

EXPLORING NEW TYPES OF INTENSIVE MOTHERHOOD IN THE CZECH REPUBLIC¹

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Abstract: Intensive motherhood (IM) has become an established social norm in many countries, especially Western ones. Centred upon the mother providing lengthy full-time, intensive care focused on the child's needs, these social norms can be seen in the actions of mothers in diverse social locations. However, recent research has demonstrated that women's ability to engage in IM is affected by factors like education, race, ethnicity, religion or socioeconomic status as well as by cultural and structural conditions. The goal of this paper is to analyse IM in the Czech context by focusing on factors that most affect a mother's ability to engage in IM. Biographical interviews were held with 17 mothers, and the following three areas were discussed most in their narratives: (a) use of information on childrearing, (b) attitude to paid employment and juggling family and work, and (c) the financial, mental and emotional costs of motherhood.

Key words: intensive motherhood; social construction; biographical method; childrearing.

Introduction

Aspects of intensive motherhood (IM) can be seen in many European countries, including the Czech Republic. Sharon Hays (1996), who developed the concept of IM, refers to it as "...child-centered, expert-guided, emotionally absorbing, labour-intensive and financially intensive" (Hays, 1996, p. 8). In the Czech Republic, IM norms started to take root in the 1990s, and the current perception of the role of the mother and ideal childcare corresponds to aspect of IM (Hašková, Křížková, & Dudová, 2015). IM is associated with the idea that a mother's reproductive ability the mother makes her best able to care for the child as she has some kind of innate instinct. She is therefore best able to respond to and satisfy the needs of the child (Hays, 1996). Many studies (e.g. Guendouzi, 2006; Hennessy, 2009) warn of the financial demands (of having to supply books, hobby clubs, toys, etc.) and emotional pressures (associated with repetitive activities, the need to constantly respond to the child's needs, etc.) of IM and question whether and how the IM ideal can be achieved. They show that although IM norms are reproduced or partly adhered by mothers across social locations

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and can have class, racial, ethnic, education, religious or socioeconomic dimensions, it is precisely these characteristics that enable or restrict mothers from achieving this ideal. Migration can also affect the ability to achieve IM, primarily due to linguistic barriers, ignorance of cultural habits or racial/ethnic diversity (Bell, 2004; Forcey, 1994; Hennessy, 2009; Medina & Magnuson, 2009). Questions around whether all women can achieve the IM ideal show that IM acts as a disciplinary mechanism, especially for those who diverge from it, for example, mothers who return to work very early are perceived to be careerists prioritizing their own wellbeing over the child's (Guendouzi, 2006; Pérez & Tórrrens, 2009). However, it can be difficult for single parents, for example, to stick to such an elitist model associated with upper middle class families (Pérez & Tórrrens, 2009). Czech studies (Hašková, 2011; Hašková & Zamykalová, 2006) have also focused on the opportunities, or lack thereof, for mothers to engage in IM. A useful approach to analysing mothers' options and strategies is to look at the situational conditionality of decision-making (Hašková, 2011; Křížková, Maříková, Hašková, & Formáneková, 2011; Křížková, Dudová, Hašková, Maříková, & Uhde, 2008), where the aim is to analyse a particular decision or attitude in its broader context. Hašková (2011) shows that various interdependent factors affect the decisions mothers make, such as the transformation in expectations of the female role in society, family policies and work–life balance measures², prevailing expert and public opinion on the ideal methods of childcare³, as well as individually-based ones (education, finance, place of residence, occupation, etc.). All of these factors shape the mother's situation and the thinking behind her decisions and actions. This type of analysis is mostly used in narrative and biographical approaches in which the situations can be slotted into the broader context as conveyed by the communication partners.

The aim in this article is to look at the most important individual, cultural and structural aspects of contemporary motherhood in the Czech Republic and then determine which of them affect a mother's ability to engage in IM. First, the transformation in female and maternal roles will be briefly discussed, and then these aspects will be analysed by looking at the mothers' behaviour in relation to selected characteristics.

The pre-1989 transformation of women's roles and how this feeds into contemporary female and maternal roles in Czech society today

In order to gain a more detailed view of motherhood in the Czech Republic today, it is important to look at the transformation of the female and maternal roles in Czech society before and after 1989. In many European countries, the post-war era was fraught with economic problems. After the Communist Party took power in 1948, Czechoslovak society underwent profound changes that affected expectations associated with men's and

² In the Czech Republic parental leave was extended to a three years per child after 1989. The number of preschool places was decreased at the same time. Current family policy is still based around the idea that mothers provide full-time intensive care (Hašková, 2011).

³ In the Czech Republic, the prevailing view among experts and public alike is that women should have primary responsibility for raising children and that the gender divisions of labour are effective and best for the child (Hašková, 2011; Sirovátka & Bartáková, 2008).

women's social roles. Women were expected to work and be emancipated and economically independent. Due to labour shortages, many housewives were recruited as workers (Kalinová, 2007). This led to a rise in female employment, and levels are still above the European average today (Křížková, Maříková, Hašková, & Formáneková, 2011; Kuchařová, 2013). Under socialism, support was provided for working mothers through the extensive network of crèches and kindergartens, although it never fully satisfied demand (Dudová & Hašková, 2011; Hašková, 2011a; Hašková & Dudová, 2010; Srb & Kučera, 1959). Women continued to attain higher education levels and qualifications. This shaped everyday realities, with women spending longer in paid work⁴.

In the 1970s a critical turn occurred in gender roles, with greater differentiation and the re-establishment of the female-caregiver/male-breadwinner model (which peaked in the 1990s). Hašková (2011b) refers to this trend as refamilization. The gradual efforts to return childrearing to the family were accompanied by the growth of a critical discourse on preschool care (Dudová & Hašková, 2011; Hašková & Dudová, 2010), the extension of maternity leave⁵, and ideological change, as the government introduced pro-natal measures (in response to the decline in birth rates since the late 1960s). All these efforts led to women having to care for the family. The sequential model dominated women's lives: full-time motherhood alternated with full-time work. However, as women were not supposed to, and could not afford to, leave the workforce permanently due to the economic situation in families, the new model was a "superwoman" who juggled work and care at the same time (working dual shifts). Housework and childcare came to occupy an increasingly important part of women's lives. Moreover, following the normalization era⁶, home became the only place safe from the dangers of the political world outside and women were expected to protect it (Vodochodský, 2007).

A woman's role (and the maternal role) underwent considerable transformation in the Czech Republic. These roles are socially constructed. Before 1989 some IM norms were not as prevalent as in the 1990s, yet this was not necessarily due to women's unwillingness to follow these norms, but was a result of their situation, the (personal, structural and/or cultural) conditions under which they became mothers and raised their children.

Forms of motherhood after 1989

After 1989 the change of political regime was accompanied by the transformation of the social and cultural climate. A mothering norm displaying characteristics similar to IM (see

⁴ The amount of time women spent in work rose from 7.2 hours a day in 1961 to 8.4 in 1980 (Kuchařová, 2013).

⁵ Act No. 65/1965 Coll. extended maternity leave to 26 weeks (from 22 weeks), effective from 1968, and additional maternity leave to up until the child is two years of age, effective from 1970.

⁶ The Prague Spring occurred in 1967-68, during which society underwent liberalization. The immediate reaction to this was a violent suppression, the freezing of democratization processes and the reinstatement of socialist ideology. The consequences of normalization were visible until the end of socialism (in 1989).

Hays, 1996) became prevalent in the 1990s, and this also changed the conditions under which women raised their children.

Importantly, women's education levels continued to rise after 1989, as did the number of college graduates (with women recently outnumbering men) and level of educational attainment (Czech Statistical Office, CZSO, 2014). This, along with high female employment levels, improved women's ability to participate in the labour market and influence family and/or care decisions.

Other thing is, that after 1989, parental leave in the Czech Republic became one of the longest in the Europe, with up to three years⁷. Hašková (2011a) has shown that the length of time Czech mothers opt to stay at home has increased in proportion to the length of statutory parental leave. The evidence shows that after 1989 almost half of all mothers opted to stay at home for up to three years, until either returning to work or giving birth to another child, and that a quarter of mothers stayed at home for more than three years (over twice as many as previously). Explicit familialism (Paloncyová, 2011) accentuated the caring function of the family and its responsibility for caring for dependent members, but does so in the absence of alternative forms of care (see Leitner, 2003). At the same time, gender roles in society became polarized and the male breadwinner model came to dominate (Bartáková, 2006; Hašková, 2011b). Women's stay-at-home periods can be further extended by combining parental leave—when the parent immediately enters another period of parental leave (Potančoková, 2009). Up to three in four women took up this option in the 1990s (Paloncyová, 2011). After the 1990s, working parents typically relied on grandparents or shared the care role (Hašková, 2011a).

Motherhood norms are most visible in the expert childrearing discourses which go back to the 1960s. At that time experts were critical of child morbidity rates in institutional care and/or negative consequences (as psychological or cognitive) of early separation from the mother, amongst other things (Dudová & Hašková, 2010; Hašková & Dudová, 2011). In the 1990's the negative expert childrearing discourses were still visible and preschools were viewed as post-communist relics (Hašková, Saxonberg, & Mudrák, 2012). This attitude affected Czech family practices after 1989 (the rejection of preschool care in favour of longer stay-at-home periods) as well as public opinion (toleration of the male-breadwinner/female-caregiver model) (Dudová & Hašková, 2010; Hašková & Dudová, 2011). Staying at home for long periods gradually became synonymous with IM after 1989.

IM is also linked with a desire to obtain childrearing information, often from the mainstream (expert) discourse (Hays, 1996). Three essential factors underpin the IM discourse in the Czech Republic: (a) the economic situation (the prevalent strategy in the 1990s was to cut preschool funding, and reduce demand by extending parental leave, while political leaders claimed that women could choose freely between work and childcare). Extending parental leave meant spending on family policies could be reduced and it concealed the rise in unemployed women); (b) political actors (the conservative parties that came to power after 1989 continued to support full-time maternal care while eliminating

⁷ See §157 Act No. 65/1965 Coll. and Act No. 52/1989 Coll. These laws introduced the term "parental leave", which replaced "further maternity leave".

care options outside the family); (c) social movements to reflect public opinion (after the long socialist era, there was no feminist or women's movement to discuss the growing IM discourse, and gender issues were not key topics after 1989) (Dudová & Hašková, 2010).

Consequently, the maternal role is conceived of as the intensive, full-time provision of care, which is both time-consuming and financially demanding, and responsibility is placed on the mother (or another female family member). Another aspect of IM in the Czech Republic is the "magical" limit hit when the child is aged three: childcare for the under-threes should be provided by the mother (which corresponds to the three years of parental leave). This was evident in our research, which showed that the preschool period occupied a significant part of the mother's narrative and was associated with some of the IM characteristics mentioned above.

I analysed 17 narratives told by women in the Czech Republic concerning their approach to maternity and IM norms. Bearing in mind the situational conditionality of decision-making and behaviour (see Křížková, Dudová, Hašková, Maříková & Uhde, 2008), I analysed the characteristics (such as education, place of residence or occupation) that most influenced or restricted the mothers' choices and ideas about maternity and IM, and the extent to which they were (un)able to achieve these.

Data and methods

This study of contemporary motherhood is part of a broader qualitative study on changes in maternal roles in the Czech Republic from the 1950s to the present⁸. The article focuses solely on an analysis of contemporary motherhood (i.e. it looks at mothers who have had children since the 1990s)⁹. At the ontological level, I rely on the social-constructivist paradigm that assumes the existence of several parallel subjective realities. The aim is to describe the subjective reality of the interlocutors and show how they interpret and construct reality (Charmaz, 2003), rather than describing a single objectively given social reality. I explore the potential to follow IM norms based on education, age, place of residence and occupation by analysing narratives on motherhood. However, in epistemological terms, I do not merely accept what was said, but seek to construct meaning in collaboration with the communications partners and obtain an interpretive understanding.

This analysis is based on 17 biographical interviews with mothers who have had children since the 1990s (see Table 1). I used problem-oriented interviews (Witzel, 2000, 2012; Kuehn & Witzel, 2004) to obtain interpretations, accounts and narratives about motherhood within the specific cultural and structural setting of Czech society. Problem-oriented interviews are a means of focusing on situations (i.e. problems) in the narrative. For example, the communications partners were first encouraged to talk about the period when they became mothers, and then in the next stages of the interview, to develop a narrative about the topic (e.g. childbirth or parental leave). In this introductory narrative, the communications

⁸ Data collection 2015–2017.

⁹ For this article, interviews with mothers who have had children since the 1990s were used, data were collected between 2016 and 2017.

partners related most to the preschool period and introduced topics into the narrative such as sources of information on bringing up children (especially in the early years of the child's life); returning to work (they often discussed preschools); the demands of providing intensive care focused on the needs of child over a number of years and at a time when the child requires most care and attention. These topics, which seemed to be important in the communications partners' narratives, are explored in this article. The analysis is mainly focused on the preschool period as it was a dominant theme (school attendance was a topic I frequently introduced).

The sample was obtained using the snowball method, and attempts were made to ensure heterogeneity in terms of education, occupation, number of children, communications partners' age and place of residence (see Table 1).

Once the data had been collected and transcribed, it was analysed and coded at different levels using Atlas.ti software. The thematic analysis was based on the themes determined from the interview scripts and during the interviews. After the interviews had been coded and a codebook compiled, the structural and cultural contexts within which the social reality had been constructed had to be identified (Witzel, 2000, 2012). Bertaux (Bertaux, 1981; Bertaux & Kohli, 1984) distinguishes between life trajectories, which refer to the objective structures that shape biographies and events, and life stories, which refer to the interpretations and meanings the communications partners attach to life events. A "life timeline of important events during motherhood" (e.g. childbirth, parental leave, returning to work, preschool) was created from each interview, taking account of the structural and cultural factors shaping and influencing the biography as well as the interpretations and meanings the communications partners attached to the events (see Dudová, 2015).

Analysis: Form and nature of contemporary motherhood in the Czech Republic

As stated previously, the preschool period was a point of interest in the mothers' narratives. Later schooling or adolescence were not seen as any less demanding or important, but the communications partners associated the initial question with the years when the child needed the most care and interest from the mother and so they devoted a significant part of their narratives to the preschool period. The analysis of the interviews revealed several common aspects of IM in the preschool period, such as a focus on the child's needs, delayed gratification of the mother's needs, and the demands of providing full-time care, but there were also marked differences primarily based on the mother's education level, and less on location or communications partners age.

Expert knowledge and sources of information

Hays (1996) points out that IM norms require mothers to seek out and discuss information on childrearing and childcare. Thanks to all-day care and access to a wide range of information, mothers can devote sufficient time to reading books, articles or internet forums that are in the child's best interest. Hays (1996) states that far from being passive recipients, mothers select relevant information and tips to follow. This was also apparent in the Czech mothers' narratives:

Table 1. Communications partners (CP)

| Name | Number of children | Age of CP | Age of children | Education attainment | Place of residence | Occupation |
|-----------|--------------------|-----------|----------------------------|---------------------------|--------------------|-----------------------|
| Zdislava | 1 | 36 | 2yrs | Tertiary education | Capital city | Consultant |
| Ema | 2 | 40 | 7yrs, 5yrs | Tertiary education | Capital city | PR consultant |
| Valerie | 4 | 50 | 27yrs, 24yrs, 24yrs, 20yrs | Tertiary education | Capital city | Restaurant owner |
| Běla | 2 | 42 | 6yrs, 8mths | Tertiary education | Capital city | Senior manager |
| Františka | 2 | 37 | 4yrs, 7yrs | Tertiary education | Capital city | Health care assistant |
| Diana | 3 | 43 | 6yrs, 9yrs, 10yrs | Tertiary education | Capital city | Consultant |
| Rút | 3 | 33 | 9yrs, 6yrs, 1yrs | Upper secondary education | Capital city | Consultant |
| Pavlína | 2 | 48 | 26yrs, 17yrs | Upper secondary education | Up to 25,000 | Hairdresser |
| Gabriela | 4 | 43 | 13yrs, 10yrs, 6yrs, 2yrs | Upper secondary education | Up to 1,000 | Assistant |
| Vanda | 1 | 48 | 24yrs | Upper secondary education | Up to 25,000 | Clerk |
| Viktorie | 1 | 33 | 6yrs | Upper secondary education | Capital city | Florist |
| Angelika | 3 | 31 | 10yrs, 5yrs, 5mths | Lower secondary education | Capital city | Florist |
| Rozálie | 1 | 37 | 10y | Upper secondary education | Up to 25,000 | Blue-collar worker |
| Anežka | 1 | 48 | 27yrs | Upper secondary education | Up to 5,000 | Accountant |
| Cecilie | 1 | 47 | 24yrs | Upper secondary education | Capital city | Assistant |
| Lily | 1 | 29 | 3 yrs | Upper secondary education | Capital city | Homemaker |
| Renata | 1 | 48 | 20yrs | Upper secondary education | Up to 1,000 | Homemaker |

I checked the books (...) but every child is different, so I think that to stick to things someone writes and strictly follow them is more likely to make mothers panic. (Pavlína, upper secondary education, 2 children)

Irrespective of their education level, the communications partners often talked about information sources and their limits. They defined themselves as mothers who actively seek information but never follow all the advice. This boundary was set by their child's rapid development (that meant almost daily encountering things they were unsure about and might need advice on), or by the birth of another child which left them with sporadic opportunities to read and discuss:

... with my first child, I realized all I did was deal with his needs and what was best for him (...) and the birth of my second child helped me find the line between what to do and what to avoid. The children are one year apart, that alone made me realize I couldn't keep doing all the different things I'm supposed to, that my options were limited. (Diana, tertiary education, 3 children)

However, education made a difference in terms of information sources. Communications partners with lower education often relied on more than one source of information—not only online forums, which are an easily accessible source, but also fellow mothers (perhaps friends or strangers online):

... I read a lot online and in different forums (...) I studied a lot, especially about childbirth (...) but I also read a lot of things about childrearing, like tips on when to carry the baby in my arms so it doesn't get too used to it etc. (...) but as for doing what the information says, I prefer not to, I prefer to do it instinctively or build on what other moms tell me about their experiences. I just felt that when I had a problem I could find the answer in an internet forum, among my friends. (Angelika, lower secondary education, 1 child)

However, they were much less likely to get information from books or doctors:

In my opinion, the doctor should tell you when you ask him, but you've got this sort of pride that prevents you from asking the doctor questions like 'What is an episiotomy? And does it hurt?' – so when I see the doctors' frustrated faces, I am more inclined to find out online myself. (Lily, upper secondary education, 1 child)

These women may find the jargon used by doctors or in academic books hard to understand, and so opt for sources that are closer to their social location and education level (e.g., Chamberlain, 1997; Hennessy, 2009; Johnston & Swanson, 2006). They obtain their information from other mothers' lived experiences, rather than from doctors or books.

In contrast, the women with higher education almost never accessed online forums and instead relied on books, doctors and their close social circle (family, friends). They also actively sought out information, but were much more likely to turn to doctors and books:

I read a whole lot of books, I read all that I was given or bought (...) for some time I was dependent on what my paediatrician would tell me, thinking that only she could advise me on my baby. (Diana, tertiary education, 3 children)

They were capable of understanding the specialist language of medicine and books. The perception that medicine is an authoritative source of "proper" knowledge (Dudová,

2012; Parusniková, 2000) accessible to these women with higher education may have also played a role (Chamberlain, 1997). Being women with higher education also helped them communicate more effectively with doctors and understand medical language.

Be the best mom or the best worker? Strategies for balancing home/care and work

In IM the assumption is that by nature women are best placed to care for children. Women are also often convinced that they are most competent at providing the best care and upbringing (this was true of all the communications partners' narratives regardless of education level or other characteristics). The narratives indicated that key periods are when women make decisions on returning to work (when and why, and on preschool), when women have to develop strategies for providing care responsibly (because only the mother is able to provide the best care) and when for performing other activities that may bring them a sense of satisfaction or fulfillment. All the communications partners referred to the IM in their narratives, which indicates that the IM operates as a disciplining mechanism. Education and professional status also proved to be significant factors influencing balance strategies and also the potential to engage in IM.

Women with higher education and higher-status women often stated they had returned to work early because they needed to attain self-actualization in other domains or found the caregiving role unsatisfactory (see also Pavlicová, 2016). Some communications partners also described their job in terms of fulfillment, as a source of self-actualization and harmony, and as a way of being a better mother (i.e. not so sullen or irritable) and of better meeting their child's needs:

I started working because I would've been bored at home (...) like it wasn't enough and I just couldn't be happy with it. If I were just at home, I think I would be an intolerable mother, wife, you-name-it (...) if I weren't at work, I would be a bad mother because I would be too irritable and stressed out from being stuck at home (...) it is important for me to be able to work and get satisfaction in this way. (Zdislava, tertiary education, 1 child)

and

...the main reason I wanted to go to work was for my mental wellbeing, not to drop out of normal life, you know (...) when you go back to work, you have suffered this terrible loss of contact and all (...) but then you feel competent again, that you can deal with different things, that you can take decisions. (Diana, tertiary education, 3 children)

Communications partners with higher education stayed at home for one and a half years on average, which is a half compared to the maximum three years allowed by the law and that is part of the IM norm in the Czech Republic. These women typically held managerial positions or worked in fields where they needed to keep abreast of developments (e.g., senior manager in a nationwide business or a PR consultant). Moreover, their job had been a source of self-actualization prior to pregnancy. Location could have played a part—the communications partners with higher education lived in the capital city where better jobs are available, and a long career break could be problematic, if for example they were working in a fast-growing area.

Communications partners with higher education often balanced the needs of the child against their own interests and needs:

I felt I had to deny myself things and for good and in every aspect, and that was really scary (...) no one had told me I would completely forget about my needs and deal with the child's needs only. And then it's hard to find the line between when you can deal not just with the child but also yourself. (Diana, tertiary education, 3 children)

This was apparent in their narratives on reconciling work and care: they depicted work as essential to their identity but often went on to recount the ways in which they adjusted their hours (part-time jobs, working from home) or became full-time mothers when they got home from work, or devoted all their time and energy to their children. The statements of Diana and Zdislava reflect this:

...my husband supported my going back to work early, he would always tell me: 'Why don't you get a childminder for you and the children' (...) but I don't want my child to spend a lot of time with a childminder (...) so I've been trying to restrict my work hours, now I only work part-time and I'm going to do so for some time – because there are children's clubs every afternoon and then I want to be with my children. (Diana, tertiary education, 3 children),

or

When I'm at work I don't have to worry because my boy is taken care of and thus I can focus on my work and do something fun – actually, it kind of relaxes me when work is the only thing on my mind – but then at home I am fully devoted to my child as well as other things around the house. (Zdislava, tertiary education, 1 child)

For these communications partners, return to work did not mean rejecting certain IM norms; they agreed that their children were the centre of their lives, that they felt responsible for (and most capable of) caring for them and bringing them up. Work was a way of "emotionally and mentally recharging" and of addressing the child's needs and interests at home only. These women had taken advantage of the various flexible forms of work so they could collect their children from preschool and take them to a children's club, but also spend enough time with them every day (not just in the evenings and at weekends). Their children's needs were met during time spent together after work (for example by watching or reading their favourite stories, accompanying them to the children's clubs).

Decisions about reconciling work and care were influenced by additional factors: shared childcare with the husband (who also worked from home or had another flexible work arrangement), assistance from grandparents and/or utilization of formal childcare institutions (often private hence at a cost, but with better availability and more options to choose from). Hays (1996) notes that the woman is responsible for childcare and thinks about the child even when not with the child. Fathers have an invisible role in childcare. In these cases, however, the fathers were involved and did their share (in some cases, to a large extent) of the childcare (e.g. dropping off/collecting children from preschool, but also taking care of the children all day long).

In contrast, the communications partners with a lower education level and/or status were unable to make use of some of these resources—their husbands often had jobs with

no flexibility (in their narratives the fathers were invisible, and did not share the childcare to any great extent), or private childcare facilities were unaffordable. Thus, they waited until the child could be enrolled in a state preschool, often at the age of 4–5 years. The family's socioeconomic status made returning to work early more difficult for these women. Moreover, they typically worked in occupations (such as florist, hairdresser or bank clerk) where lengthy absences did not lead to difficulties such as having to learn new information about the field. This made it easier for them to adhere to the IM norm of being with the child for longer. In their accounts, they referred to extended time spent at home as the “best motherhood” norm and as an opportunity to be with their children, care for them and watch them grow up:

But I didn't mind being at home, I'm glad I could be at home with my child because I would probably have really regretted not being able to be with her (...) because it was beautiful seeing her grow up and being there for her 'first times'. (Angelika, lower secondary education, 1 child)

or

I would have stayed at home for four years if I could (...) I wouldn't have shortened my maternity leave, the way people talk about it these days, even if they had offered me this much money (...) motherhood is such a strong and natural thing that every person should experience it and anyone who doesn't remains incomplete in a way. (Vanda, upper secondary education, 1 child)

These women spent at least three years on parental leave with each child (often using successive periods of maternity leave to stay at home much longer). In contrast, they criticized the “careerist” mothers who returned to work early for being unable to devote as much time, attention and care to their children, emphasizing that such mothers would have to expect to miss out on some of the “first times” or claiming it was impossible to be a good mother and a good worker. Women with a lower education level thought financial difficulty was the only legitimate reason for returning to work early:

... I understand it's sometimes necessary for the woman to go out to work for the money and to put her child in a crèche. Unfortunately, the family budget is an important thing. (Anežka, upper secondary education, 1 child)

For them having a second source of income was essential to satisfying the child's needs. These communications partners reflected on the effects of providing full-time child-centred care. They talked about feeling isolated from the outside world, and one of the options they discussed for “getting out” was returning to work. However, this decision was made under very restrictive conditions (e.g. the lack of preschools, the unaffordability of private ones, fathers not sharing the childcare). This narrative of “obstacles to having other interests” then becomes one of a “conscious decision to dedicate time, energy and money solely to the child”.

The costs of intensive motherhood

Irrespective of education, all the mothers agreed that motherhood (especially intensive motherhood) is demanding in terms of time, energy and money. Women with higher

education communications partners were less likely to discuss financial pressures—they or their partner/husband earned enough money. These families had fewer problems obtaining all they deemed essential to their child's wellbeing, including trips or toys. In contrast, communications partners with a lower education level frequently discussed the financial pressures of motherhood:

I have always spent all my money on my family, so my daughter has nice clothes, toys or books (...) motherhood is a kind of run for money and a hustle for having it all. (Rozálie, upper secondary education, 1 child)

Women from small towns and villages, where wages are lower were more likely to discuss the financial pressures. Nonetheless, their desire was to fully engage in IM rather than minimize the cost of childrearing. Their solution was to earn more money so all the child's needs and interests could be covered. This once again illustrates how deep-rooted some IM norms are, despite only being achievable for a minority of mothers.

All the mothers talked about the temporal and emotional/mental demands of motherhood. Some communications partners, who had their children when they were 30 years old or more, described how they had had a good job, financial background or how they had enjoyed their lives (e.g. they had often travelled) before pregnancy. Their narrative on life "before the child" was about satisfying their own needs and interests, so meeting the needs of the child and the family was not a problem. Interestingly, these communications partners did not describe motherhood as being as psychologically challenging as the others had. The women who had children much earlier (at age 20 or so) did not explicitly describe life "before the child" as unsatisfactory or less interesting (compared to mothers who had children at the age of 30). But communications partners whose children were already self-sufficient at the time of the interview reported that they finally had time for their own interests or hobbies (e.g. Valerie had been at home for over 10 years, and when the youngest child left to study at university, she undertook a nutrition specialist exam, opened her own restaurant and fulfilled her dream).

Once again, education level was associated with differences in emotional/mental demands. Communications partners with higher education often described returning to work as a chance "to maintain contact with adults" or "to have other activities in life", depicting work as a fundamental part of life satisfaction and of how to be better mother (see Zdislava's and Diana's statements in the previous section). In contrast, mothers with lower education gave more extensive accounts of the mental demands of providing full-time care:

There were days my daughter would have so much energy she could suck the life out of me, when I had no energy by the afternoon. It didn't occur that often but there were days when I really didn't have it under control, when she just made me so tired. (Pavlína, upper secondary education, 2 children)

Their daily life was focused on providing intensive care, and all their time and energy was expended on the needs of the child, and they often had no opportunity to escape leave for longer periods. Their mental exhaustion was caused by the repetitive and routine nature of the endless activities and by the fact that young children require constant attention. To a great extent, they were the sole childcare provider, since the father helped only rarely.

These communications partners did not discuss reducing the intensity of care. Instead, they sought out strategies to replenish their inner resources for another round of intensive care and endless activity (e.g., by visiting friends, going shopping, doing sport):

At first you are so excited about having a baby and then you realize how monotonous it is. So even though it fulfils you in the beginning, you become a little weary and a little bored (...) so I started going to afternoon gym classes with my friends (...) and there, we would also talk about things other than kids (...) or I would hand my little girl over to my husband the minute he got in the door from work, and I would just go out, perhaps just for a little walk and to shop – I just had to take a break (Pavlína, upper secondary education, 2 children)

Another adaptation strategy was to emphasize the return on investment in IM in terms of the child's love or good nature:

Motherhood is really demanding and exhausting, but you get your reward when your baby smiles at you. Or when the oldest one comes home from school with an A, when the youngest one draws a really nice picture at preschool (...) when you see their happy faces and how excited they are, that's your reward (...) but motherhood is about taking care of your children, the main goal is to prepare them properly for life. (Viktorie, upper secondary education, 3 children)

The financial, mental and temporal demands of motherhood have been discussed and demonstrated in other countries as well. What makes the Czech Republic specific is the relationship between the labour market environment and motherhood, especially in terms of the impact the long period of parental leave has on salary. Czech studies have shown the economic and other effects of extended stay-at-home periods in terms of the precarization of labour (following parental leave, women often enter insecure and underpaid job arrangements such as temporary contracts), lower salaries and higher gender pay gaps (those at the age when women typically return to work earn approximately 30% less than men in the same age group) (Bičáková & Kalfšková, 2015; Hašková, Křížková, & Dudová, 2015; Pavlicová, 2016; Pytlíková, 2015). These effects occur over the long term—for instance, women's pensions are based on their entire career's earnings. Despite the risks associated with extensive, full-time care, it is clear from the communications partners' accounts that they struggled to adhere to the norm. Moreover, the generally low salaries in the Czech Republic mean it is unrealistic for many families to follow the preferred male-breadwinner/female-caregiver model. Nonetheless, the communications partners made it clear that they wanted to engage in IM to the maximum possible extent.

Conclusion

The (intensive) motherhood norm is accepted and reproduced by mothers in different social locations, but ability to adhere to these norms is dependent on education, age, place of residence and occupation. In other words, these opinions or attitudes are situationally conditioned and they not only reflect the various characteristics mentioned, but also aspects such as family policies or opportunities to combine work. Based on the biographical interviews with the women who had their children in the 1990s or later, I sought to determine

which of the characteristics affected motherhood the most and which provide the mothers with opportunities in motherhood.

Using a biographical approach and problem-centered interviews allowed me to look at the impact of selected characteristics over a longer period of time. The initial question, “Tell me about when you became a mother” was designed to identify the topics communications partners bring up when discussing “maternity”. This introductory narrative produced (often very similar) accounts about pregnancy and especially the preschool period and almost always ended with the child beginning school and/or the mother’s return to work. In addition, the interviews were similar in the way the child’s status in the mother’s life and the role of the mother were described—as the centre of the mother’s life and how the mother feels responsible for the child and best able to care for and bring up the child. The problem-centred interview allowed me to reappraise and contextualize the introductory narrative using additional open questions. During this phase of the interviews some situation were more described and education level seem to be main factor, which did not influence just motherhood but every other part of life as well.

Education level affected several of the decision-making moments in the communications partners’ lives (such as where they should move to so as to make best use of their education or to obtain a higher salary; or to whom they should go for advice about childcare—doctor or the internet). Each of these choices then influenced subsequent decision-making during motherhood. The biographical method proved to be useful for collecting data from narratives on balancing the cultural demand for full-time, intensive care over a longer period (synonymous with IM) and the desired type of motherhood (e.g. one in which the mother fulfils her needs and/or is able to engage in IM, given sufficient resources, such as money or time). A number of factors lay behind the final decision and examples such as these are instances of situationally conditioned decision-making. Important aspects proved to be the father helping and the financial situation—usually, the women with higher education shared the childcare with father (to varying degrees); they often had flexible jobs; and they tended not to discuss spending money on the children (toys, hobby clubs, trips) because the family’s financial situation was good. The women with lower education were rarely assisted by the father (he was often unable to due to work) and they discussed the family’s financial situation more, such as the impossibility or difficulty of buying toys for the children or paying for expensive children’s clubs. For these mothers following the elitist model associated with upper middle class families was hard mainly for economic reasons. This not only shows the difficulty of adhering to IM norms, but also that engaging in IM has many limits. Thus, the communications partners with lower education encountered situations related to challenging circumstances (lack of finances, difficulty understanding professional jargon) which they had little or no influence over. By contrast the situations of the women with higher education and those from capital city meant they were able to partially adopt some of the IM norms. The analysis of situational conditionality decision-making on the selected topics has shown that mothers are not passive subjects disciplined by IM norms, but actively choose or try to adjust pre-set processes according to their own preferences. But at the same time the women had very limited opportunities to diverge from societal expectations.

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