerther
oertherd@mst.edu

¹ Trudy Busch Valentine School of Nursing, Saint Louis University, 3525 Caroline Mall, St. Louis, MO 63104, USA

² Environmental Health Engineering, Missouri University of Science and Technology, Rolla, MO 65409, USA

Background

The term “rural” has many different definitions, set to meet varying research and policy needs. The lack of a consistent definition makes summarizing research on parenting pre-teen children in rural communities difficult. For this study, rural communities are defined as rural counties with fewer than 10,000 residents (Health Resources & Services Administration [HRSA], 2018). To better understand parents and parenting in rural communities during the COVID-19 quarantine, three features need to be considered, namely: 1) historic long-term trends present in rural communities; 2) the impact of a pervasive lack of broadband internet access; and 3) household incomes.

Improvements in agricultural technology have helped to consolidate smaller family farms into larger industrial food producing operations. This has reduced the number and quality of employment opportunities while increasing the driving distances between rural communities (Brooks & Voltaire, 2020). Driving long distances to work has contributed to a deterioration in the balance between work-life and family-life for parents in rural communities (Brooks & Voltaire, 2020). One impact of this change is a decrease both in the quantity as well as the quality of family time, which contributes to challenges in raising pre-teen children (Oerther & Oerther, 2021). Additionally, many members of rural communities have negative attitudes toward health education and expert information being shared by governments. Negative attitudes toward the government do not originate from illiteracy or lack of knowledge; rather, they are rooted in long-term trends and the perception that governmental policies align better and are more strongly guided by the concerns of urban communities as compared to the concerns of rural communities (Ashwood, 2018).

A lack of widespread availability of broadband internet access has contributed to a digital divide, defined as the difference in the prevalence of broadband internet access between urban and rural communities. This digital divide causes a lack of access to technologies such as digital healthcare and the ability to work remotely for many members of rural communities (Greenberg et al., 2017).

Finally, compared to urban communities, adults in rural communities are less likely to have education beyond high school, are more likely to have a lower median household income, and are less likely to have health insurance (The Cecil G. Sheps Center for Health Services Research, 2017). Women in rural communities are less likely to be wage earners. When employed, women in rural communities earn less than men; often are concentrated in low-productivity, low-skill, and low paying jobs; often experience poor working conditions and long working hours; and social protections are generally limited (Commission on

the Status of Women, 2018). Outside of work, women in rural communities assume an unequal portion of unpaid household work such as preparation of food and care of children, the sick, and the elderly. Most of the work of women in rural areas remains unseen and undervalued due to gender-based discrimination and social norms (Commission on the Status of Women, 2018). Collectively, these long-term trends have likely contributed to differences among parents, parenting, and pre-teen children in rural communities as compared to urban communities.

The lack of research into understanding the impacts of the COVID-19 quarantine on rural parents, parenting, and pre-teen children—and the unique features of rural communities as compared to urban communities—increases the difficulty of creating a successful, in-depth, evidenced-based long-term plan for public health recovery that meets the needs of families living in rural communities. The purpose of this sub-study was to uncover the experiences of parenting Generation Z pre-teen children in rural communities impacted by the Stay Home Missouri order, which existed from April through May 2020. This article examines one theme that emerged from a broader interpretive phenomenological study of parenting, which was underway when COVID-19 became prevalent across the US in early 2020.

Methods

Aim

The aim of this sub-study was to uncover the experiences of parenting Generation Z pre-teen children in rural communities impacted by the Stay Home Missouri order from April through May 2020.

Design

Interpretive phenomenology (IP) was the qualitative research method used in this study. This method elicited stories from study participants to understand how everyday practices and experiences of parents are shaped by their family relationships, daily concerns, and the resources that assist them in parenting pre-teen children. Semi-structured interviews were chosen for data collection because they permitted participants to freely share their stories. The Consolidated Criteria for Reporting Qualitative Research Checklist (COREQ) was used to safeguard explicit and comprehensive reporting (Tong et al., 2007) (Appendix S1).

Participants and Setting

The original setting for this study was rural communities in the midwestern US. Previously, researchers have

demonstrated that gender shapes the experience of parenting (Golfenshtein et al., 2015; Johnston et al., 2015; Trautmann et al., 2015), but limited research was found on gender differences in parenting pre-teen children in rural communities. Building on this evidence, the original study exclusively focused on heterosexual married or cohabitating parenting dyads while recognizing that there may be limitations generalizing the results.

The original study participants were recruited via email by a University Extension Council. The method used for the original study was purposive sampling since it supports the purpose of hermeneutic inquiry, which is to choose "participants who can best illuminate the topic and invite extended understanding" (Smits, 1997, p. 101).

Inclusion criteria for the original study included the following: 1) cohabitating or married parents who have been cohabitating for at least two years, and whose pre-teen child has been living in the home at least part of the week; 2) at least one child born any time during 2008 to 2011, living with the family (at least part of the week); 3) both parents in the household had to consent to participate in the study; and 4) the family had to speak English as their first language. Study participants were excluded if at least one parent was not the biological parent of the pre-teen child or if one parent dropped out before the study was completed.

Of the 20 parents (10 couples) who were selected to participate in the original study, six parents (three couples) completed interviews before the COVID-19 quarantine (i.e., before April 2020). These six parents (three couples) were excluded from the sub-study reported in the current article.

From April through May 2020, many governments issued orders requiring parents and pre-teen children to remain at home. The remaining 14 parents (seven couples) selected to participate in the original study represented a convenience sample to uncover the experiences of parenting Generation Z pre-teen children in rural communities impacted by the Stay Home Missouri order. These 14 parents (seven couples) participated in this sub-study immediately after the ending of the COVID-19 quarantine (i.e., after May 3, 2020).

Many of the couples ($n =$ five of seven) in this sub-study reported they were currently raising three or more children on an annual household income of between \$10,000 and \$50,000 per year. Over half of the couples ($n =$ four of seven) in this sub-study reported they had trouble paying their monthly bills prior to the COVID-19 quarantine.

Data Collection

Data was collected in participants' homes using semi-structured interviews and a demographic form. As part of the initial study completed before the COVID-19 quarantine, a pilot interview, which the analysis did not include, was performed to test and modify the interview guides. Based on the results of the pilot

interview, questions were revised. Details of one of the semi-structured interview guide have been published previously (Oerther, 2021). The interviews were conducted by the first author.

Data was collected face-to-face in study participants' homes using semi-structured interviews with semi-structured interview guides, after the quarantine ended. There were five sessions over an approximately 15-week period; three sessions were conducted with the couple, one with the mother only, and one with the father only (35 interviews total). The interview questions were open-ended, which allowed participants to share what they thought was important from their personal perspective (Creswell, 2016). Probing questions such as, "Tell me what happened...?" or "What did you do?" were used to encourage more details and to clarify means.

After interviews were completed, field notes were recorded. Details such as the study participants' expressions during the interview, their appearance, the interview setting, non-verbal cues, and any other important information that assisted in the understanding of the phenomenon were included in the field notes. Interviews were approximately 60 min in length and were digitally recorded and professionally transcribed verbatim. Notes about emotional reactions, such as laughing or crying, and the expressions on study participants' faces, such as rolling of the eyes or furrowed brows, were added in the margins of the transcript (Benner, 1994; SmithBattle, 2018).

Ethical Considerations

This study was designed to align with the standards of the Helsinki Declaration (World Medical Association, 2021). Ethical approval was granted by a US university (BLINDED) ethics committee (BLINDED-ADD NUMBER). During the initial visit, informed consent was obtained from study participants, and they were informed that participation was voluntary. Each study participant received a total of \$100 worth of gift cards.

Data Analysis

Audio from the interviews was recorded digitally, transcribed professionally, reviewed for correctness, and viewed as a meaningful text (Benner, 1994; SmithBattle, 2018). Participants' names and other identifying characteristics were removed from the transcripts and replaced with pseudonyms and codes. During analysis of the data, field notes, demographic forms, and the reviewed transcriptions of the interviews were studied as a group, and codes were noted in the edges of transcripts. A codebook was developed. Preliminary codes were developed as multiple transcripts were studied. Transcripts were marked in the margins with coding terms to show where the text for each code began and ended. All 35 interviews were coded in this manner.

As this was a sub-study of a larger study, we confirmed that a sample size of only 14 participants was sufficient by analyzing the interview data (i.e., a total of 35 interviews, five each from seven couples) to confirm data saturation using interpretive sessions with colleagues (Morse, 1995; SmithBattle, 2018). This approach, verifying data saturation, is well described in the qualitative literature (Morse, 1995; SmithBattle, 2018). Also, the interpretations derived from the data were validated during interpretive sessions with colleagues (Benner, 1994; SmithBattle, 2018).

Interpretive Family Profiles (IFPs) were then created for each parenting dyad. IFPs contained a summary of each parenting dyad's transcripts and addressed the aims of the researcher's study (Oerther, 2020; SmithBattle, 2018; SmithBattle & Leonard, 2012). IFPs for this study contained coded excerpts, interpretive comments, and background material. Then IFPs were used to summarize the information collected into a clear story about each parenting dyad (SmithBattle, 2018; SmithBattle & Leonard, 2012).

Rigor

To ensure the rigor of this study, generalizability, transparency, and reflexivity were addressed. In qualitative research, the concept of idiographic generalizability is used to help the reader understand if the research is clinically useful and reveals how well or sensitively a piece of research is conducted. To achieve idiographic generalizability, descriptive information about the setting of the research, participants in the study, and observed transactions and processes are provided to assist readers of this article in making judgments about the similarity of context of the current study and research context experienced by other researchers (Polit & Beck, 2010).

Transparency addresses how plainly the steps of the research process are explained in the write-up (Rodgers & Cowles, 1993). Field notes and interview transcripts were maintained to create an audit trail to enhance transparency. Finlay (2006) includes consideration of reflexivity within the principle of transparency. Reflexivity is when researchers identify their biases through self-reflection (Angen, 2000); thus, reflexivity was addressed by writing field notes immediately after each interview session to capture preconceived gender, cultural, and class biases that could have impacted the analysis of the data (Thomas & Magilvy, 2011). Recognizing assumptions aligns with the hermeneutic interpretive process (Crist & Tanner, 2003; Finlay, 2006; Morse, 2015).

Member checking with study participants was not practiced. However, interpretations of the data were discussed during interpretive sessions with colleagues (Angen, 2000; Benner, 1994). Interpretive sessions with colleagues validated findings, offered fresh perspectives on the findings,

questioned interpretations, and enlarged understanding of parenting pre-teens (Angen, 2000).

Findings

One theme that emerged from the narratives was the study participants' understandings of parenting, discovered when their routines were disrupted by the Stay Home Missouri order. Narratives revealed that coping with the COVID-19 quarantine involved responses that put parents' relationships with their pre-teen children off balance. Most parents confronted the challenges associated with a shift to remote schooling of pre-teens in the same home where parents were attempting to work remotely. This theme involved three sub-themes: 1) responding to the challenges of protecting pre-teen children; 2) coping with disrupted social relationships; and 3) renegotiating responsibilities.

Responding to the Challenges of Protecting Pre-Teen Children

During the spring of 2020, life in the US changed in fundamental ways due to COVID-19. Initially, media reports emerged of crowded hospitals and the failure of extreme lifesaving measures to prevent death from COVID-19, and then experts began describing anticipated global death tolls in graphic detail (Oerther & Watson, 2020). Universities and then local schools closed, and professional educators shifted to assisting students and parents to participate in remote schooling. Simultaneously, many parents shifted to working remotely. Confusing communication from government officials contributed to the anxiety as it became increasingly clear that COVID-19 was unprecedented in modern healthcare.

Almost overnight, parents were stressed by a pervasive fear of the risk of possible exposure to COVID-19. Study participants had to learn by trial-and-error how to keep their pre-teens safe as they tried to follow confusing, conflicting, and often politicized messages delivered daily by government leaders from the White House, state capitals, and local newspapers. Deva (mother 4) explained:

I think that the synchronicity of it all is very hard. I'm a predictive planner and I like to think of the worst-case scenario that could happen to the girls and prepare ahead, but when you don't know what order changes from COVID-19 recommendations are going to happen or what impact COVID-19 recommendations are going to have, like it's not, it's not like planning a vacation. You can't just pack an extra change of clothes for

the kids. The recommendations keep changing. I just want to keep my pre-teen children safe.

Some study participants also reported suspicions over government mandates, and concerns with debates over issues such as mask mandates and social distancing. They were concerned with balancing personal freedom, obligations to protect the public, and personal responsibility to make informed health decisions for themselves and their pre-teen children.

Study participants reported that the stress of trying to keep their children safe from COVID-19 was compounded by additional responsibilities such as remote schooling and working remotely from home. Because of quarantine, parents provided an unprecedented level of physical, social, and psychological care for themselves, their partners in parenting, and their children. Greg (father 7) explained:

For me the worst part of COVID-19 is just trying to go the extra mile to keep from bringing [the virus] into the house. Normally I'll come in and say goodnight to the girls. If I have time, I'll come in, grab a bite to eat, stuff like that when I'm on night shift. But with all this going on, I stopped coming into the house almost completely and that kind of made it harder because I'm not able to see my pre-teen daughter or help as much.

Not only were Greg's routines of childcare disrupted, but he also had to deal with uncertainty. He explained:

This last time I was exposed to COVID-19 at work, my family had to go stay with extended family. My 11-year-old daughter was sad and scared because she didn't want to leave me. She had seen on television [that] people die from COVID-19 and say goodbye to each other on Zoom. It was just awful to just sit back and talk to her from a distance and not be able to give her a hug. When you say goodbye to your family during a quarantine, you never know if you will see each other again.

Parents explained a sense of duty to keep their children safe from exposure to COVID-19, as avoiding an illness became an all-encompassing priority.

Coping with Disrupted Social Relationships

With child-related services (i.e., day care); activities (i.e., sports teams); and schools closed, social interactions suddenly transformed while families were in COVID-19 quarantine. Parents assumed even greater responsibility as educators, and their supportive roles in the home became even more important. This was an especially unprecedented situation in the case of families that did not homeschool their children prior to COVID-19.

Interacting socially with close contacts or family members was usually viewed as important both for parents' and children's well-being since the quarantine often decreased or removed in-person interactions with friends. In many families, digital communication was viewed as a vital way to continue interacting socially with friends or family. Dan (father 4) explained:

Dance classes attempted via Zoom in your living room are different from in the studio classes and we as parents, along with our girls, needed to reset our expectations. We had to keep in mind that virtual dance classes are about more than training in certain dance routines; these classes provided community. And now, during quarantine, when the girls aren't able to see their friends, community is more important than ever. I think the girls are actually getting more from these classes on a mental and emotional level.

Although skillful use of digital communication such as Zoom required practice, digital social interactions eventually became a reflex behavior as parents and children learned to interact with their worlds virtually.

Parents found resetting their own expectations helped their pre-teen children manage changing social relationships and prevented disappointment. Ken (father 8) recalled:

We're doing a music bracket [a bracket is a form that can be printed and completed by hand whereby the participant predicts the most popular song in the tournament] with our extended families via Zoom. Music brackets work just like the NCAA tournament, and so we have song matches and we listen to them and vote for them, and our son is really involved in that. I like having that kind of artsy fun. I don't really know very much about music. He [my son], you know, surpasses me there by far, but I can be a music fan. We were just talking about which is our favorite song and which we'll vote for, so that's been really fun to do.

Digital communication allowed parents to help their pre-teen children remain socially engaged in the world.

Video calls (i.e., Skype and FaceTime) were also acknowledged as a good way to interact and maintain social relationships. Jack (father 9) explained, "We keep active contact with our extended family mostly by phone, but the pre-teens started doing video calls with my parents. Our pre-teens chat with their own friends on different online services like Facebook Messenger and Minecraft." Thus, families learned to skillfully use technology in new ways, and parents and pre-teens were able to adapt to the COVID-19 quarantine and continue to interact with other pre-teen friends and family members.

When the number of COVID-19 cases was surging and government guidance was changing daily and creating

confusion among parents and pre-teens, it was difficult for parents to know how to make the best decisions for their pre-teen children regarding face-to-face contact with their friends. Earl (father 5) recalled,

I think it was really hard when we were being really strict, because we kept debating about letting our pre-teen children spend time with the other kids that live near us. We had lots of discussions about the importance of quarantine, and the pre-teen boys were pretty frustrated; they're the ones who wanted to go places. I think the hardest part of this pandemic is the change in routines. We had a hard time trying to explain to our pre-teens why they couldn't play with their friends.

Conflicts between parents and their pre-teen children were a strong stressor during COVID-19.

Certain parents allowed their children to gather face-to-face with friends. For instance, parents decided that their children could interact with children from one certain family or with a small number of children who lived close to their houses. Henry (father 8) explained:

I am tired of them being on electronics all day, you know, go outside and play. I know the weather hasn't been the greatest this spring for niceness, but yeah, it's just, they're on it for schoolwork, and then they're on it to watch TV and talk to their friends, and everything. Their entire life is right there in front of them. Finally, we let our pre-teen daughter see her friends just to get her off electronics. We made them play outside.

Social contacts with friends and staying engaged in activities were often seen as vital for both children's and parents' well-being since the COVID-19 quarantine typically reduced or deprived both adults and children of face-to-face interactions with people outside the household. Unofficial support, such as gatherings on digital platforms like Zoom, was also viewed as valuable or essential to coping with daily life during the quarantine.

Renegotiating Responsibilities

The significance of renegotiating responsibility was highlighted by some study participants as one of the coping mechanisms for dealing with the impacts of the COVID-19 quarantine. Creating agreements regarding everyday activities and ways to structure new routines allowed parents and pre-teen children to cope with the variety of daily pressures.

Jack and Jenny used a schedule to organize work calendars, such as business meetings on Zoom. They also divided up and scheduled children's activities, such as assisting children with homework or helping them with logging on to Zoom for remote schooling. Jack (father 9) explained, "In the evening we create a schedule for the next day, which

contains everyone's Zoom times, the pre-teen's remote schooling requirements, and times for meals." Jenny (mother 9) agreed:

The primary change we had to adapt to with COVID-19 has been a change in our family routine. I used to wake up, get the kids fed, and off to school. And then for a while we just kind of slept in until they woke up, basically. Now the kids have settled into a pretty good routine, because I finally set up a routine for them. They do 20 min of reading, 20 min of piano, and 20 min of exercise. So they rotate that 60 min among the three of them, 20 min each. I found that gives me an hour so I can work out and take a shower. So that was a full hour that I had, which helped keep me sane because I got to get my workout in, I got to have a shower, have a cup of coffee, and then I was ready to help them with their stuff.

A primary coping method of couples was sharing the responsibility of caring for their pre-teen children. Parents stated that without sharing caregiving responsibilities, they would not have been able to handle the overlap of child-care and remote employment. Responsibility sharing clearly overlapped with new family schedules. For example, when one parent was working remotely, the other helped the pre-teen children with remote schooling and vice versa. Thus, sharing of responsibilities allowed parents to reserve part of the day for uninterrupted remote employment without leaving their pre-teen children alone. Hope (mother 8) recalled:

We have tried to split up the week so that one parent can work in the morning and then the other parent can work in the evening. This way, one of us always has time for our daughter.

Both Kevin and Kelly are employed full time. Like many parents, they both continued working remotely during the COVID-19 quarantine. And like many other parents, they had to adjust to remote schooling their 11-year-old pre-teen son. According to Kevin (father 10):

I've been able to go fully remote, our son is obviously remote, not at school, so we've all four been here for eight weeks now. The first two weeks were hell. The third week was I think noticeably trending upward, and by the fourth week it was fine. It was almost like overnight, it was like oh, this is nice.

Kelly (mother 10) added:

So [my husband] doesn't leave the house, but he does leave our presence here.

So we had to—you can see some cables going up the stairs—change one of the rooms into his makeshift workspace. He goes in and closes the door and comes

out only on his own terms, with occasional, probably increasing interruptions at this point, but the dude is locked into his job like all day, and he can't be interrupted. I am a teacher so I'm used to being interrupted all day, every day. Part of the job is being open to interruption at any given moment, so that hasn't been difficult for me with the boys, managing their needs and their routine as well. We finally have some sort of flow. Monday we all get online and see what we need to do this week. Our 11-year-old son decided just do all his homework for the week on Mondays and Tuesdays. So early in the week that's what he does. Then I am peeling off in chunks to do my job, and then reserving a long stretch for the weekend when my husband can tag in. So when I actually need to sit down with essays or assignments and grade, that's pretty much been Sundays, or I'll stay up late. This lifestyle wouldn't be sustainable, and if we do this at all next year, I'm going to have to figure out how to not stay up late. That's been one way we've been able to do our jobs and also be present, just doing the job in pockets when the boys weren't around, that's how we're coping.

Compared to Kevin, Kelly assumed more of the responsibilities for remote schooling and childcare during quarantine.

Other parents who worked remotely from home struggled with managing their time and the limited space in their houses. Living continuously together all day, seven days a week, changed family routines and parents' ways of being in the world. Parents no longer had their own areas or breaks alone or away from their families. Some parents also explained they became more withdrawn emotionally or more irritated with their pre-teen children because their routines were constantly changing. Jack (father 9) explained:

Patience, having outlets, knowing your own [limits], like before you're about to blow your top, knowing, okay, I need you to go do something else, somewhere else, or something. I feel like COVID-19 is, for many parents, maybe the first time they've had to be so contained with their kids so much in a small space. You've got to know your limits of how much you can handle, and trying to give them freedom, because they're going crazy too, they're out of their regular routine. I just try to continue to remember they're little humans that are still probably feeling just as much stress as I am feeling.

Flexible routines surfaced as a vital coping strategy for parents. Flexible routines for most parents meant modifying expectations of family life, with many common activities being performed in front of a screen, such as watching TV, working on a computer, or playing video games.

Parents understood that permitting time in front of screens was occasionally unavoidable to get necessary work done, but they often had guilty feelings because many felt they were using screen time as a virtual nanny. Jack (father 8) explained it best, "I have let the boys play more video games to keep them busy for the duration of my Zoom meetings. I try not to feel guilty about the amount of time they spend on their screens, but I do." Lowering expectations surrounding activities done in front of a screen allowed parents time to remain employed. Extended technology time was largely used by study participants, particularly in circumstances such as mandatory Zoom meetings or deadlines for employers.

Discussion

The findings from this study significantly extend knowledge and understanding about rural parents' everyday concerns and experiences of parenting Generation Z pre-teen children during the COVID-19 quarantine. This is one of the only studies to examine the impact of the COVID-19 quarantine on parenting dyads from rural communities who make up approximately 46 million of the parents in the US (Brooks & Voltaire, 2020; Puma et al., 2016). Parenting stories revealed that coping with quarantine involved a variety of challenges, including the challenges of protecting pre-teen children, coping with disrupted social relationships, and renegotiating responsibilities.

Study participants had to adapt to trying to keep their children safe from COVID-19, managing remote employment, and caring for their children in unprecedented ways. In urban communities, researchers have reported positive correlations between parents' ability to cope with the quarantine phase of COVID-19 and parents' ability to be supportive figures for their children between five and 18 years of age (Wang et al., 2020). Previously, researchers found that the protective role of parenting is more important when children are living in a vulnerable situation due to decreased financial reserves (Dalton et al., 2020). Our study extended these prior results to understanding parenting in rural communities. Our results revealed that one stress for parents keeping pre-teen children safe during the COVID-19 quarantine was a lack of trust of government information, which was related both to the unclear and changing nature of recommendations as well as to suspicion of political divisions that often exist across the rural–urban divide (i.e., the perception that the policies of government align better and are more strongly influenced by the priorities of urban communities as compared to the priorities of rural communities).

Consistent with reports in urban communities, the current study found that families in rural communities viewed

technology as an important means to maintaining social contact during the quarantine (Goldschmidt, 2020). Study participants identified online social contact with friends and relatives as important for the well-being of both parents and their pre-teen children because quarantine reduced in-person social interactions. Study participants also found extending access to screen time for children allowed parents time to participate in online meetings or to complete assignments for remote employment. According to *The New York Times*, usage of the video game app Roblox, which is popular for children ages nine to 12 in the US, increased 82 percent during the first nine months of 2020 (Richtel, 2021).

The increased use of screen time raises concern for children's health. For example, prior to COVID-19, researchers reported that playing video games for extended periods of time was correlated to addictive behaviors and changes in brain physiology (Yao et al., 2019). Although screen time provided an opportunity for parents to focus on remote employment, prior research has shown that playing video games and participating in online social media are a poor substitute for face-to-face social interactions and physical activity, which are essential for children's emotional, social, and physical development (Hoge et al., 2017). Compared to prior research, which suggests the presence of a digital divide with rural communities having less broadband internet access than urban communities, it is important to note that none of the families in this study reported a concern with broadband internet access.

Study participants described the importance of re-negotiating everyday routines to cope with the COVID-19 quarantine. Creating mutual agreements about how to organize daily routines provided structure for study participants and allowed them to cope with the variety of pressures of daily life. For example, stressors for many study participants included parenting responsibilities, obligations for employment, and quarantine restrictions that prevented leaving the house. Sharing the responsibility of caring for their pre-teen children proved to be a major way of coping for all couples. Parents stated that without sharing responsibility, they would not have been able to handle the overlap of childcare and remote employment. Sharing responsibility clearly overlapped with new family schedules. However, we found in this study that rural mothers, more than rural fathers, tended to assume a greater share of the responsibilities for remote schooling and caring for the daily needs of pre-teen children during the quarantine. For example, mothers were more likely to assume the role of remote educator, while fathers were more likely to remain focused on remote employment and maintaining a regular 9 a.m. to 5 p.m. daily schedule.

Prior to COVID-19, researchers reported that substantial changes to daily routines correlated with increased parenting stress (Mikolajczak et al., 2018). Researchers also have indicated that in unorganized family environments, changes in family routines correlated with decreased shared activities

between parents and children (Mikolajczak et al., 2018; Pike et al., 2006). During the COVID-19 quarantine, researchers found parenting stress was not related to the characteristics of the physical environment—the dimensions of the house or the size of the yard; instead, parenting stress was related to changes in familiar routines and activities (Spinelli et al., 2020). A unique contribution of this study is that we found that rural mothers demonstrated flexibility in how they balanced their time, demonstrating autonomy and self-determination in decisions regarding childcare. We also found that rural fathers experienced greater difficulty in adapting to the quarantine.

It is interesting to note that none of the families in this study mentioned financial concerns as a source of stress, although over half of the families struggled to pay their monthly bills prior to COVID-19. Prior researchers have found parents residing in rural communities tend to face higher levels of poverty (Weber & Miller, 2017), and they are more vulnerable to shocks from the labor market (Thiede & Slack, 2017). Parents in this study might not have discussed financial concerns because in March 2020, the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) provided Economic Impact Payments of up to \$1,200 per adult for eligible individuals and \$500 per qualifying child under age 17 (U.S. Department of the Treasury, 2021). The payments were reduced for individuals with adjusted gross income (AGI) greater than \$75,000 (\$150,000 for married couples filing a joint return). For a family of four, these Economic Impact Payments provided up to \$3,400 of direct financial relief in a one-time payment (U.S. Department of the Treasury, 2021).

Research and Clinical Implications

The findings reported in this article reveal areas for future research, development of clinical interventions, and evaluating policies to address the ongoing COVID-19 pandemic, for long-term recovery from the COVID-19 quarantine, and to prepare for future disasters that may create similar challenges for parents, parenting, and pre-teen children.

A major concern highlighted by study participants is a pervasive skepticism of government communication among parents in rural communities during periods of high uncertainty. Parents reported a sense of duty to keep their children safe, and reported that government information was confusing, conflicting at times, and often presented in a politicized manner. Among healthcare professionals, nurses are uniquely positioned to address these concerns because nurses have been cited as the most trusted profession (Cipriano, 2016). Therefore, future efforts to communicate with and educate the public about unprecedented threats to health should center nurse leaders who are known for communicating complex healthcare information in a manner that can be understood and acted upon by many members of the public.

Although prior research has highlighted a lack of widespread broadband internet access in rural communities, study participants reported a heavy reliance on digital communication for remote schooling, working remotely, and for maintaining social connections among extended networks of family and friends. Therefore, we suggest that it is vital to avoid an overgeneralization that rural communities lack broadband internet access. Rather, we propose that the development of clinical interventions to support parents, parenting, and pre-teen children should triage families into interventions designed to leverage broadband internet access or interventions designed specifically for families without broadband internet access. Furthermore, future research should measure and report the benefits versus dangers of digital communication and screen time to better inform parents of their choices when faced with quarantine (i.e., do the benefits of remote social connections for pre-teens and time management for parents outweigh the dangers associated with changes in brain physiology, reduced physical activity, and reduced face-to-face social interactions for children?).

The twin challenges of remote schooling and working remotely through the COVID-19 quarantine were highlighted by study participants as part of managing overlapping schedules and managing limited physical space in existing homes. Furthermore, the unique social features of rural communities should be centered when developing interventions and policies aimed at supporting parents, parenting, and pre-teens. For example, guidance should be developed for flex time (i.e., three twelve-hour workdays versus five eight-hour workdays; credit for working “snow days”; and credit for cross-coverage of co-workers during periods of vacation or short-term family medical leave) and boundary setting (i.e., protected time such as family meals) that are informed by a better understanding of the habits parents create together with their parenting partners in the management of daily routines of caring for pre-teen children.

In particular, the role of professional educators should be further examined to identify attitudes and behaviors that assist or damage the well-being of parents and the success of parenting (i.e., do deadlines for assignments for remote schooling empower personal responsibility within pre-teens or do they create unnecessary stress for parents and harm parenting?). Future research supporting remote schooling should consider providing parents with a review of essential knowledge content and an introduction to pedagogical skills, and supply motivation for parents to undertake an unfamiliar role as teacher to pre-teen children.

As reported by study participants, the importance of balancing work-related stress and family-related stress should be considered in future clinical interventions. For example, parents face complicated time commitments unique to pre-teens including many scheduled activities with school and other organizations outside of the home. When not in

quarantine, parents need to manage the transportation needs of pre-teens. During quarantine, parents need to manage digital communication by pre-teens who wish to continue to participate in these activities using broadband internet access.

A unique finding of the current study that deserves future research is our observation of the increased flexibility of rural mothers as compared to rural fathers, and the role of flexibility in reducing parenting stress. Future research could examine reasons for the apparent lack of flexibility on the part of fathers in rural communities, and interventions should be developed to support rural mothers and improve flexibility for rural fathers to address this potential issue.

Because researchers have reported that decreasing child poverty through policies like the Child Tax Credit is correlated with higher birth weights, decreased maternal stress, increased childhood nutrition, and improved academic outcomes (Hammond & Orr, 2021), policies should be evaluated that improve economic opportunity in rural communities. For example, interventions to support remote work of rural parents should consider the possibility of paid parental leave and employer sponsored wellness programs adapted to rural parents to guard against negative effects on efficiency and health during periods of severe parenting disruption (i.e., rural parents may benefit from temporary relaxation of hunting and fishing licensing rules to promote outdoor physical activity supporting parenting of pre-teens as well as food security for the family). An example of a policy approach includes the American Rescue Plan (ARP), which increased the Child Tax Credit and made the full Child Tax Credit available to most children from 2021–2022 with the possibility of extension (Trisi & Floyd, 2021). Researchers have found that children whose parents’ income increased experienced better health and stronger earnings as adults (National Academies of Sciences, Engineering, and Medicine, 2019), and researchers project that the Child Tax Credit expansion will likely offer better health outcomes for the next generation (Garfinkel et al., 2021).

Strengths and Limitations of Study

This is the first known study to explore the experiences of parenting Generation Z pre-teen children in rural communities during COVID-19. Therefore, findings from this study expand our practical understanding of parents of Generation Z pre-teen children during a governmental quarantine and may assist health care providers in identifying and adapting culturally appropriate strategies to address the stress and demands of parenting Generation Z pre-teen children during periods of severe disruption to parenting—such as large-scale pandemics as well as future public health crises.

Even though this study had many strengths, this study also had limitations. Study participants were limited to a

small sample of heterosexual rural parents from one area in a rural midwestern community who identified as non-Latinx white. Therefore, the findings from this study may not apply to blended families, families with a single parent, immigrant families, and people of color who generally experience greater health disparities and social inequalities. Additionally, the United Nations has pointed out the dramatic negative consequences of COVID-19 on the education of children (UNICEF, 2021). Issues of education did not surface in the current study because this was a sample of convenience, and the interview guides were not designed to identify educational issues related to the COVID-19 disruption at the end of the 2020 academic year. Nevertheless, the findings provide an in-depth situated understanding of an understudied group of rural parents.

Conclusion

COVID-19 is not the first pandemic to endanger humanity, and the next pandemic—or a future variant of SARS—could require an additional period of local, regional, or national quarantine. Professionals with families as clients need to find ways to assist parents during and after a health emergency that requires quarantine. Assisting parents in coping with the demands of employment may help with promoting mental health in parents with potential benefits to the mental health of pre-teen children both during childhood and into adulthood. Professionals—such as nurses—who work with families need tools to educate rural parents, so parents can keep their pre-teen children safe. Additionally, interventions to support rural mothers and improve flexibility for rural fathers during times of crisis are needed. Researchers need to develop and validate such tools and interventions, and policymakers need to prioritize funding to ensure such tools and interventions are created and widely disseminated so families can flourish in rural communities during and after a health emergency.

Supplementary Information The online version contains supplementary material available at <https://doi.org/10.1007/s40653-022-00507-9>.

Declarations

Conflicts of Interest The authors declare no conflicts of interest.

References

- American Psychological Association. (2020). *Stress in america™ 2020 - American Psychological Association*. Retrieved from <https://www.apa.org/news/press/releases/stress/2020/sia-mental-health-crisis.pdf>
- Angen, M. (2000). Pearls, pith, and provocation. Evaluating interpretive inquiry: Reviewing the validity debate and opening the dialogue. *Qualitative Health Research*, 10(3), 378–395.
- Ashwood, L. (2018). *For-profit democracy: Why the government is losing the trust of Rural America*. Yale University Press.
- Benner, P. (1994). The tradition and skill of interpretive phenomenology in studying health, illness, and caring practices. In P. Benner (Ed.), *Interpretive phenomenology: Embodiment, caring, and ethics in health and illness* (pp. 99–127). Sage.
- Brooks, M. M., & Voltaire, S. T. (2020). Rural families in the U.S.: Theory, research, and policy. *National Symposium on Family Issues*, 253–267. https://doi.org/10.1007/978-3-030-37689-5_10
- Cipriano, P. F. (2016). The nation's 3.4 million registered nurses—a force for health. *mHealth*, 2, 9. <https://doi.org/10.21037/mhealth.2016.03.04>
- Commission on the status of Women. (2018). *Challenges and opportunities in achieving gender equality - UN women*. UN Women. Retrieved September 24, 2022, from <https://www.unwomen.org/sites/default/files/Headquarters/Attachments/Sections/CSW/62/CSW-Conclusions-62-EN.PDF>
- Creswell, J. W. (2016). *30 essential skills for the qualitative researcher*. Sage.
- Crist, J. D., & Tanner, C. A. (2003). Interpretation/analysis methods in hermeneutic interpretive phenomenology. *Nursing Research*, 52(3), 202–205.
- Dalton, L., Rapa, E., & Stein, A. (2020). Protecting the psychological health of children through effective communication about COVID-19. *The Lancet Child & Adolescent Health*, 4, 346–347.
- Finlay, L. (2006). “Rigour”, “ethical integrity” or “artistry”? Reflexively reviewing criteria for evaluating qualitative research. *British Journal of Occupational Therapy*, 69(7), 319–326.
- Garfinkel, Sariscsany, Ananat, Collyer, & Wimer. (2021). *he Costs and Benefits of a Child Allowance*. Center on Poverty and Social Policy at Columbia University. Retrieved from <https://www.squarespace.com/>
- Greenberg, A. J., Haney, D., Blake, K. D., Moser, R. P., & Hesse, B. W. (2017). Differences in access to and use of electronic personal health information between rural and urban residents in the United States. *The Journal of Rural Health*. <https://doi.org/10.1111/jrh.12228>
- Goldschmidt, K. (2020). The COVID-19 Pandemic: Technology use to Support the Wellbeing of Children. *Journal of Pediatric Nursing*, 53, 88–90. <https://doi.org/10.1016/j.pedn.2020.04.013>
- Golfenshtein, N., Srulovici, E., & Medoff-Cooper, B. (2015). Investigating parenting stress across pediatric health conditions: A systematic review. *Issues in Comprehensive Pediatric Nursing*. <https://doi.org/10.3109/01460862.2015.1078423>
- Hammond, S., & Orr, R. (2021). *Report: Measuring the child tax credit's economic and community impact*. Niskanen Center. Retrieved from <https://www.niskanencenter.org/report-measuring-the-child-tax-credits-economic-and-community-impact/>
- Health Resources & Services Administration. (2018). Defining rural population. Retrieved from <https://www.hrsa.gov/rural-health/about-us/definition/index.html>
- Hoge, E., Bickham, D., & Cantor, J. (2017). Digital media, anxiety, and depression in children. *Pediatrics*, 140(Suppl 2), S76–S80. <https://doi.org/10.1542/peds.2016-1758G>
- Johnston, L. D., O'Malley, P. M., Miech, R. A., Bachman, J. G., & Schulenberg, J. E. (2015). *Monitoring the Future national results on drug use: 1975–2014: Overview, key findings on adolescent drug use*. Ann Arbor: Institute for Social Research, The University of Michigan. Retrieved from <http://www.monitoringthefuture.org/pubs/monographs/mtf-overview2014.pdf-PDF>
- Lakhani, H. V., Pillai, S. S., Zehra, M., Sharma, I., & Sodhi, K. (2020). Systematic review of clinical insights into novel coronavirus (covid-19) pandemic: Persisting challenges in U.S. rural population. *International Journal of Environmental Research and Public Health*, 17(12), 4279. <https://doi.org/10.3390/ijerph17124279>

- Mikolajczak, M., Raes, M.-E., Avalosse, H., & Roskam, I. (2018). Exhausted parents: Sociodemographic, child-related, parent-related, parenting and family-functioning correlates of parental burnout. *Journal of Child and Family Studies*, 27(2), 602–614.
- Morse, J. (1995). Editorial: The significance of saturation. *Qualitative Health Research*, 5, 147–149.
- Morse, J. (2015). Critical analysis of strategies for determining rigor in qualitative inquiry. *Qualitative Health Research*, 25, 1212–1222.
- National Academies of Sciences, Engineering, and Medicine. (2019). *A roadmap to reducing child poverty*. Front Matter | A Roadmap to Reducing Child Poverty | The National Academies Press. Retrieved from <https://www.nap.edu/read/25246>
- Oerther, D. B., & Watson, R. (2020). Risk communication is important for environmental engineering during COVID-19. *Journal of Environmental Engineering*, 146(10). [https://doi.org/10.1061/\(asce\)ee.1943-7870.0001796](https://doi.org/10.1061/(asce)ee.1943-7870.0001796)
- Oerther, S. (2020). Analysis methods in hermeneutic phenomenological research: Interpretive profiles. *Frontiers of Nursing*, 7(4), 293–298. <https://doi.org/10.2478/fon-2020-0038>
- Oerther S. (2021). Designing interview guides on stress and coping related to parenting pre-teen children: an example from a hermeneutic phenomenological study. *Nursing Open*, 8(5), 2142–2152. <https://doi.org/10.1002/nop2.778>
- Oerther, S., & Oerther, D. B. (2021). Review of recent research about parenting Generation Z pre-teen children. *Western Journal of Nursing Research*, 43(11), 1073–1086. <https://doi.org/10.1177/0193945920988782>
- Pike, A., Iervolino, A. C., Eley, T. C., Price, T. S., & Plomin, R. (2006). Environmental risk and young children's cognitive and behavioral development. *International Journal of Behavioral Development*, 30(1), 55–66.
- Polit, D. F., & Beck, C. T. (2010). Generalization in quantitative and qualitative research: Myths and strategies. *International Journal of Nursing Studies*, 47(11), 1451–1458. <https://doi.org/10.1016/j.ijnurstu.2010.06.004>
- Puma, J. E., Belansky, E. S., Garcia, R., Scarbro, S., Williford, D., & Marshall, J. A. (2016). A community-engaged approach to collecting rural health surveillance data. *The Journal of Rural Health*, 33(3), 257–265. <https://doi.org/10.1111/jrh.12185>
- Richtel, M. (2021). *Children's screen time has soared in the pandemic, alarming parents and researchers*. The New York Times. Retrieved January 8, 2022, from <https://www.nytimes.com/2021/01/16/health/covid-kids-tech-use.html>
- Rodgers, B. L., & Cowles, K. V. (1993). The qualitative research audit trail: A complex collection of documentation. *Research in Nursing and Health*, 16, 219–226. <https://doi.org/10.1002/nur.4770160309>
- SmithBattle, L. (2018). The past is prologue? The long arc of childhood trauma in a multigenerational study of teen mothering. *Social Science & Medicine*, 216, 1–9. <https://doi.org/10.1016/j.socscimed.2018.09.013>
- SmithBattle, L., & Leonard, V. (2012). Inequities compounded. *Journal of Family Nursing*, 18(3), 409–431. <https://doi.org/10.1177/1074840712443871>
- Smits, H. (1997). Living within the space of practice: Action research inspired by hermeneutics. In T. R. Carson & D. Sumara (Eds.), *Action research as a living practice* (pp. 281–297). Peter Lang.
- Spinelli, M., Lionetti, F., Pastore, M., & Fasolo, M. (2020). Parents' stress and children's psychological problems in families facing the COVID-19 outbreak in Italy. *Frontiers in Psychology*. <https://doi.org/10.3389/fpsyg.2020.01713>
- The Cecil G. Sheps Center for Health Services Research. (2017). Rural Health Snapshot. Retrieved from <https://www.shepscenter.unc.edu/product/rural-health-snapshot-2017/>
- Thiede, B., & Slack, T. (2017). "The old versus the new economies and their impacts." In Tickamyer, Sherman, Warlick, Eds. *Rural Poverty in the United States* (pp. 231–256). Columbia University Press, New York, NY.
- Thomas, E., & Magilvy, J. K. (2011). Qualitative rigor or research validity in qualitative research. *Journal for Specialists in Pediatric Nursing*, 16(2), 151–155. <https://doi.org/10.1111/j.1744-6155.2011.00283.x>
- Tong, A., Sainsbury, P., & Craig, J. (2007). Consolidated criteria for reporting qualitative research (COREQ): A 32-item checklist for interviews and focus groups. *International Journal for Quality in Health Care*, 19(6), 349–357. <https://doi.org/10.1093/intqhc/mzm042>
- Trautmann, J., Alhusen, J., & Gross, D. (2015). Impact of deployment on military families with young children: A systematic review. *Nursing Outlook*, 63(6), 656–679. <https://doi.org/10.1016/j.outlook.2015.06.002>
- Trisi, D., & Floyd, I. (2021). *Benefits of expanding child tax credit outweigh small employment effects*. Center on Budget and Policy Priorities. Retrieved from <https://www.cbpp.org/research/federal-tax/benefits-of-expanding-child-tax-credit-outweigh-small-employment-effects>
- UNICEF. (2021). *Schoolchildren worldwide have lost 1.8 trillion hours and counting of in-person learning due to COVID-19 lockdowns*. UNICEF. Retrieved from <https://www.unicef.org/turkiye/en/press-releases/schoolchildren-worldwide-have-lost-18-trillion-hours-and-counting-person-learning>
- U.S. Department of Treasury. (2021). *Economic impact payments*. U.S. Department of the Treasury. Retrieved 2022, from <https://home.treasury.gov/policy-issues/coronavirus/assistance-for-american-families-and-workers/economic-impact-payments>
- van Dorn, A., Cooney, R. E., & Sabin, M. L. (2020). Covid-19 exacerbating inequalities in the US. *The Lancet*, 395(10232), 1243–1244. [https://doi.org/10.1016/s0140-6736\(20\)30893-x](https://doi.org/10.1016/s0140-6736(20)30893-x)
- Wang, G., Zhang, Y., Zhao, J., Zhang, J., & Jiang, F. (2020). Mitigate the effects of home confinement on children during the covid-19 outbreak. *The Lancet*, 395(10228), 945–947. [https://doi.org/10.1016/s0140-6736\(20\)30547-x](https://doi.org/10.1016/s0140-6736(20)30547-x)
- Weber, B., Miller, K. (2017). "Poverty in rural America then and now." In Tickamyer, Sherman, New York, NY.
- World Medical Association (2021). WMA Declaration of Helsinki – Ethical principles for medical research involving human subjects. [https://www.wma.net/policies-post/wma-declaration-of-helsinki-ethical-principles-for-medial-research-involving-human-subjects/](https://www.wma.net/policies-post/wma-declaration-of-helsinki-ethical-principles-for-medical-research-involving-human-subjects/)
- Yao, M., Zhou, Y., Li, J., & Gao, X. (2019). Violent video games exposure and aggression: The role of moral disengagement, anger, hostility, and disinhibition. *Aggressive Behavior*, 45(6), 662–670. <https://doi.org/10.1002/ab.21860>

Publisher's Note Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.

Springer Nature or its licensor (e.g. a society or other partner) holds exclusive rights to this article under a publishing agreement with the author(s) or other rightsholder(s); author self-archiving of the accepted manuscript version of this article is solely governed by the terms of such publishing agreement and applicable law.