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'I'll Take a Year Off and Look What Happened': How Family Caregiving Responsibilities Influence Educational Trajectories in the United States

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ABSTRACT

Higher educational attainment has been linked to better health and economic outcomes. However, little is known about how family caregiving responsibilities influence individuals' educational trajectories in the United States (U.S.). Currently, 26% of U.S. undergraduates have at least one dependent child. While some literature describes the experiences of college-student parents, few studies examine the myriad ways family caregiving may singly or simultaneously present, including caregiving for children, relatives, household members, and older adults. The literature shows that caregiving for relatives, household members, and older adults is a common experience, with 20% of Americans providing care for an adult. Guided by social reproduction theory and reproductive labor, this paper examined qualitative interviews (n=31) from the Educational Trajectories & Health study to understand how caregiving responsibilities, broadly defined, influenced educational trajectories. Participants who identified as women discussed bearing disproportionate expectations to take on family caregiving responsibilities, including caregiving for siblings and aging parents. For most participants, family caregiving responsibilities substantially influenced educational decisions. Some experienced additional caregiving responsibilities but still attained their educational goals; others with family caregiving responsibilities discussed stretching and substituting resources in an effort to manage but ultimately having to step back from their stated educational pursuits. Situating these findings within broader social and structural contexts, this analysis examines educational disruption when family caregiving responsibilities arise. Findings have implications for policies that support students with family caregiving responsibilities at school, state, and federal levels.

KEYWORDS: Family caregiving, reproductive labor, qualitative research.

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Higher educational attainment has been linked to better health and economic outcomes. For example, when compared to non-completion, completing a college degree is associated with higher earnings (Greenstone & Looney, 2012) and better physical and mental health (Gaydosh et al., 2018). Further, students who complete a 2-year degree (e.g., associate degree) tend to earn more than those who began college but did not complete a degree, and students who complete a 4-year degree (e.g., bachelor's degrees) tend to earn more than those who complete a 2-year degree (Belfield & Bailey, 2017; Greenstone & Looney, 2012; Hershbein & Kearney, 2014). However, the benefits of higher educational attainment are not equitably distributed. For example, although women complete more degrees than men (Bailey & Dynarski, 2011), earnings gaps persist between men and women with the same degrees and in the same fields (Goldin et al., 2017). Similarly, Black men earn lower salaries than White men with the same degrees (Sakamoto et al., 2018). Additionally, among individuals with identical terminal degrees, those who experienced interruptions or delays along their educational trajectories report worse health outcomes in mid-life (Duate et al., 2021; Vable et al., 2018; Vable et al., 2020).

Family caregiving responsibilities can influence a student's educational trajectory because they have to manage their time commitment to both academic studies and the person(s) for whom they are caring. Regarding care for one's children, about one quarter (26%) of undergraduate students in the United States (U.S.) have at least one dependent child (Nelson et al., 2013). Furthermore, although access to on-site child care is associated with degree completion, fewer than half of 2- and 4-year public universities in the U.S. offer these services (Reichlin Cruse et al., 2018). In the absence of reliable, high-quality child care, many student-parents stretch their time and other resources to accommodate both caregiving responsibilities and school participation. However, in contrast to this literature on caring for children, little is known about how other family caregiving responsibilities (e.g., for parents, siblings) influence the decisions of young adults regarding their educational processes.

We sought to understand how caregiving responsibilities, broadly defined, influenced individuals' educational trajectories. We found that while for some participants caregiving immediately stopped their educational progress, for most the experience was a 'messy middle' ground of resource shifting and stretching. Additionally, participants in the 'messy middle' group struggled through and either ended up achieving their educational goals usually with some support, or looked back on their eventual educational attainment with some regret or mixed feelings. Key characteristics of the first group (Immediate Stop) included already being stretched in terms of resources, and knowing with certainty that they could not both remain in school and provide caregiving. The second group (Messy Middle) was characterized by not having certainty about the long term, and describing a key individual or aspect of their educational experience that facilitated their ability or inability to manage both. We also found that caregiving—whether for a child, older adult, household member with a chronic illness, or other relative—had a similar impact on educational trajectories regardless of the type of caregiving involved. Additionally, participants who identified as women described bearing a disproportionate expectation of caregiving responsibilities within family systems, including children, siblings and aging parents.

Literature Review

In examining the current literature about educational trajectories and the potential influence of caregiving responsibilities, we included two types of family caregiving that are typically studied separately. First, we included "family caregiving" in the traditional use of the phrase, which generally refers to family members providing support for a relative who has a chronic medical condition or disability. The caregiver may provide support, management of medical appointments,

and/or help their family member with daily activities such as cooking or getting dressed (Family Caregiver Alliance, 2009). About 20% of Americans provide caregiving to an adult (AARP & Alliance for Caregiving, 2020). Second, we included young children who require an adult's care as recipients of caregiving. More than 20 million children age 0-5, not yet enrolled in kindergarten, live in the U.S (Laughlin, 2013). For both groups of caregiving recipients, families with resources can choose to provide caregiving at home or seek professional caregiving, either within the home or in a licensed or informal setting. Throughout the literature family caregiving is sometimes called "unpaid caregiving," "informal caregiving," or "familial caregiving." For consistency, we use the general term, "caregiving," here. When a more specific term is needed, we use language such as "parent caregivers" or similar. When describing parents and children, we include biological, foster, adoptive, and any other arrangements in which a child is in the care of an adult.

Caregiving and Education

Little evidence examines how caregiving activities influence individuals' educational participation, particularly for young adults at the high school and college levels. Among caregivers generally, students make up a small but substantial minority, though their experience of caregiving may be more prevalent than documented. For example, in a report by the American Association of Retired Persons and the National Caregiving Alliance, caring for any child younger than 18 is omitted from statistics. The report found that among a nationally representative sample of almost 1,400 caregivers of adults, 11% were students (AARP & Alliance for Caregiving, 2020).

Stamatopoulos (2018) studied the impact of family caregiving on adolescents aged 15-19 years. Most participants were providing care for a sibling, and others were providing care for a parent. The 'young carer's penalty' took the form of missing school, difficulty concentrating and completing school tasks, and behavioral challenges at school. "Participants often cited a daily struggle between satisfying their educational and caregiving demands, which in turn led to their feelings of being overwhelmed and exhausted" (Stamatopoulos, 2018, p. 192). Older study participants who were looking ahead to high school completion articulated awareness that their future college possibilities would be limited by their caregiving activities, first, because their high school records had been negatively impacted by caregiving, and second, because they felt compelled to stay close to the family member for whom they were providing care.

Additionally, the literature seems to be split into two broad categories: caring for an older or chronically ill person and caring for one's own children. While both situations are time limited, caring for children differs in that children tend to become increasingly independent over time, thus alleviating caregiving responsibilities as time passes. Inversely, older individuals with chronic illnesses may require increasing amounts of care as time passes, in terms of direct care from a family member as well as management of any professional in-home care provided, coordination of any outside caregiving or services, and planning among family members. Further, the parents of young children are typically young themselves. The average age of a woman/person giving birth in the United States at first live birth is 26 years (Mathews, 2016) while the average age of the caregiver of an adult is 49.2 years, with about one-third older than age 65 (Family Caregiver Alliance, n.d.). Compared to those who are younger, older caregivers may require different supports in their care provision (e.g., support for their own possibly declining health, support for stress and sadness in terms of uncertainty about the future and the possibility of losing a loved one, and financial and social stress (Dillenburger & McKerr, 2010).

Caregiving and Employment

While little evidence has examined the relationship between caregiving and education, a substantial proportion of the family caregiving literature has been dedicated to documenting the economic trade-offs made by family members between caregiving and employment. For example, Bainbridge and Broady (2017) used conservation of resource theory to study the experiences of 566 family caregivers (89% of whom were women). They found that greater independence among recipients of caregiving was an important characteristic for caregiver employment stability and subsequent well-being (Bainbridge & Broady, 2017). Having relatively more caregiving responsibilities was associated with greater caregiver career disruption, and career disruption (e.g., unemployment, underemployment) was associated with lower caregiver well-being.

Another study set in Australia looked at the economic costs of family caregiving for individuals with chronic health conditions in terms of three economic metrics: (1) lower income for individuals and families, (2) lost tax revenue for the state, and (3) future use of welfare. The authors' found that, primarily due to the aging population, the loss of income for family caregivers would increase by almost 50% by the year 2030, and welfare expenditures would increase by 39%. The authors note that governmental policies that support caregivers could include both monetary (e.g., direct payments) as well as non-monetary supports (e.g., counseling). Additionally, policies that support caregivers' participation in the workforce could provide a net positive from a policy perspective because the projected loss of tax revenue could be larger than the cost of community programs that would support caregivers and individuals in need of care (Schofield et al., 2019).

Gendered Expectations of Caregiving

Our analysis of interviews was guided by the concept of reproductive labor, which is grounded in social reproduction theory. Historically, social reproduction theory emerged from the work of Karl Marx and Friedrich Engels in the mid-19th century, and attributes the systematic oppression of various marginalized social groups to macro-level institutional factors including capitalism (Cammack, 2020), government (Bowles & Gintis, 1976) and mainstream culture (Bourdieu & Passerson, 1977). As ideas around reproductive labor developed in the 20th century, Benston (1969/2019) described how the work traditionally performed within the household, almost exclusively by women, falls under the purview of reproductive labor. Examples include taking care of children and older adults, cleaning, cooking, physically carrying a child to term, and passing social norms and expectations to the next generation. Secombe (1974) further articulated the contrast between reproductive labor and other forms of labor, in that reproductive labor within a family takes place within the private space of the home, is typically unpaid, and therefore not considered to have value in a capitalist society because it cannot be exchanged for other goods. In contrast, productive labor, typically but not always performed by men, is "exchangeable" (i.e., productive labor is paid with money which can then be used to trade or exchange for other goods) and performed in the public space of a workplace. "Except for the very rich, who can hire someone to do it, there is for most women, an irreducible minimum of necessary labour[sic] involved in caring for home, husband and children" (Benston, 1969/2019, p. 6).

More recently, the gendered expectations of family caregiving have been well-documented, albeit across a gender binary, whereby women bear greater expectations and lesser bargaining power around providing caregiving compared to men (Folbre, 2020). For example, Calarco (2020) examined the well-being of mothers navigating disruptions to school, work, and child care during the Coronavirus Disease 2019 (COVID-19) pandemic. Using mixed methods, Calarco found that while most mothers reported increased stress due to the pandemic, some mothers enjoyed the

additional time with their children. Mothers reported that important factors shaping their wellbeing included the magnitude of change in the amount of time expected to care for their children and access to child care – in other words, access to resources that mitigated the strain of sudden shifts in what was needed to care for their children. Another study by the same lead author examined division of parenting responsibilities between dual-income, different-gender couples during COVID-19 (Calarco et al., 2021). Respondents often cited the idea of the mother as a "natural" caregiver of their children, when speaking about their own parenting arrangements; even in cases where these explicitly went against gendered expectations (e.g., mother became the primary breadwinner, father stayed at home), participants still invoked the notion that mothers were "naturally" expected to care for children. Both studies highlight the gendered expectations of caregiving.

Bainbridge and colleagues (2021) studied 33 European countries and found that among those with greater 'gender egalitarianism' (i.e., men and women dividing family responsibilities more equally), while women's hours of family caregiving were similar to those in countries with comparatively lower gender egalitarianism, men's hours of caregiving were unexpectedly *lower*. The authors suggest that this could be attributed to two factors: first, that men with children would "swap out" their caregiving hours for parenting hours (i.e., spending additional time with their children rather than caregiving), and second, the countries with greater gender egalitarianism tended to have stronger institutional supports, and therefore men may have felt that sufficient care was already provided by both family (i.e., women) and institutional sources.

Powell and Karraker (2019) examined parenting expectations among pregnant women in relationships with men. They used a series of questionnaires completed by participants toward the end of pregnancy, and again at 8 weeks postpartum. They reported that pregnant and postpartum women both expected and experienced responsibility for more infant caregiving tasks than their spouse/partners. Their findings included that first-time mothers, in addition to women who worked outside the home, reported greater participation in caregiving by their spouse/partner compared with mothers who already had at least one other child and women who did not work outside the home. However, 90% of all mothers desired more equal division of responsibility in these tasks than they were experiencing.

Other studies examined how the effects of caregiving may differ depending on the characteristics of the caregiver and the nature of the family relationship. For example, Raschick and Ingersoll-Dayton (2004) looked at both the psychological costs and rewards of family caregiving across various relationships. They described 'costs' as including feelings of stress or depression while 'rewards' included feelings of satisfaction. The authors found that caregiving women experienced greater costs than caregiving men; spousal caregivers did not experience greater costs than adult children; and adult children experienced greater rewards than spouses.

In a similar study, Lavelle et al. (2014) looked at the "spillover effects" of providing caregiving for either a child or an adult with a chronic illness (e.g., dementia, cancer, or depression) to the caregiver's own health. The authors reported that caregiving was associated with negative spillover effects to caregiver health, with worse outcomes when caring for a child than when caring for a parent. Caring for a spouse had fewer negative spillover effects compared with other groups. It is important to note that the population of children included in this study is unique in that chronic medical conditions of this nature (presumably cancer and depression) are relatively rare.

Finally, Peacock et al. (2020) looked at the experiences of caregivers of older relatives with specific chronic conditions, including Alzheimer's/dementia. In particular, they examined variation among women caregivers of older relatives, specifically wives, daughters, and daughters-in-law. A key finding was that none of the wives worked outside the home, but nearly all daughters and daughters-in-law did. This key characteristic pointed to different implications for supporting

family caregivers—for wives, support in the home and at various medical appointments would be meaningful, while for daughters and daughters-in-law, flexible employment policies would be consequential elements of support.

Structural Supports for Caregiving

Woven throughout this literature – though often without explicit examination – is how the presence or absence of institutional supports influences the educational and economic effects of family caregiving. Where the literature names various resources that caregivers access for support, it is frequently describing either [1] existing interpersonal social support networks rather than institutional supports or [2] privatized, professional caregiving that is primarily accessible to resourced families (Bookman & Kimbrel, 2011). Notably, since much of this literature is comprised of studies examining caregiving within homogenous policy settings – as opposed to across the variable landscape of investment in institutional supports – this may have the effect of minimizing the relative role of such structural supports (Dawson et al., 2020; Rose, 2001). Evidence nonetheless seems to suggest that institutional supports – or the lack thereof – could have profound effects on an individual's capacity to take on caregiving while pursuing their educational goals. Even among the literature reviewed herein, findings suggest that access to institutional resources to mitigate caregiver strain, like child care, may be critical for caregiver wellbeing (Calarco et al., 2021); that governmental provisions of community-based care programs could support caregivers' participation in the workforce, all while more than offsetting program costs (Schofield et al., 2019); and that in nations with greater institutional supports, such supports as currently designed may still be insufficient to equalize otherwise gender binary caregiving norms (Bainbridge et al., 2021). Indeed, this literature names that such institutional supports cannot assume uniformity across experiences of caregiving, and must reflect the varying needs of both caregivers and recipients of care (Peacock et al., 2020). Though plausible, whether and how the availability and accessibility of institutional supports facilitates continued access to education for U.S. caregivers across the diversity of caregiving relationships (e.g., children, parents, siblings, spouses) has yet to be examined in the family caregiving literature.

Summary

In summary, the family caregiving literature is typically framed in terms of paid versus unpaid labor, with unpaid work displacing traditional paid employment. Further, various qualities of caregiving relationships between different family members by role, such as parent, sibling/spouse or child as they pertain to employment outcomes are articulated as well. The current literature shows that women are expected to provide care across many familial and household relationships. Given that these gendered expectations likely persist across the lifecourse, this raises the question of how women who provide care to others while they are students experience such caregiving expectations and the effects they have on their educational trajectories. However, little work has assessed the influence of caregiving across recipients (e.g., children, siblings, parents, etc.) on educational participation. The current study contributes to building this evidence base by examining how the experience of family caregiving broadly, influences patterns of educational trajectory disruption. Our analysis is centered around the individual and their educational trajectory, given the similar potential effects (both positive and negative) on an individuals' education.

Methods

Educational Trajectories and Health (ET&H) Study

We analyzed interview data from the Educational Trajectories and Health (ET&H) study. The ET&H study is a mixed methods (quantitative and qualitative) research project carried out by an interdisciplinary team of researchers from the fields of education, sociology, and health sciences. The quantitative elements of the study used novel methods to identify lifecourse educational trajectories and estimate their associations with health outcomes in midlife and older adulthood among the demographically diverse participants comprising the National Longitudinal Survey of Youth (NLSY) 1979 and 1997 cohorts (Duarte et al., 2021; Vable et al., 2018; Vable et al., 2020; Vable et al., 2021). The qualitative piece involved conducting in-depth interviews with U.S. adults of ages similar to the NLSY79 and 97 cohorts to understand their educational processes and elements that influenced their decisions related to education. The overall aim of the study was to understand whether and how the type and timing of educational participation over the lifecourse is associated with physical and mental health. While the interview guide did not include questions about health, it focused on documenting variation in educational processes and sources of that variation.

Three study sites were selected for their demographic and regional variation: the San Francisco Bay Area, the Riverside metropolitan area, both in California; and Birmingham, Alabama. The San Francisco Bay Area encompasses five racially diverse counties with a 2019 household median income of $114,696. About half (51%) of Bay Area residents age 25 or older have a bachelor's or advanced degree. California's Inland Empire, comprised of Riverside and San Bernardino counties, is among the fast-growing metropolitan areas in the U.S., with over half of residents (52%) identifying as Hispanic/Latinx. In 2019, the median household income was $70,954 and 23% of residents age 25 and older had a bachelor's or advanced degree. Birmingham is the largest city in Alabama, with 72% of residents identifying as Black. The median household income in 2019 was $58,366 and 33% of residents age 25 and older held a bachelor's or advanced degree (Clark & Araiza, 2021).

Recruitment occurred concurrently across all three sites from June 2019 to September 2020, and specific recruitment strategies were adapted to maximize local relevancy and reach. Recruitment occurred via community organizations, social media outlets (e.g., Twitter, Facebook, and Linkedin), physical flyers in public spaces such as parks, and by word-of-mouth. The cross-site research team met monthly throughout the sampling period to coordinate and adjust recruitment techniques as needed. Prospective participants completed a screening questionnaire to assess eligibility. Eligible participants were age 25-64 and attended most of their schooling in the U.S.

A total of 122 respondents participated in the intensive, semi-structured interviews. Most identified as women (60%). Participants identified across a range of racial/ethnic groups, although most were Black (36%) or White (40%). They ranged in age from 25 to 64 years with a mean age of 42.8 years. Terminal degrees were reported across the educational spectrum, with 28% of participants holding a high school diploma, 27% completing a bachelor's degree, and 24% completing a master's degree, per Table 1.

Table 1
Demographics

Variable	Analytic sample (n=31)	Total interviewees (n=122)
Gender	n (%)	n (%)
Women	27 (87)	74 (61)
Men	4 (13)	48 (40)
Region		
Birmingham	14 (45)	42 (35)
Riverside	14 (45)	40 (33)
SF Bay Area	3 (10)	40 (33)
Race/Ethnicity*		
Black/African American	11 (35)	44 (36)
Hispanic/Latinx	9 (29)	17 (14)
White	8 (26)	48 (40)
Other	3 (9)	12 (10)
Terminal Educational Degree*		
High School	6 (19)	34 (28)
Associate's	6 (19)	12 (10)
Bachelor's	7 (23)	33 (28)
Master's Degree	8 (26)	30 (25)
Professional Certificate	3 (10)	5 (4)
Professional Degree (MD, JD, PhD)	1 (3)	6 (5)
Age	Average (range)	Average (range)
	43 (28-60)	43 (25-64)

Note. *Does not add to 122 due to missing data.

To begin each interview, participants were guided through the construction of an education path timeline, in which they used pen and paper to document each school they attended, if and when they changed schools, the circumstances surrounding these changes, and any pauses in schooling (similar to a journey map, e.g., Crosier & Handford, 2012). This document served as a reference point for subsequent interview questions. The semi-structured interview guide was pilot tested with six individuals and further refined as needed to capture data elements of interest. A demographic survey was administered at the end of each interview.

Interviews were conducted in English and audio recorded. Each interview lasted approximately 60 minutes (range: 45-90 min). At the start of the interview period, interviewers met with participants at their preferred locations to conduct the interviews. In response to constraints imposed by the COVID-19 pandemic, in March 2020 interviews transitioned to socially distanced outdoor settings, by Zoom (a web-based video conferencing platform), or by phone. All individuals who participated in an interview received a $50 gift card. All interviews were professionally transcribed verbatim.

Analysis

A preliminary codebook was co-developed using inductive and deductive approaches and then pilot tested on 15 transcripts, with each transcript reviewed by two or three independent coders. Deductive codes were derived from concepts relevant to the overall study, such as school supports, interactions with systems, decision making, and family support. Coders then met to discuss their analyses and the codebook was revised to maximize consistency. Once the primary codebook had been established, three independent reviewers coded the remaining transcripts. All coding was conducted in Dedoose, a web-based qualitative data analysis program (Dedoose, 2019). Dedoose queries of codes combined with extensive memoing enabled identification of emerging themes and findings (Charmaz, 2014).

This paper is based on a sub-set of participants whose interviews contained content related to providing care for another person in their household and for whom the caregiving was a consideration in their educational decision(s). To select these interviews, we first identified all instances in which the code "Caregiving" from the original codebook was used. From the 122 total interviews, 36 had been coded with content related to caregiving. Upon closer examination, seven interviews were dropped because the caregiving content did not meet criteria for this analysis (e.g., the participant mentioned caregiving received from a parent, but did not describe performing any caregiving themselves, or they described caregiving that did not affect education). Similarly, two interviews were added because they contained caregiving content that had not been initially identified. The final analytic sample contained 31 interviews. Women made up the majority (85%) of caregiving participants. The four men were between the ages of 34 and 46, while the total group (n=31) ranged in age from 28 to 60 years old at time of interview. While other demographics of the analytic sample were generally consistent with the eligible sample, Latinx participants were overrepresented and White participants were underrepresented in the caregiving group. Additionally, participants in the San Francisco Bay area were underrepresented in the caregiving group (Table 1). Care recipients included family members such as parents, grandparents, aunts/uncles, siblings, cousins, as well as the participant's own children.

This analysis focuses on participants who spontaneously identified caregiving as a factor in their educational decisions at some point in the timeline they developed together with the interviewer. We did not focus on *when* participants experienced caregiving responsibilities, but rather *how* caregiving influences individuals' decisions about educational attainment across groups. We also aimed to understand participants' experiences of caregiving activities across their educational trajectories. The working definition of caregiving was linked to reproductive labor concepts, such as pregnancy and birth, being married, homemaking, taking care of a child, sibling, older adult, other relative or household member.

The first author applied thematic analysis to the caregiving excerpts using an inductive approach as follows. First, all caregiving segments were read and assessed for inclusion in this study. From the 31 interviews, 74 excerpts specifically referenced caregiving in relation to educational decisions. Then, each interview from which segments were drawn was reviewed in full to understand the participant's educational trajectory arc and the context surrounding caregiving activities. During this reading, the first author also maintained an ongoing diary, including summaries of interviews and periodic reflective memos, which informed the process of identifying and sorting caregiving content. Reflective memos led to the realization that participants described caregiving as either a large disruption that was impossible to sustain, something that was difficult but manageable, or a middle ground of uncertainty and struggle. These concepts were the basis of 3 themes: Immediate Stop, Messy Middle With Support, and Messy Middle Without Support (Hennink et al., 2015) (Table 2).

Table 2

Themes, Definitions and Examples

Theme	Definition	Example
Immediate Stop	Participants who relatively quickly stopped their education due to caregiving responsibilities. Includes stops that became permanent (i.e., remained stops at the point of interview).	"I stopped because my grandmother's health... Nobody was there able to take care of her, so I ended up taking on that responsibility... That was the straw that broke the camel's back, and I was like, all right, I'll just take this semester off, and then that just kept going."
Messy Middle with Support	Participants who struggled to manage both caregiving and school but were able to achieve their educational goals, usually with social support from family and/or friends.	"My grandmother… helped me with [my first child], and my mom actually helped me with [my second child]. So that support system helps and that determines a lot how you can go to school."
Messy Middle without Support	Participants who struggled to manage both caregiving and school and were ultimately unable to achieve their educational goals, usually involving stops and starts and/or lack of social support.	"I stopped a lot of times, honestly, probably just a semester the first time... And then it just progressively got longer each time for different reasons... So I wouldn't always take full loads, full time. I would just take a couple of classes at a time, and then take a break... The first time was, yeah, because we started having kids...[and trying to] balance kids and work and school"

Ethics Statement

This study was approved by the Institutional Review Board at University of California, San Francisco. All identifying and demographic information were removed from data presented in the findings, except as relevant to and scaffolded by the analysis.

Findings

Overview

We applied several key aspects of reproductive labor in the current inquiry. First, reproductive labor refers to caretaking of any family member within a household, including one's own children but also siblings, parents, aunts/uncles. Indeed, interview participants reflected on taking care of various family members as they described decision-making processes related to their educational trajectories. Second, social reproduction theory contrasts reproductive labor (unpaid, in the home) with productive labor (paid, outside the home). We heard participants struggle with choices between caregiving and paid work in the context of decisions about educational participation. Finally, for some participants, the choice to delegate reproductive labor, particularly in the form of child care, was a key decision in facilitating educational progress. While in some cases the expectation to perform reproductive labor was a barrier to pursuing education, if a participant had a friend or relative who could provide some or all of the reproductive labor support needed, it made pursuing education possible. Notably, there was an absence of discussion around delegating reproductive labor to institutions (e.g., licensed child care, elder care, health care);

rather, delegated caregiving was typically provided free of financial cost from a close friend or family member.

Participants largely sorted into two groups delineated by the impact of caregiving on their educational trajectories, referred as Immediate Stop and Messy Middle. When presented with a new caregiving responsibility, the Immediate Stop group comprised participants who immediately made the decision to halt their educational program. By contrast, the Messy Middle group comprised participants who attempted to incorporate their new caregiving responsibilities with their existing educational programs, paid work, and/or other caregiving responsibilities. Within the Messy Middle group, participants further divided into two sub-groups: those who wrestled with these competing responsibilities and were eventually able to complete their educational programs (Struggle and Persevere) and those who wrestled with these competing responsibilities but ultimately had to leave their educational programs (Struggle then Stop).

Immediate Stop

Participants who immediately stopped their educational trajectory when faced with a new caregiving responsibility typically knew right away that they could not manage both. It was common to hear "I had to stop" or "I didn't have the support" needed to continue with school, often due to a dearth of supplementary caregiving choices. Participants described making a clean break in their educational progress. For example, one participant, who was in her 60s at the time of the interview, described having an unplanned pregnancy during high school that led to her inability to continue attending school: "I was 17 years old, three months after having my daughter, I didn't have a babysitter. I had no one to watch a baby to go attend school again." A lack of institutional support, and no other options to shift or substitute child care to facilitate her re-entry into school as an adolescent, new motherhood was an insurmountable barrier, especially during a time when organized child care (e.g., licensed centers) was not yet widely available. Another participant left post-secondary education for 6 years, between her 2-year degree and her bachelor's degree, to take care of her child:

> *Well, I had an active child, ADHD. So, I had to be a stay-at-home mom for a minute to get him together. So, it [was] a lot of being in school with him to make sure he got what he needs.*

She had to forego school herself in order to advocate for her son at his school. Both participants indicated a lack of supplementary support to help navigate their caregiving responsibility such that they could continue on with their education.

In some cases, the participant started out with a temporary break that quickly became permanent. For example, one participant stopped his schooling to take care of his grandmother:

> *I stopped because my grandmother's health... Nobody was there able to take care of her, so I ended up taking on that responsibility... That was the straw that broke the camel's back, and I was like, all right, I'll just take this semester off, and then that just kept going.*

Saying that the caregiving responsibility was 'the straw that broke the camel's back' indicates that he was already stretched thin in terms of available resources (e.g., time, money, housing, transportation). A participant in her 50s described a similar experience in that a planned short break extended indefinitely:

> *I just kind of didn't have the energy and just too many things happening. And so, I just thought I'll just take a semester or so off... And then ended up starting a family and my son was born… So just kind of one thing after another... it was just too many things. So, I thought well I'll just ... take a year off, and look what happened.*

Importantly, what started out as a temporary stop-out from school extended into an open-ended, indefinite break. She started her break from school expecting it would be temporary, but competing responsibilities beyond her control extended the break across several decades.

Messy Middle Overview

The Messy Middle encompasses the varied situations in which participants tried to manage both caregiving and their education, faced difficulty with constantly juggling numerous responsibilities, and sought to navigate those hardships by drawing on whatever resources were available. The Messy Middle was characterized by participants' ongoing uncertainty about their ability to manage both, particularly because they often already had multiple responsibilities before the new caregiving need arose. Participants described experiences of stopping and restarting their education, as well as shuffling resources, including housing, transportation and child care, in their attempts to manage everything. One participant in her 20s described this general sense of juggling multiple responsibilities:

> *I've been going [to school] continuously for the last five years… half of that time being full-time and the other half being part-time but as a mom. I have a two-year-old. So it's just at this point, I feel pretty burnt out just because I'm trying to be a mom, go to school, go to work.*

Some participants struggling through described a key support element that facilitated their continued schooling. Others, lacking support, struggled to continue but ultimately felt they had to leave school and looked back on their experiences with mixed feelings or regret.

Messy Middle with Informal and Interpersonal Support: Struggle and Persevere

For some participants, a new responsibility was challenging but manageable. A participant who typified the 'Messy Middle with Support' had either a key individual or a key aspect of their educational experience that made both caregiving and education manageable. For example, for one participant in her 50s, social support in the form of family caregivers for her children while she was in school made her education possible: "But my grandmother, the one paternal grandmother, helped me with [my first child], and my mom actually helped me with [my second child]. So that support system helps and that determines a lot how you can go to school." Notably, her source of child care was from family members and not an institution, such as a school or employer.

One male participant attributed his ability to manage both child care responsibilities and school participation to the support of his spouse: "Yeah, obviously, my wife was super helpful in being able to accomplish that, really understanding... we had our first child the summer after I started graduate school." While it is not clear whether his wife left the workforce entirely, the implication is that her responsibilities for taking care of their child increased to facilitate his participation in graduate school, essentially shifting available resources (in the form of time) from her to him.

One participant described being expected to provide child care for her siblings so that her mother could work. In order to provide this sibling care without interrupting her own education, she chose to attend a different university than she had originally planned: "My mom also needed someone to watch the kids at night, so I just decided that if I was going to go, then I'm just going to go to the local school." This example demonstrates how her ability to adjust her expectations of where she would attend college enabled her to take care of her siblings. Although caregiving for her siblings necessitated a compromise in where she went to school, she was able to continue her education.

Another participant described how "self-advocacy" and "taking action" were both key qualities, in her view, that enabled her to achieve her educational goals. She explained:

> *I was pregnant... when I was 17 and instead of helping me get my high school diploma, [the school counselor] told me that she could send me to a continuation school with girls, 'my kind.' I was like, what the hell do you mean 'my kind'?... She made me mad, so because of her, I was like, 'Oh no.' I went on my own and I talked to my teachers and I told them 'I'm pregnant, I going to be due in October. So, if you guys could please help me out and give me all the work that I need to do so that I could bring it back and I could catch up with [my class], I don't want to fall behind. So, I could keep my grade up.' Because I did that, I was able to graduate.*

Although she demonstrated remarkable initiative, she did not discuss who took care of her infant so that she could attend mainstream school and finish with her class. It is unlikely that graduating on time would have been possible without caregiving support for her infant. She later described that when her children were older and in elementary school, she organized informal child care with a friend that made it possible for her to attend a class – perhaps indicating a similar approach had been used previously:

> *Well, my class was twice a week and it was from 2:00 to 4:00 and my kids would get out of school at 2:15 so a really close friend, she told me that she was going to help me out. Because she would pick up the kids, both of them twice a week from school and she had her daughter there too, so of course [she] would pick up her daughter and my two kids and take [them] to her house. They would wait for me there until I got out of class and I would go pick them up… That allow[ed] me to finish the class.*

In both of these examples, she relied on her individual motivation and self-advocacy as well as her personal social network to obtain the resources she needed to manage both child care and education. Her example raises important considerations regarding the many intersecting factors that contribute to a person's ability to continue with school while caregiving. These factors can range from those at the individual level (e.g., motivation and self-efficacy), to the interpersonal (e.g., help from a friend), to the institutional level (e.g., on-site child care) and beyond. Notably, when macro-level options were available to our participants, this diminished their dependence on the existence of micro-level options and resources, an important point that we return to in our Discussion.

Messy Middle without Support: Struggle and Stop

Some participants struggled through the daily challenges of managing caregiving and education without social or other support. Supports that were lacking included child care, family support, as well as basic material needs such as housing, transportation, and income.

Stops and Starts

Participants in this group described multiple stops and starts in their educational trajectory, often because the caregiving responsibility increasingly stretched limited resources. Although efforts were made to re-start the educational process, typically participants in this group lived a pattern of stopping and starting schooling that ultimately did not result in completing a degree. For example, one participant in her 40s explained:

> *But I really didn't finish. I took a few classes and then, yeah, I dropped for a while... I would continue to go back. Then, after my first child, within like, I don't know, my kids are only 16 months apart... So, I didn't commute again... So, throughout my life, I always kept going back and then, you know, something came up and... I would finish a class or two and then I would stop. So, I don't have a degree."*

The same participant elaborates on how transportation and income were critical elements that would have provided access for her to continue her education: “at some point, my car broke down and I had two little kids and... I had to stop because now I had to focus on more on the working to get a car.” In a similar example, a male participant, also in his 40s, experienced multiple breaks in his college education. He took one break which led to more breaks and a cascade of life events and struggles which ultimately became too much:

> *I stopped a lot of times, honestly, probably just a semester the first time... And then it just progressively got longer each time for different reasons... So, I wouldn't always take full loads, full time. I would just take a couple of classes at a time, and then take a break... The first time was, yeah, because we started having kids... And balance kids and work and school... [and then] I started having marital problems. We broke up. Sometimes I went back [to college] while we're on a break, and then divorce and actually one of my kids ran away for a while.*

He also expressed regret in that while he tried, he did not finish his degree: “I believe in education. I think stopping so many times has limited my life, my goals or whatever... I should be a teacher and not a paraprofessional right now.”

Lack of Social Support

Whether support from a partner or other family member was available, especially around child care provision, was often described as a key decision-point for participation in education while caregiving. One participant in her 50s explained:

> *I had a young daughter and I was married, but I didn't have the support and I was by then I started working … I was working 11:00 to 7:30. So I was taking my class in the morning, working 11:00 to 7:30 and then I had a young daughter and I just felt it was too much, so I just stopped.*

Her lack of child care support and feeling pulled between spending time with her daughter and spending time on her own education was a conflict that never resolved:

> *When I stopped [college] [it] was something I guess I knew I shouldn't do, but then I was, I felt like it wasn't my daughter's fault that I didn't finish school. So I was not seeing her and I struggled with that. But I ended up stopping. That's probably one of my regrets today that I stopped, that I should have just stuck it out and finish[ed].*

She attributed her decision to stop her education before she felt ready to a lack of child care support and a desire to spend time with her daughter. She wished she could have completed her educational goals. She also attributed the events to her own choices rather than pointing to any lack of institutional support (e.g., child care, supplementary income) for student parents.

Finally, another participant who expressed regret at not finishing school, a woman in her 50s, tried to balance many responsibilities and had mixed feelings in retrospect. When asked how she decided she was done with school, she replied:

> *Motherhood... Because I was trying to work, go to school, and have a child, and that was a lot... Did I make the right choice? That part was stressful. I didn't tell anybody, because everybody was expecting me to graduate college and do all this stuff. So, it was difficult… I guess I felt that I disappointed people maybe.*

In addition to the common struggle with multiple responsibilities, she framed her trajectory as involving individual decisions and then a questioning of those choices. As with other participants, she did not mention any potential institutional supports such as on-site child care or other supports for student parents.

Discussion

In this analysis of 31 in-depth interviews, we aimed to explore how caregiving responsibilities, broadly defined, influenced individuals' educational trajectories. Overall, we found that participants had a variety of experiences with caregiving while pursuing their educational goals, with most struggling to manage both, with or without social support, and without institutional support. Below, we use social reproduction theory and reproductive labor theory to situate these findings in the broader literature and discuss their implications for future research and intervention.

Gendered Expectations

Our findings on caregiving and educational trajectories are consistent with current literature that caregiving is primarily expected to be performed by women, even across diverse scenarios and various caregiving recipients. Indeed, in our data women comprised the majority of respondents

who described caregiving in the context of educational decisions. Specifically, of the 31 participants, 27 identified as women and four identified as men, a notable finding in and of itself. Additionally, our four male participants were on the younger side of the group, perhaps indicating a trend in historical or social context. It is possible that more men in the full sample (n = 122) may have provided caregiving for children or older adults during their educational progression, but did not identify this as a factor in their decision making. It is also possible that such caregiving responsibilities may have been offset to partners or other social supports, diminishing caregiving's effects on educational decisions, as was the case for our participant who described his wife taking on greater child care responsibilities so that he could go to school.

Whereas previous studies focus on employment opportunities and lost wages, our findings add to the literature by describing how caregivers, mostly women, at times completely or temporarily stop their educational pursuits in order to provide family caregiving and are often expected to be caregivers for recipients other than their own children. Literature that focuses only on the direct, immediate impact of caregiving on employment may be underestimating that relationship because education is a strong factor in determining *future* employment and wages. In other words, the costs of caregiving may be currently underestimated if calculations do not include educational loss leading to subsequent reduction in employment opportunities and wages. Future research should explore women's assessments of the value of their education and the value of their reproductive labor by (1) examining women's experiences with caregiving as it relates to educational decisions; (2) exploring reasons for deciding how and when to prioritize education over caregiving or vice versa; and (3) inquiring about the care of other family members, in addition to young children, in recognition of the common expectation that women attend to both populations.

Sources of Child Care

The lack of a reliable system of child care came up repeatedly during interviews in which participants explained their breaks or stops in school. It is well established that the U.S. lacks a comprehensive system of early care and education for children age 0-5 and their families (Elias & D'Agostino, 2021). Although the recent pandemic has highlighted this absence, it has long been true. A lack of child care disproportionately harms women's ability to participate fully in the workforce, and our interviews support the idea that a lack of child care may also be an important factor that interferes with women's pursuit of educational goals.

Several participants described receiving help with child care from family or friends, which is an emerging area of interest in early care and education research terms, family, friend and neighbor care (FFN) (Park, 2021). While the majority of young children aged 0-5 in the U.S. spend time in licensed child care programs with costs incurred to families, a substantial portion also receive care from others on a more informal basis (and there is overlap, for example, a child may be in a licensed child care program part time and cared for by grandparents part time). In fact, it was notable that so many participants did not describe sending young children to child care, when more than half of children aged 0-5 in the U.S. spend time in a child care program (Laughlin, 2013; Mamedova & Redford, 2015). Our findings support further research in the direction of understanding the role of FFN care as a facilitator of educational participation, especially among college-enrolled parents, and also examining how access to FFN care can itself be stratified (e.g., due to patterned inequalities in the number of potential FFN caregivers individuals have access to, and whether potential FFN caregivers themselves have time and resource flexibility to offer care), reproducing and amplifying already existing inequalities.

Social Support and Institutional Support

Some participants described social support playing a key role in their caregiving and educational experiences, while institutional support was notably absent across participants. This was particularly striking given the variation in participants' ages, both at the time of the interview and at the time in their lives when providing caregiving or pursuing education. While one might expect age or time period to shape experiences of availability and access to institutional supports, that was not borne out in these data. There could be a variety of reasons for this. First, in addition to lacking child care options, the U.S. also does not have comprehensive and reliable systems for taking care of other family members, such as older adults and/or individuals with chronic conditions. Systems such as Medicare and Medicaid are not designed to provide family caregiving; also, families who could benefit from institutional supports may not be aware of options. Second, our respondents were only those who mentioned caregiving as a factor in their educational trajectory. If institutional supports facilitate educational pursuits while caregiving, it is possible that participants with access to these supports were less likely to name caregiving as a factor in their educational decision-making. A third possibility is that seeking institutional support for caregiving may not be culturally accepted for a variety of reasons, such as mothers feeling pressured to not "leave" their children in child care, or assumptions that nursing home care for older adults is inferior to what would be provided by a family member (Folbre, 2020).

In lieu of support from institutions, our participants described an individualized approach to their decision making consistent with cultural norms and expectations in the U.S. Phrases like "*I* did it" and "*I* stood up for myself" and "*I* should have" and "*I* disappointed others" were interwoven throughout these stories. In contrast, we did not hear phrases like, "but then my school didn't provide child care, so..." or "well, our health insurance didn't cover my dad's caregiving needs, so..." as explanations for pausing or stopping education in order to provide family caregiving.

The expectations of a high level of autonomy and independence among students who may be in a new city/location, away from their community, tend to play out in ways that can inhibit help-seeking behavior, perhaps especially among people who may need help most. For example, Chang et al. (2020) and Phillips et al. (2020) reported that first-generation college students have decreased help-seeking behaviors due to the cultural mismatch between the independent nature of the university and the interdependent nature of their home lives. Even when participants did have family members who could help them, some described relying on these supports in a negative light (e.g., "then I had to move back in with my parents"), when in other cultural frameworks accepting help in the form of moving in with parents would not be remarkable. These findings illustrate the privatization of the costs of family caregiving in the U.S., and that individuals "pay" those costs (Calarco, 2020) overwhelmingly in the form of time and labor, rather than collectively expecting the costs of family caregiving to be distributed across society in the form of community organizations and institutions.

Conclusion

Limitations and Strengths

One limitation of this study is that the interview questions were not designed to probe on family caregiving specifically, but rather focused more generally on mapping educational trajectories and broadly asking about causes of any interruptions or delays in pursuing further training. Although a sizeable group of respondents spontaneously described family caregiving

responsibilities as a factor in their decision making about education, indicating how relevant and critical it was for them, other participants may have experienced caregiving during their educational trajectories but not mentioned it during the interview. Another limitation relates to the challenges imposed by the COVID-19 pandemic, which may have influenced respondents' ability to engage deeply and/or candidly in the interview process if participating on Zoom or by phone from home. Finally, limitations surrounding who was represented in our sample did not permit exploration of the relationship between caregiving experiences and educational trajectories among, for example, same-gender parents or gender non-binary caregivers. Future research should seek to understand experiences of caregiving beyond the gender binary and among same-gender parents particularly given histories and contemporary manifestations of structural harm that may even further restrict access to institutional and social supports around caregiving.

This study had many strengths, including the systematic recruitment strategies that sought to capture a broad range of perspectives and experiences from regions across the country and the large number of interviews completed across a demographically diverse sample.

Future Research Directions

While this analysis drew on social reproduction theory and the concept of reproductive labor to examine the gendered -albeit gender binary- nature of how caregiving responsibilities, broadly defined, influenced individuals' educational trajectories, notable patterns emerged at the intersections of race and gender combined. For example, Black and Latinx participants were overrepresented and White participants were underrepresented in the caregiving group of our sample. Further, compared to White participants, racially minoritized participants disproportionately [1] described notable structural barriers to pursuing education while family caregiving; [2] discussed drawing on and investing in social supports for supplementary caregiving; and [3] recounted experiences of caregiving for parents. Future work should draw on critical race theory and raced-gendered epistemologies (Bernal, 2002) to provide a closer examination of how experiences of family caregiving and educational trajectories vary within, are adapted to resist, and may be shaped by the centrality of structural racism, including the role of and access to institutional supports for caregiving broadly. Additional future work could include exploring the variation in the patterns that emerged here by gender and across the gender spectrum, which itself is underexplored.

Implications

Our findings point to the challenges faced by many individuals who are family caregivers while simultaneously trying to pursue their educational goals. For several participants, either having or not having one key element-employment, transportation, housing, child care, social support-made the difference between continuing in school, stopping out, or leaving altogether. We also saw that an initial break from school could lead to a cascade of longer absences that impeded degree completion. Therefore, policies and programs aiming to support student caregivers and prevent that first break (or any break) could have a meaningful impact in supporting student achievement of academic goals.

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