From Child to Children: The Experiences of Economically Marginalized Parents as Their Family Sizes Grow

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The Experiences of Economically Marginalized Parents as Their Family Sizes Grow

A Dissertation

Submitted to the Graduate Faculty of the University of New Orleans in partial fulfilment of the requirements for the degree of

Doctor of Philosophy in Counselor Education

by

Yvanna Pogue Vicks

B.A., Nicholls State University, 2016
M.A., Nicholls State University, 2018
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Dedication

This dissertation is dedicated to my grandparents, Romona White, Herman Brent, Johnny Pogue Sr., and Mary Hamilton who crawled so that my parents could walk. To my parents, Curtis and Yvette Pogue, who walked so that I can run. To my children, nieces, and nephews, I pray that you soar!
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Abstract

Family studies have suggested that the presence of economic resources in childhood contributes to positive childhood experiences (Reiss, 2013). However, structural limitations such as political influences, limited access to education, and financial shortages play a leading role in the parent’s restricted access to these resources (Brown, 2014). Due to barriers accessing family planning resources such as contraceptives, economically marginalized parents typically have more children than higher income families (Bernstein & Jones, 2019). The purpose of this study was to explore the experiences of economically marginalized parents as their family sizes grow. In this study family systems theory (FST) and attachment theory were combined to develop research and interview questions that distinguish the progression of a parent and child relationship as the size family size grows with consideration of the societal and familial framework that governs parental resources (Haefner, 2014). The participants in this study included six cisgender adult women from Louisiana who have two or more children and are currently enrolled in the Louisiana Supplemental Nutrition and Food Program (SNAP). An Interpretive Phenomenological Analysis IPA six step procedure was used to analyze the data of six semi-structured interviews. Results led to seven superordinate themes (a) age difference between children, (b) family support, (c) employment, (d) community resources for parents, (e) barriers parenting during the pandemic, (f) mental health, and (g) attachment style and generational transmission. Lastly, implications for medical and mental health care, community resource providers, public awareness and education and policy and procedures were provided
Chapter I

Introduction

Chapter one includes an overview of the qualitative research study, followed by the purpose and significance of the study. Next, discussion of the theoretical frameworks used to contextualize the research and interview questions are detailed, in addition to the research method and questions. Chapter one concludes with assumptions, limitations, and delimitations of the study and definitions of key terms.

Overview of the Research

Economic conditions influence the way that a child develops emotionally over time (Feagin & Bennefield, 2014). Stern et al. (2021) suggested that a common factor associated with symptoms of depression and anxiety in families is economic hardship (Stern et al., 2021). Due to barriers accessing family planning resources such as contraceptives, economically marginalized parents typically have more children than higher income families (Bernstein & Jones, 2019). To accommodate the needs of each member, parents with growing families require more economic support than parents with only one child (Brown, 2014). As economically disadvantaged parents divide time and economic resources amongst multiple children, parent-child bonding experiences tend to decline (Hosokawa & Katsura, 2017). Examples of economic support include food assistance, employment, childcare, medical care, and behavioral health services (Brown, 2014).

Problem Statement

Risks including negative parent-child relationships, child abuse, and child neglect are associated with family expansion and economic hardship (Hosokawa & Katsura, 2017). Due to cases of child abuse and neglect found in low-income households, there have been legal pursuits
for the improvement of parent-need assessments administered by mental health and medical care professionals to improve supportive services for economically marginalized parents (Zilberstein, 2016). Family studies have suggested that the presence of economic resources in childhood contributes to positive childhood experiences (Reiss, 2013). However, structural constraints such as political influences, limited access to education, and financial shortages play a leading role in the parent’s restricted access to these resources (Brown, 2014). Needs assessments, family research, and parenting community resources often gather information pertaining to how economically marginalized parents can better support their children, rather than what these parent needs to feel supported through their parenting experiences (Fingerman et al., 2015).

**Purpose of Study**

The purpose of this study was to explore the experiences of economically marginalized parents as their family sizes grow. Reiss (2013) suggested that accurately addressing parenting needs promote healthy parent-child relationships. Moreover, parenting circumstances directly impact the care of children (Dor, 2012). Addressing the needs of economically marginalized parents with growing families would require an exploration of their experiences to determine what their needs are (Zilberstein, 2016).

**Significance of the Study**

This study on family expansion and economic marginalization can have implications for mental health and medical care providers, community resource providers and policy makers. On a systemic level, findings from the study can contribute to the improvement of state and national laws that reflect the needs of parents. Additionally, mental health and medical providers might consider alternative methods for the facilitation of mental health assessments that seek to understand risk factors for economically marginalized parents through family expansion.
Moreover, educational enhancements such to medical residency protocols, parenting curriculums, and parent-child mental health interventions are recommended to encourage cultural responsiveness and inclusion. The study could also improve suitability of resources for economically marginalized parents with growing families by using the recommended assessment protocols to gather information about the economic needs of parents.

**Conceptual Framework**

A conceptual framework is used as a lens for qualitative researchers that guides how a study is conducted and interpreted (Imenda, 2014). For this study, the frameworks that were used to guide research and interview questions were family systems theory (FST) and attachment theory. FST and attachment theory both offer insight on the relationships between parent and child and further examine how these relationships contribute to child development (O’Gorman, 2012). According to FST a parent’s avoidance of their child’s emotional needs can negatively impact the child (Rabstejnek, 2012). Attachment theory further suggests that a parent’s responsiveness to their child’s emotional needs can positively impact the child (Rabstejnek, 2012). Moreover, attachment theory is commonly used to examine whether experiences in close relationships contribute to social experiences across childhood, adolescence, and adulthood (Dykas & Cassidy, 2011).

FST is utilized to conceptualize the context of the entire system, rather than the one individual (Haefner, 2014). For instance, Bowen originally used FST to examine the dynamic between mothers and their children who had been diagnosed with schizophrenia (Rabstejnek, 2012). He proposed that schizophrenia was the product of familial dysfunction that intensified over generations (Comella, 2011). FST’s concept of multigenerational contributions implies that parental avoidance of emotional distress can be projected on to their children (Rabstejnek, 2012).
If the child does not have the necessary emotional involvement from their caregiver, the same emotional distress can be projected on to their future children (James et al., 2018). This process causes an unhealthy multigenerational transmission; meaning, avoidance of emotional trauma can be passed down from generation to generation (Rabstejnek, 2012).

FST has emphasized how the emotional functioning of a single member can change the entire family dynamic (Rabstejnek, 2012). Attachment theory compliments FST by examining the relationships between parents and their children within the larger system (Comella, 2011). This system includes immediate and extended family, community, and the multigenerational aspects of culture (Haefner, 2014). FST is designed to offer clarity regarding the systemic dynamics in which these relationship attachments take place (Hooper, 2007). Both theories can be useful in investigating the source of specific relational patterns and barriers (Hooper, 2007).

Attachment theory has identified an insecure relationship as one in that an infant develops a lack of trust and reliability for their caregiver that continues over time (Dykas & Cassidy, 2011). Secure relationships are developed when an infant has learned to trust their caregiver (Dykas & Cassidy, 2011). Children who feel secure within the context of a parent and child relationship will utilize their positive knowledge and encounters to process future experiences with others (Dykas & Cassidy, 2011). Those children who have encountered an insecure relationship are more prone to future psychological distress when processing information (Dykas & Cassidy, 2011).

Insecure attachment styles are categorized as anxious-ambivalent, disorganized, and avoidant (Berghaus, 2011). Infants who experience rejection from parents become avoidant; and those who later report lack of responsiveness and rejection by caregivers are more likely to be anxious and ambivalent (Berghaus, 2011). Consistent irresponsiveness to a child’s needs can
cause them to develop disorganized feelings (Berghaus, 2011). Secure relationships promote healthy bonds between parent and child (Berghaus, 2011).

For this study, attachment theory was linked with FST by examining the relationships between parents and their children within a systems model (Comella, 2011). Attachment theory is known to distinguish the progression of a parent and child relationship (Dykas & Cassidy, 2011). FST is designed to offer clarity regarding the environmental dynamics in which these attachment relationships take place (Hooper, 2007). Both theories can be useful in investigating the source of specific relationship themes and patterns (Hooper, 2007). For instance, parents of premature babies in the Neonatal Intensive Care Unit (NICU) have reported concerns about the inability to establish new relationships with their babies (Dunn et al., 2016). A critique in research regarding attachment theory is that it does not examine relationships where parents are unable to initially connect with their child. Therefore, defining a baby’s attachment style having spent time in the NICU would require one to examine the child’s environment in the NICU, such as the care provided by the nurses. FST would not only examine the hospital environment, but also the level of care that the child was able to attain with consideration of the child’s and parents’ culture, community, and family. Once parents are permitted the opportunity to bond with the child outside of the NICU, the child then becomes familiar with these bonding experiences as a whole (Stevens et al., 2014). Physical and emotional memories of bonding experiences can then impact their attachment in other relationships over time (Redshaw & Martin 2013; Eyer, 1994).

The exploration of environmental and systemic context that FST offers is essential when examining attachment styles as all families are not offered equal resources and opportunities (Haefner, 2014). Rawatla et al. (2015) suggested that children and adolescents from poorer
socioeconomic environments exhibit an avoidance or dismissive perspective on attachment with their parents. Hsieh and Huang (2014) suggested in their birth order position study that younger siblings with socioeconomic disadvantages often face more systemic and mental health disadvantages than older siblings. Furthermore, there was a correlation between children of parents with low SES and child mental health concerns.

Parental resources, such as finances, in addition to bonding experiences tend to decline as family size grows (Falbo, 2012). In this study the two theories were combined to develop research and interview questions that distinguish the progression of a parent and child relationship as the size family size grows with consideration of the societal and familial framework that governs parental resources (Haefner, 2014).

Overview of Methods and Research Questions

Qualitative research is designed to gain new knowledge about a person’s lived experiences (Grossoehme, 2014). It is the researcher who collects and interprets the results of the participants, rather than a quantitative collection of numeric data (Pathak et al., 2013).

Qualitative research expands participant involvement, which increases the likelihood for a positive participant and researcher experiences (Grossoehme, 2014). When a qualitative approach to the research is being selected, the researcher must consider what is known about the research topic and what is to be discovered (Pathak, 2013). Once the gap in the research is determined, the researcher is to identify the approach that will best support what is necessary to answer the research questions (Pathak, 2013).

Interpretive Phenomenological Analysis (IPA) has become a common research method utilized for research in counselor education and supervision (Eatough & Smith, 2017). IPA focuses most on the individual experience of the participant (Lin, 2017). In IPA, the researcher is
to conduct each case analysis before comparing patterns across participant cases (McNarry et al., 2019). This research approach encourages the researcher to re-read all original data and notes before analyzing the data (Eatough & Smith, 2017). Next, emergent themes should be documented (Eatough & Smith, 2017). The researcher should then seek connections between the emergent themes and integrate those themes. (Eatough & Smith, 2017). To address any researcher biases or assumptions, IPA promotes bracketing and reflexivity throughout the analysis process (McNarry et al., 2019). These techniques can be especially useful when the patterns across cases would need to be identified (Eatough & Smith, 2017). The incorporation of the identified theories used as a lens for the research study can be utilized to further view the analysis (Eatough & Smith, 2017). IPA will be applied to analyze the data in this research study as it will capture the meaning behind marginalized parents with low SES experiences.

Research questions are used to guide the IPA (Doody & Bailey, 2016). To gain an understanding of the parental experiences of marginalized parents as they expand their families Two research questions to frame the study will be applied.

- What were the experiences of economically marginalized parents with one child?
- What were the experiences of these same parents when they became a parent of two or more children?

**Limitations and Delimitations**

As with the majority of research studies, the study was subject to limitations (Munthe-Kass et al., 2019). Purposeful sampling is used in a technique commonly used in qualitative research (Palinkas et al., 2015). IPA is profoundly dependent upon the researcher in the analysis process (Eatough & Smith, 2017). This methodological approach makes room for biases and assumptions (Munthe-Kass et al., 2019). To address potential biases, I engaged in reflexive
journaling, peer debriefing, and member checking as validation procedures. Another limitation of this study was that participants included only cisgender women.

The study also consisted of delimitations which are the boundaries that a researcher establishes in a study by deciding what to include and what to exclude (Simon, 2011). Because participants will be located in Louisiana, the sampling pool did not represent the experiences of marginalized parents with low socioeconomic statuses in other states. A second delimitation is that the study will not include non-parental caregiver participants, such as grandparents and adoptive parents. Lastly, interviews were performed through HIPPA a compliant Zoom platform, meaning participants who do not have access to technology.

Assumptions of the Study

Assumptions of a study refers to the researcher’s biases (Thomas, 2017). The primary assumption in the research is the participant’s willingness to provide honest answers during their interview. It is also assumed that participant will be able to recall past experiences raising their children.

Definitions of Terms

The following terms are significant to the study, and the definitions below offer clarity for context for each term.

**Antepartum Depression:** A form of clinical depression while pregnant (Schaffir, 2018)

**Post-partum Depression:** Depression and anxiety experienced after pregnancy (Liu et al., 2023).

**Parenting** is the involvement in a child’s upbringing by raising a child (Fay-Stammbach et al.,
Marginalization occurs when groups of people encounter social discrimination and segregation due to unequal power in relationships across the dimensions of culture, politics, economic level, and social status (Teshome et al., 2022).

Socio-Economic Resources is the measurement of a person’s combined social assets that is based on their education, income, and occupation (Houle, 2014).

Economic marginalization is defined by a person’s social barriers in attaining income or getting a job (Juntunen et al., 2022).

Privilege refers to a person’s or groups social advantages in society because they fit into a specific group or identity (Knowles et al., 2014).

Structural Constraints are the conditions in society that result to inequality (Chatziafratis et al., 2018).

Chapter Summary

Chapter one offered an overview of the phenomenological study’s purpose and significance. FST and attachment theory were utilized as theoretical frameworks to guide the research and interview questions. Moreover, research questions have been developed to address the gaps in the literature pertaining to the experiences of economically marginalized parents. The assumptions underlying the study and any limitations and delimitations have been reviewed to capture the credibility the future study.
Chapter II

Review of the Literature

The purpose of chapter two is to review literature relevant to parenting, family expansion, and economic marginalization. Section one of chapter two addresses parent-child bonding literature. The second section includes a review of the origin of attachment work. Section three covers parent and child neuroscience and neuro-counseling perspectives. The fourth section addresses parenting interventions and assessment strategies. Section five is divided into three subsections that reflect child subjective bonding experiences in the literature on a micro, meso, and macro systems levels. Section six includes literature pertaining to parents with economic advantages. The seventh section will address systemic barriers for marginalized parents. Section seven is divided into four subsections including cultural exclusion, educational exclusion, economic exclusion, and intersectionality. In the final section, a summary of the literature will be provided.

Parent-Child Bonding and Attachment

Bonding can be defined as the connection and commitment a person makes to relationships with others (Lee & Lok, 2012). Parent-child bonding is an essential factor for healthy child development (Howenstein et al., 2012). Specifically, parental involvement influences the social and emotional development of children as parents define and convey their beliefs about what is appropriate conduct and behavior to their children (Lee & Lok, 2012). In research studies ‘bonding’ and ‘attachment’ are often used interchangeably. Fletcher and Gallichan (2016) suggested that it is bonding that plays an essential role in relationship and attachment should be defined as the aspects of the relationships that develop from bonding experiences.
Origins and Evolution of Attachment Work

John Bowlby’s early psychology research connected the terms bonding and attachment by the examination of how the bond between child and parent contribute to the way a child forms relationships later in life (Dykas & Cassidy, 2011). Psychologist Amy Ainsworth expanded upon Bowlby’s research by defining different attachment styles (Cassidy et al., 2013). Attachment styles are the emotional connections that a person displays based on their bonding experiences with parents (Cassidy et al., 2013). The theory of attachment started with Ainsworth’s study on maternal behavior and infant attachment (Cassidy et al., 2013). Ainsworth discovered that children who felt secure in their relationship with parents would utilize their positive knowledge and experience to process future experiences (Dykas & Cassidy, 2011). For instance, animal research and observations have suggested that physical contact between an infant and parent can improve the infant and caregiver connection (Redshaw & Martin 2013; Eyer, 1994). In recent years, hospital policies in America have encouraged early skin to skin contact between babies and parents (Stevens et al., 2014). This type of contact in the early stages of an infant’s life aids initial adjustments for both parent and child (Redshaw & Martin 2013; Brazelton & Nugent, 1995).

Ainsworth categorized insecure attachment styles as anxious-ambivalent, disorganized, and avoidant (Berghaus, 2011). Berghaus (2011) suggested that a parent’s failure to sustain a close bond with their child can result to negative consequences for the child, such as delinquency, aggression, and challenges displaying affection to others (Berghaus, 2011). Moreover, secure relationships promote healthy bonds between parent and child (Berghaus, 2011).
Parent and Child Neuroscience/Neuro-Counseling Perspectives

Antepartum and post-partum depression is commonly overlooked and untreated, especially in low income populations (Liu et al., 2023). Symptoms can include fatigue, restlessness, irritability, and hopelessness that often interfere with the parent and infant relationship (Gelaye et al., 2016). As the parenting literature has started to expand in the United States, scholars have found connections between the way that parents react and respond to their children and child brain development (Havighurst & Kehoe, 2017). For instance, a study performed by Milteer and Ginsburg (2012) found that play between parent and child is vital to the emotional and cognitive wellbeing of a child.

The most critical stage for brain development is infancy. By age three, a child’s brain is only approximately 10% smaller than an adult’s brain (Winston & Chicot, 2016). During infancy, a baby’s brain is profoundly impressionable as it is being introduced to millions of new connections through their caregiver (Hensch, 2016). These interactions create memories of relational patterns that contribute to future logic and decision making (Winston & Chicot, 2016).

When exposed to negative experiences like neglect, children will likely develop stress responses such as irritability, difficulty communicating, or depression (Navalta et al., 2018). Therefore, mental health providers are often encouraged to use appropriate assessment screenings, such as neurological risk assessments that include an evaluation of parent-child relationship experiences as childhood experiences shapes the way that the brain will develop over time (Johnson et al., 2013).

Parenting Interventions and Assessment Strategies

Parenting interventions that have been performed to reduce familial stress are not always accessible, valued, or culturally responsive (Hook et al., 2016). For example, parenting classes
are often mandated after a child has been removed from the home by the Department of Children and Family Services (DCFS) (Love et al., 2013). Parenting course curriculums often focus on the societal expectations of caregivers and do not always consider the needs of the parent (Romagnoli & Wall, 2012). An example of this would be the expectation that mothers practice self-care to reduce burnout (Leahy-Warren & Corcoran, 2012). Self-care may be difficult for mothers who have limited support systems (Leahy-Warren & Corcoran, 2012). It can be even more challenging if there are financial barriers that prevent mothers from obtaining basic needs (Coyne et al., 2021).

Child-focused interventions do not always capture the parental experiences and therefore does not truly capture true risk factors associated with parental involvement (Forehand et al., 2013). For example, In the school system, parents are contacted when there is reported behavioral or emotional concerns from the child (Rambaran et al., 2017). The American School Counseling Association (ASCA) (2019) has enforced that school counselors have an ethical obligation to support students and parents by providing resources. However, parents are then faced with the responsibility of making contact with these resources, paying for the resource, and ensuring that their child is able to obtain the resource (Rambaran et al., 2017).

Parent focused counseling can be facilitated to parents in individual, couples, and family counseling (Dor, 2012). Two popular interventions that promote healthy parent-child engagement are Parent Child Interaction Therapy (PCIT) and Child Parent Relationship Therapy (CPRT) (Carpenter et al., 2014). PCIT is typically used as an intervention for children with behavioral concerns (Lieneman et al., 2017). The format of this intervention includes a therapist providing behavioral skill coaching to the parent through a one-way mirror or virtually, while the parent interacts with the child (Lieneman et al., 2017). Similarly, CPRT is a play based
intervention that involves an interactive group environment where parents can learn skills to meet their child’s needs (Lieneman et al., 2017).

Strategies to address parenting concerns might be to assess basic needs, safety concerns, and explore parental challenges and strengths (Dor, 2012). This service can be accessible to parents with low socioeconomic background as community mental health agencies are designed to provide mental health service to individuals with limited resources (Thornicroft, 2016). However, the therapist has an important role in discovering the parental experience beyond the four walls of the therapy room (Hook et al., 2016). This calls for the therapist to learn about the parent’s cultural practices, parenting perspectives, SES, and barriers (Hook et al., 2016). If the therapist does not assess these areas, it is not possible to fully capture their client’s experiences (Forehand et al., 2013).

**Child Subjective Bonding Experiences**

Bonding and attachment between parent and child is a predictor of how children will interact with others in the macro, meso, and micro level systems (Claessens & Mihet, 2013). Macro systems can include the beliefs and customs, the legal system, and geographic setting that the child is raised (Heffernan et al., 2014). Mesosystems consists of schools, neighborhood, and other community establishment (Bouchard & Smith, 2017). The mesosystem examines how microsystems interact with one another (Bouchard & Smith, 2017). For instance, teachers and administration from one microsystem often interact with parents and guardians in another microsystem through parent-teacher phone calls or student progress meetings (Algood et al., 2013).

Ecological, interpersonal, and biosocial theories would agree that a village is required to raise a child (Lee & Lok, 2012). Parent, community, and neighborhood interactions all contribute
the physical, intellectual, and emotional well-being of a child (Algood et al., 2013). The quality of these interactions are also dependent upon the environment in which they take place (Hodgkinson et al., 2017).

**Child Microsystem Experiences**

A child’s microsystem consists of the immediate contacts that they encounter (Oyarzún Gómez et al., 2019). In a child’s home, it is common that they will first encounter their parents, grandparents, and siblings (Howe et al., 2022). Historically, mothers have been the primary caregivers in their households and are more likely to support children with daily tasks such as bathing and eating (Ladge & Humbred, 2022). Lopez Garcia et al, (2022) found that paternal support, such as sharing household responsibilities with the mother, can enhance the emotional well-being of mothers. Fathers are typically the main source of financial support to children, but are equally capable of providing nurturing care (Ladge & Humbred, 2022). Grandparents are most instrumental in low-income, single parent, and black families (Samuel et al., 2017). Black families, especially, have a greater dependence on informal systems of support, such as family (Samuel et al., 2017) Older siblings often provide temporary care for their children and in some cases take on disciplinary and caretaker responsibilities (Smith, 2015).

Roberts and Blanton (2001) performed a qualitative birth order study to explore the subjective experiences of children according to their sibling positionality. Only children reported receiving their parents’ undivided attention and often received more extra-curricular opportunities than children with siblings (Roberts & Blanton, 2001). First-born children reported feeling similar to only children when they did not have siblings (Roberts & Blanton, 2001). Second and later-born children desired more parental affection and often have less extra-curricular opportunities than their older siblings (Roberts & Blanton, 2001).
Family expansion and low-income often force parents to work longer hours to be able to provide for their families (Monfardini & See, 2016). This tends to place eldest siblings in the role of care taking (Wikle et al., 2012). Later-born children commonly express relying on their older siblings, rather than their parents for bonding opportunities (Breining et al., 2020). Younger children from larger families have reported expectations from parents to follow the leadership of older siblings, as they do not feel that parents possess enough time or income to assist them in their endeavors (Falbo, 2012).

**Child Mesosystem Experiences**

The mesosystem is the interaction between two or more microsystems (Bouchard et al., 2017). A child’s available interpersonal resources in a community’s structure is determined by the social status of the family (Hodgkinson et al., 2017). Therefore, bonding experiences between parent and child can either be nurtured or harmed by the influences of the community. Hodgkinson et al., 2017).

Community resources, such as childcare, is designed to offer support to parents in their absence (Floyd & Phillips, 2013). This service also reduces the responsibility of elder children and offers consistent social and emotional support to each enrolled child (Monfardini & See, 2016). The average nursery costs approximately $900 a month for child care per child in the United States (Wookman, 2021). Childcare Assistance Programs offer financial assistance to low-income families who cannot afford child care (Floyd & Phillips, 2013). However, the wait lists can be profoundly long (Floyd & Phillips, 2013). For example, in Louisiana over thousands of low-income families are currently on a childcare waitlist (Morissey, 2017). Once school aged, these children are able to attend public schools at no cost (Floyd & Phillips, 2013). Child care can assist children in preparing for the transition into schools (Floyd & Phillips, 2013).
Banerjee (2016) found that school aged children are more likely to attend school if their teachers displayed positive attitudes about the child’s success. Compared to middle and upper class students, low-income students were less likely to attend school because they reported a fear of embarrassment having received low expectations for success by teachers (Banerjee, 2016). These reported negative attitudes were attributed to teacher stereotypes (Banerjee, 2016). Stereotypes about child educational capabilities come without the practice of cultural humility (Haynes-Mendez & Engelsmeier, 2020). Cultural humility is described as one’s lifelong commitment to practice self-awareness, self-critique, and supportive interactions when encountering individuals who have ethnic, racial, and/or economic or other differences from one’s self (Foronda et al., 2016). Cultural humility promotes inclusive environments that takes into consideration the advantages and disadvantages of each individual (Haynes-Mendez & Engelsmeier, 2020).

Low income is often a result of marginalization in some other way (Jackson et al., 2016). For instance, black families are racially marginalized (Murry et al., 2018). On a community level, racial marginalization leads to unequal treatment in the education system, limited access to income and housing opportunities (Stern et al., 2021). The daily obstacles of discrimination on parents can have damaging effects on caregiving availability and means to provide for children (Stern et al., 2021).

Children are heavily influenced by the environment in which they reside (Hodgkinson et al., 2017). Low-income children often reside in low-income neighborhoods (Hodgkinson et al., 2017). Children from middle and upper class families usually reside in safe neighborhoods that consists of neighbors who have achieved high educational and occupational goals (McKenzie et
al., 2013). On the other hand, children from lower-income neighborhoods are less likely to report positive having positive influences in their neighborhood (McKenzie et al., 2013).

Historically, churches have been a recourse point to economically disadvantaged families, especially economically disadvantaged black families for support with basic needs, child care, and counsel (Smolin, 2022). However, religious shame and guilt is a commonly reported factor to the apprehension that many feel about attending church (Downie, 2022). Petts (2012) found that when parents who do feel supported by their church experience less stress, are less likely to engage in corporal punishment, and display more involvement with their children than parents who do not feel supported by their church.

Social connections are also a factor that contributes to a child’s displayed attachment style (McKenzie et al., 2013). A child’s home, church, culture, neighborhood, and school are examples of interlinked microsystems that make up a mesosystem (Bouchard et al., 2017). To accurately address a child’s progression within these interlinked systems, their barriers must also be considered (Sanvictores & Mendez, 2022).

**Child Macro System Experiences**

The larger macro-system reflects laws, policies, and international associations that can impact smaller communities and households (Claessens & Mihet, 2013). For instance, though several bonding and attachment studies have indicated that initial parent-child bonding experiences is essential to the healthy brain development of a child, the United States is the only wealthy country that has not developed a formal paternal and maternal paid time off leave policy (Rossin-Slater, 2017). Without a universal leave policy, companies and organizations are able to formulate their own rules and regulations surrounding maternity and paternal leave (Rossin-Slater, 2017). This often results to parents receiving no paid time off at all after the birth of a
child (Plotka & Busch-Rossnagel, 2018). Policies as such often forces low income parents to return to work as soon as physically possible (Plotka & Busch-Rossnagel, 2018)

Systemic disadvantages have played a large role in access to economic resources (Stern & Cassidy, 2021). Systemic disadvantages are determined by intergenerational poverty (Chetty et al., 2020). This means that differences in social capital, access to education, and differences in family structure are largely attributed to legal prohibitions that have restricted minorities (Pincus, 2019). Family structures are impacted by these disadvantages as connectedness to society is restricted, and therefore, connectedness with one another can be difficult to attain with limited support (Pincus, 2019)

Research perspectives on bonding and attachment can have limitations, as such perspectives do not always capture psychological, social, cultural, legal, and economic contexts (Zilberstein, 2014). Congress have created programs such as the Maternal, Infant, and Early Childhood Home to support mothers with low-income (Michalopoulos et al., 2015). However, many of these programs have been developed based on child development statistics, without examining the individualized needs and experiences of parents (Stern et al., 2021).

**Parents with Economic Advantages**

Parents feel more secure in their parenting approach if social resources are available to them (Sanvictores & Mendez, 2022). The Family Investment Model (FIM) has suggested that parents of higher SES have more resources to contribute to their child’s developmental needs (Sohr-Preston et al., 2013). Economic resources connect parents with helpful tools to improve child-parent relationships and the child’s social opportunities (Mayo and Siraj, 2015). The attainment of economic resources is dependent upon the capital and social status of parents (Hoff & Laursen, 2019). For instance, mothers with middle and high socioeconomic statuses often hire
doulas to assist them in the bonding process with their children (Thomas et al., 2017). Lopez Garcia et al, (2022) suggested that paternal support, such as sharing responsibilities with the mother, can positively enhance the emotional well-being of mothers. Doulas are labor assistance who are able to offer educational support, postpartum information, and techniques to accommodate the mother’s needs as they build a relationship with their child (Ahlemeyer, 2015). The ultimate goal of a doula is to improve the parent’s emotional mood so that they are able to provide positive bonding and attachment experiences for their child (Thomas et al., 2017).

Maternal and paternal sensitivity is fostered with this level of support (Thomas et al., 2017). Maternal and paternal sensitivity is defined as the emotional availability that the parent has for their child (Chajes et al, 2015). The presence of maternal and parental sensitivity improves the bonding and attachment of parent and child (Chajes et al, 2015).

Time is another example of an advantage that many economically advantaged groups have (Chen & Yiu, 2019). For instance, economically advantaged parents tend to have more flexibility in their work hours and may use their financial means to assist with household responsibilities such as house cleaning (Fingerrman et al., 2015). Additionally, parents are more likely to support children with their academic and performance endeavors (Fingerrman et al., 2015). In two parent-households with economic advantages, there are cases where one parent is able to stay home with the children (Bettinger et al., 2014). This is especially beneficial for parents with growing families (Fingerrman et al., 2015). Time advantages create room for parent-child bonding opportunities (Chen & Yiu, 2019) Time and financial flexibility cultivates self-care for higher income parents (Raynor et al., 2017). Self-care assists parents in taking time to engage in activities that improve their mental and physical health (Mlinac & Feng, 2016).
These activities can include exercising, journaling, meditation, or healthy boundary setting (Raynor et al., 2017).

Economic and social resources are most available to parents with privilege (Knowles et al., 2014). Privilege speaks to the amount of advantages that dominant groups in society have, such as white people, cisgender individuals, heterosexual individuals, able-bodied people, or people who have attained high levels of education (Knowles et al., 2014). Parents with high privileges in society, such as white privilege combined with high education, are less likely to face barriers in attaining more financial income and societal resources to support their children when their family sizes grow than parents who have low income (Roda & Wells, 2013).

The Intergenerational Stake Hypothesis has indicated that parents with economic advantages are more likely to support their adult children (Birditt et. al, 2015). This theory suggested that parents with socio-economic advantages share their resources with their children into their adulthood (Birditt et. al, 2015). The purpose of this is that adult children carry on their parent’s legacy (Spalding & Carpenter, 2019). Investments into children to continue legacies may include contributions to high education, saving accounts, and inherited businesses (Birditt et. al, 2015). If parents are able to pass these contributions on to multiple children, their legacy is more likely to continue through time (Spalding & Carpenter, 2019).

**Systemic Barriers for Marginalized Parents**

Marginalized parents experience discrimination and exclusion from societal resources, such as unequal treatment in the healthcare and education system and limited access to income opportunities (Bridges, et al., 2012). Individuals and communities who are marginalized in society can include senior citizens, racial and ethnic minorities, hearing and visually impaired
citizens, physically challenged people, women, the LGBTQI+ community, and people with cognitive impairments (Nadal et al., 2016).

The daily stress of discrimination on parents can have damaging effects on caregiving conduct and mental health (Stern & Cassidy, 2021). When caregivers experience mental health concerns, the challenges coping with them can initiate a stress response in their children and negatively impact their development (Stern & Cassidy, 2021). For instance, Gurland et al. (2005) found that mothers who report worry and instability tend to exhibit controlling behavior towards their children, such as constant criticism. Systemic barriers created in the United States have created a social climate with limited support for marginalized parents (Feagin & Bennefield, 2014).

Cultural Exclusion

Given the social discrimination inflicted upon marginalized people in society, the values of marginalized groups are not often taken into consideration when it applies to parenting styles (Stern & Cassidy, 2021). In addition to parental bonding and attachment, cultural values can play a role in a person’s parenting approach (Partain et al., 2021). For instance, the amount of time that a parent spends with their child can be determined by the parent’s cultural perceptions of quality time (Lewicka, 2011). Parental ideas surrounding parenting is largely attributed to cultural influences and values (Aldood et al., 2013). Cultural practices influence the approach to parenting (Lewicka, 2011). Furthermore, parenting strategies are often a reflection of the cultural experiences of each parent (Lewicka, 2011).

A study performed by Yang and Zhao (2020) found that children in China are more anxious and do not often seek their caregiver’s affection. Parenting styles in this culture is often influenced by cultural values surrounding academic performance (Yang & Zhao, 2020).
(2012) found that if Americans are not mindful of cultural differences it becomes challenging to establish clear and considerate expectations for one another. This essential in the American school system as parents are to collaborate with educators regarding student progress (Baker, 2012). Additionally, mental health professionals such as family therapists have an ethical obligation to consider how cultural influences the client’s presentation in session such as speech patterns, affect, and subjective experiences (Dor, 2012).

**Educational Exclusion**

Marginalized children are exposed to systematic disadvantages early on in life (Bridges, et al., 2012). For example, white students generally perform better on standardized tests than black students (Barber et al., 2020). These tests do not truly reflect student intelligence, but are designed to reflect the knowledge and values of privileged groups and are also incorporated in schools as an assessment tool for college admissions and scholarship opportunities (Barber et al., 2020). Children who experience the impact of systemic exclusion often feel unmotivated as they are not offered the same advantages of white children (Barber et al., 2020). Marginalized parents are tasked with navigating these systemic disadvantages for both themselves and their children (James et al., 2018).

Parental involvement in children’s educational career is proven to enhance the academic performance of children (Yoder & Lopez, 2013). Yoder and Lopez (2013) performed a qualitative study that explored the perception of parental involvement in children’s education. Participants of this study were public housing residents (Yoder & Lopez, 2013). The findings suggested that marginalized parents are often optimistic about being involved in their child’s education until they begin to feel marginalized by the way that they are treated by administration and their lack of academic resources for their children (Yoder & Lopez, 2013).
Without parental advocacy marginalized students become more vulnerable to systemic disadvantages (Shifrer, 2013). For instance, racial and ethnic minority students, language minority students, and economically disadvantaged students are commonly mislabeled with intellectual disabilities (Shifrer, 2013). These labels can negatively impact the child’s attitudes and beliefs about their own capabilities (Ditchman et al., 2016). Furthermore, the marginalized parents of often accept their child’s labels as they do not always have the social-economic resources to challenge them (Myers et al., 2015). An example of this would be the barriers that Non-English speaking parents having to assist their children with English written homework (Shifrer, 2013).

Generational academic oppression occurs when the academic experiences of oppression transmit down to younger generations (Nutton & Fast, 2015). Historical academic trauma for marginalized groups have included laws that prevent reading and writing, denial and limitations to school building access, and limited academic support (Feagin, 2013). Today, there are equal performance expectations for students without consideration of these transmitted generational disadvantages (Shifrer, 2013). Therefore, both marginalized students and their parents often mistake their oppression for lack of intelligence (Ditchman et al., 2016).

**Economic Exclusion**

Parents with lower socio-economic statuses (SES) face profound barriers (Emmen et al., 2015). These barriers can include difficulties connecting with societal resources such as housing, employment, educational opportunities, and basic needs (Reiss, 2013). Duncan et al. (2015) suggested that SES is a predictor of child outcomes.

Miller et al., (2019) suggested the intersection between geographic location and poverty should be examined to properly conceptualize children and families. There are approximately
thirteen million children in America who are living in poverty (Fontenot et al., 2018). These children fall behind academically almost a year compared to higher income peers (Fontenot et al., 2018). Additionally, parental involvement with children often decrease when there is familial economic pressure (Newland et al., 2013). Bishop and Reardon (2014) suggested that low-income families are more vulnerable to dangerous environmental situations. High poverty neighborhoods commonly consists of housing with poor living conditions and higher reported crime rates. Ludwig’s et al. (2013) longitudinal study found that families who were provided vouchers to move from high poverty areas to a lower poverty reported improvements in mental health and subjective lived experiences, even when the family income was at poverty level. The study concluded that SES should be explored beyond household income (Ludwig, 2013)

Researchers commonly use participant education and economic factors to determine SES (Letourneau et al., 2013). There have been several comparative studies that measure parental education and child academic performance (Letourneau et al., 2013). Higher education is linked to problem solving skills, cognition skills, and the ability to cope with life transitions (Jefferson et al., 2011). Furthermore, higher education can provide different economic opportunities (Jefferson et al., 2011). For example, employment opportunities often require a particular level of educational completion (Peckham et al., 2019). According to the human capital theory, beneficial educational information and advice can be beneficial in improving one’s knowledge related to increasing income and connecting with societal resources (Hosokawa & Katsura, 2017). Lower education essentially creates a gap including minimal educational attainment, low economic stability, and limited community resources (Bishof & Reardon, 2014).

Parenting practices can be negatively impacted by financial distress (Duncan et al., 2015). Financial distress is shown to decrease the quality of parent and child interactions when
the emotional strain of the caregiver is projected onto the child (Reiss, 2013). Hosokawa and Katsura (2017) described this phenomenon as the “spillover effect.” The financial pressure of parents begins to spill over to child relationship when parents begin to exhibit less empathy and neglect their child needs (Hosokawa & Katsura, 2017). For instance, many non-custodial low-income fathers struggle to meet the financial and emotional needs of their children (Threlfall & Kohl, 2022). Specifically, low-income fathers who are mandated to pay child support are often motivated to support their children, but cannot always meet the required amount and therefore, face barriers with opportunities to see their children through financial hardship, and employment demands (Vogel, 2022). Moreover, low-income women are most likely to apply to receive Supplemental Nutrition Assistance to supply their families with the basic need of food (Weatherspoon et al., 2017).

Economically marginalized parents tend to have more children than parents with higher incomes (Fingerman et al., 2015). The resource depletion theory has suggested that children who are raised in large families usually receive less economic support as they compete with siblings for resources (Fingerman et al., 2015). Poverty is determined by household income with consideration of the number of people per household (Creamer et al., 2022). Therefore, one economically marginalized family is not able to speak on behalf of all low-income families (English et al., 2022).

**Intersectionality**

A person can be marginalized in more than one way (Jackson et al., 2016). Therefore, the experience of a community cannot fully represent the experiences of the individuals within that community (Al-Faham et al., 2019). For instance, an economically black male would face more systemic disadvantages than an economically marginalized white male (English et al., 2022).
Intersectionality is a concept that consider how several social systems intersect and create more complex inequalities (Al-Faham et al., 2019). The consideration of individual experiences is essential component to identifying a person’s barriers and needs (Summer et al., 2015). Parents, specifically are responsible for navigating their own individual experiences with marginalization in addition to their children’s individual experiences with marginalization (Summer et al., 2015).

Chapter Summary

This chapter was broken into eight sections and seven subsections that addressed topics that impact child and parental experiences. The literature has concluded that economically marginalized parents with growing families face greater systemic barriers in society than parents with growing families and higher incomes (Bridges, et al., 2012). Higher income families have accessibility to social resources that promote child and parent bonding opportunities and parental self-care. However, economically marginalized parents are often faced with these disadvantages because they are marginalized in some other way in society (English et al., 2022). Economic pressure is likely to reduce the emotional availability of parents as their brains are overcome by stress-responses (Hodgkinson et al., 2017). Family literature has suggested that addressing the emotional and physical needs of parents with growing families promote healthy child growth and development (Reiss, 2013). Parenting literature often reflect how parents can support their children without personal accounts of parenting experiences (Zilberstein, 2016). Without this parental perspective, the resources provided to economically marginalized parents reflect the needs of children, rather than the needs of the parents (Zilberstein, 2016). The proposed study will explore the experiences of economically marginalized families as their family sizes grow.
Chapter III

Methodology

Introduction

Chapter three consists of two research questions and an overview of the research design, including the origin of phenomenological research and a research design rational. The remaining sections include (a) participants’ criteria and selection (b) data collection methods (c) the role of the researcher, and (d) validation procedures. The purpose of the future study sought to explore the experiences of economically marginalized parents as their family sizes grow.

Research Questions

- What were the experiences of economically marginalized parents with one child?
- What were the experiences of economically marginalized parents when they became a parent of two or more children?

Research Design

The selection of a qualitative research design requires the researcher to first discover components of the research problem and purpose, including the study’s objectives, participant criteria, and the scope of the study (Yildiz, 2020). The research design should then align with these important features to reveal what it is that the researcher is seeking to know (Yildiz, 2020). A narrative research design seeks to capture the individual stories of participants (Clandinin & Caine, 2013). Narrative design was not an appropriate fit for this study as it could not examine the similarities between the participants’ experiences with economic marginalization and family expansion (Clandinin & Caine, 2013). Case studies, on the other hand, are designed to investigate a specific event, institute, or individual, but would not have been able to examine the six participant needed for this study (Thomas, 2021). Similarly, ethnographies are classified as
case studies that focus on the experiences of a particular culture and would therefore, not have been appropriate for this study’s purpose (Hammersley, 2018). The goal of grounded theory is to develop a theory following the reported experiences of participants (El Hussein, 2014). Grounded theory evaluates a phenomenon, where this study aimed to explore the experiences of a phenomenon (Jamali, 2018).

**Origin and Evolution of Phenomenology**

Phenomenology can be used as a research method in psychology, education, and health care (Stark & Brown, 2007). Phenomenological studies recognize the unique experiences of an individual and therefore, seeks to explore individual encounters with a phenomenon (Qutoshi, 2018). The truth of an event is seen through the lens of participant subjectivity (Stark & Brown, 2007). Phenomenological research also seeks to discover the meaning that others make of a particular event or occurrence (Qutoshi, 2018). This approach is separated into two main methods of descriptive (eidetic) and hermeneutic (interpretive) (Qutoshi, 2018).

Edmund Husserl is the founder of phenomenology who developed the descriptive (eidetic) approach to inquiry (Reiners, 2012). His work was centered around exploring ways that the researcher could remove preconceptions of a phenomenon; this process is called bracketing. According to Farina (2014) bracketing is a precautionary step that a researcher takes to suspend judgment in order to objectively focus on participant experiences with a phenomenon. Man and Van Der Wal (2015) suggested that diminishing all biases surrounding a phenomenon will assist the researcher in confronting the subject matter objectively. Additionally, Husserl emphasized the idea of radical autonomy, which means that people are free to choose and that the universal essences of their experiences can be seen through their description and response to the experience (Matua & Van Der Wal, 2015). Lopez and Willis (2004) described universal essence
as “the features to any lived experience that are common to all persons who have the experience.”

Husserl’s student, Heidegger proposed that people are hermeneutic (interpretive) and possess the ability to identify meaning in their own lives (Reiners, 2012). His concept dasein described how people interact with the world (Horrigan-Kelly et al., 2016). Heidegger suggested that a researcher as the expert cannot bracket their experiences; as it was their knowledge that drew them to the research topic in the first place (Lopez & Willis, 2004). Additionally, Interpretive Phenomenology Analysis (IPA) suggests that cultural, social and political climate, contribute to one’s capacity in making choices (Lopez & Willis, 2004). It is a modern qualitative method that is grounded in phenomenology, hermeneutics, and the ideography (Miller, et al., 2018). Ideography is defined by the focus of the individual, rather than the general (Miller, et al., 2018; Smith et al., 2009). The traditional phenomenological researcher captures the essence of a phenomenon for a group of people by identifying common participant patterns throughout the data collection process. IPA, on the other hand, prioritizes focusing on each individual case before considering comparisons and pattern identification. If an individual’s experience differs from the overall shared components of a phenomenon, it is still noted in the reports.

**Rationale for Using Interpretive Phenomenology Analysis**

IPA prioritizes the how over the what (Alase, 2017). To capture the experiences of economically marginalized parents as their family sizes grow, it was paramount to consider that economic marginalization can be experienced within different systemic conditions (Tuffor, 2017). For instance, a person can be economically marginalized living in a house or shelter (Al-Faham et al, 2019). IPA honors diversity and welcomes diverse perspectives (Tuffor, 2017). This approach was suitable to acknowledge the intersectional experiences of economically
marginalized parents in this study (Pietkiewicz & Smith, 2014). Furthermore, IPA permits theories to be utilized as frameworks in interpreting data and developing research questions (Lopez & Willis, 2004). Family Systems Theory (FST) and attachment theory were utilized as a lens to develop interview questions. FST is designed to explore the complexities within a family unit (O’Gorman, 2012). Attachment theory compliments FST in that it explores relationship dynamics between parents and their children within their environments (Dykas & Cassidy, 2011). IPA are similar to these two theories as it recognizes that humans cannot simply detach from their environments (Lopez & Willis, 2004).

**Research Participants and Criteria**

IPA studies are conducted with fairly small sample sizes ranging from two to 25 participants (Clarke, 2010; Noon, 2018). This study included six participants. Alase (2017) suggested that through homogeneity, the researcher can identify convergence and divergence. Homogenous sampling is purposeful in that it is a strategy that aims to select participants who share a similar experience or characteristic (Palinkas et al., 2015).

Purposeful sampling included a call for economically marginalized parents. In the United States those who are impacted by economic marginalization can be determined by acceptance to the Supplemental Nutrition Assistance Program (SNAP). Food is a basic human need that can be difficult to attain without the necessary capital to do so (O’Connor et al., 2016). The income criteria for SNAP benefits varies from state to state. (O’Connor et al., 2016). Therefore, Louisiana residency was an additional qualification for this study.

Recall bias is the challenge to recall past events with large intervals between the occurrence and recollection date (Jager et al., 2020). To minimize recall bias, participants have transitioned from having one to two or more children no more than five years ago. Other
participant qualifications included that the participant be at least 18 years of age or older and the biological parent.

**Description of the Participants**

Each of the six participants in this study all have economic marginalization and parenthood in common (See Table 1). However, their individual identities intersect in a number of ways. IPA analysis was fitting for this study as it captured the unique voice of each participant.

**Sarah**

Sarah is a 28-year-old black woman. She is the mother of two children. Sarah is married to the father of her two children. Her highest level of education is high school, with some college and she is employed at a non-profit organization. Sarah was raised by her mother and step-father. She has a sister who is 14 years older and was raised as an only child once her sister left for college. Sarah has a large extended family including aunts, uncles, and cousins who all played essential roles in her upbringing, as well as her children’s.

**Mya**

Mya is a 33-year-old American Indian woman. She is the mother of three children. Mya is divorced from the father of her three children. She has a bachelor’s degree and is employed at a non-profit organization. Mya and her children are very connected to her community through tribal roots and practices. Mya and her children are even closer to Mya’s parents and siblings who share similar values.

**Asha**

Asha is a 28-year-old black woman. She is the mother of two children. Asha is engaged to the father of her two children. Her highest level of education includes an associate degree. Asha is a stay-at-home mother and does hair from her home part time. Asha’s upbringing consisted of a two-parent household that instilled values of hard work.
**Quinn**

Quinn is a 27-year-old black woman. She is the mother of two children. Quinn is married to the father of her second child. She has an associate’s degree and is employed at a head start center. Quinn was brought up in a two-parent household. She attributes much of her values, success, and upbringing to her grandmother who is now deceased. Quinn often reflects on experiences and memories of her time with her grandmother to navigate parenthood.

**True**

True is a 31-year-old black woman. She is the mother of four children. True is a single mother. Her highest level of education consists of a high school diploma. True has recently paused her career working from home. She was raised by a single mother. True has seven younger siblings that she helped her mother raise. True has been in a parenting role for most of her life.

**Tamar**

Tamar is a 28-year-old black woman. She is the mother of two children. Tamar is engaged to the father of her children. She is works part time in the food industry and attends college part time. Tamar’s upbringing consisted of a two parent household with four other siblings. Tamar prioritizes spending time with her children as this is her favorite thing to do.
Data Collection Methods

Sampling Procedures

Approval from The Institutional Review Board (IRB) at the University of New Orleans was obtained before conducting this study (See Appendix E). The informed consent reviewed confidentiality by discussing the enforcement of pseudonyms to protect each participant’s identity, the utilization of a HIPAA compliant recording software, and the securing of consent forms, transcripts, and recordings on a password protected jump drive in a locked filing cabinet. All risks and benefits of the study were addressed and participants were made aware of the voluntary participation (See Appendix A). During the interview, I reviewed an interview protocol that consisted of demographic questions and an overview of the interview questions (See Appendix B).
For recruitment, a flyer was created that consisted of all required study information, including participant criteria, researcher contact information, and purpose of the research (See Appendix C). The flyer was posted to parent social media groups in Louisiana and emailed to local parent and child resource organizations and schools in Louisiana (See Appendix D). It included a link to Calendly, a scheduling platform, where participants were able to schedule a time to review informed consent and participate in the interview. I followed up with each participant via email to confirm their attendance. Before proceeding with each interview, I reviewed the informed consent form and obtained participant signatures.

Sixty-minute semi-structured interviews were held and recorded through a HIPAA compliant version of Zoom where participants engaged in meaningful conversations. McMullin (2021) stressed the importance of interview transcriptions during the data analysis process (McMullin, 2021).

The design of the semi-structured interviews captured details of the participant experience and permitted researcher flexibility to ask a blend of open ended, closed-ended, and follow-up questions. Interviews were recorded and transcribed through HIPAA compliant Zoom features. Transcriptions are the transformed version of participant interview recordings to written documents (McMullin, 2021). All recorded and transcribed files were downloaded to a password secured flash drive.

**Role of the Researcher**

In IPA, the goal of the researcher is to make sense of what participants convey about their experiences (Pietkiewicz & Smith, 2014). For this reason, the researcher must be aware of any
biases that can interfere with the data analysis so that these biases can be addressed through bracketing (Chan et al., 2013).

My interest in the research topic originated during my time providing mental health services to low-income children. Due to the recorded reports of child abuse and neglect that came across my desk during my two-year period in this role, I wondered more about the experiences of economically marginalized parents. Moreover, as the eldest child of five, I recognize my family’s personal accounts of hardship over time. It is also important to know that I have similar baseline characteristics as the participants as a black woman who has faced economic challenges. To enhance trustworthiness in this study I incorporated multiple strategies such as reflexive journaling, peer debriefing, committee debriefing, and member checking

**Data Analysis**

**Method of Analysis**

Smith et al. (2009) developed a six-step process to accomplish data analysis using IPA. The first step that I accomplished as the researcher in this study was to immerse myself in the data by continuously reading the transcripts, listening to the audio recordings, and recording my experiences as the researcher through reflective journaling (Smith et al., 2009). Next, I documented any language that captured the meaning of the participants’ experiences (Smith et al., 2009). Descriptive notes were taken to document the unique experiences of each participant (Smith et al., 2009). As also suggested by Smith et al. (2009) linguistic notes were recorded to display how participants delivered language, such as, pauses and repetition (Smith et al., 2009).

Step three consisted of the chronological organization of emergent themes. Smith et al. (2009) emphasized the importance of emergent themes as these themes reflect the unique experience of each participant. When an emergent theme was discovered, it was noted in the left
hand margin of transcriptions. Emergent themes were used to formulate superordinate themes that represented commonalities amongst the identified emergent themes (Van Scy & Evenstad, 2015).

Bracketing is encouraged in step five and throughout IPA analysis to identify any active or potential biases (Smith et al., 2009). With consideration of my role as the researcher, I engaged in reflexive journaling throughout the data analysis process. Journaling is a reflexivity strategy recommended to IPA researchers to promote an understanding of the research process and maintain self-awareness (Vicary et al., 2017). My journals included logged research tasks and procedural documentation that proved to be helpful with research organization, meaning I was able to assess my progress through the research analysis steps. Accounts of personal introspections related to recollections of my experiences of each interview and procedures were also documented. Where there were journaled needs for clarity related to data saturation procedural standards, I consulted with my research methodologist who supported my conclusion that data saturation had been met.

In the final stage of the IPA six-step analysis, I used a table organize emergent and superordinate themes (See Table 1) (Smith et al., 2009). The unique experience of each participant were captured through quotations from their interview transcripts. Transcripts were also used as a tool to identify data saturation. Data saturation is reached when the transcribed content from the data begins to become redundant and no new information is discovered (Fusch & Ness, 2015). The IPA analysis process requires the researcher to connect patterns of meaning across each participant’s experience (Van Scy & Evenstad, 2015). In this study, there were consistent connections of meaning between the age difference between children, family support, employment, community resources for parents, barriers parenting during the pandemic, mental
health, and attachment style and generational transmission. Once I recognized that results were still redundant after my sixth interview, I consulted with my committee methodologist who supported my conclusion that data saturation being achieved.

**Validation Procedures**

Validity in qualitative research speaks to how well the findings reflect what it was meant to portray (Hayashi, 2019). Validity is enhanced by allowing participants an opportunity to review the findings of the results (Grossoehme, 2014). Member checking is a technique used in qualitative research that encourages participants of the study to review the results for accuracy (Birt, et al., 2016). For this study, each participant received an email through a HIPAA compliant email address to review their transcript before data analysis. Participants did not report any transcription inaccuracies. As recommended by Collins et al. (2013), I selected a peer, who has published qualitative research related to my topic, to identify any potential biases, general errors in the study, or contradictions When I noticed any congruencies between the participant’s emergent themes and my own lived experiences, I engaged in peer debriefing to examine the rational for the emergent themes. My peer was able to provide a level of objectivity that supported my rational for each emergent theme.

**Chapter Summary**

In chapter three, the purpose of the study and research questions that guided this study were reviewed. I also provided information on IPA analysis, including its origin and its selection as the design for this study. Next, data collection steps were addressed. Additionally, I reviewed sampling procedures including the demographic profiles of each participant. Lastly, the IPA six step procedural method and validation techniques discussed the strategies used to analyze the research data
As family sizes grow, so do the barriers for economically marginalized parents (Zilberstein, 2016). Brown (2014) suggested that addressing the needs of parents will directly address the needs of children (Brown, 2014). Therefore, it is important to explore parental perspectives to truly capture their needs (Zilberstein, 2016). The purpose of this study was to explore the experiences of economically marginalized parents as their family sizes grow. Chapter four is divided into three sections including data analysis procedures, results, and a chapter summary.

Data Analysis Procedures

After the recording of six semi-structured interviews, data analysis commenced. Re-reading the data collected was the first step of the IPA analysis process that I initiated. This study required the review of six interview transcripts. Following each interview, I engaged in reflexive journaling followed by a 24-hour break before proceeding with the remaining analysis procedures.

Annotations of emergent themes were documented on the left side of each transcript as they were identified through readings. Linguistic notes that included metaphors and idioms used by participants were highlighted in yellow to capture the participants’ voices through language. The next step of the six-step IPA analysis required me to seek connections across the emergent themes. For this study I started with 28 emergent themes, then further immersed myself in the data through re-reading and bracketing to develop the superordinate themes. A part of my bracketing process included a peer and methodologist debrief. My peers reviewed my journal logs, emergent, and superordinate themes. She suggested creating a table to better organize the
process (See table 2). Additionally, my methodologist suggested a re-read of the emergent themes and transcript notes to assess for overemphasized or underemphasized points. After applying the feedback from my peer and methodologist I was able to develop seven superordinate themes. The seven superordinate themes for this study were (a) age difference between children, (b) family support, (c) employment, (d) community resources for parents, (e) barriers parenting during the pandemic, (f) mental health, and (g) attachment style and generational transmission.

### Table 2. IPA Emergent and Superordinate Themes

<table>
<thead>
<tr>
<th>Superordinate Themes</th>
<th>Emergent Themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age distance between children</td>
<td>Addressing differing needs of multiple children, changes in parenting roles, adjustment issues for the eldest child</td>
</tr>
<tr>
<td>Family support</td>
<td>Other parent’s assistance through pregnancy, other parent’s contribution to the emotional well-being of the other parent, essential extended family member support</td>
</tr>
<tr>
<td>Employment</td>
<td>Occupation, employer flexibility, child-care, paid or unpaid leave, working during pregnancies</td>
</tr>
<tr>
<td>Community support</td>
<td>Tribal community support, reliance of family support, limited awareness of community support, religious shame</td>
</tr>
<tr>
<td>Barriers parenting during the pandemic</td>
<td>Wearing several hats, job security, health anxiety, isolation from family members, fear of exposing infants to the virus</td>
</tr>
<tr>
<td>Mental health</td>
<td>Post-partum depression, antepartum depression, isolation, sadness, irritability, self-care obstacles</td>
</tr>
<tr>
<td>Attachment style and generational transmission</td>
<td>Securely attached participants adopted their parents’ parenting practices, insecurely attached participants did not adopt their parents’ parenting practices</td>
</tr>
</tbody>
</table>
Results

Age Difference Between Children

Participants often mentioned the age distance between their first and second child being an important factor in the adjustment process. Three participants had children with a one to two-year age gaps. The other three participants had four to six-year age gaps between their first and second child. Parents noted that the age distance between children impacted concerns like addressing differing needs of multiple children, changes in parenting roles, and adjustment issues for the eldest child. Sarah, whose daughter was five at the time of her son’s birth stated that:

I was going from one that sleeps all night to one that doesn't sleep all night. Babies, you know, they wake up all hours of the night. So that was a huge adjustment! (Sarah, 22 y.o. Black female)

Mya, who was in college when her son arrived, work towards finding balance when her second born, who is four years younger than her daughter, arrived.

With your first kid, you’re able to spend all your extra time with, you’re able to do all these fun crafts! I mean, for her birthday parties I hand made everything and did all the backdrops! We read three books every night. With my son, I was trying to read The Odyssey and write a paper. It was not the same situation. (Mya, 33 y.o. American Indian female)

Quinn described noticing a difficult adjustment for her daughter who had been the only child for six years. She expressed that it “wasn’t that hard of a transition for me, but it was for my child (Quinn, 27 y.o. black female).” Quinn navigated this by spending quality time with her youngest during the day and spending quality time with her oldest after school.

Tamar, on the other hand, whose children are one year apart stated that she was able to
“incorporate both children in the same activities (Tamar, 28 y.o. Black female).” Asha, who’s children are two years apart stated:

I’m not going to say that it [the transition from one to two children] was stressful because I had help. (Asha, 28 y.o. Black female)

True, also expressed that “having some help” when her second born was born helped her balance spending time with her children who are one year apart. (True, 31 y.o. Black Female)

**Family Support**

Each participant expressed value in family support through parenthood. They also suggested that involvement of the other parent should be the primary source of support for areas such as parenting, assistance through pregnancy, and the emotional well-being of the other parent. However, five of six participants described immediate and extended members as an essential support in these areas.

**Involvement of Other Parent**

Participants described the level of involvement that their children’s father had and the influence that it had on them. Mya, who is now divorced, described her hardship with her partner after the birth of their second son:

My husband and I at the time had split up for a minute and then we ended up trying to get back together after my son turned one. So, I think most of my hardship at that time was economic, but also emotional because I was going through such a rough time with their dad. I was always able to make it through hard times economically because that’s how I was raised. But, you know, what I was going through with him was the real brunt of like, my hardship at the time. If I had a partner who was supportive and doing the right things— because he was just like not very responsible at all. And he was, you know, on drugs at the
time and things like that. (Mya, 33 y.o. American Indian female)

True described moderate support from her children’s father during her pregnancies even though she did not feel as though he could empathize with her pain:

He helped to the best of his ability. But it’s like, I don’t think males understand what we go through as women when we’re pregnant. I was able to vent to him when I was sick and he did go get my medications. (True, 31 y.o. Black Female)

True also stated that her children’s father “kept them” when she returned to work each time. Asha was not in a relationship with her children’s father until after her first child was born. Although the two were not in a relationship during the first pregnancy, he was “involved in both pregnancies” and both children’s upbringing. Asha went on to say that her children’s father was “just more present in the home” when they were expecting their second child. Quinn, however, did not receive support “at all” from her first born’s father. Quinn is now married to her second child’s father who has been “very involved (Quinn, 27 y.o. Black female)” since Quinn’s second pregnancy. “I received nothing but support from him” Quinn added. Tamar stated, “I don’t know how I would have made it without him [her partner] (Tamar, 28 y.o. Black female)” through pregnancy and child rearing.

Sarah mentioned that her husband has been supportive throughout her pregnancies and raising their children, but her children still seek requests or consent from her first, even when their father is present:

Both the kids love their daddy but for whatever reason, he could be in the kitchen and I could be in the bathroom, and they would still come and ask me for a snack. (Sarah, 22 y.o. Black female)
Immediate and Extended Family

When asked about other immediate and extended family involvement, each participant stressed the importance of family support when raising children. Sarah described her family as “a village.” She elaborated with:

My husband’s family and my family are all very hands on. Some people do not have that support. Our families supported equally with both of our children. The only difference is that my aunt watches my son while I am at work. When my daughter was younger, my mom and my husband’s mom watched her during the day up until she started going to daycare. (Sarah, 22 y.o. Black female)

Quinn, who was a teen mom emphasized that her family was “very hands on” with her oldest and still cares for the youngest child when she needs them too:

My support system still takes care of my first child. They are still involved with my second, but not as involved since my second child’s father is in her life. My dad did not want to overstep because my second daughter’s dad is in the picture. (Quinn, 27 y.o. black female)

Mya, who is divorced, faced marital concerns after having her second son, but she always had an outpour of family support:

My family is so supportive; they have always been amazing! They have always been very helpful. Without them I would not have been able to do half of the things that I have done such as traveling, working, and even my singing gigs at night. My mom helped a lot by watching the kids. (Mya, 33 y.o. American Indian female)

True, nonetheless, did not receive much family support after having her second child. Her first and second child are one year apart:

With my first child, I feel like my family was very supportive. Having help is a very
important factor when having multiple children. When I had my second child, I really did not get much support. With me having my first and second child close together, I think they just felt like I had it. I don’t know, I just felt like everyone was upset with me when I had my second child--that’s when the judgement came in for having them close together.

(True, 31 y.o. Black Female)

Asha resided with her parents when she was pregnant with her first born and decided to reduce her work hours in the healthcare system. Her father, who Asha described as a hard worker, did not agree with Asha’s decision to lighten her workload:

I was not working as much, three months pregnant, and my dad took me out [of the house]. That was a strained relationship until I had my baby and he offered to let us move back in.

During the pregnancy, my fiancé’s family was very involved, especially his parents. They were a help during the pregnancy and after. My fiancé’s mom kept my son when I went to work. Every weekend, my fiancé and his family would get my son. To date, Asha expressed that she receives the most support from her fiancé’s family with both her four-year-old son and two-year-old daughter. (Asha, 28 y.o. Black female)

Tamar has family support from her mother and siblings, but prefers that she and her fiancé are with the children:

It was very rare that I needed them that support because my fiancé and I would alternate schedules. When I was studying or working, he would be with the kids or when he was at work, I would be with the kids. My mom does a great job being a good support system anytime I need a break or anytime I need support. (Tamar, 28 y.o. Black female)

Employment

The participants disclosed much of their employment history as parents during the
interviews. Occupation, employer flexibility, child-care, paid or unpaid leave, and working
during pregnancies were all considered when describing their employment experiences. Sarah
described her employment at a retail store during her first pregnancy that she decided to resign
from. She is now employed at a non-profit organization:

When working at the retail store, not to discredit them, but they did not allow me to sit. In
the beginning of my pregnancy, I spotted a whole lot because I was standing. I was a cashier
and I started spotting a lot during my pregnancy. I thought I was about to have a
miscarrriage. The job did not allow me to sit on a stool or anything. That was very
unfortunate because I was one of their best cashiers and I took a leave of absence. I got
paid during my leave but did not return. (Sarah, 22 y.o. Black female)

When asked what it was like to have a newborn and be unemployed, Sarah stated that she
moved in with her mom and was able to save the money that she had earned from the retail store.
Her mother and stepfather managed the household expenses. Sarah was not married at the time.
Sarah eventually got a job at a non-profit organization who was “very supportive” during her
second pregnancy:

It was smooth sailing with my second pregnancy, employment wise. I went to work every
day. I did not do any heavy lifting. Even though I was sick as a dog every day, I still went
to work and they [the employers] were very lenient. I worked up until I had my second
child. Most jobs would not allow breaks. I’m sure that if this were any other job, I would
have been placed on early leave until I was better or forced to quit. (Sarah, 22 y.o. Black
female)

True experienced sickness in both her first and second pregnancy. Her place of
employment at the time was not so accommodating:
I couldn’t work during both pregnancies; I was too sick. The job that I was working, I don’t think they understood. I couldn’t stand the smell of anything. So when I came into my job, I didn’t want to smell all these fragrances and stuff. I feel like jobs should at least try to accommodate you! Especially when you’re at one setting with different people and aromas! It felt like I had a hangover, a cold, and the flu all at once. (True, 31 y.o. Black Female)

Mya was a full-time non-traditional college student during her second pregnancy and stated that it was “exciting, but scary (Mya, 33 y.o. American Indian female).” Her oldest daughter was age four at the time. Mya was unemployed until her second born was one-year-old. Asha decided to stop working after becoming pregnant with her second child:

Both my first and second pregnancies were high risk. When pregnant, I would have to take breaks, and I don’t like to take breaks. I would get tired fast when doing hair. Even when my daughter was born, I had to take breaks to feed her.

Quinn, who is employed at a head start center does not work during the summer months when the children at the center are on summer break. Quinn did not work when she was pregnant with her first nor second child:

So in the summertime we’re technically “laid off” and are able to file for unemployment. There is no maternity leave or sick leave. (Quinn, 27 y.o. black female)

When asked how she responds if her child is sick on a work day, Quinn responded “I’ll take off (Quinn, 27 y.o. black female).” Tamar was able to “alternate” schedules with her husband to care for their children. Sarah, on the other hand, does receive leave for sick days, family, vacation, and maternity. However, she is often skeptical about using her leave:

I try to schedule doctor’s appointments or anything for my children before I get to work and after I get off work. I don’t like having sick kids because that opens up another door
of being home from work. I should be home with my kids when they are sick, but that, you know, takes away from me providing for them. I try to save up as much leave as possible, that way if I have to leave for an extended time, I can use all of my sick and vacation time. If I did not have this time acquired, then the time off would affect my paycheck. (Sarah, 22 y.o. Black female)

**Community Resources for Parents**

Participants spoke about their experience with community resources. These experiences included descriptions of religions shame, limited awareness of community resources available, primary reliance on family support, and cultural customs. Mya, who has always been connected to many of her resources through her tribal community. She described a similar amount of parental support from her tribal community and family:

I’m very involved in my tribal community and with my tribal identity. So just being a mom taught me to be very intentional with my practices when it came to teaching my kids. (Mya, 33 y.o. American Indian female)

Mya went on to provide examples of resources obtained through her tribal community:

So especially during COVID, like we have a lot of, well, we had a lot of tribal health help. Our tribe would get donated lots of supplies. They would give us diapers and wipes and different things like that. And then also for Native American Month, we’d do presentations for all the schools in the parish that I live in and that would be like a little side gig that I would have, and I still do every year. I was able to bring my daughter and my son to that too. Some other things like with coastal resilience and things like that, when I would do classes like that, leadership classes, they would provide childcare too. So, the community just being open to having kids, you know accepting kids, provided childcare in the
community. (Mya, 33 y.o. American Indian female)

Sarah, on the other hand, was not always aware of community resources until she began working at a non-profit organization:

I did not know about community support when I had my first child. Being that I work at a non-profit I can see what they do for moms in the community now. But back then, no. Now I see they have things like community baby showers and there’s like local planned parenthood resources. (Sarah, 22 y.o. Black female)

Sarah elaborated by saying that she “grew up around family” which she described as being “on the porch (Sarah, 22 y.o. Black female)” and therefore, was not involved in the community growing up. Quinn, who also attributed many of her resources to be obtained from family members, was a teen mom and did attend a parenting class in the community, “and that was it (Quinn, 27 y.o. black female).”

Sarah and Mya both referred to childcare waiting lists in their communities. Sarah was on a waiting list for childcare assistance funding program that assisted her with paying for daycare:

My daughter just stayed with my mom up until she was able to go to daycare (Sarah, 22 y.o. Black female).

When Mya returned to work after graduating from college. She expressed being “surprised” that her second born did not have to remain on a waiting list. Mya believed that this was due to low enrollment due to the Pandemic

True, who was very involved in her church, stopped attending as much when she became pregnant with her second child:

I went to church a few times, but I stopped. Just because, you know, you get the eyes, people are looking at you and they're like she's pregnant again, you know. (True, 31 y.o.
When asked if she was aware of any other community resources for parents when her second son was born, True stated “I didn’t know.” Similarly, the other two participants were not aware of many community resources. Tamar “didn’t have support from the community; only from family (Tamar, 28 y.o. Black female).”

Asha could describe one resource from her community:

I know, like when I go to WIC appointments, you know, there's a lady there that talks to you, you know, asks you if you need assistance for your light bill, if you want to go back to school, like she gives you a little paper and tells you need anything, you can call the number on the paper. (Asha, 28 y.o. Black female)

**Barriers Parenting During the Pandemic**

When reflecting on the implementation of shutdowns to prevent the spread of COVID-19 all six participants identified barriers that changed their roles as parents. Parents were wearing several hats as many of their community, familial, and financial supports were not guaranteed. They experienced struggles with areas such as job security, health anxiety, isolation from family members, and fear of exposing infants to the virus.

Sarah and Mya emphasized that having newborns during the time of the pandemic was especially frightening.

Sarah expressed feeling “anxious” about the potential compromise of her new born son’s health, especially since her husband was temporarily laid off during the pandemic and Sarah could not afford to take off of work:

I am only just starting to let my youngest son go out in public. During the pandemic I had to maintain the household for a while. I work for a non-profit that runs off of grants and

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at the beginning, I was not sure if my job would survive. (Sarah, 22 y.o. Black female)

Quinn, had job security at the time working at a daycare. However, she faced a new set of challenges as she was pregnant with her second child during the pandemic:

It took a toll because I sort of had to do a lot on my own. I felt isolated from my support system. (Quinn, 27 y.o. black female)

Similar to Quinn, Mya was also isolated from her “close knit” family. Mya also concern about her newborns’ vulnerability to the virus:

I had him January 26th, that was the day that Kobe Bryant died and that was also the day that one of the first cases of COVID was recognized in New York City! That was two huge events in the same day that I had him. It was right at the kick off, so it did not affect me in the hospital or in labor and delivery--but taking him home and as COVID was rapidly spreading, man it was so scary being home with him. To me it was like a blessing and a curse because I was able to stay home with my baby, but, I was staying away from the stores, staying away from even family, just being nervous! My mom was working in a hospital and I was scared to see her. I’ve never experienced that level of anxiety and being a mom made it just that much more heightened! It was a while before I even brought my second son to the store! (Mya, 33 y.o. American Indian female)

Like Mya, Tamar found a glimmer of joy during the pandemic. She expressed that much of her happiness came from “being able to spend time with the kids by teaching them and playing with them.” Asha’s fiancé also went to work during the pandemic while Asha stayed at home with the children. Asha stated that she was “always cleaning and sanitizing.” She added that she was constantly making sure that her son who was a one-year-old “washed hands, sanitized, changed his clothes after coming inside…and somehow he still managed to get it
Quinn, who returned to work at a day-care during the pandemic and had to be “very cautious” about germs. (Quinn, 27 y.o. black female)

True was working from home during the pandemic while her children had to attend zoom classes for school.

It was chaos! It can feel like you’re neglecting your children if you don’t have a support system or a spouse. I worked from home and the kids had to listen to their teachers on zoom at the same time!

Sarah recalled questions by her oldest child that she did not have the answers to:

- My daughter would ask why she couldn’t go to school, go to this place, or that place.
- She’d ask why her dad and I were at work somedays and not at work other days. That was hard trying to explain to her. I was also trying to teach her and find creative ways to keep us busy, like making Tik-Tok videos. (Sarah, 22 y.o. Black female)

All six parents had to navigate the barriers that the pandemic created by finding innovative ways to balance the challenges that came their way.

**Mental Health**

The theme, *Mental Health* derived as a result of the participants reoccurring expression of emotional struggles. It became evident that mental health obstacles were experienced at some point by each participant during their parenthood journey. Participants noted mental health experiences such as post-partum depression, antepartum depression, isolation, sadness, irritability, and self-care obstacles.

After having two children, Asha noticed the demand of each of them simultaneously. Asha stated that “they both were clingy and all up under me.” Quinn noticed the most emotional
“toll” when she was disconnected from her family during her second pregnancy due to the pandemic. Mya reported “emotional hardship (Mya, 33 y.o. American Indian female)” after the birth of her second son as she was facing marital issues. True talked about how her experiences with postpartum depression (PPD) and how the psychological changes that she experienced during and after her pregnancies still impact her today:

I experienced antepartum depression and after I had the children, I experienced postpartum depression. Those first two pregnancies, I experienced postpartum depression, but I was able to go back to work quicker than I was after I had my fourth child. I’m still out of work for that one. I’m on medication taking Zoloft. After you have children, it changes your whole brain chemistry—for me, at least. I still have issues with memory and concentration. I do also have PTSD from my C-Sections and morning sickness.

Tamar and Sarah discussed their unfamiliarity with what PPD was. After her first birth, Tamar did not initially recognize that she, in fact, was experiencing symptoms of PPD, but eventually identified it and learned ways to cope with her symptoms on her own. Tamar also experienced heightened symptoms of PPD after having her second born:

When I first heard of post-partum depression, I thought it was something extreme that people go through if they already had struggles or issues. When it hit me, I had to learn how to navigate it with her [first born] and not take anything out on her [first born] or feel any type of way with all those emotions and stuff like that.

After giving birth to both of her children, during those times Sarah described what she encountered as “the baby blues. She now perceives her experiences likely to have been PPD:

I probably had postpartum depression after my first and second child. I called it the baby
blues because I would just cry for no reason. There probably was a reason that I was crying, but I don’t know why I was crying. (Sarah, 22 y.o. Black female)

Tamar and Sarah both suggested that doctors could do a better job at defining PPD and asking more questions during the assessment. Tamar stated:

The doctors asked me if I had postpartum depression, but that was all. It was just a simple question. It wasn't like, what you doing to deal with it or do you need anything prescribed or anything like that. Just basically, are you going through it?

When Sarah was asked about PPD by her doctors, she also identified a closed ended question.

The only question that I was asked is if I think I’m going through PPD. (Sarah, 22 y.o. Black female)

Sarah still has a difficult time naming what she experienced after having her children. She did state that when she became a mom of two, she faced the most struggles with her mental health and decided to start practicing self-care:

It wasn’t like a mental breakdown, but I was having like an “act out” or “going off,” I think I just like snapped or something. That day forward, I decided that no matter how big, or small it is, I will do something for myself. So once a week, I will take a bath and I make my husband keep the kids to make sure that they do not bother me. Sometimes I will go get my nails done, sometimes I will take a ride in my car. I am a firm believer in self-care and taking time for myself because it doesn’t feel good when you’re going off on people and nobody knows what’s wrong with you. (Sarah, 22 y.o. Black female)

**Attachment Style and Generational Transmission**

Through interviews and reflective journaling, it was revealed that each participant considered experiences and connections with their own guardians as a factor in determining how
they wanted to parent. Additionally, participants credited much of their independence, hard
work, and resilience to generational influences. Two participants described secure attachment
style relationships with their guardians. When asked if her parenting approach was similar to her
parents, Mya responded, “yes, definitely.” She added:

   My siblings and I would never be able to fight as far as fist fight or shove, never be allowed
to say that we hated one another. We don’t hate things. So that’s something that I’m really
big on with my kids, is showing love. (Mya, 33 y.o. American Indian female)

Quinn attributed much of her parenting approach to her grandmother, who was very
influential and hands-on with Quinn’s upbringing. Like her grandmother, Quinn teaches her
children about independence. Quinn mentioned that this approach different with her first and
second child because her second child has been diagnosed with Autism:

   I teach my oldest daughter to be independent and to not always depend on others. My
second born’s situation is a little different, but I also want her to be independent as well.
Sarah’s mother also stressed the importance of independence. (Quinn, 27 y.o. black
female)

Unlike Quinn, Sarah described an avoidant attachment style between she and her parents:

   I had a two parent household, but it felt like a one parent household because my stepdad
was always at work. My mom had to be independent as a black woman. She taught me to
be independent. She didn’t really yell; she just didn’t show a lot of affection. I know she
loved me, but she didn’t really say it to me growing up. She taught me how to cook, because
I watched her doing it, but as far as she like physically, getting down teaching me, no. I
don’t want to be like my momma, so I kind of do the opposite with my kids. (Sarah, 22
y.o. Black female)
Sarah, went on to describe how she believed her mother’s experience as a black woman in society contributed to her mother’s teachings of independence:

My mom is a 71-year-old woman who grew up in a time of segregation, so it’s like, she literally could not depend on anybody besides herself and her family members. My step dad, on the other hand, has a lighter complexion and he would always say that he kind of had it easier than she did.

Tamar also described an anxious attachment style with her parents. She identified that they used corporal punishment as discipline, and she has chosen not to go in the directionally:

I definitely don’t whip my kids. My parents whipped. I’m more of a talker with my kids. I really couldn’t talk with my parents, or talk back.

Like Sarah, True also chose to take an opposite approach to parenting from what she experienced with her mother. She described a disorganized attachment with her mother:

There’s so much I learned to not do as a parent from my mom. I don’t neglect my children; I talk to them. When I was younger, I got bullied a lot. I got punched in the face by one of my bullies and the way that my mom handled it, I felt it wasn’t good enough. And for her to say “let God handle it” and not press charges? Not go to the school to express anything to you know, administration? I still think about that a lot.

Asha described a disorganized attachment relationship between she and her mother as there were verbal put downs that she experienced and avoidant relationship with her father who was a “hard worker.” She added that she prefers to “talk to her kids more than anything.”

Summary

This chapter reviewed the purpose of the study and consisted of a summary of data analysis procedures. The finding included seven superordinate themes and captured the unique
experiences of each participant. These themes included (a) age difference between children, (b) family support, (c) employment, (d) community resources for parents, (e) barriers parenting during the pandemic, (f) mental health, and (g) attachment style and generational transmission.
Chapter V

Discussion

Chapter five reviews the philosophical foundations of this study. Research findings related to the interviews are also discussed. Implications for mental health and medical care providers, community resource providers, and policy and procedures were included. Limitations and delimitations and recommendations for future studies were also provided (See table 3).

Lastly, chapter five ends with a conclusion.

<table>
<thead>
<tr>
<th>Household Representation of six Cisgender Women</th>
<th>Siblings with larger age gaps are less likely to share resources, such as toys, with one another compared to children with larger age gaps (Xia et al., 2023)</th>
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<tr>
<td>BIPOC women are at the center of economic disadvantages (Johnson-Green &amp; Clafin, 2020). Mya and Sarah reflected on their ability to manage households with little money</td>
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<td>Black families tend to focus on informal systems of support and members who do not receive support are still likely to provide support (Samuel et al., 2017)</td>
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<td>Sarah: “my family is my village.” True: “I raised my siblings.”</td>
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<td>Sarah, Mya and Quinn had to adjust to different child needs and struggled to divide time between each child</td>
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<td>Other participants incorporated children in similar activities and routines</td>
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<td>Trauma caused by generational can extend down to generations, causing behaviors, such as lack of affection towards others (Hankerson et al., 2022). However, awareness of the negative interactions can provide insight and effort towards more positive relationships (Hankerson et al., 2022). Sarah’s mom experienced colorism and discrimination. Sarah believes that this is why her mother was not affectionate towards Sarah. Mya &amp; Quinn Secure attachment with parents= willing to pass down parenting practices to other children.</td>
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<td>Cultural background is a factor that influences how much involvement a person has in their community (Romagnoli &amp; Wall, 2012). Mya: “I am very involved in my tribal community.” Daycare waitlists and child assistance waitlist are a concern in the US (Floyd &amp; Phillips, 2013).</td>
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<td>US has no formal paid leave policy (Rossin-Slater, 2017). Sarah: “I was spotting and wasn’t allowed to sit down at work”</td>
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<td>Symptoms of depression present differently in BIPOC women than in white women (Wyatt &amp; Ampadu, 2022). Brief PPD assessment facilitation is a concern in the healthcare system and in reported this study (McBride, 2014) Disconnect from family members were reported in the literature and in this study (Whaley &amp; Pfefferbaum, 2023).</td>
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Philosophical Foundations

The purpose of this study was to explore the experiences of economically marginalized parents as their family sizes grow. Dykas and Cassidy (2011) suggested that attachment theory be applied as a framework to distinguish the progression of a parent and child relationships (Dykas & Cassidy, 2011). Additionally, FST is a theoretical framework that addresses societal and familial dynamics that govern parental resources (Haefner, 2014). The study utilized both frameworks to formulate research and interview questions. Finally, Interpretive phenomenological analysis was the analytical procedure selected to capture how participants made sense of their personal and social world.

Research Findings Related to the Literature

Household Representation of Economically Marginalized Mothers

Participants in this study consisted of six cis-gender females. Historically, maternal reports have predominately offered details of father-child relationships and paternal involvement (Garcia et al., 2022). Mothers are also often the primary caregivers in their households and are more likely to support children with daily tasks than fathers (Ladge & Humbred, 2022). Moreover, low-income mothers are more likely to apply to the Supplemental Nutrition Assistance Program (SNAP) than low-income fathers (Weatherspoon et al., 2017).

Lopez Garcia et al., (2022) suggested that paternal support, such as sharing responsibilities with the mother, can positively enhance the emotional well-being of mothers. Fathers are typically the main source of financial support to children but are equally capable of providing nurturing care (Ladge & Humbred, 2022). In this study, the involvement of paternal support varied for each participant. However, all participants suggested that paternal
involvement should be the primary source of support to mothers in areas such as parenting, assistance through pregnancy, and emotional well-being.

One participant in this study, Mya identified herself as American Indian. Specifically, in Indigenous tribal communities, food assistance can be obtained by either application for SNAP benefits or Food Distribution Programs on Indian Reservations (FDPIR) (Johnson-Green & Clafin, 2020). Approximately 25% of Indigenous Americans receive SNAP benefits (Duren, 2017). It is estimated that within some tribal communities, FDPIR or SNAP benefits are distributed to approximately 60 to 80 percent of Indigenous Americans (Duren, 2017). Tribal governments and organizations are authorized to administer both SNAP and FDPIR benefits, however, the two programs cannot be participated in at the same time (Duren, 2017). Black, Indigenous, and people of color (BIPOC) communities face the most barriers for economic advancement in the United States (Johnson-Green & Clafin, 2020). BIPOC women are at the center of these disadvantages, which in turn, creates a call for assistance with every day needs such as food (Johnson-Green & Clafin, 2020). Sarah and Mya often reflected on their ability to manage their households with little money.

Age Distance Between Children

Xiao et al. (2023) found in their qualitative study that siblings with age distances of three years or less between them were more likely to share resources, such as toys, with others compared to siblings with larger age gaps. In this study, parents of children with age gaps between one and two years were more likely to incorporate their children in the same routine and activities than parents of children with four to six-year age gaps between them. Abramovitch et al. (2014) implied that it is common for siblings close in age to have frequent interactions and bonds with one another.
Participants in this study who had children with four-to-six-year age gaps described challenges adjusting to the different accommodations of each child. Jensen et al. (2023) suggested that one of the main changes for eldest children with large age spaces between their younger siblings is that the eldest children are granted more autonomy. Participants of children with four-to-six-year age distances all noted a decline in their usual involvement with their first child once their second child arrived.

**Systems of Support for Black Parents**

The five black female participants in this study reflected on values in family support systems regardless of their family’s level of involvement. These participants had minimal knowledge of parenting community resources. Family literature has suggested that experiences with oppression have caused Black Americans to rely heavily on informal systems of support rather than formal systems of support (Samuel et al., 2017). Examples of support in black families are support with finances, mental health, and child-rearing by immediate and extended family members (Nguyen, 2016). Sarah described her family as “a village. Asha and Tamar, who spend most of their time with children expressed an appreciation for family members to step in to “help” with their children when they needed a break. Sarah and Quinn reflected on their experiences with unemployment after the birth of their first children and their family members' financial support during those times. All the black female participants recalled utilizing extended family members as a primary source of childcare assistance at some point during their parenting experience.

Family literature indicated a small percentage of black parents that experience frequent negative interactions with other family members (Nguyen, 2016). True and Asha spoke about their frequent negative experience with their family of origin and how they found support through
their partner’s family with raising their children. The literature supports the findings that black families generally value the reliability of their members despite the complexities of a circumstance (Lincon et al., 2012). Quinn, Tamar, Sarah, and Asha described an equal and consistent amount of support from family members after the arrival of each child. With regards to members' involvement in black families, members who do not receive support are still likely to assist other family members (Nguyen, 2016). True, who is the eldest child of her seven siblings and her sibling’s primary caregiver growing up, has provided financial and emotional support to her siblings throughout her life. In single parent black family households, it is not uncommon that eldest siblings take on child-rearing responsibilities (Smith, 2015). True was the only participant in this study who was raised in a single-parent household.

**Generational Oppression and Cultural Influences**

Alvidrez & Tabor’s (2021) recent defined structural racism as “macro-level societal conditions that limit opportunities, resources, and well-being of less privileged groups on the basis of race/ethnicity and/or other statuses, including but not limited to, gender identity, sexual orientation, disability status, social class or socioeconomic status (SES), religion, geographic residence, national origin, immigration status, limited English proficiency, physical characteristics, or health conditions.” Mya and Quinn spoke to their desire to keep their roots alive and instill those values in their children. The impact of structural racism results to an exclusion of cultures in society (Stern & Cassidy, 2021).

All participants in this study acknowledged connections between their relationships with their own parents, culture, and their selected approach to parenting. Sarah believed that her mother’s experience with racial discrimination in conjunction with her mother’s cultural value of independence shaped Sarah’s mother’s ability to display affection towards Sarah. Attachment
theory would describe Sarah’s reported bond with her mother as an avoidant attachment style. Avoidant attachments are developed when a child’s emotional needs are not met by their parents (Dykas & Cassidy, 2011). Tamar and Asha also described avoidant attachments with their parents who had cultural views of discipline through corporal punishment to earn respect and authority. Patton et al. 2021 suggested that Black parenting culture have in many ways internalized the white supremacist view that corporal punishment instills discipline and can spare their children from hate crimes.

It is indicated in the literature that trauma experienced because of oppression and discrimination can extend down to generations of descendants (Hankerson et al., 2022). According to attachment theory anxious and ambivalent attachments are defined as insecure attachment styles meaning that distrust and fear of affection may develop from unmet childhood needs (Cassidy et al., 2013). Insecure attachment styles were described by Sarah, True, Tamar, and Asha who all spoke about their efforts to break generational cycles by using parenting approaches that are different from their own parents’ approach to parenting, such as talking to their children and spending quality time with them.

Studies on generational family patterns have found that negative interactions through social and familial interactions can provide insight on how a person’s relationships with their children are impacted (Hankerson et al., 2022). The literature credits intergenerational resilience in addition to aspirations to create a better life for descendants as factors that can potentially break generational cycles of adverse childhood experiences such as family dysfunction (Hankerson et al., 2022). Each participant in this study referenced experiences of resilience through generational hardship when raising each of their children. Parenting literature has found
resilience to be a protective factor for parents and children with marginalized identities who face systemic disadvantages (Woods-Jaeger et al., 2018)

**Resources**

Each participant in this study expressed an openness to receive community resources. Quinn recalled her experience attending parenting courses but credited her family members for childrearing knowledge and support. Parenting literature has addressed the reflection of societal expectations in parenting curriculums without the acknowledgement of different cultural value systems (Romagnoli & Wall, 2012). Sarah and Mya referenced community daycare waiting lists. Sarah was a part of the Childcare Assistance Programs that provides financial assistance to low-income families who cannot afford childcare (Floyd & Phillips, 2013). The waiting lists for community childcare and Childcare Assistant programs can be profoundly long (Floyd & Phillips, 2013). In Louisiana over thousands of low-income families are currently on childcare waitlists (Morissey, 2017). Sarah and Mya both acknowledged that day-cares in their areas often have waiting lists.

Connected closely with her tribe, Mya received much of her basic need resources through her tribal community. The literature suggests that despite oppression and limitations of federal resources, tribal communities are dedicated to supporting their community through endemic poverty, limited educational opportunities, inadequate infrastructure, and unemployment (Duren, 2017). Moreover, churches have been an access point for community resources to economically disadvantaged families, especially black families (Smolin, 2022). However, religious shame and guilt is a commonly reported factor to the apprehension that many feel about attending church (Downie, 2022). True, a single 31-year-old black woman spoke to this as she recalled the “eyes” that she received after attending church pregnant with her second child.
Time was a commonly mentioned resource that participants lacked in this study. Social economic literature has indicated that time flexibility is an advantage that many economically disadvantaged individuals struggle to retain (Chen & Yiu, 2019). In this study, participants reflected on barriers with time flexibility as their family sizes expanded. Birth order studies have indicated that bonding experiences tend to decrease as family size grows (Falbo, 2012).

**Policy**

The existing literature on government family support policies found that with the absence of any formal United States paid maternity leave policy, economically marginalized mothers are often forced to make difficult financial and employment decisions while pregnant (Rossin-Slater, 2017). Participants in this study highlighted barriers that restricted employment retention during each of their pregnancies. In addition to an informal maternity leave policy, The United States has no formal paid family and medical leave policy. Horowitz et al. (2017) found that low-income parents are less likely to receive paid leave than higher-income individuals. Low-income parents are also least likely to take time off of work because they cannot afford to do so (Petts, 2018). Even when low-income parents are granted leave time, they are often hesitant to use it (Horowitz et al., 2017). In this study, Sarah noted her preference to accumulate leave time for emergencies. The remaining participants were not granted paid leave-time by their employers. As the mothers in this study transitioned from one to two children, the likelihood of having to take time from work increased. Sarah and Quinn both provided examples of how they have had to adjust work schedules to be with a sick child. Sarah specifically mentioned efforts to schedule doctors’ appointments for herself and her children before or after work.

Employment security and health risks increased for each participant during the COVID-19 Pandemic Stay-at-Home order issued by the Governor. Whale and Pfefferbaum (2023) found
in their qualitative study that employment insecurities along with low levels of community support, and limited leisure options were commonly expressed by parents during the COVID-19 quarantine. Employment barriers during the Stat-at-Home Order were reported by each participant. Samuels (2020) discovered that many of the employment obstacles during this time were due to the reduced services and closing of businesses. Hankerson et al., (2022) indicated that the impact of structural racism with regards to economic hardship heightened for Black and Indigenous families heightened throughout the Pandemic. Participants in this study similarly spoke of their daily responsibilities that became more demanding and many of their supports being inaccessible during the Pandemic. True and Sarah spoke of the stress of balancing work from home while home-schooling their children during quarantine. The literature has indicated extreme risks of burnout for parents who were responsible for employment and homeschooling simultaneously (Whaley & Pfefferbaum, 2023). All participants reported limited restricted practices of self-care during the Pandemic due to a disconnection from support systems.

Time flexibility became especially challenging for participants in areas such as employment and dividing time between two children. The United States has no formal paternal and maternal paid time off leave policy (Rossin-Slater, 2017). Therefore, organizations can enforce their own maternity and paternal leave policies or restrictions (Rossin-Slater, 2017). Participants highlighted how employment experiences have impacted their time with their kids, income, physical health, and mental health. Mlinac and Feng (2016) stressed that without time flexibility, parents are less likely to engage in self-care.

**Maternal Mental Health**

The Stay-at-Home order placed several demands on participants in this study as it became an obligation to wear several hats in their households. The literature acknowledged that
parents across the nation experienced extreme shifts in routines and responsibilities during the shelter in place mandates (Whaley & Pfefferbaum, 2023). Low-income families were at a high risk of mental health concern during the pandemic due to their obstacles heightened by the global crisis (Joshi et al., 2023). All participants in this study identified themselves as 24-hour caregivers to both their children during the Pandemic. The literature identified that parents with marginalized identities are resilient in navigating crises due to generational experiences with systemic disadvantages (Downie. 2022). Because marginalized people face disadvantages sustaining basic needs, they tend to cope through adversities without mental health intervention (Downie. 2022). Participants in this study noted limited self-care during and prior to the Pandemic.

Mya, Quinn, Tamar, Sarah, and Asha all made a transition from one to two children during the Pandemic. Each of the participants reflected on health precautions taken to ensure the well-being of their children during this time. The COVID-19 literature has associated health anxiety with the Pandemic. Mya and Sarah both spoke to this anxiety due to fear of their newborns health that extended beyond the first year of these children's lives. Each participant in this study often spoke to the dismissal of their own well-being during and prior to the Pandemic.

Experiences of emotional distress were identified by each participant to have occurred as early as pregnancy. Pregnancy literature has found that antepartum and post-partum depression symptoms are commonly overlooked and undertreated in low-income populations (Liu et al., 2023). True, Tamar, and Sarah reflected on brief postpartum depression assessment questions facilitated by their medical providers during each of their pregnancies. Medical doctors often face a high demand for patient care and face barriers to providing quality patient care (Gordon et al., 2020). Additionally, parenting assessments do not always capture the experience of a
mother’s holistic well-being, often resulting in the emotional well-being of the mothers being undetermined (Gelaye et al., 2016). The Edinburgh Postnatal Depression Scale (EPDS) screening is commonly used by health care professionals to facilitate; however, it has been criticized in the medical field for a low regard for different perceptions and is limited in the way expressions, such as sadness or happiness, are defined by different cultures (McBride et al, 2014).

Participants in this study all described a difficult time identifying whether they experienced depression. Sarah referred to her experience postpartum as the “baby blues” and guilt. Abel et al. 2014 found that symptoms of black women depression in black women often looks like irritability, self-criticism, and insomnia, rather than tearfulness, hopelessness, and helplessness. Indigenous women are also at a high risk of perinatal depression (Owais et al, 2020). However, cultural terminology such as “the wounded spirit” is used to describe experiences of depression (Owais et al., 2020). Mya spoke to an understanding of her experiences through her cultural identity as an Indigenous woman. Mental health literature has stressed that self-care practices are influenced by the ability to initiate it. Each participant in the study identified that the frequency of self-care practices declined after the birth of their second child. Health literature has acknowledged that experiences with marginalization will determine how self-care is defined and practiced (Wyatt & Ampadu, 2022). Sarah and Mya provided examples low or no cost self-care, time sensitive, quick activities that they are able to engage in. All participants described some time without their children as a source of self-care. They also identified that their emotional well-being improved when family support was available to them. Thomas et al. (2017) found in their study that economically marginalized families are less likely than higher income families to seek pre and post emotional birthing and medical advocacy
support, such as doulas. The participants in this study reflected on experiences of resilience and family support during and after each of their pregnancies as they moved forward with daily household and work-related responsibilities.

**Implications**

The implications for this IPA study include diagnostic and assessment practices and training suggestions for medical and mental health professionals, implications for public awareness and education on mental health issues related to economic marginalization and family expansion, and policy and procedure recommendations for lawmaking officials.

**Implications for Mental Health and Medical Care**

As the parents in this study juggled obligations such as finances, education, and time between multiple children, mental health barriers enhanced. Findings from the literature and the study pointed to considerations for mental health professional including, but not limited to, licensed professional counselors and social workers, to conceptualize the roadblocks associated with economic disadvantages, parenting, and family expansion. Participants also struggled to describe postpartum and antepartum depression symptoms. Instead, examples of experiences that included emergent themes of sadness, isolation, and irritability were described. Therefore, mental health and medical health providers, such as obstetricians and gynecologists (OB-GYNs) may also benefit from providing culturally responsive diagnostic specifiers, screenings, assessments and interventions.

**Implications for Assessments and Diagnosis**

Medical literature has highlighted an under-detection of postpartum and antepartum depression in low-income mothers (Liu et al., 2023). If untreated, post-partum depression symptoms can last for over one year (Azad et al., 2019). It is evident by the instances of brief
post-partum depression assessments administered by medical doctors noted in this study that economically marginalized mothers could potentially benefit from an extended antepartum and post-partum assessment protocol. This ongoing assessment might include a perinatal health care plan consisting of pre and post birth physician visits beyond the standard perinatal treatment recommendation. A second implication would be that medical clinics consider on-site behavioral health care as a postpartum follow-up protocol to address the postpartum mental health treatment brevity concerns described in the study and literature.

The findings in the study also imply a need for culturally responsive PPD assessment strategies. Standard PPD screenings such as the Edinburgh Postnatal Depression Scale (EPDS) have been critiqued for lack of cultural considerations exhibited by Eurocentric language provided in a Likert-scaling format (McBride et al., 2014). Given the participants’ struggle to describe depressive symptoms in the study, economically marginalized parents with growing families might benefit from a semi-structured interview approach to the EPDS screening including follow-up questions that promote deeper understandings, rather than the structured question-response approach. As it stands, the EPDS screening does not include questions about the transition from one to two or more children (McBride et al., 2014). The finding in this study lead to a consideration for medical doctors to include follow-up questions related to transitions from one to two or more children. It may also be useful for medical doctors to compare PPD screening from each birth to identify any potential risk factors, re-emerging symptoms, or appropriate behavioral health referrals.

In addition to under recognized depressive symptoms, participants in this study spoke to a decline in self-care practices as their family sizes expanded. Examples of parenting transitional obstacles and reliance of family and tribal community support to cope with struggles presented in
This study lead to an indication of limited self-care options for participants. One consideration for mental health practitioners would be to assess barriers to accomplishing self-care goals, such as the number of children that patients have, socio-economic status, and support systems. Attending skills such as reflection of feelings and meaning may validate the client’s experience as the literature supports the idea that the appropriateness of self-care practices can only be discovered through cultural insights and the client’s level of attainability.

It is implied in the literature and the study’s findings that resilience has been a primary factor in overcoming adversities that develop from economic marginalization and family expansion. Therefore, it is paramount that mental health providers seek to understand the aspects of marginalization that are out of a client’s control; then explore how the identified obstacles have been navigated through. These insights suggest that resilience assessments such as the Connor-Davidson Scale and Brief Resilience Scale can be used to measure aspects of resiliency such as coping, support, and optimism (Manzano & Ayala, 2013). Assessing these areas of resilience can be beneficial towards the development of more considerate case conceptualizations and treatment plans that are specific to what is in the control of economically marginalized parents with growing families.

In this study, participants provided examples of several emotional, environmental, and systemic barriers, especially during the COVID-19 Pandemic. The Diagnostic and Statistical Manual, fifth edition (DSM5-V), used by medical and mental health providers, has been criticized for the absence of social-environmental considerations (Sudhinaraset et al., 2016). These reported concerns from participants in this study point to a consideration for the American Psychiatric Association to add social-environmental specifier that acknowledge the impact of factors such as discrimination, natural disasters, and isolation in the DSM-V.
Risk factors for mental health concerns such as discrimination, unemployment, multiple forms of oppression, and other stressful life events were further identified in this study. This discovery is congruent with the literature which indicates that low-income mothers faced far more systemic problems that cause stress than higher-income mothers (Brown, 2014). As it stands, medical and mental health intake assessments questionnaires are typically completed by the patient and offer minimal room for elaboration, collaboration, and rapport building, often resulting to problems with patient trust and reporting accuracy throughout the provider-patient relationship (Gordon et al., 2020). With consideration of intersecting experiences of oppression, mental and medical health care providers should consider facilitating adaptive and interactive initial assessments that capture concerns specific to each of a client’s intersectional identities including race, gender identity, sexual identity, income, and culture. These assessments can further be used by practitioners to note themes, idioms, and practices that describe the patient’s reported experiences.

*Implications for Practitioner Training*

The participant’s descriptions of brief post-partum questions in addition to the varied examples of emotional distress and self-care all align with the medical research about under-detected symptoms of PPD in low-income mothers. The findings point to a suggestion for the requirement of OB GYN residents to provide in-home medical services to low-income expecting and post-partum mothers during residency. This service may be enforced to expand physician understanding and assessment of the environmental, economic, and systemic conditions that impact maternal mental health. Due to brief PPD assessment encounters with physicians noted in the study and time constraints recorded by health care professionals in the literature, the quality of patient-physician interactions can potentially benefit from an implementation of consented...
tape-recordings of assessment facilitation to low-income mothers. This suggested approach would then be used as a culturally responsive reflective tool for OB GYN residence to assess the quality of their facilitation of PPD assessments to low-income mothers.

To address the varied descriptions of self-care, emotional accounts of distress, and references to family support in this study, mental health providers may benefit from referring to culturally responsive counseling theories such as critical race theory and relational-cultural theory to conceptualize the experiences of economically marginalized parents with growing families through culturally responsive lenses. Furthermore, there seems to be a need for a requirement of Licensed Professional Counselors and Licensed Clinical Social Workers to receive culturally responsive continuing education that include considerations of broaching topics of marginalization with economically disadvantaged clients.

The participants in the study reflected on the impact that generational influences have on their ideal parenting approaches. The findings from the study are congruent with the literature's findings that generational transmissions can impact parent-child relationships. One potential solution for mental health practitioners to enhance training requirements for certifications in parent-child relationship interventions such as Parent Child Interaction Therapy (PCIT) and Child Parent Relationship Therapy (CPRT) would be to add a structural racism component, such as utilizing clinical parent-child case studies to formulate detailed genograms that include the passing down of parenting practices, generational trauma, and systemic disadvantages for parents with marginalized identities. Additionally, themes of attachment styles were described in the study from intergenerational perspectives. One consideration for counselor educators would be to teach attachment theory through an intergenerational perspective; meaning, counseling students
would examine the generational influences that impact the relationships between parent and child.

**Implications for Public Awareness and Education on Mental Health Issues**

The challenges that participants in this study faced to describe their symptoms of emotional distress also seem to call for the implementation of mental health curriculums in K-12 public schools. These curricula would be used to enhance the mental awareness and education by teaching low-income students the vocabulary to describe mental health symptoms, understand the how such symptoms can present differently amongst people with marginalized identities and learn ways to advocate for their mental health needs.

As previously mentioned, detailed in the literature and discoveries in the study are variations of self-care practices and declines of self-care through family expansion. Community mental health agencies and medical clinics can consider expanding self-care conversations and awareness by organizing community self-care summits that include free childcare. Because all participants in this study identified struggles to take time off from work, it may also be beneficial for mental health providers to promote mental health awareness and educational material on community social media platforms such as Facebook, Instagram, and Twitter.

The different descriptions of self-care found in the research and in this study have revealed a need for city special project coordinators to develop culturally responsive community and media events. This would involve an effort from mayors and other city council members to invite parents who are experiencing economic marginalization and family expansion to forums that discuss ways to elevate public knowledge of mental health awareness. Public leaders may also consider formulating research initiatives to fund community research on economically marginalized parents and family expansion in their communities.
Implications for Community Resource Providers

A need or community providers to work beyond generalizability to consider each parent’s unique circumstance is evident by the recordings of different transitional obstacles from one to two children for each participant in this study based on factors such as age gaps between children, culture, racial identity, and support systems. The participants' reliance of family members for emotional support during the prenatal and postpartum phases in this study support the findings in previous research that there are limited community recourses sought by parents who are economically marginalized. These results speak to an opportunity for medical providers such as gynecologists and pediatricians to bridge treatment and resource gaps by collaborating with other parenting community centers like community mental health agencies, pregnancy centers, and family centers. Collaboration would consist of a care coordination approach that targets the needs and appropriate resources for economically marginalized parents.

Examples provided in this study regarding unhelpful parenting course material match up with the research about limited recognition of individual parenting needs in parenting curricula, the current findings suggest that altering the content of parenting course curriculum to meet the needs of the parent would be a useful approach for parents. This approach would consist of a cross cultural context that acknowledges different parenting practices, beliefs, and barriers. An alternative approach to parenting education would involve individualized parenting educational plans where parenting instructors would develop intervention that focus solely on the needs of the referred individual, rather than using a one-size-fits-all curriculum. One other theme implied in the study was that parents of children with age distances between four to six years faced a more challenging parenting adjustment than parents of children with smaller age distances. Parenting courses that are focused on the transitional obstacles for parents with multiple children
can be useful to parents who are struggling to balance economic responsibilities, re-learning parenting skills, and having a difficult time providing equal attention to each child.

All of the participants in the study spoke of the importance of partner support through pregnancy and child rearing. Community parenting centers might consider requesting grant funding to develop partner doula courses where partners would receive certifications to offer emotional and physical support to expecting and postpartum parents. Early education on partner support might also be incorporated in high-school classes such as home economics. The five black female participants in this study were not familiar with many community functions in their areas. Participants also communicated minimal reliance of formal systems of support, which is also identified in the literature. All participants described the value of family support. The several examples of inclusive family value systems recorded by participants throughout this study has shed light on the importance of the consideration of familial inclusion programs sponsored by parenting community organizations. Examples of inclusive community resources for families would include family caregiving courses, family bonding retreats, and family self-care vouchers for childcare items.

**Implications for Policy and Procedures**

The study’s findings agree with the literature supporting a need for government policies to protect the emotional and physical wellbeing of parents. The participants in the study named several examples of unaccommodating or unpaid leave policies that impacted caretaker practice. United States Congress should therefore consider a revision to the Family Leave and Medical Leave Act (FMLA) which currently requires public agencies, public and private schools, and companies with over 50 employees to grant twelve weeks of unpaid family leave to eligible workers (Vohra-Gupta & Cubbin, 2021). The findings presented in the study suggested that
unpaid leave contributed to financial struggles for parents who experienced high risk pregnancies, morning sickness, and needed time to care for their sick children. A revision of the FMLA could be made by expanding FMLA coverage to paid leave and to private organizations.

Noted in the study were efforts to accumulate vacation hours if additional paid leave time were needed in the event of an emergency. The American Academy of Pediatrics recommends at least six weeks leave for just maternity (Dodson & Talib, 2020). FMLA currently protects the employment of public employees for twelve weeks for matters such as newborn care, adoption, foster care, care for immediate family members, and medical leave for serious health conditions. An additional suggested revision for the FMLA would be to extend the amount of leave time to 18-weeks for childbearing parents to align with the maternity leave recommendation by the American Academy of Pediatrics, while also leaving room for the other family related reasons listed in the act. Because the study’s results emphasize the importance of partner support during pregnancy, the act should further consider extended 18-weeks of paid leave to the partners of child-bearing parents. Non-child bearing partners should be provided paid leave through the FMLA for all perinatal appointments to provide emotional and physical support to the child-bearing partner. A formal family paid family leave policy would create a standard protocol for employers to follow that addresses the concerns of employment, financial retention, and emotional obstacles discovered in the study.

Family members were a common source of childcare assistance for participants in the study. The literature and findings point to one barrier to childcare assistance in their communities as wait lists to the child-care assistance programs and childcare centers. Due to financial obligations and limited leave time noted by participants, childcare was an essential source of support. Considering the reliance of family support and barriers to community childcare
recounted in the study and literature, an implication of the Louisiana Department of Education would be to propose a revision the In-Home Childcare and Family Childcare requirement under the Childcare Assistant Program (CCAP) established by the Louisiana Department of Education. Childcare obstacles in the study were recollected from the participants' experiences with their first and second child. Currently, the In-Home Childcare and Family Care program indicate that a person is not required to have a license but can only be considered an in-home family childcare provider if they are caring for at least six children in the child’s home or the caregiver’s home (Fotner et al., 2021). The Louisiana Department of Education might examine a change to their Childcare Assistance Programs that offer temporary childcare funding to immediate or extended family members who are providing care to children due to childcare waitlists, regardless of the number of children in the home. To address the CCAP waitlists indicated in the study and the literature, a recommendation to the Louisiana Governor would be to propose a budget plan that increases the amount of funding for low-income childcare.

Despite their enrollment in the Supplemental Nutrition and Food and Assistance Program (SNAP), provided examples of food retrieval insecurities due to health concerns during the stay-at-home advisory initiated by the Governor. One potential way for The Louisiana Department of Child and Family Services (DCFS) to address this concern would be to propose Agricultural and Nutrition Educational Programs where low-income household can learn ways to enhance food security during stay-at-home advisories. Another suggestion would be that the Louisiana Department of Health examine food distribution options in each community and increase the awareness of these options with a resource list distributed to the Louisiana DCFS.

Limitations and Delimitations
The findings of the study were limited to six female participants from Louisiana, meaning generalizability to additional populations were not included due to the nature of the qualitative study. Moreover, other custodial figures such adoptive parents and grandparents were excluded from this study. The data collected from the study were all self-reported experiences that cannot be examined for accuracy or authenticity. Additionally, IPA analytical procedures rely on the full engagement of the researcher, meaning this study required member checking, peer-debriefing, and dissertation committee review. Lastly, interviews were performed through HIPPA a compliant Zoom platform, meaning participants who do not have access to technology.

**Recommendations for Future Research**

This study sought to explore the experiences of economically marginalized parents as their family sizes grow. The results from the study captured the experiences of six cis-gender female participants. Future studies on this research topic might include more diverse representations of gender, race, and cultural backgrounds. Moreover, the perspectives of non-biological parents such as adoptive parents and stepparents might also provide more insight to future studies.

As there were several participant accounts of emotional and financial hardship during the COVID-19 stay-at-home order initiated by the Governor, there seems to be an opportunity for a future qualitative study that seeks to explore the experiences of economically marginalized parents in Louisiana during the COVID-19 Pandemic stay-at-home advisory. With consideration of other communities and systemic hardship reported in the study, quantitative research can be beneficial to identify what community support services are most utilized by economically marginalized parents with growing families. As the findings in this study revealed minimal utilization of community parenting resources, qualitative research could seek to understand the
experiences of economically marginalized parents who have utilized community parenting resources. In this study, the black female participants frequently spoke about the involvement of family members as an essential support system. A meaningful way to address this theme would be by a qualitative study of the experiences extended family-member support systems in black households. Additionally, quantitative research could possibly examine the presence of spousal support in economically marginalized households to identify specific maternal partnership needs. Moreover, qualitative studies dedicated to exploring the benefits of partner support could provide implications on how much family leave a partner needs to have to provide caregiving support to infants and child bearers. A recommendation to address the concern of the maternal mental health of mothers with marginalized identities would be through longitudinal studies that track maternal mental health care practices from early pregnancy up until one-year post-partum. Overall, structural racism impacted the generational experiences of parenting in this study. A final recommendation is for mixed method research on structural racism and parenting that measures different constructs of structural racism, such as segregation, and explores the generational transmission of those experiences through multi-generational families

Conclusion

Chapter five reviewed the study’s purpose and connected the findings to the existing literature. The philosophical foundations were outlined in addition to the implications for medical and mental health care, community resource providers, public awareness and education and policy and procedures. Limitations and delimitations of the study were addressed and recommendations for future studies were outlined. This study explored the experiences of economically marginalized parents as they transitioned from one to two or more children. The findings suggest that there are intersectional factors that contribute to the experiences of these
parents, including the superordinate themes identified in the results, which were (a) age difference between children, (b) family support, (c) employment, (d) community resources for parents, (e) barriers parenting during the pandemic (f) mental health, and (g) attachment style and generational transmission. The first research questions examined in this study was (a) What were the experiences of economically marginalized parents with one child? The findings suggested that the support of family, partners, and community helped them through challenges associated economic hardship with one child. The second research questions examined in this study was (b) What were the experiences of economically marginalized parents with two or more children? The findings indicated that parents of children with four-to-six-year age distances had more obstacles transitioning from one to two or more children compared to parents of children with one to two-year age gaps. Parents of children with four-to-six-year age distances faced obstacles addressing differing needs of multiple children, changes in parenting roles, and adjustment issues for the eldest child. During these transitions, the findings still suggested that the support of family, partners, and community helped them through the challenges associated economic hardship. The COVID-19 pandemic disconnected participants from familial and community support. This led to a rise in mental health concerns. Mental health concerns were also associated with post-partum depression, antepartum depression and intergenerational trauma. Participants who had positive intergenerational influences were willing to pass down generational values and parenting approaches to their children. Participants who did not have positive generational influences were not willing to pass down generational values and parenting approaches to their children. These results lead to considerations for mental health and medical health providers, community resource organizations, and lawmakers to examine unique experiences to better accommodate, evaluate and collaborate with economically marginalized
parents with through family expansion.
References


Birt, L., Scott, S., Cavers, D., Campbell, C., & Walter, F. (2016). Member checking: a tool to enhance trustworthiness or merely a nod to validation?. *Qualitative health research, 26*(13), 1802-1811.


Bridges, B. K., Awokoya, J. T., & Messano, F. (2012). Done to Us, Not with Us: African American Parent Perceptions of K-12 Education. *Frederick D. Patterson Research Institute, UNCF*. 

84


Duren, Colby D. "Indian Country Priorities and Opportunities for the 2018 Farm Bill Title IV: Nutrition." *Native Farm Bill Coalition, September* (2017).


87


Jamali, H. R. (2018). Does research using qualitative methods (grounded theory, ethnography, and phenomenology) have more impact?. *Library & Information Science Research, 40*(3-4), 201-207.


Thomas, D. R. (2017). Feedback from research participants: are member checks useful in qualitative research? *Qualitative Research in Psychology*, 14(1), 23-41.


Appendix A: Letter of Informed Consent (Adults)

Dear Participant:

My name is Yvanna Pogue Vicks and I am a doctoral candidate under the direction of Dr. Christopher Belser in the Department of Educational Leadership, Counseling, and Foundations at the University of New Orleans. I am conducting a research study to explore the experiences of economically marginalized parents as their family sizes grow.

I am requesting your participation, which will involve a one-hour long interview that will occur between 6/1/2023 and 10/1/2023. Your involvement in this study is completely voluntary. If you choose to withdraw from the study at any time, there will be no penalty. The results from the future study will be used for my dissertation and possible professional presentations and publications. However, your name will be excluded.

Although there may be no direct benefit to you, the possible benefit of your participation is a better understanding for mental health professionals, resource advocacy centers, and educational systems when providing services to economically marginalized parents. If you have any questions concerning the research study, please contact me at 985-228-6526 or my dissertation chair, Dr. Christopher Belser at 504-280-5684. Please contact Dr. Roberto Refinetti at the University of New Orleans for answers to questions about this research, your rights as a human subject, and your concerns regarding research-related injury.

Sincerely,

Yvanna Pogue Vicks, LPC

By signing below, you are giving consent to participate in the above study.

__________________________________  _________________________  __________
Signature                         Printed Name                       Date

If you have any questions about your rights as a subject/participant in this research, or if you feel you have been placed at risk, please contact Dr. Roberto Refinetti at the University of New Orleans (504) 280-7481.
Appendix B: Interview Protocol

Greetings and thank you for your participation today! My name is Yvanna Pogue Vicks. I am a doctoral student under the direction Dr. Christopher Belser in the Department of Educational Leadership, Counseling and Foundations at the University of New Orleans. As a part of my dissertation process in the Counselor Education and Supervision Program, I am conducting a qualitative study about the experiences of economically marginalized parents as their family sizes grow. Today, I am requesting your participation in one-hour long interview via Zoom HIPAA. The interview will include 14 questions and follow-up questions regarding your experience as an economically marginalized parent transitioning from one to two or more children.

I am the responsible investigator for the study: The Experiences of Economically Marginalized Parents as Their Family Sizes Grow. You and I both have signed and dated a copy of the informed consent to proceed with this interview. My copy will be stored in a HIPAA compliant jump drive that will be securely locked in an office filing cabinet.

Your involvement in this study is completely voluntary. If you choose to withdraw from the study at any time, there will be no penalty. The results from the future study will be used for my dissertation and any possible professional presentations and publications. However, pseudonyms will be used in the place of your name.

I am also requesting your consent to record your interview to accurately document your responses. You are able to turn your camera off or take a break at any point during the interview. If at any time you wish to discontinue the interview or recording, please inform me and all documentation will be destroyed and any dialogue that you have provided will be erased and withdrawn from the study. All recordings will be downloaded to a password secured flash drive and stored in a locked office filing cabinet. Recordings will be deleted via erasure 3 years after data analysis is completed. Before we begin, do you have any questions? Now we will proceed with the interview.

Demographic Questions:
1. Race/Ethnicity:
2. Sex and gender identity:
3. Age:
4. Highest level of education:
5. Marital Status:
6. Age of your first biological child:
7. Age of your second biological child:
Appendix C: Interview Questions

Interview Questions

1. Overall, what was it like for you transitioning from one to two or more children?
   
a. How old was your first born when your second child arrived?
   
b. How do you believe that your identity (race, ethnicity, age, gender) impacted your parenting experiences?

2. Describe your experience parenting during the pandemic?
   
a. What were your experiences with economic hardship during the pandemic?

3. Were either of your pregnancies planned?
   
a. What was your experience with medical access during your first and second pregnancies?
   
b. What were your experiences with employment during your first and second pregnancies?

4. Describe your involvement with your first born when your first born was the only child?
   
a. Describe your involvement with your second child(ren) once your second child arrived?
   
b. Describe your involvement with your first child when the second child(ren) arrived?
   
c. Describe your experiences parenting during the Pandemic?

5. Describe the other parent’s involvement during your first pregnancy?
   
a. Describe the other parent’s involvement during your second pregnancy?

6. What were your experiences with economic hardship when your first child arrived?
a. What were your experiences with economic hardship when your second child(ren) arrived?

7. Describe the other parent’s involvement when your first child arrived?
   a. Describe the other parent’s involvement when your second child(ren) arrived?

8. How would you describe your family’s involvement when your first child arrived?
   a. How would you describe your family’s involvement when your second child(ren) arrived?

9. How would you describe your community’s (e.g. schools, resource centers, neighborhood, church, workplace) involvement when your first child arrived?
   a. How would you describe your community’s involvement when your second child(ren) arrived?

10. Describe your child care assistance with your first born?
    a. Describe your childcare assistance when your second child(ren) arrived?

11. How would you describe your upbringing?
    a. Can you think of any parenting practices that your parents enforced that you now enforce with your children?

12. What was it like growing up in your community?

13. Describe your experiences with economic hardship growing up?

14. How do you believe that your parent’s identity (race, ethnicity, age, gender) impacted your upbringing?
CALLING PARENTS OF TWO OR MORE CHILDREN

TO QUALIFY YOU MUST MEET THE FOLLOWING CRITERIA:

• 18 years of age or older
• Resident of Louisiana
• Louisiana SNAP benefit recipient
• Biological Parent of two or more children.
• Within the last five years, parent must have transitioned from having one (1) to two (2) children [or more if the second birth consisted of multiples (e.g. twins).]
  ◦ these children must be ten years of age or under

Questions(?) Contact Yvanna Pogue Vicks: ypogue@uno.edu
Appendix E: Institutional Review Board Approval Letter

Memorandum

Principal Investigator: Christopher Belser
Co-Principal Investigator: Yvanna Pogue
Date: May 24, 2023
Protocol Title: The Experiences of Economically Marginalized Parents as Their Family Sizes Grow
IRB Number: 03May23

The Institutional Review Board for the Protection of Human Subjects in Research (IRB) has deemed that the research and procedures of the above-named protocol are compliant with the University of New Orleans and federal guidelines and meet the standard for expedited IRB review according to:

A. Research activities that (1) present no more than minimal risk to human subjects, and (2) involve only procedures listed in one or more of the following categories, may be reviewed by the IRB through the expedited review procedure authorized by 45 CFR 46.110 and 21 CFR 56.110. […]

6. Collection of data from voice, video, digital, or image recordings made for research purposes.

7. Research on individual or group characteristics or behavior (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies.

Review of the submitted protocol indicated that all procedures are in compliance with 45 CFR 46. Any changes to the procedures must be reviewed and approved by the IRB prior to implementation. All approvals are valid for one year and can be renewed upon request.

I wish you much success with your research project. If you have any questions, please do not hesitate to contact me at 280-7481.

Sincerely,

Roberto Refinetti, PhD
IRB Chair
Vita

The author was born in Franklin, Louisiana. She received her bachelor’s degree in sociology from Nicholls State University in 2016 and completed her master’s degree in Clinical Mental Health Counseling at Nicholls State University in 2018. She has worked as an adjunct instructor, Functional Family Therapist, and started her private practice after becoming a Licensed Professional Counselor in 2021.