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**Physical Activity Experiences of Mothers with Young Children: Barriers,  
Practices, and the Influence on Children's Behaviours and Attitudes**

A thesis  
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of the requirements for the degree  
of  
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## Abstract

Feminist research has long explored the various factors that shape women's experiences of motherhood, including the multiple and competing discourse of 'good' motherhood. Increasingly, mothers are expected to quickly resume and pursue a physically active lifestyle for both their own health and that of their children and families. This research aims to explore how mothers navigate these pressures, as well as how they integrate physical activity into their routine and that of their children.

Inspired by post-structuralist feminism, this study draws upon twelve interviews with New Zealand Aotearoa mothers with at least one child under the age of 10. All living in the Bay of Plenty (East Coast of the North Island, NZ) mothers ranged from early twenties to mid-thirties and most had re-entered employment. The group of mothers described an array of social pressures and expectations to achieve 'good motherhood'. A key element of this was achieving 'yummy mummy' status, by taking control of their bodies, specifically re-gaining pre-pregnancy physique, through exercise. Some mothers worked to achieve this unrealistic ideal. Other problematised such dominant discursive constructions of 'good' motherhood. These women developed an array of strategies to navigate these discourses in ways that felt appropriate for themselves and their families.

Factors including employment, lack of time, fatigue, family support, and pressures from 'other mothers' were all key contributing factors influencing mothers' physical activity practices and experiences. This study also explored mothers' perceptions of their influence on their children's physical activity practices. They all considered themselves important role models in their children's lives and express a strong desire to increase physical activity time while decreasing technology use from an early age. Focusing on New Zealand mothers' lived experiences of juggling motherhood and pressures to be physically active, for both their own health and as role models for their children, this study makes an original contribution to a growing body of literature on the complex relationship between motherhood, sport, and physical activity.

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### **List of Abbreviations**

BoP- Bay of Plenty

NZ- New Zealand

PA- Physical Activity

TA- Thematic Analysis

TPB- Theory of Planned Behaviour

WHO- World Health Organisation

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## Chapter 1: Introduction

“Busy mothers feel guilty taking time to exercise” (Sport England, 2019)

“More new mothers are finding empowerment in exercise, but...” (ABC News, 2019)

“Regular physical activity supports you to establish and maintain positive patterns in family life that are key to raising healthy families” (Sport Bay of Plenty, 2021)

Motherhood has increasingly been a topic of focus within feminist research over recent decades, seeing major changes in focus and findings (Allen, 2005; Kawash, 2011; Gimenez, 2018; O'Reilly, 2019). Mothers are often classified into one of two categories: either ‘good’ mother or ‘bad’ mother. While this binary categorisation has remained constant, the expectations and societal norms placed on and felt by mothers are ever-changing. Motherhood expectations and discourses underwent significant changes during the 1950’s (Allen, 2005). For example, in Aotearoa New Zealand (hereafter NZ), as with USA and UK, the rise of feminism in broader society saw shifts away from stay-at-home mothers towards teaching and encouraging mothers to also value their personal health, wealth, and well-being (Lloyd et al, 2016; Brickell & Gilmour, 2019). In the twenty-first century, stay at home mothers, and traditional nuclear families, are much rarer than half a century ago (Lupton, 2000). In contemporary society, many mother’s behaviours include returning to employment (for financial, social, and career-based motivations), partaking in personal well-being activities, and incorporating ‘positive’ health behaviours (including physical activity, hereafter PA) into the whole family routine through co-participation (Littler, 2013; Hnatiuk et al, 2020). Green (2004) analyses motherhood, exploring these complexities and how ‘mothering’ and motherhood incorporate different factors. Moving from ‘perfect’ mothering (devoting time to caregiving and household duties) towards motherhood which understands the range of behaviours expected and mothers that understand ‘perfect’ as unattainable: “many verbalised feeling personally responsible for not obtaining the ideal, even though they were fully aware that it is socially constructed and unrealistic” (Green, 2004 pp 129).

The realities of motherhood are complex. According to researchers, there is a constant 'battle' between what is expected of mothers, and their personal feelings and desires (Currie, 2018). It is often suggested that both society and mothers themselves should focus on their own well-being, relaxing the pressures on themselves to achieve 'good' motherhood (Luthar & Ciciolla, 2015). However, in reality, this is easier said than done. Ample motherhood studies including Lupton (2009), Hesse-Biber (2014), and Maddox et al (2020) investigate the realities of becoming a mother and the factors that make up this new responsibility, namely the difficulties managing family routine, employment, personal well-being, and caregiving. The social pressures on mothers to 'do it all' can be all-pervasive for many women taking on the important new role of caring for their young children.

The two main topics explored in this study are motherhood and physical activity. Physical activity is a well-researched topic in terms of public health, with ample research recognising physical inactivity as one of the leading causes of non-communicable disease and mortality (Lee et al., 2012; World Health Organisation, 2018; Anderson & Durstine, 2019). The World Health Organisation (WHO) (2019) reports that New Zealand (NZ), along with many other high-income countries must prioritise reducing physical inactivity as a way of improving the holistic health of their populations. New Zealand public health policies over recent decades have typically been aimed at reducing obesity, which has increased through heightened physical inactivity and sedentary behaviours (Ministry of Health, 2020), emphasising the desire to change behaviours. The Ministry of Health (2020) has recognised this as a long-term, multi-dimensional goal that must be addressed in as many ways as possible, within all populations, including mothers with young children.

Moreover, mothers with young children have also been a focus of a range of physical activity and public health research. Notably, Beauchamp and Eys (2014) suggest that this population have low levels of physical activity, so much so that it is detrimental to their holistic health. WHO (2020) and Sport NZ (2021) define physical activity as any form of activity that requires some form of physical exertion or increased heart rate. However, through qualitative research on this topic to

date, it is apparent that mothers often associate the terms 'exercise' and 'physical activity' with formal and organised forms of activity. Studies like that from Dixon (2009) and Saligeh et al (2016) report how commonly mothers associated PA with formal PA, including attending a gym, exercise classes, or high intensity activity (e.g., going for a run). Furthermore, Jones et al (2010) explored that as a result, barriers including lack of local facilities or finances to attend a gym are more apparent among mothers. This puts into question the actual physical activity behaviours of mothers', a population that has come under increasing focus in relation to public health and are often reported as having low levels of PA. In this thesis, I investigate NZ mothers' everyday experiences, behaviours, and feelings regarding PA, and their approaches to incorporating both family and personal PA into their routine.

Over time expectations placed on mothers have not only changed but have also been continuously added to. Maddox (2020) explores how more is expected of mothers now than decades ago, with personal positive health behaviours now being incorporated into 'good' motherhood. This notably includes a more direct focus on their PA levels and achieving and maintaining the societally accepted heterosexual feminine appearance of a thin, toned physique. Depending on the approach, this can be explored as both a positive holistic health behaviour with mothers finding pleasure in their own physical activity practices or as another set of pressures and expectations placed on mothers from the wider society. Encouraging increases in PA can benefit the physical and psychological health and well-being of mother and child (Ozemek et al, 2019). Research also suggests that encouraging personal PA behaviours for mothers with young children can encourage greater equality across parents, with more sharing of childcare responsibilities. Mailey et al (2014) and Zahra et al (2015) explored differences in the societal pressures placed on mothers and fathers; often fathers are expected to take time away from the family unit to participate in PA, whereas, the mother's role is different, advocating against taking time away from caregiving and family, but also with growing social pressures and expectations to increase their PA. Both approaches will be discussed in more detail in the following chapters.

It is reiterated throughout the literature that not only is physical activity beneficial to young children's physical and psychological health but also that the younger positive health behaviours (including PA) are introduced and normalised, the more likely children are to sustain such behaviours through adolescents and into adulthood (Smith & Green, 2005; Hesketh et al, 2017). Furthermore, parents, particularly mothers, are recognised as the most influential people to facilitate these behaviours (Loprinzi & Trost, 2010; Cody et al, 2020). Global media headlines recently cited research that shows the pregnant mother's diet and physical activity impact the long-term health and wellbeing of their child (Farpour-Lambert et al, 2018; McMillan et al, 2019; Nakahara et al, 2021). Mothers today face growing pressures and expectations from society and medical providers to not only take responsibility for their own health, but also that of their children. Research suggests that mothers are increasingly aware of such pressures, and often use such reasons as motivating factors to increase PA levels of the family, notably through co-participation (Hnatiuk et al, 2020). Apse et al (2021) conclude that parents are aware of the role they play in encouraging and facilitating PA practises in their children, however, it is also noticed that as a result of social pressures, mothers are influenced to make decisions regarding their child/ren's behaviours to ensure society recognises them as being a 'good' mother. A mother's perspective regarding the role they believe they play in influencing their child/ren's physical activity attitudes and practises will also be explored throughout this thesis.

This study takes inspiration from post- structuralist feminism to understand the lived experiences of New Zealand mothers with young children. Broadly, a feminist approach aims to understand women's experiences, creating space for them to voice their views on different aspects of social life (Bowden & Mummery, 2014). In particular, post-structuralist feminists suggest that discourses (dominant ideas) regarding gender, power, and knowledge are social constructs. Poutanen (2007) discuss such discourses as the reasoning behind sustained societal structures. Post-structuralist feminism argues that we should not be merely reversing sexism but creating alternative knowledge and practices that challenge structured and separated categories like 'male' and 'female',

forcing individuals into boxes that come with expectations and pressures (Woolridge, 2015). The post-structuralist approach suggests that gender is not categorised solely by biology, but rather that societies control what we know and feel as knowledge, power, subjectivity, and belonging. Post-structural feminists have drawn upon the works of Derrida and Foucault to argue that individuals live within power structures and forces that control and regulate their practices, therefore understanding these discourses and how they shape often taken-for-granted ways of life is important in understanding lived experiences of people and populations (Alcoff, 1988). It has been argued that 'men' get to live their lives to their own desires, however, 'women' are often influenced and defined by what is created and known as accepted or feminine by men (Woolridge, 2015). Such differences in expectations are what has generated many feminist researchers to conduct studies with women using a range of post-structuralist approaches, focusing on understanding their populations and the multiple realities of society (Monro, 2005; Glapka, 2018). In particular, feminist post-structural approaches have shed important light on mothers' experiences. For example, Raddon (2002) acknowledges motherhood expectations, understanding them as a social construct that categorises mothers into 'good' and 'bad' depending on their ability and willingness to conform to motherhood ideologies. Feminist sports scholars have also drawn upon post-structuralism to understand the role sporting and social discourses play in creating and sustaining gendered ideologies (Waldron, 2016; Beal, 2018), including a focus on mothers' participation in sport and physical activity (Spowart, 2008; O' Brien et al, 2017; Thorpe et al, 2020).

### **Research Aims**

The primary research question underpinning the thesis is 1) What are the lived experiences of NZ mothers with young children? The secondary questions driving this study are 2a) How do mothers understand and navigate the social pressures of motherhood, specifically about how they incorporate PA and personal activities into their routine? 2b) How do mothers see themselves as influencing their child/ren's PA behaviours? In seeking answers to these questions, I explore and discuss factors that influence mothers' behaviours, feelings, and physical activity practices while

caregiving for their young dependent children. I also reveal some of the various influences on their decisions and behaviours regarding their children's behaviours. Methods used to gather this data included twelve semi-structured interviews with mothers residing in the Bay of Plenty (hereafter BoP). The remainder of this thesis consists of a further six chapters. In the next chapter, I locate this study at the intersection of key bodies of literature. In the following chapter, I explain the research approaches, methods, and processes, along with detailed information relating to the participants and analysis. Chapters four, five, and six include my analysis of the key themes and findings from the mothers participating in this study, and where such findings sit within the literature. The order of the analysis chapters broadly follows the research questions stated above. Finally, a brief summary chapter reiterates the key points discussed throughout the thesis, recognising research limitations, and suggesting further research that will support and extend upon these findings.

## **Chapter 2: Literature Review**

Some researchers have identified parents with young children as an under-represented population in health, well-being and physical activity research (Hamilton & White, 2010). In this chapter, I review the literature that has explored this social group, with a particular focus on mothers with young children. Firstly, I will discuss literature that adopts public health and health promotion approaches to understand the physical activity levels of mothers with young children. Secondly, I review literature adopting feminist approaches to understanding mothers' thoughts and feelings regarding PA behaviours through facilitators and barriers, and the societal pressures on them. Finally, literature exploring mothers as influencers of their young children's PA practises and attitudes will be investigated. In so doing, this chapter locates my thesis at the intersection of these three key bodies of literature.

### **Public Health: A Deficit Model**

Research over recent decades has explored mothers, specifically those with young children, and their physical activity levels as a means of improving holistic health and social well-being. Exercise prescription research has commonly suggested that regardless of population, increases in physical activity levels will have a positive impact on physical and psychological health, and social well-being (Ozemek et al, 2019). McIntyre and Rhodes (2009) and Hamilton et al (2012) have stated that mothers of young children tend to have low levels of physical activity and active recreation resulting in negative implications on their holistic health. Beauchamp and Eys (2014) conducted a systematic review, concluding that becoming a parent is a big 'risk factor' associated with diminishing levels of PA. Continuing, they note the importance of changing this because physiologically post-partum is a crucial time to focus on positive health behaviours, benefiting not only the mother but the family and children too.

McIntyre and Rhodes (2009) conclude that the strongest evidence proving physical activity decreases in the transition into motherhood and in the early years of being the primary caregiver of a child, are from experimental quantitative studies which have paved the way for further

investigation into this population. From this, they used Theory of Planned Behaviour (TPB) to explore mothers' leisure-time physical activity. Although they use this theory to underpin their research, they also note that it places much of the ownership of behaviours on the individual, considering their feelings regarding themselves, their environment, and society. Strengths of this approach include the acknowledgement that the mothers' perceptions of their abilities and surroundings highly influence their behaviours. In this way, the research is important in that it starts to create space for women to voice their thoughts. However, this study still took a very methodical and quantitative approach which limited gaining an explanation from mothers, or recognition of broader structural and discursive constraints on mothers' PA experiences. Due to this study exploring the impact of moderate PA changes in the transition into motherhood, it meant their questionnaire study design relied on the recall memory of their participants, making the reliability of results difficult. Key findings support much of the other literature on women's maternal health that acknowledges motherhood as a 'risk factor' for low PA participation. Also recommending areas for further literature, the authors acknowledge the need for more research that gains detailed information from mothers regarding their feelings and attitudes.

Hamilton et al (2012) is another key study exploring new parents or parents with young children as a group with low levels of PA involvement. Intending to understand parents' behaviour, they employed TPB along with self-determination theory. This built upon McIntyre and Rhodes (2009) by using questionnaires to understand behaviours and intentions towards PA, then using a follow-up, investigating what influenced them at that time. Hamilton et al (2012) explored the possibility that using self-determination motivation could be a useful approach to encouraging increases in PA for mothers. They argue that mothers feel a lot of pressures when they have young dependent children, therefore physical activity would be enhanced with a more self-reliant approach, encouraging fun, enjoyment and benefits like increased energy and mood to perform their 'mother duties'. Additionally, they explore how parents will receive the most benefits if they motivate themselves, rather than feeling pressure from peers and society. This research found that

among mothers specifically, self-determination motivation not only requires the mother to want to participate in physical activity regularly but also the link between intent and actual behaviour was weak. This study seems to have added and built on the previous research surrounding the topic as they have begun to explore factors that influence behaviours, recognising these factors will differ from mother to mother due to internal and external factors. While possibly this approach can have its benefits, Hamilton et al (2012) come to the project with several assumptions that appear to be replicated in the study design; the mothers are assumed as an 'at risk' problem group who need to be better motivated for physical activity. The suggestion that PA might be enhanced by encouraging mothers to acknowledge how participation might increase their mood, as well as energy for 'motherly duties' is highly problematic as it assumes mothers are dupes that require PA experts to convince them of the benefits of exercise so that they can be 'better' mothers.

Additionally, Emm-Collison et al (2019) explored using motivators as a way of changing behaviours in parents, suggesting this as essential. It was found that due to the demand on parents with young children and the barriers they face (e.g., time, childcare), the only way to adapt their practises and attitudes is to explore and use what most motivates them, to provide the most support and encourage actual behaviour change. This field of research involves a qualitative approach to gaining information about actual physical activity behaviours of this population, attempting to provide health promotion with suggestions regarding how to increase the PA levels of mothers with young children. Analysing this research, it seems to provide a clear opening that could be difficult to fill with solely quantitative, statistical data, potentially recognising the flaw in the public health approach that seeks strategies to increase PA levels in vulnerable (or in this case, tired and busy) populations.

The approach to increasing PA practises in various populations has predominantly focused on physical health. Lewis and Ridge (2005) recognised that at present the health promotion approach taken to encourage increases in PA of new mothers involves informing them of the health benefits and leaving the responsibility to the individual. They investigated that this approach could

be a contributing factor to the low levels of PA and often negative attitudes to activity, as a result of offering little advice or support. Furthermore, they found from their participants that taking a solely health benefits approach was not deemed enough to encourage behaviour change. This study focused on determining how mothers with young children in Australia feel regarding PA. In so doing, they are one of the only studies recognising that for some, increasing PA practises could be detrimental to health, increasing anxiety or stress for example. A strength of Lewis and Ridge's (2005) study was that they recognised that most research focused on mothers PA had included only white, middle class married women as participants, thus greatly limiting the research on diverse mothers' experiences. Recognising this gap, Lewis, and Ridge (2005) targeted a wider range of participants to ensure their results included the voices of a range of mothers. To do this they specifically tailored their study design to conducting one- to- one interviews in the participants' homes, therefore encouraging mothers of all social classes' involvement by overcoming childcare or travel concerns. Similar research from Dixon (2009) and Schluter et al (2011) support Lewis and Ridge's (2005) suggestions that more must be done to both better understand the PA experiences of mothers from different positionalities (i.e., class, ethnicity, urban/rural, employment status) and not using a solely health approach, that seeks to help mothers 'overcome' their barriers. Importantly, such barriers are not individual problems that can be overcome with the 'right' motivation or support, as much as this literature suggests.

A further concern within the current literature base regarding maternal PA includes the language often used when talking about mothers with young children. The finding that this population have low levels of PA and that parenthood is a risk factor for PA levels has led to discussions surrounding them being portrayed as a 'problem' group that requires help, support, or change. Hamilton et al (2012) is a key study where this was apparent, where it is discovered mothers with pre-school aged children often don't prioritise their own PA, and therefore do less than the WHO (2020) recommendations to maintain or improve health. The authors then recommend support and tailored interventions to help them change this. However, as noted by Lewis and Ridge

(2005) and Mailey et al (2014), not all women want or intend to increase their PA levels, and each have their reasons. Although when taking a public health approach, increasing PA levels in mothers with young children can lead to increases in holistic health, it seems inaccurate to describe them as a group that are struggling with PA, and unfair to frame them as a 'problem' group lacking the right motivation or support. Such research approaches fail to recognise women's agency and autonomy in their decision making around physical activity when they have young children. Furthermore, such approaches do not acknowledge broader societal and gender inequities enabling and constraining mothers' lives.

### **Feminist Approach**

Feminist research using qualitative methodologies have explored mothers' experiences of sport and physical activity, giving them a voice to explore their behaviours, attitudes, and feelings regarding their physical activity participation, leading to a rich understanding of their PA experiences within the context of their socially- constructed experiences of motherhood. Topics that have become apparent when discussing mothers' PA practises and attitudes include barriers and facilitators, as well as the influence of broader social discourses of 'successful' motherhood.

A common method in such research is in-depth one- to- one interviews. As explained by Lewis and Ridge (2005) such approaches allow freedom of discussion to be guided by the participants. Additionally, the researchers have understood the practical difficulties of having young dependent children and therefore have allowed optimal flexibility and convenience. Lloyd et al (2014) begins data collection with focus groups of mothers with young children, exploring their views and how they differ, using childcare or mother and baby groups as the settings. These environments are chosen to encourage comfort for the mothers and somewhere safe and known to their child to avoid having to organise childcare to participate in the research. The focus groups were followed up by one- to- one interviews, again recognising the possibility of lack of time, childcare, and convenience as important to the population being explored. Additionally, it is noted by Hesse- Biber (2014) that in feminist research, especially when discussing a topic deemed as personal or sensitive,

it can be beneficial for the women to be in a location known to them and somewhere they feel comfortable to encourage honesty. As will be discussed in my methodology chapter, this seems particularly important for mothers with young children.

### ***Physical Activity Barriers and Facilitators for Mothers***

In qualitative research on mothers, the barriers and facilitators to PA are the main topics of discussion when exploring the behaviours and attitudes of mothers. The common barriers and facilitators will be explored using key literature; however, it should be noted that each mother has their own practices, reasoning, and attitudes therefore only the most noted and reported topics are discussed.

A foundational piece of scholarship on the topic, *Mothers taxi*, explored social constructs relating to mothers and sport (Thompson, 1999). Written in the 1990's in New Zealand, this book was a leading piece of literature that recognised how difficult messages from society can be for mothers seeking to navigate space for themselves within sport. At the beginning of this book, it is explored that sport, while recognised and followed by millions of people globally, remains off-limits for many women. Additionally, an important factor noted is mothers are less likely to be physically active than men and children (specifically male children), and where mothers are participating in sport, it is often as a result of the men in their lives participating and encouraging them. Mostly, however, mothers' roles were in supporting their husband's and children's sporting participation (i.e., preparing sports uniforms, transporting to and from training/games, preparing food for men's sporting matches). This exploration of a mother's role regarding physical activity, health behaviours, and influencers from a sociological and feminist approach leads to a growing body of literature exploring the ongoing and new pressures on women as they navigate becoming a mother, returning to physical activity, or taking up new activities in a new capacity, with their families.

**Guilt.** Arguably the most noted barrier to increases in PA participation in mothers with young children included feelings of 'guilt' or shame for spending time on themselves and away from their role as caregiver. Mailey et al (2014) and Miller and Strachan (2020) are examples of research

that reiterated this factor mentioned by mothers. The study conducted by Mailey et al (2014) explored working mothers' and fathers' facilitators and barriers. They took a focus group approach to data collection using the interaction between parents as important to discover the level of importance felt regarding the emerging topics. Again, they used a semi-structured format to allow freedom for parents to express their feelings and conversation was dictated by the participants. This study's population only included working parents, therefore a key theme noted within the guilt was that they currently feel guilty for taking time away from their children to work (as it is a necessity), therefore any further time for physical activity would further exasperate this feeling. For this population it seems guilt is overwhelming due to constant struggles with schedule and time constraints, however, it was unable (or not designed) to discover if adding physical activity into the workday would combat that feeling.

Adopting a feminist approach, Mailey et al (2014) worked to create a research environment in which the participants had the freedom to express their feelings and views. It seems that in this study, which focused on working parents, the guilt, and pressures of ensuring they spend their non-working time with their child/ren were much more prevalent. For many working parents working full-time, post-childbirth can be dictated by financial situation, with the lower socio-economic parents often having to go back to employment sooner after childbirth. This is a key inequality when it comes to mothers' feelings of guilt and time for leisure time PA with young children. Mailey et al (2014) noted most mothers in employment had strong feelings of guilt for leaving their children at daycare for example but not having a choice due to financial situations. However, a study from Lloyd et al (2016), where most of their participants either didn't go back into employment or worked part-time or less, didn't discuss feelings of financial constraints to personal PA (i.e., cost of joining a gym) or guilt for not spending time with their child as strongly. However, they did mention that taking time for themselves made them feel guilty through feeling selfish, but this could more easily be overcome due to employment not restricting their time and leaving them more flexible with their schedule. As this research suggests, the socio-economic status of a family could have a vital

influence on both maternal PA levels and their feelings and pressures felt regarding their personal PA.

It has been argued that the concept of guilt, while a strong feeling felt by many mothers regarding their PA practises, is an effective and emotional response to pressures placed on them by Western society (Miller and Strachan, 2020). In many parts of the world, society expects mothers to be primary caregivers and perfect role models regardless of social and economic support structures available, and the practicalities of life (i.e., work, family) with young children. Historically, in most societies mothers have been placed in the central caretaking role of a family. In the contemporary context this responsibility means that mothers' own self-care practices (including physical activity) are often relegated to the margin of time, space, and energy-levels; there is a social expectation that they will put their children and family needs as a higher priority, resulting in diminishing maternal PA (Drew & Paradise, 1996).

Interestingly, Evans and Allen-Collinson (2016) study explores swimmers who became mothers that swim. Using interviews, they explored differences in societal pressures and feelings regarding swimming before becoming a mother and after. The swimming mothers explained how their PA levels decreased due to other responsibilities taking priority. They also noted; how expectations placed on them to conform to traditional gender roles discouraged them from prioritising swimming, thus impacting PA levels. One participant suggested that they feel their peers expect them to spend their time doing family PA and are not encouraged to participate for personal enjoyment and individual health.

A key piece of literature exploring the concept of 'guilt' in mothers with young children was Miller and Strachan (2020). This study put their target population at the forefront of their study, using a web-based questionnaire methodology to make participating as convenient and comfortable for the mothers as possible. Recognising the population of mothers with young children as having difficulties creating time to participate in research, therefore, choosing a suitable methodology. They found that mothers reporting a high level of self-compassion reported being able to overcome

feelings of 'guilt' which led to actual positive health behaviour change. Interestingly, Miller and Strachan (2020) also report that societal pressures are enforcing negative thoughts within mothers therefore self-compassion is not very prevalent.

**Lack of Time & Energy.** Another key point explored by research like that from Beauchamp and Eys (2014) and Miller and Strachan (2020) includes feelings of lack of energy, sleep deprivation and limited time available to be physically active. On the other hand, Currie (2004) explored that although taking time for themselves can increase feelings of stress and anxiety, after participating in a 12-week exercise programme, increases in well-being are noted. Through qualitative data collection, discussing how the mother felt before and after the programme, it was found that mothers felt increases in happiness, more self-belief to provide for the child/ren, and confidence due to positive feelings regarding body image. Giallo et al (2013) explored how taking time for oneself and increasing PA or more specifically active recreation can be effective ways of reducing and limiting feelings of fatigue. This finding could be a useful point for health promotion in terms of understanding how parents feel but informing them that increasing PA does not always result in less energy. Mailey et al (2014) reported that while lack of energy can be a barrier, the reality of more active recreation leads to more energy to complete the daily tasks associated with family life and caring for their dependent children. Additionally, Mailey et al (2014) reported that with lack of energy came struggles with perceived lack of time, inhibiting maternal PA. This study reported every mother discussing their struggle with being able to routinely fit PA into their family schedule, reporting children taking much more of their time leading to sacrificing behaviours like regular PA.

Qualitative research from McGannon and Schinke (2013) brings an interesting perspective to the literature field by interviewing one newly active mother, their partner, and their physical activity buddy multiple times over four-months. This allowed for a robust and detailed insight into their practises, barriers and facilitators, and the mother's influence on their children. This research confirmed that mothers' responses to PA included increased energy, mood, and overall health, and was positive for overall family well-being. Even for those mothers with young children that do

engage in PA, this research still noted multiple participants suggesting pressures of not putting themselves first and feeling guilty for not spending all their free time with their children.

McGannon and Schinke (2013) also explored how the traditional gender roles and ethics of care encourage mothers to prioritise their own well-being behind that of their children, encouraging the idea of 'lack of time'. Additionally, they found working mothers suggested integrating personal PA into their workday was a good way to limit 'guilty' feeling and combat the scheduling difficulties. As a result of being able to interview the mother multiple times in a time period, meant the researchers were able to explore a wide range of situations in her life, getting much more detailed views than other literature only interviewing mothers at a singular point in time. They also interviewed two people close to her in terms of influencing her PA practises, further recognising family and peers as key in determining a women's physical activity practises. As rich as the findings for this study are, focusing solely on one mother in Canada limits the breadth of the study, due to the mother being both in full-time employment, and newly physically active, suggesting she has a desire to increase her PA. Such findings cannot be generalised more broadly to other others, whose work, life, and family conditions may be very different.

**Body Image.** Historically, women have been judged, pressured, and categorised by their appearance, impacting many women's sense of body image (Gramaglia et al, 2018; Grogan, 2021). As explored by Prinds et al (2020), women are increasingly expected to look after their body before and after pregnancy to ensure their body is prepared and ideal for childbirth. This study also explores the concept that one's body has become central in self- identity with mothers' postnatal body impacting how they are judged as a mother. Research by Prinds et al (2020) utilised one to one in-depth interviews to gain insight into eleven first time mothers in Denmark. To make the mothers feel as comfortable as possible the settings of interviews were dictated by the participant and followed feminist guidelines in terms of having topics of discussion but allowing the participants to explore their thoughts and views on such a person sensitive topic. However, this study solely explored pre- and post-partum body image. In so doing, they reveal how mothers feel about their

bodies, and how they see their bodies in terms of social pressure and norms. Importantly, the authors recognise personal body image and societal body image ideal as different concepts, both of which are often important to mothers with young children. In this study, the authors did not account for feelings changing due to other characteristics like quality of sleep, fatigue and eating or physical activity behaviours which can also influence feelings towards their bodies.

Whether a mother or not, pressures to conform to social norms regarding feminine appearance are widespread and often all pervasive (Maine & Kelly, 2005). Littler (2013) suggests this originating from the notion that women must be sexually attractive to men, as a way of solidifying their status and place in society. Along with motherhood creating new challenges, it seems the almost immediate expectation for a mother to lose their 'baby weight' and attain the ideal post pregnancy body adds significant pressure on many women. Research by Montgomery et al (2013) was key in exploring the weight loss experiences in young new mothers. This insight is interesting because all participants suggest they did not feel they had a choice regarding weight loss, feeling almost instant pressure to lose weight to the 'way they were before childbirth'. Such findings are useful in terms of giving women a voice, with some suggesting losing bodyweight as a motivating factor to ensure they increase their healthy eating and physical activity which helps them increase psychological health. Other mothers, however, revealed the struggle, pressure, and worry to lose weight instantly after childbirth, which has been supported by ample other researchers, Maine & Kelly (2005), Lewis & Ridge (2005) and Raspovic et al (2020) to name some. Feminist research focusing on women, specifically mothers, often hope to gain insight into these populations to aid in supporting them, challenging problematic social discourse, and supporting the development of policies and practises that enable mothers to define on their own terms a healthy and fulfilling lifestyle, that suits them and their families.

Martinez et al (2011) is a further study that recognises the contradicting ideals society has placed on mothers regarding positive healthy behaviours including physical activity. This study explores how the 'perfect mother' concept expects mothers on one hand to be independent (i.e.,

full-time working, spending time eating healthy and being physically active). On the other hand, mothers are expected to devote their whole sense of self and time to raising their children, conforming to 'traditional gender roles' of being the primary caregiver. It must be noted that this study was conducted in Spain, and as explained by Martinez et al (2011) Spain is a country where the responsibility to raise children is predominantly down to their immediate family, with little support from the state. Therefore, the findings of this research are interesting regarding how mothers feel the pressures of raising children, being healthy, and working full-time. It must be recognised that it is likely the barriers and motivators will differ due to varying cultures from Spain to NZ.

A recent study from Maddox (2020) explained that in many Western countries, women are expected to regain their post pregnancy body along with adopting other individual positive health behaviours (i.e., physical activity and healthy eating), just like re-entering employment, and negotiating 'sufficient' childcare. They recognise physical activity and these positive health behaviours aiming toward that 'ideal' body image as the 'third shift' for mothers (Maddox et al, 2020). Using phrases like this makes it clear that these pressures and expectations regarding the behaviours of mothers are universal in many Western Societies, with many women recognising and often conforming to them. Maddox et al (2020) study, unlike the other studies mentioned in this section, has recognised that the messages sent from society have and are changing, with expectations and ideals placed on mothers not being constant. What was considered 'good mothering' fifty years ago is no longer regarded as enough. They also gather data from multiple sources including media and social media, which they identify as key for understanding the workings of contemporary societal pressures. Underpinning the sources of such pressures is something other literature in this review have not explored. However, it must be noted that this study focuses primarily on physical activity, other expectations and behaviours of mothers are not reported as key themes through their analysis (Maddox et al, 2020). Additionally, their PA focus is surrounding body image pressures, notably regaining their pre- pregnancy body, therefore other areas around societal pressures and motherhood are not explored.

Maddox et al (2020) used thematic analysis which, they stated is a widely accepted method for qualitative data (Clarke et al, 2015). They set out their approach, the literature they used to develop their analysis and the themes found in their research. Having explained their process and analysis in such detail shows how thorough they aimed to be in their research. They also used multiple Braun and Clarke articles to inform their actions and decisions (Braun & Clarke, 2006; Braun & Clarke, 2013), research that is used by multiple qualitative researchers when using thematic analysis on a range of topics (Nash, 2015; Came et al, 2018; Baker et al, 2020).

### ***The 'Perfect' Mother, Yummy Mummies and Mixed Messages from Society***

Research shows that social messages and pressures on mothers are all- pervasive and often contradictory. On the one hand, they are expected to devote their time and focus to raising their children, providing them with educational and social opportunities they will adopt and use throughout their lives. Alternatively, mothers are increasingly being pressured into being the perfect role model and taking time to be a healthy independent woman. Concepts like 'yummy mummy' where mothers are supposed to conform to the 'right' heterosexual feminine image, practises, and behaviours, requiring more time to be spent on themselves (particularly in terms of regaining/ maintaining appearance) have grown in Western society through media (i.e., magazines, newspapers) and social media platforms.

The 'yummy mummy' concept is the latest set of dominant ideals about femininity and motherhood. Littler (2013) describes the 'yummy mummy' as "mothers who are sexually attractive and well-groomed and know the importance of spending time on herself" (Littler, 2013). For some 'yummy mummy' has become a goal to aspire to, for others this is an idealistic, unrealistic view of their maternal body and worth in society (Prinds et al, 2020). A key point made by Littler (2013) suggests that previously when a woman becomes a mother, that was their primary role, and they ceased to be viewed as a sexual object. However, in contemporary Western society mothers are no longer solely seen as caregivers, but also expected to maintain their sexual desirability through self-discipline and consumption practices. A limitation of 'yummy mummy' discourses is that mothers

are now 'expected' to perform particular heterosexual femininity for the male gaze. As research is showing, these messages are increasingly pressuring and controlling women.

### ***Family Support***

Families and peer support has been recognised by almost all literature as key in influencing the behaviours of mothers and children regarding physical activity. For some, having positive support from family and peers is an important enabler of participation. As mentioned above, Evans and Allen-Collinson (2016) explored women's experiences and perceptions regarding the transition from being a swimmer to being a swimming mother. The key facilitator for those mothers that continued swimming after giving birth was having a partner, other children, and family members, that support them, help manage childcare and encourage them to participate. They suggest without such good support from their partner it would be much more difficult to find the time and feel happy about taking time for themselves. From this study, it seems that those families with the more traditionally structured gender roles, meaning placing the mother at the centre of the family with the role of primary caregiver, leads to limiting time spent on the mother's personal physical and psychological health. This differs with participants with more encouraging and supporting families, resulting in less traditional parental roles, allowing more equitable opportunities for both parents to participate. According to Lewis and Ridge (2005), although the family may not always be encouraging for the mother to take time away from the family for PA, doing so will actually have benefits for the whole family. With characteristics like improving mood, self-confidence, and increased energy, it can result in family-oriented benefits, for example, increased social well-being.

A New Zealand-based study that explored the Pacific Island mother population also noted the same two main barriers to participation (Schluter et al, 2011). While they recognise that this ethnic and cultural group show some differences in behaviours, attitudes, and barriers regarding PA, most barriers and facilitators mentioned (e.g., lack of time, sleep deprivation, childcare struggles) were apparent for both Pacific and non-Pacific mothers with young children. This shows that although specific culture, religion, or ethnicity can be influential, it is unlikely the singular factors

affecting PA behaviours and attitudes in mothers. Furthermore, this study took a one-dimensional public health approach to understanding this population's physical activity behaviours. They used two predominantly quantitative studies (OTA and PIF) exploring the health and PA of mothers with children ranging from five to fifteen. Each study focused on PA for the purpose of health, discussing those populations with lower PA levels as "at risk", assuming that for all mothers increasing PA should be encouraged and prioritised. The OTA was a questionnaire mailed to New Zealand adults as a population study, the data used for this study was specific to mothers with children under fifteen. This study found that more than half of Pacific mothers reported having no or low levels of formal education and qualifications, therefore it can be argued that it was more difficult for them to complete the survey in detail, as opposed to the non-Pacific mothers with over three quarters reporting at least secondary school level qualifications.

Using this data to make comparisons between Pacific and non-Pacific mothers' behaviours seems inappropriate. The PIF study used followed Pacific mothers with infants born in Auckland, their method included an initial interview, and follow-up interviews conducted by a researcher of Pacific ethnicity to ensure cultural discussions could be understood. This data would be richer due to the interview nature allowing for feelings to be expressed through discussion and would have allowed cultural exploration of behaviours and attitudes, however Schluter et al (2011) group their results focusing completely on the health implications of mothers' behaviours. Although this study produced data including PA behaviours of Pacific and non-Pacific mothers, along with beginning to recognise both barriers and motivators to PA for mothers, this study is simplistic and does not allow in-depth data regarding the feelings and realities of the mother's experiences living in New Zealand society and navigating their responsibilities of motherhood. Additionally, it does not understand the cultural difference in lived experiences of Pacific and non-Pacific mothers living in New Zealand. This simplistic and idealistic approach to motherhood research can be unhelpful, leading to further research on this topic and with this population being desired.

### ***Mothers Navigating their own Solutions***

Much of the qualitative research conducted on mothers with young children's physical activity participation involves barriers and difficulties. To date, limited research has explored what can be done, listening to their perspectives, attitudes, and motivators towards PA. One suggested approach takes into consideration the difficulties and practicalities of having young children; integrating the mother's physical activity into child/ baby friendly environments or through childcare settings (Lewis & Ridge, 2005; Jones et al, 2010). Miller and Strachan (2020) also noted that being a positive role model and encouraging good PA behaviours in their children is important and suggested more insight into this could be beneficial.

Additionally, feminist sports researchers have highlighted how mothers have created their own solutions to overcoming both personal and societal barriers and pressures. A study conducted on a women's surfing group created in Mount Maunganui (East Coast of North Island of New Zealand) found that each of the six women (most with young children, two with new-born, and one heavily pregnant) reported that lack of support from partners usually resulted in less time available for them to go surfing, even though it was their passion and made them happier (Spowart et al, 2010). This finding shows just how important families and support networks can be in influencing mothers' healthy behaviours. This group of women were passionate and wanted to spend time throughout the week being physically active through surfing, and they still struggled with their role as 'caregiver' or 'good mother' which discourages them to take this time away from their children and for their other enjoyment.

By investigating this group of mothers, it was found that although they feel like they aren't supported in terms of society encouraging them to continue surfing, they came together and created their own solutions. The mothers interviewed in this study reported struggling with barriers similar to other studies, like lack of time and guilt for taking time for themselves. However, found that creating the surfing mothers' group helped them overcome such feelings. They set times (surf dependant) aside to do what they love all together, with mothers supporting other mothers. As

mentioned previously, this study was conducted in Mount Manganui, NZ, a location where it is described as highly focused on beach culture (Spowart et al, 2010). Therefore, it was mentioned by some of the mothers that an activity like surfing is more socially acceptable for women to enjoy and long to participate in, which may not be the case in other locations. This again suggests that a one size fits all approach to increasing the physical activity of mothers with young children is unlikely to be effective across New Zealand.

A further example of how mothers come together to support one another to overcome their mutual barriers is included in the study by McGannon et al (2017), exploring how mothers who run share their experiences on a blog in the USA. It explores how this open digital conversation allows a platform for mothers to not only share their experiences but encourage and support one another to keep them training and active. They suggest that using the internet, which is easily accessible to most mothers with young children, could be a useful tool to bring mothers with shared interests together to support and motivate one another on their own terms. While it is not possible to cover all literature here, other research has shown how mothers navigate their sporting and physical activity passions, often with the support of other women (Leberman & Palmer, 2009; Lloyd et al, 2016; Walsh et al, 2018; Spowart, 2021)

## **Childhood Physical Activity & Mother's Influence**

### ***Physical Activity of Young Children***

Physical activity can have numerous benefits in populations of all ages (Jago et al, 2010; Hyde et al, 2013), including children under ten years old (Hesketh et al, 2017). Positive PA behaviours in young children can have both short term and long term implications, with the most noted being: developing social skills, muscular and skeletal benefits, and improved metabolic health (Ahn & Fedewa, 2011; Timmons et al, 2012). Reilly (2010) conducted a systematic literature review of studies to explore young children's PA and sedentary behaviours in child-care settings. It was clear from their review that pre-school aged children spend long parts of their day sedentary, specifically in technology focused situations. This review suggested that young children in childcare settings are

not encouraged to be active, a finding that is worrying considering the ample research suggesting the academic and developmental benefits to children with high PA behaviours.

Hesketh et al (2017) is one study that concluded encouraging PA participation would be most beneficial when starting as young as possible. This study used a qualitative approach (focus groups), using mothers of both a 0–12-month child and a 1–6-year-old. Their key finding reported mothers with new-born babies were much more optimistic about trying methods to be positive role models and encourage high levels of PA. Parents of the pre-school aged children discussed it being more difficult to encourage increases in PA due to having to change the routine and finding the extra time. A strength of this study was that topics were given to the focus groups however specific questions were not provided, and the content of data was dictated and explored by the mothers. This level of insight is useful in this area of research and topics absent from the discussion provided as much insight into mothers and their young children as the topics of discussion. An example of this included parents of infants discussing their intent to create behaviours they aspire their child to have in the future, this topic was not discussed within the focus groups of pre-school aged children. Explanations or discussions for this were not provided, however, this has been explored in another study. Viner et al (2012) argue that PA not only helps in child development, but it increases the likelihood that PA behaviours will remain throughout adolescents and into adulthood. Within both child studies and physical activity for health research, it seems undisputed that PA in childhood is essential, and while Viner et al (2012) suggest children tend to be active through childcare or educational settings, a point conflicting with the findings in Reilly (2010), both conclude that PA at home, in leisure time, and with family members is also important.

### ***Family as key influencers***

When investigating behaviours and attitudes of young children, the people in their environment, often parents, siblings, and childcare workers influence and encourage what they do (Jago et al, 2010). The adults in a young person's life shape their current and future characteristics, practises, and opinions towards all aspects of life, including physical activity. Hesketh et al (2017) suggested

that parents, regardless of family structure, can have the biggest influence on young children, normally due to being the ones that spend the most time with them and control their time and actions. This has been a disputed topic, with other research suggesting family structure and socioeconomic status being the most influential in children's lives. Additionally, the participants used in the study by Hesketh et al (2017) were predominantly higher than high school educated with most reporting being in a co- parenting relationship. What this suggests is two-parent households with parents of a specific level of education result in parents being significantly influential in childhood PA practice but generalising this finding to all families could be inaccurate. This study, therefore, recognises a gap in the literature, to explore how mothers' and child/ren's characteristics or social class influences PA behaviours and parental influence. Nevertheless, Hesketh et al (2017) concluded that parents and mothers feel they are key in influencing the PA practises and attitudes of their children which was noted by almost all their participants.

Similarly, Pocock et al (2010) discussed how influential parents can be in the early stages of life, understanding how this is the time where they learn their behaviours and attitudes. They then conclude that gaining insight into parents, and how they see their role in influencing their child/ ren can benefit health and physical activity interventions to support families in changing and encouraging positive long- term health behaviours. This systematic review included twenty-one studies, all of which were qualitative and explored parents' or primary caregivers' views and attitudes regarding their roles in preventing childhood obesity. While this was not specifically focused on mothers, it was noted that most participants were mothers, suggesting their role as key caregiver and influencer are still apparent. This systematic review reported that additional insight into parental attitudes was required, this again suggests the current gap in the literature and the need for future research to explore qualitative approaches with ample research in health promotion usually opting for high sample sizes and quantitative methodologies.

### ***Role Models***

The main topic that has emerged in the literature surrounding mothers as influencers of their children's physical activity includes the idea that they are and should be role models. Depending on the approach taken and the specific research of the study, it appears this can be enhancing of both positive and negative feelings for mothers. Firstly, Mailey et al (2014) found that for their participants, mothers noted feeling the pressure of finding time to be physically active with or around their children because they are role models. In contrast, Hesketh et al's (2017) study, as explored above, found that mothers with young or new-born children found that being a role model to their child encouraged them to try harder and focus on creating positive behaviours they aspire their children to have. This approach seems much more positive as if they are motivating themselves due to the feeling of being the main role model. Neither of these studies recognise how the same concept (role model) can be perceived in multiple ways.

### ***Mothers' Physical Activity Influences Childhood Physical Activity***

As a result of role modelling being a widely discussed topic among parents, one approach suggested by research includes increasing maternal PA levels as an effective way of increasing childhood PA and encouraging positive attitudes. Griffith et al (2007) concluded in their obesity and physical activity study that because children are so influenced by their mothers, focusing on increasing maternal PA would be an effective way to encourage increased PA and reduce the risk of obesity in young children. This study took a physiological and quantitative approach to explore how to increase PA levels of young children and noted that encouraging parents to increase their child's PA is not effective. Due to the quantitative nature of this research, it limited the study's ability to discover how to best understand and listen to parents regarding their child/ren's PA. To change long term behaviours throughout the family and for broader societal benefits (i.e., reduced costs of health-related diseases of which physical inactivity is a co- morbidity factor), increasing maternal PA is an approach that has been suggested. From this perspective, it might be argued that this will improve the holistic health of the mother and provide the young children with positive role models and

behaviours they consider 'normal'. This study recognises similar gaps in current literature, including the need to understand parents' barriers and facilitators. Using objectively measured methods and questionnaires to explore American parents with pre-school aged children has limited the depth of information collected, creating more questions. While the study can be used to reiterate findings and gaps that other qualitative literature has begun to explore, this study makes big conclusions using a relatively small sample (Griffith et al, 2007).

Furthermore, Song et al (2017) reported that while a relationship between parents' PA and children's PA has been illustrated in childhood studies, the more active around and inside the household the mother is, the more positive attitudes and behaviours are in the child following similar trends. Additionally, they found the more active the mother, the more likely the home would be filled with active equipment further encouraging everyone in the house to engage in some levels of physical activity. This study used a quantitative approach, therefore understanding how and why links between maternal and child participation were not apparent.

### ***Family Co- participation***

Research from Hamilton and White (2010) began investigating mothers' opinions regarding how to increase their PA while being the primary caregiver for their young children. Due to the previously mentioned barrier of mothers feeling guilty when taking time for PA, it was suggested that increasing maternal PA will only work if it can be integrated into their everyday lives. Mother's suggested parent- child co-participation would be both practically helpful and positive to mother and child's holistic health. It is important to note here that using qualitative methods to talk and give a voice to mothers can lead to understanding them, providing them with the space to come up with ideas they believe will help. This conclusion of using co-participation has been reported in other research, including that from Erkelenz et al (2014) and Hnatiuk et al (2020) where mothers again stated how that would overcome their barriers of guilt, lack of time, and childcare difficulties. Hnatiuk et al (2020) also noted additional benefits of this approach to health promotion by parents appreciating the fun family time, creating strong relationships, and increasing the mood of all

members of the family. This study is valuable due to its methodology and philosophy encouraging openness and allowing mothers to express their opinions regarding physical activity, co-participation, and the impact it could have on their family. Like Pocock et al (2010), this study did not aim to explore solely mothers, however, fifteen out of the sixteen volunteers were mothers. As a result of using semi-structured interviews, a finding explored in this research that has not been apparent in other studies explored here is the idea that parents influence childhood PA, but children can influence parental PA. As with all research, it has its limitations however this Australian based research filled a gap in terms of public health and health promotion suggesting parent- child co-participation as beneficial and exploring parents' views and opinions regarding this approach. For some parents participating with their children could contribute to overcoming barriers (e.g., lack of time) as it can be integrated into daily life through active recreation activities (Pesch et al, 2015). Even though this idea has been discussed in both public health and health promotion research and by mothers through qualitative studies, it should be recognised that it is underpinned by public health assumptions that more physical activity is always positive and ultimately the responsibility of individual citizens. Pushing for increases in PA and reductions in sedentary behaviours in both children and mothers is starting from the assumption that everyone needs to be more active and have better holistic health, without adequate exploration of any risk of negative implications, or the broader neoliberal forces underpinning such approaches. Furthermore, much of this literature assumes a Western framing of the 'family unit' and doesn't take into consideration different cultural ways of understanding family, health, PA and wellbeing.

### ***Children Too Active***

Much of the research explored here concludes that parents are key in encouraging increased PA in young children. However, Pesch et al (2015) found that sometimes mothers suggest their child/ren are too active, making situations like mealtimes and bedtimes more problematic and difficult therefore opt for encouraging fewer highly active activities. Pesch et al (2015) understood this was not a primary theme running through his data, however, it was noted by most of their participants.

This concept has been noted by mothers in studies including that by Bentley et al (2015). Suggesting mothers believe their pre-school aged children are naturally active enough and they wish to play a limited role in encouraging increased participation. This study took a one-on- one semi structured interview methodology, therefore, allowed the mothers to express their views and feeling towards childhood PA and sedentary behaviours without being too limited to specific topics, suggesting data collected, to be honest, and explored what is important to the mothers. However, as noted in multiple studies explored in this review, because of the research being voluntary and taking a purposive sampling technique almost all participants were Caucasian, of at least working-class background, and often had some interest in their personal PA or the PA of their children. Therefore, the authors were unable to get a well-rounded opinion of a large range of mothers. Hesketh et al (2012) was another study that reported numerous mothers suggesting young children are naturally very active and therefore don't feel like that need to play a role in encouraging it, and sometimes even inhibit high levels of PA. This is a conflicting finding with PA statistics, showing low levels of PA in pre-school aged children. Further investigation into a range of mothers with varying cultural and ethnic backgrounds, family structure (i.e., single parents, same sex parents, heterosexual couples, extended family units), social class, and location to gain insight into how they see their child's PA and different perspective mothers can have would be beneficial.

In sum, much of the research explored in this chapter either involves participants or studies from USA, UK, and Australia. Having such a diverse body of literature has begun to explore mothers and young children regarding their physical activity levels is both positive and informative, it has resulted in similar sub- groups being the primary focus. The majority of participants involved in the reviewed literature have characteristics including Caucasian, working- class or higher socio-economic status, and have at least completed a high- school education (many reporting university degree qualifications). It should be noted that not all studies reported the characteristics of their participants therefore this statement is only appropriate for a selection of the literature. However, it shows a clear opening for both a more diverse group of mothers to be explored and more country

specific research. To provide support for mothers, it must be recognised that barriers, practises, and attitudes vary depending on culture and society therefore not all UK or US research can be transferable to NZ. Very little recent research has focused on New Zealand mothers' experiences of physical activity.

### **Chapter 3: Theory & Methodology**

Throughout this study, I adopted a feminist approach with the aim of exploring mothers' experiences, giving them an opportunity to share their views and attitudes regarding physical activity. According to Jenkins et al (2019), a feminist approach to research is not just about creating space for women's voices but also working to limit power imbalance when collecting data, encouraging the participants to share without feeling pressure or encouragement to conform to societal norms. Taking a feminist approach to research is a way of understanding the complexities of women's lives, how they interact with society, and of particular relevance to my study, how social expectations, and rules influence mothers (Wigginton & Lafrance, 2019). In this research, I employed interviews with 12 mothers with young children (under 10 years old) to facilitate rich and nuanced insights into how they navigate motherhood, physical activity, and society from their individual perspectives. Adopting a feminist approach, my data collection took a semi-structured nature, allowing the mothers to lead the discussion, emphasising what is most important to each of them. In the remainder of this chapter, I detail the post-structural feminist theoretical framework that shaped the project. This is followed by a discussion of my methodological approach, including ethics, reflexivity, and the practicality of doing qualitative research with mothers during a pandemic.

#### **Theory: Post-structural Feminism**

In this research, I engaged a post-structuralist feminist theoretical approach throughout the planning, data collection and data analysis. Bruce (2010) explained the importance of using theory when understanding, analysing, and sharing the findings of the research, suggesting it allows explanations beyond descriptive analysis. Markula (2018) explains post-structuralism as questioning how beliefs and facts have become part of society and how they work towards emphasising the power dominance of some populations over others. Furthermore, a post-structuralist view does not aim to define knowledge with certainty, often opposing theories that aim to identify facts. Rather it seeks to explore a subjective world-view, where truth and knowledge are produced, considering

that pre-existing assumptions of 'normal' and knowledge are emphasised by those deemed in power (Williams, 2014).

According to Markula (2018), post-structuralism originated from male researchers (i.e., Michel Foucault, and others) that aimed to explore the idea that knowledge and language was not stationary, it changed and varied with time and society. However, many feminist researchers have engaged with post-structuralist theories, expanding, adapting, synthesising, and incorporating that thinking within their own research. For example, St. Pierre (2000) used a post-structuralist view along with a feminist approach, resulting in "invigorating and fruitful" findings, with the bodies of thought working hand in hand to understand women and society, and accounting for the workings of, knowledge and power. Multiple feminist scholars that use post-structuralist theories to underpin their research recognise that such approaches are imperfect, and do not aim to generalise a formal definition of its meaning or how it should be used, but rather explore how it can be beneficial to understand and expand their study and findings (Raddon, 2002; Spowart et al, 2008; O' Brein et al, 2017; Thorpe et al, 2020).

For example, Spowart et al's (2008), research on motherhood and snowboarding used a feminist and post-structuralist approach suggesting mothers' behaviours both in public and private are controlled by pre-existing truths. O' Brien et al (2017) is another study focusing on motherhood and physical activity that uses a feminist post-structuralist approach to understand how power and discourses affect the lived experiences of women. Looking more broadly, a study that helped focus this research was that of Raddon (2002), which used a feminist post-structuralist approach to exploring women aiming to be the 'good academic' and 'good mother' simultaneously. They use the underpinning idea that gender is a discourse of unwritten rules that become normalised over time and in practice, working to dictate individuals' actions based on ideas of appropriate 'feminine' or 'masculine' behaviours. This approach suggests that behaviours are directed towards conforming to gender or pushing against it. Drawing upon feminist poststructuralism, they explain that achieving labels like 'good mother' are socially created and usually unattainable.

A feminist post- structural approach underpins this project. In particular, I engage post structural understandings of power and knowledge to make meaning of women's views and behaviours regarding motherhood and physical activity. Taking inspiration from other studies, such as those mentioned above, helped me to better understand how post-structuralist theory can be utilised in feminist research when exploring motherhood as a socially constructed discourse. These studies provide the justification for why this approach is appropriate to underpin this research, allowing it to move past merely reciting some mothers' lived experiences and feelings but begin to understand them within a broader social context. This approach allowed me to understand motherhood and physical activity as something that can be viewed differently depending on the workings of discourse, knowledge, and power.

### **Methodology**

The methodological approach taken was qualitative. Qualitative research is described by Pathak et al (2013) as an effective methodology to gain an understanding and awareness of human thoughts, feelings, beliefs, and behaviours. They discussed how qualitative approaches were historically used for psychology research, however, has now spread, being accepted in a vast array of fields, including that of clinical and social research (Pathak et al., 2013). With the aim of understanding mothers' experiences of PA, a qualitative approach was considered the most suitable. This approach allowed me to gather personal data and participants' perspectives that would be difficult using quantitative methods. This decision is supported by Ormston et al (2014) and Jamshed (2014) who both recognise interaction with the participants as valuable to explore attitudes and understanding of parents and children's behaviours.

It is recognised by Markula and Silk (2011) that in the social sciences there are multiple ontological and epistemological stances to viewing the world, therefore the most appropriate paradigm must be used for each specific research purpose. My research is located with the social constructionist paradigm, which according to Markula and Silk (2011) aims to explore and understand individuals' perspectives, experiences, and assumed 'knowledge' when interacting with

the social world. My ontological stance was clearly subjective, suggesting knowledge, language, and power are all socially and historically formed. Using both Markula and Silk (2011) and Kvale and Brinkmann (2009) to aid in my epistemological approach, constructionist was deemed as more appropriate, suggesting that generally there are 'social norms' across society however they do not necessarily reflect the lived experiences of individuals within that society.

Furthermore, it is understood that participants influence research and vice versa, therefore the data collection method used aimed to allow for dynamic discussion that could be influenced by both myself as the researcher and the participants. Locating my thesis within the constructionist paradigm meant that throughout data collection, the assumed 'knowledge' of myself and the participants was explored, and I was flexible in terms of allowing variations from participants to be at the forefront of discussion. As discussed by Holstein and Gubrium (2013) I tried to allow each discussion to create and challenge 'knowledge' depending on the experiences and pressures felt by individual mothers, from the approach that all lived experiences and feelings were grounded in socially constructed 'knowledge' of 'right and wrong', 'good and bad' ways of doing motherhood.

#### **Method: Interviewing Mothers**

The single method used to collect data was one- to- one interviews. This method was used due to the ability to tailor data collection to the participant to get detailed information, being directed by what is important to the individual mother. This is supported by Turner (2010) who discussed interviews as an effective method to gain insight into specific people regarding experiences and opinions. In particular, I adopted a semi-structured approach, which included having general topics and open-ended questions prepared prior to the interview, but no formal set of questions. This approach allows the collected data to be directed predominantly by the participant (Brinkmann, 2014). This research aimed to understand the mother's behaviours, including their priorities and decision making therefore it was deemed that by having some control over what to share, they would be more honest. Although using this method will result in each interview taking different formats and involving varying levels of data, it is a widely used and accepted method for qualitative

data collection (Roulston & Choi, 2018). A key advantage includes the ability to use current relevant literature to create the open-ended discussion points while allowing the data collected to be independent and focused on the specific participants (McIntosh & Morse, 2015).

One on one interviews were most applicable for this research due to the understanding physical activity and changes post pregnancy could be sensitive for some women, therefore ensuring only I as the primary researcher is aware of their identity may lead to increased honesty and limit the risk of the research causing any harm to participants. Additionally, Tong et al (2007) discussed that the ability of the researcher to build a rapport with the participant can be beneficial to encourage honesty and openness throughout. This method has been widely accepted and suggested when taking a feminist approach to research. Hesse-Biber (2014) explores how interacting with women and giving them the opportunity to share their experiences and views through one-to-one interviews is valuable. Furthermore, Doucet and Mauthner (2008) suggest building rapport with participants and encouraging a non-hierarchical interaction as an effective method to encourage interactive discussion.

My approach to conducting the interviews was grounded in guidance from St Pierre (2014) and Davies and Gannon (2005) that discuss using a feminist post-structuralist approach to research using interviews. Taking a post-structuralist approach to data collection meant questioning my own assumptions, keeping my own views regarding society, motherhood, and physical activity to a minimal, encouraging the mothers to express their views and realities of motherhood. Taking a post-structuralist approach to interviewing led me to not focus on investigating the 'truth' but more give the mothers a voice to share their lived experiences outside of social norms, notably through limiting the questions I ask, allowing participants to direct the conversations. St Pierre (2014) discussed that when taking a post-structural approach to research, the researcher's ability to question their own assumptions, limiting the impact they can have on the discussion (i.e., interview) is crucial.

Furthermore, Davies and Gannon (2005) recognise that reality and understanding people and populations from a feminist post-structuralist stance, can lead to contradictions, however as a

researcher unpicking the participants' reality should remain the focus. Similarly, Roulston (2010) suggests that interviews should be more than merely 'collecting data', they should be the means of exploring participants, society, and the interviewer, which will be further unpicked and understood throughout analysis. Within my interviews, I noted multiple times, specifically when mothers discussed their own behaviours concerning what they feel is socially expected, they stated contradicting goals and feelings. Rather than questioning these points, I allowed the participants to share their experiences and views, aiming to better understand the complexities of what they live, something I then unpicked through my analysis.

While interviews were the method chosen as most appropriate to achieve the research aims, it should be noted that it is not without its limitations. One- to- one interviews are time consuming for the researcher to perform and transcribe, therefore the number of participants was not high. However, quality of data was prioritised over quantity, and each interview offered rich and multi- layered insights into the women's lived experiences of motherhood and physical activity. Likewise, each interview took slightly different approaches and focus due to the semi-structured nature of the prepared questions, and as noted previously is beneficial to ensure the participant shares what they feel is most important, however, will make associations with other studies weaker.

Each interview was intended to be performed face to face, however as I discuss below, this was impacted by the COVID-19 pandemic with some interviews occurring via digital platforms instead. The majority of the interviews occurred in person, and this allowed observations regarding body language and facial expression to be made for the depth of the discussion and the emotional context of the dialogue. Pope et al (2000) discussed those observations as just as beneficial to data collected as the interviews and more traditional methods. Jamshed (2014) supports this and expands by exploring how beneficial the embodied encounter and interaction between participant and researcher can be in qualitative research, suggesting multiple methods are considered well- rounded and advantageous. Notes were written up immediately following completion of each interview,

encouraging accurate recall, while recognising making notes throughout as disruptive to the discussion flow and distracting for the participant.

Focus groups are an alternative method that could have been used for this research. It would have allowed input from a larger sample of mothers and discussion between mothers regarding their attitudes and behaviours of their physical activity and their influence on children's physical activity. However, this method was deemed less efficient due to the possibility that some participants might feel judged by other mothers in the group. For some their physical activity practises, their perceived mothering style, and the influence they have on their children can be deemed personal and sensitive so sharing with groups, even those in a similar demographic, could be difficult. Also, interviews allowed equal opportunities for each participant to talk and share, giving all participants ample time and space to share their own experiences in a communication style (largely) of their own choosing.

### Participants

Participants included twelve mothers with at least one child under 10 years old. Five have children under school age (<5 YO) and seven with a child of school age (>5YO). Characteristics like age, ethnicity, religion, socio-economic class, or family structure were not specifically collected for this research, and information shown in Table 1 was collected by researcher observation and/ or volunteered information by the participant. No- one was excluded from taking part because of any of these attributes.

**Table 1: Characteristics observed and discussed of all mothers included in the study.**

Pseudonym	Age Range of Mother	Notes on Mother	Ethnicity	Family Details	PA Details
Vanessa	20's	<ul style="list-style-type: none"> <li>• Full- time employment</li> </ul>	<ul style="list-style-type: none"> <li>• Asian</li> <li>• Grew up in NZ</li> </ul>	<ul style="list-style-type: none"> <li>• 1 child at school</li> <li>• Lives with partner</li> </ul>	<ul style="list-style-type: none"> <li>• Enjoys outdoor-walking, beach swimming.</li> <li>• Most PA done with child</li> <li>• Lots of sport in her youth</li> </ul>

<b>Josie</b>	20's	<ul style="list-style-type: none"> <li>• Full- time employment</li> </ul>	<ul style="list-style-type: none"> <li>• Caucasian</li> <li>• NZ Born</li> </ul>	<ul style="list-style-type: none"> <li>• 2 children at school</li> <li>• Lives with partner</li> </ul>	<ul style="list-style-type: none"> <li>• Made time for personal PA outside family time</li> <li>• Mainly, running, walking, and swimming</li> <li>• Facilitated high child PA</li> </ul>
<b>Joan</b>	20's	<ul style="list-style-type: none"> <li>• Full- time employment</li> <li>• Financially dependent on two full-time incomes</li> </ul>	<ul style="list-style-type: none"> <li>• Caucasian</li> <li>• NZ Born</li> </ul>	<ul style="list-style-type: none"> <li>• 3 children at school</li> <li>• Lives with partner</li> </ul>	<ul style="list-style-type: none"> <li>• Limited PA, which is highly affected by her employment.</li> <li>• Strong desire to increase her personal PA</li> <li>• Playing in park and with children main forms of PA</li> </ul>
<b>Hannah</b>	20's	<ul style="list-style-type: none"> <li>• Not in Employment</li> <li>• Financially comfortable without working</li> </ul>	<ul style="list-style-type: none"> <li>• Caucasian</li> <li>• European Born, moved to NZ early teens</li> </ul>	<ul style="list-style-type: none"> <li>• 1 Pre-School aged child</li> <li>• Single</li> </ul>	<ul style="list-style-type: none"> <li>• Was active as a child</li> <li>• Low adult PA levels</li> <li>• Wants to increase PA to lose weight and fitness- want to do more gym work and hiking</li> <li>• Currently reports playing with child and gardening as PA forms</li> </ul>
<b>Rose</b>	20's	<ul style="list-style-type: none"> <li>• Not in Employment</li> </ul>	<ul style="list-style-type: none"> <li>• Caucasian</li> <li>• NZ Born</li> </ul>	<ul style="list-style-type: none"> <li>• 1 Pre-School aged child</li> <li>• Single</li> </ul>	<ul style="list-style-type: none"> <li>• High PA practises with her child. Limited personal PA</li> <li>• Playing in park, walking, bike rides</li> </ul>
<b>Rita</b>	20's	<ul style="list-style-type: none"> <li>• Working Part-Time</li> </ul>	<ul style="list-style-type: none"> <li>• Caucasian</li> <li>• NZ Born</li> </ul>	<ul style="list-style-type: none"> <li>• 1 Pre-School aged child</li> <li>• Lives with partner</li> </ul>	<ul style="list-style-type: none"> <li>• Aims to increase family PA</li> <li>• Only PA she reports is caring for Child and taking child outdoors</li> </ul>
<b>Charlie</b>	30's	<ul style="list-style-type: none"> <li>• Full- time employment/ business owner</li> <li>• Active job</li> </ul>	<ul style="list-style-type: none"> <li>• Caucasian,</li> <li>• European born, moved to NZ as young adult and lived her adult life in NZ</li> </ul>	<ul style="list-style-type: none"> <li>• 2 children at school</li> <li>• Lives with partner</li> </ul>	<ul style="list-style-type: none"> <li>• Very active in sports as a child</li> <li>• Reports limited formal PA</li> <li>• Very active job</li> <li>• Lots of family PA, with children- skiing, kayaking and being outdoors</li> </ul>
<b>Alex</b>	30's	<ul style="list-style-type: none"> <li>• Not in Employment</li> </ul>	<ul style="list-style-type: none"> <li>• Caucasian</li> <li>• European Born, moved to NZ as young adult prior to</li> </ul>	<ul style="list-style-type: none"> <li>• 1 Pre-School aged child</li> <li>• Lives with partner</li> </ul>	<ul style="list-style-type: none"> <li>• Pre- motherhood was very active at the gym (daily)</li> <li>• Aims to walk and bike with her child</li> </ul>

			having her child		<ul style="list-style-type: none"> <li>• No personal alone PA anymore</li> </ul>
Lily	30's	<ul style="list-style-type: none"> <li>• Full-time employment</li> <li>• Works as personal trainer</li> </ul>	<ul style="list-style-type: none"> <li>• Māori</li> <li>• NZ Born</li> </ul>	<ul style="list-style-type: none"> <li>• 2 old children</li> <li>• 1 child at primary school</li> <li>• Lives with partner</li> </ul>	<ul style="list-style-type: none"> <li>• High PA levels when not ill</li> <li>• Gym attendance, walking and swimming sometimes.</li> <li>• Lots of sports when younger</li> <li>• Used to work as personal trainer- health issues prevent that now</li> </ul>
Dora	30's	<ul style="list-style-type: none"> <li>• Working Full-time</li> </ul>	<ul style="list-style-type: none"> <li>• Caucasian</li> <li>• European Born, moved to NZ just prior to becoming a mother</li> </ul>	<ul style="list-style-type: none"> <li>• Single</li> <li>• 2 School aged children</li> </ul>	<ul style="list-style-type: none"> <li>• No personal PA</li> <li>• Low PA confidence doesn't believe she is capable.</li> <li>• Facilitates children PA and sport but doesn't participate much</li> </ul>
Ellie	30's	<ul style="list-style-type: none"> <li>• Full time employment</li> </ul>	<ul style="list-style-type: none"> <li>• Caucasian</li> <li>• NZ Born</li> </ul>	<ul style="list-style-type: none"> <li>• 2 children at school</li> <li>• Lives with partner</li> </ul>	<ul style="list-style-type: none"> <li>• Moderate PA levels, mostly low impact things like swimming and Pilates</li> <li>• Very active with her children, teaching sports and games lots</li> </ul>
Kelly	30's	<ul style="list-style-type: none"> <li>• Working Part-Time</li> </ul>	<ul style="list-style-type: none"> <li>• Caucasian</li> <li>• NZ Born</li> </ul>	<ul style="list-style-type: none"> <li>• Lives with partner</li> <li>• 3 Kids, 2 at school one pre-school aged</li> </ul>	<ul style="list-style-type: none"> <li>• High PA with children- walking, active play, teaching sports skills like throwing and kicking</li> <li>• Low personal PA- when she does, she wants aims for socialising- walking/swimming</li> </ul>

As noted above, COVID- 19 was a contributing factor that limited the number of mothers that could be reached, and due to recruitment being difficult during lockdown Level Four and Three, the number of participants was not as high as intended. Sah et al (2020) discuss how due to the COVID- 19 pandemic, people are more anxious due to living with such uncertainty and risk, especially when coming into contact with people unfamiliar to them. They explore the difficulty researchers now face when it comes to field work and data collection, including encouraging people to keep participating in voluntary research, even with changes being expected of their daily lives. Limbers et al (2020) was a further study that explored working mothers and COVID-19 lockdowns

and changes, suggesting that for working mothers, the pandemic has heightened parental stress. Limbers et al (2020) note that they found recruiting working mothers for their quantitative study was more challenging than in pre- pandemic times. Furthermore, some of my difficulties in recruiting mothers through lockdowns and the pandemic, are reflected in the work of Guy and Arther (2020) who explain, the added responsibilities placed on mothers through this time. They argue that with the list of required/ necessary jobs to complete daily (i.e., home schooling, increased emotional labour), time for participating in a voluntary activity (i.e., research interview) was reduced.

To protect the identities of the mothers, names and personal information was removed from the transcripts. I was the only person with access to identifiable information. To ensure this was the case all raw data, including audio recordings, consent forms and full transcripts were stored on my password protected hard drive. All participants were aware of how their data was going to be used and the process regarding withdrawal from the study, no participant requested withdrawal once consent forms were signed. For analysis each interview was assigned a name, using a random name generator, the mothers were not provided with their corresponding pseudonym after they had approved their transcripts inclusion.

### **Sample & Recruitment**

This study focuses on mothers of young children living in Mount Maunganui, a relatively affluent coastal city on the east coast of the North Island. I focused on mothers in this community primarily for ease of recruitment given the time and resource constraints of the master's project. Recruitment began with two participants that met the inclusion criteria and who I knew through personal connections. This is a common method used in qualitative research as personal relationships can often lead to a more relaxed environment and more honest responses (Doucet & Mauthner, 2008). From here snowball sampling was used. Snowball sampling included participants recommending participation to others they know that meet the criteria (Etikan et al., 2016). Participants that volunteered participation and self- selected into the project were those with an interest in sharing views on motherhood, so this meant the conversation flowed with relative ease as they clearly had

an interest in the subject. For the mothers who self-selected for this project giving up their time was not deemed a negative to their involvement. Additionally, the snowball sampling approach encouraged mothers outside of those known to me to be involved, exploring the views and experiences of a wider range of mothers. Etikan et al (2016) noted this technique as beneficial to reaching those people that would otherwise not usually participate in research.

Qualitative research is not used to make conclusions or generalisations regarding whole populations, but rather to explore reasonings and experiences (Ormston et al., 2014) therefore the informal and non-randomised nature of this sampling technique was appropriate for this study's aim. This research aimed to understand the differences and multiplicities of mothers' experiences and therefore benefitted from gaining the in-depth discussion. Handcock and Gile (2011) explore that sociological research can benefit from using snowball sampling due to the ability to reach people and populations that are otherwise overlooked. Furthermore, they recommend that this technique is appropriate to gather data regarding social constructs around a small group of people or small population (Handcock & Gile, 2011), for this research it was intended that by using this sampling technique, I could explore the pressures of society placed on mothers and how the women navigated these differently.

Denzin and Lincoln (2011) explore that qualitative research is of growing demand. There is also an increased desire for 'criteria for assessing quality' and 'specific findings', two aspects of qualitative research they recognise are difficult to obtain in research of this nature. The need for quantitative and qualitative research to be 'judged' differently is a key discussion topic by Hammarberg et al (2016), suggesting that although there are no structured criteria, qualitative research aiming to gain real-lived experienced of a population involves four key points: trustworthiness, credibility, applicability, and consistency (Hammarberg et al, 2016). The specific terms used vary depending on author, however, there are alternatives to reliability and validity in assessing qualitative studies. Due to the complexities of emotions, human interactions, and social

sciences, definitive 'good' or 'bad' research techniques cannot be defined clearly and in the same way as that quantitative research.

Roulston (2010) explains how taking a post-structuralist approach to interviewing can lead to the generation of alternate and realistic data and results, that although may not be easily repeated or justified, they contribute to an in-depth perspective of peoples' feelings and experiences more effectively than structured quantitative methods. Furthermore, Roulston (2010) suggests that to ensure the qualitative research is of high quality, using theories like post- structuralism, the researcher should both discuss their theoretical approach throughout data collection and analysis as well as being aware and report their influence, stance, and assumptions that would have contributed to the findings. Later in this chapter, I have included a 'Reflexivity' section which includes my background and any clear assumptions that may have influenced the results of this thesis. Yilmaz (2013) reported that study findings must be true from both the researcher's paradigmatic stance and accurately represent the participants' views and experiences. It is also suggested in Yilmaz's (2013) study, that in order to assess the value of qualitative research, openness in relation to the research process, and results are required. Informing the reader of how and what was completed was a method of allowing judgement to be made, showing there was nothing to hide is how I approached the aim of conducting high quality qualitative research.

### **Data Collection Process**

After gaining ethical approval (see Appendix 2), the interview guide was piloted with a mother known to myself. It was the aim of the pilot to ensure the questions being asked were clear to the participant and were phrased in a clear format. This interview was helpful in this regard. For example, the pilot revealed one question relating to people that influence the mother's PA practices to be re-phrased to ensure the participant was aware it was other people it was referring to, not another question about barriers to participation.

Following initial recruitment, and after registering interest in participating, the mothers were provided with an information sheet detailing the specifics of the study including what they will

be asked to undertake. It was at this point they were given the time and opportunity to decide whether to participate and ask questions prior to the interview. It is unknown exactly how many mothers were provided with the information sheet due to snowball sampling with some mothers passing it on to unknown numbers of their friends. For the mothers that were happy to progress to the interview stage, the time and location of the interview was discussed, aiming to be convenient for the participants while also being practical for good quality audio recording. Seven interviews were conducted in the participants' homes, mostly in the relaxed setting of their living or dining room and one outdoors in their private garden.

The next stage included attending the interview, the first step provided the participant with a consent form, it was read, questions asked and answered and once they agreed, it was signed by both participant and I prior to commencing the interview. For those interviews performed over Zoom, the consent form was emailed to the participants and returned signed by the participant. This was required from every participant. However, it must be noted that due to COVID19 restrictions, and a Level Four nationwide lockdown being implemented as data collection was being performed, some participants withdrew interest from participation, some recognised that the pressures of having young children home from school meant they change their minds regarding giving up their time to participate and those that remained happy to participate, interviews were performed on video zoom call. Self (2021) explains that although face-to-face interviews are often perceived as the 'gold standard' in qualitative research, video calls via the internet have allowed this real time communication to continue throughout uncertain times, and with nationwide restrictions being implemented. Boland et al (2021) suggest that while it may not be 'ideal', it has allowed research to continue. He understands that this shift in technique for researchers does require some adapting, with both advantages and disadvantages. Key adaptations from the researcher included, additionally planning to allow for technical difficulties and more emphasis on building rapport with participants (Boland et al, 2021). Jeffrey et al (2021) discuss the value of feminist approaches to digital interviews

with women during the pandemic, prioritising ethics of care for women during times of great stress and uncertainty.

The intention for interviews to take a face- to- face format was encouraged by Hesse-Biber (2014), who understands that in feminist research, building rapport and limiting power imbalance between interviewer and interviewee is important, and more easily done through face- to- face discussion. Feminist research methods include gaining insight into the trust experiences, behaviours, and feelings. Building rapport, essentially building trust, to encourage honest and detailed discussion with the participant is the goal of much qualitative and feminist research. It has been discussed that although rapport is the goal, it is not as simple as that, and the realities can be complex (Pitts & Miller-Day, 2007; Hesse-Biber, 2014). When aiming to get in-depth or detailed data from women regarding their lives and experiences, gender 'matching' is often used, something that can help when building and maintaining rapport. Some feminist researchers suggest that sharing some characteristics like race and gender can encourage participants to 'open up' and feel comfortable (Archer, 2002; Guest et al, 2017), suggesting that myself as a woman interviewer may have had a positive influence on data collection. Feminist research like this is what underpinned the methods chosen for this research. However, such methods are not perfect, Thwaites (2017) explored the idea that by focusing significantly on building rapport, researchers may not push participants enough to gather the depth of data required for beneficial research.

The interview guide structure included two sections. First, the mothers' personal PA behaviours and attitudes were explored. Specifically, their behaviours pre- motherhood and if/how their practices changed since having a child/ren, what their barriers and motivators were before children and how this has changed. We also explored who is most influential to them and what pressure they feel since they have the added responsibility of being a mother. The second section of the interview included discussing their child/ren's PA behaviours and attitudes, how they feel they influence such behaviours, and their PA intentions for their children, including how they incorporate it into daily family routine. The guide remained similar throughout all twelve interviews, although

emphasis differed. Mothers discussed some sections more than others with considerable variation across the group.

Interviews lasted between 25 and 45 minutes in duration. I began the discussion with a vague question regarding the mothers' personal physical activity behaviours. This was to encourage the mothers to relax, implying the questions as general talking points and not a formal interview style. A couple of mothers prior to the interview commencing suggested they were nervous to answer incorrectly or struggle to answer. Therefore, this simple, general question was used to open the dialogue, suggesting no correct or incorrect answers, with the intention to grow to more detailed and personal questions. In most cases this was deemed to work, most mothers expanded to discussing both their PA behaviours before children and what they currently include. Although the first group of questions involved discussing the mothers' practises, feelings, and pressures, the mothers often focused their answers on their caregiving role or the needs of their children. It felt as though when discussing their children, the participants were more detailed. Less probing was needed.

Following completion of interviews, a full transcript was produced ready for participant approval and then entered into analysis. No participant responded wanting to make amendments to their transcript, therefore the only change from the original voice recording was the anonymisation of all people and places if judged identifiable. Furthermore, each participant was reminded that this was their final opportunity to withdraw their participation, and no-one withdrew their participation at this point.

### **Reflexivity**

As with much qualitative and feminist research, researcher influence and input play an integral role in the findings and interpretation of data, which according to Jamshed (2014) is beneficial to understanding real- world experiences, behaviours, and attitudes. Reflexivity is described as the understanding of how the researcher conducts, interprets, and influences their research. Reflexivity

has been understood and used in feminist research for decades, and ultimately led to criticism of mainstream methodologies and methods that do not account for this.

The importance of recognising the positionality of the researcher in feminist studies has been reiterated in Sultana's (2007) study, suggesting even small nuances and phrases used can influence power dynamics and the ethics between participant and researcher, which is especially important when conducting research in unfamiliar cultures or with vulnerable populations. Sultana (2007) emphasises the importance of feminist research of limiting hierarchical interactions between researcher and participant in order to gain understanding and honesty from participants. Although this cannot be limited completely, and participants will interact with the power balance differently. Feminist reflexivity is discussed as both researcher and participants collectively creating and discussing 'knowledge' (Whitson, 2017), and a key topic of feminist research is questioning the origins of assumed 'knowledge' (Denzin & Lincoln, 2011). To adhere to feminist ethics and understand the importance of feminist reflexivity throughout data collection and analysis, self-reflection was used, and I continue to reflect on how my own personality and social positioning impacted this project. In addition, at all stages through the research process, feedback was provided by my academic supervisor, she is experienced in both qualitative and feminist research, as well as being a mother of young children. Therefore, her input was valuable for additional perspective and to prompt further self-reflection throughout the process.

It is key to note that my upbringing was in Ireland and the UK, therefore my past experiences, knowledge, culture, and social assumptions will likely differ from New Zealand born researchers. My knowledge and awareness of NZ culture has been learned in my four years living and working here as a young adult. I was raised in a two parent (mother-father) household, working-class, and two full-time working parents. Additionally, unknown as to how this influenced the data collection and data analysis, I am not a mother myself, therefore am not part of the population in focus, a fact not shared with the participants. I did not state whether I am or am not a mother, and somewhat surprisingly this didn't come up in any interviews. For some, this could have meant I am

less likely to pass judgement on their behaviours, attitudes, or parental decisions. For others, this could have resulted in sharing less due to the lack of common understanding, both of which may have influenced the collected data. Naples (1996) is a feminist study that explores the concept that a researcher being an insider or outsider is not definitive or static. They argue that researcher positioning changes depending on the group, location, and research approach for example. The initial participants, people known to myself, were aware of my status regarding motherhood, however, I chose not to share this with other participants, aiming to keep the focus on the participants, allowing them to direct the conversation. Furthermore, Griffith (1998) reports being an insider can entail many attributes, for some characteristics a researcher is an insider and for others can be an outsider.

Although in regard to motherhood I am an outsider, I am a woman in the same age group as the participants, which reports myself as somewhat of an insider. Mothers often feel pressure and are influenced by other mothers (Romagnoli & Wall, 2012) therefore it is possible that not being a mother may have encouraged more honest discussion. On the other hand, it can be argued that as a result of being an outsider regarding motherhood, Knott (2009) suggests that my true understanding of the issues in discussion may be limited. Without this common understanding it could impact the analysis of the study. In another sense, however, not being a mother may have prompted me to ask different questions and/or not to skim over topics that may be well- understood by a mother-researcher. Importantly, my interest in this topic stemmed from seeing and hearing my friends with children talking about their sport and physical activity experiences, and I acknowledged this to be a key gap in the NZ- specific literature and policy focus of sport and health organisations.

Furthermore, my academic background is in sport and public health therefore my approach is often that PA is positive to many aspects of life, including holistic health. This background is the foundation of my approach, therefore, I could be prejudice against the reasoning behind the lack of PA practices. My sporting background meant that throughout the interviews when PA practises and sporting interest was discussed, I was able to voice my agreement and understanding clearly. My

background in sport and public health policy, however, meant that I needed to regularly revisit my own assumption about sport and physical activity being 'good' for mothers and their children. At times, I also had to question my own assumptions about heteronormative and Western- based understandings of family, health, and physical activity.

### **Thematic Analysis**

Thematic analysis is widely used in qualitative research, when analysing interviews, and when exploring lived experiences (Braun & Clarke, 2012; Clarke et al, 2015). Additionally, according to Guest et al (2011), thematic analysis is the most used method of analysis in qualitative research. All analysis was completed by me, the primary researcher. After some careful consideration, I opted not to use supporting qualitative software for analysis. Castleberry and Nolen (2018) suggested that researcher contribution and familiarity is both beneficial and important when analysing qualitative data, therefore analysis software was unnecessary. Instead, I spent many hours poring over the transcripts, reading the documents individually and collectively. Thematic analysis is known to be flexible and allows analysis to be performed on a range of qualitative data sets and research topics (Clarke et al., 2015). According to Braun and Clarke (2013) and Braun and Clarke (2014), it can allow for a real- world view of the collected data and realistic views of lived experiences and thoughts. For some, TA is recognised as an adaptable method useful for beginner qualitative researchers, however, Braun et al (2016) reiterate that it can also be an effective method for nuanced interpretive analysis.

The TA process was conducted according to Braun and Clarke's (2013) seven steps: transcription, reading and familiarisation, coding, searching for themes, reviewing themes, defining, and naming themes, and finalising analysis. I used a back-and-forth method when generating codes and themes. Beginning with coding each individual transcript, I then created lists of common and similar codes across the transcripts. Using these lists, I was then able to generate themes. Once creating initial themes, I repeated this process to ensure nothing was overlooked or missed when looking across all twelve transcripts. Although my analysis used Braun and Clarke's (2013) seven

steps, their most recent work recognises all steps of TA as advice, not rules. They make clear that each researcher's exact process and themes vary, stating this is not a way of qualifying the quality of analysis (Braun & Clarke, 2021).

My approach to analysis was reflexive thematic analysis (TA). This method of analysis was used according to Braun and Clarke (2021), with the end goal including understand my own assumptions and views, as discussed above and allowing it to encourage detailed and insightful analysis. Braun and Clarke (2021) understand that researcher bias or influence as it has been discussed in other methodological and research analysis literature can be beneficial to data analysis. In terms of qualitative framework, this analysis took a mixed approach, initially experiential, exploring mothers' discussion topics, and how they feel and behave with regard to motherhood and physical activity. Furthermore, through coding, a critical approach was then adopted, understanding how behaviours and views can be underpinned by 'good' mother discourses.

The analysis took a more deductive approach, being led by some principles of feminism and post- structuralism. According to Terry (2016), TA is an ideal method of analysis that lends itself to not only a range of research methods and topics but also gives theoretical flexibility. Taking a post-structuralist approach allowed me to explore and understand the workings of knowledge, power, and discourses. In doing I could draw themes that saw mothers' behaviours in two broad categories, conforming and resisting societal norms. Constructionist and post- structuralist approaches allowed me to analyse the data with the understanding that 'good' and 'bad' or 'right' and 'wrong' are merely social constructs, and although populations live life via the 'rules' set out through knowledge and power, they are not necessarily truths but rather socially accepted expectations and behaviours. Taking this theoretical approach throughout analysis developed my codes from exploring behaviours and feelings of mothers with young children, into themes that begin to understand why they behave and feel in certain ways, along with how they navigate motherhood through real lived experiences.

Additionally, my analysis was also shaped by feminism. Mothers' experiences are moulded by what is expected of them. Historically, according to Bowden and Mummery (2014), 'good'

motherhood discourses are influenced by males' assumptions of the role of a mother. In a male dominated world, women, specifically, mothers, are required to navigate their way through a different set of parameters in order to be deemed 'good' or 'successful'. Therefore, engaging with feminist research on motherhood, the final stages of my analysis included questioning where mothers' assumptions and pressures stemmed from. Using both a feminist and post-structuralist approach, my analysis looked past identifying common behaviours and feelings in mothers regarding their physical activity and that of their children. It allowed me the ability to recognise the pressures mothers face and explore how mothers interact with such pressures and expectations.

In sum, this research process was personally very rewarding as it prompted me to hear the stories of a group of mothers, to go deeper into my own understandings of the topic, to question some of my own assumptions, and to see more in the transcripts that individual words on a page. The stories and lived experiences shared by the mothers take on a life of their own when they were brought into a dialogue with feminist post- structuralism and existing literature on motherhood in the 21<sup>st</sup> century. I present the findings from my analysis in the subsequent three chapters, starting with a discussion of the social pressures on mothers, before turning focus more explicitly on their physical activity experiences, and finally their perceived influence on their children's sport and PA behaviours. In this way, it is hoped that the three chapters build upon one another to offer a rich understanding of the complexities of mothers' experiences of PA in Aotearoa New Zealand.

## **Chapter 4: The Pressures of 'Good' Motherhood**

The focus of this study was predominantly surrounding motherhood and physical activity. But a key theme included the range of expectations felt by mothers as they learn to juggle children and new family responsibilities, work, and physical activity. In this chapter I contextualise subsequent analyses by identifying and explaining mothers lived experiences of caring for young children, including the pressures they feel, the influence society has on their behaviours, and their interpretation of a good/ bad mother. In doing so, I draw upon a feminist post- structural approach to explore how the mothers in my study discuss motherhood, and the dominant discourses impacting their behaviours and beliefs, regarding work and time. I also investigate what is meant by 'good mother' and the pressures mothers feel are being placed on them while navigating the ever-changing responsibilities of motherhood.

### **Contemporary Discourses of the 'Good' Mother**

There is no definitive way of defining what a 'good mother' looks like or behaves as, but surprisingly my participants seemed to have clear ideas as to what a good mother was and was not. In this section, I draw upon critical feminist literature on 'good motherhood' to discuss the ways society labels mothers depending on how they conform (or not) to societal norms. Studies including that of Vincent (2009) and Pocock et al (2010) report that the mothers felt it was their personal responsibility to be the best mother they can be, to provide the best upbringing and environment for their child/ ren, regardless of their circumstances or approach. O'Reilly's (2010) encyclopaedia of motherhood explores the phrases used to describe mothers, determining how successful they are in terms of meeting often narrow sets of social rules. They understand that the terms 'good mother' and 'bad mother' are not independent and definitive, however, societies continue to label mothers this way, creating competition, hierarchy, and critical self- judgement. The impact of such labels, categorising mothers based on how much they conform to social expectations, has also been discussed in Choi et al (2005) and Henderson et al (2016). They explore how mothers are willing and pushed to adapt their behaviours to be deemed as a 'good' mother or 'succeeding' at their new

responsibilities. From Choi et al (2005) it is suggested that labels categorising mothers as good or bad, encourages some women to hide the realities, and spend their time trying to perform such ideals, not living their lives the way they believe. Henderson et al (2016) further explore that this 'good mother' discourse led to increases in stress and anxiety in the mother.

Maddox et al (2020) and Littler (2013) both recognise that the 'good' mother includes three main factors: Caregiving and family life, employment, and personal well-being. Importantly, such ideals have changed over the past decades. Feldstein (2018) explored that the 'ideals' of motherhood pre- 1950's, which included mothers being expected to give up their personal goals in favour of devoting their time to raising their children. Since then, liberalism has progressed, encouraging equality in a range of lifestyle factors, including parenting. Stay at home mothers are now much rarer than in past decades, with women returning to employment and careers more often than not (Lupton, 2000). Further progression now revolves around mothers being labelled and categorised depending on their personal behaviours, achievements, and successes, not just that of their children (Maddox et al, 2020).

Such shifts in expectations have been seen in various Western societies, including the USA, UK, Australia, and New Zealand. While these are the pressures and expectations discussed in this thesis, it is noted that mothers in Aotearoa, New Zealand will not have exactly the same experiences as those in other societies with different structures of support for mothers, and different social expectations of mothers. O'Reilly (2014) explores motherhood, behaviours, and expectations across cultures, reflecting the variations in expectations of mothers. There are similarities, and as discussed in this study, behaviours, and feelings of mothers regarding conforming to or resisting societal pressures are very unique to individual mothers, something that is similar across the world.

The feelings and behaviours of mothers are dictated and influenced in relation to other mothers around them, often with the aim of being 'better' or at least as good as. Labelling women into 'good' or 'bad' categories can lead to women comparing themselves to others or adapting their behaviours to match other perceived 'good mothers'. Not many of my participants openly talked

about aiming to be 'better' than other mothers, however, most note feeling expectations to conform to 'good' motherhood, and not living up to such norms can regularly lead to mothers feeling like a 'bad mother' or less successful in their mothering role. Interestingly, in my study, mothers often discussed their behaviours and responsibilities in comparison to what they witnessed other mothers doing. One key example of this was expressed by Joan, a mother that felt she was different to other mothers due to her financial constraints since becoming a mother. She effectively articulated what multiple other mothers also discussed, suggesting that looking at those deemed as 'good mothers' influenced her views and behaviours: "Sometimes I see good mothers and I think 'ok I need to do more, so I organise like a bike trip or taking him to play with friends or something' " (Joan).

A few mothers aimed to resist the pressure of labelling and categorising mothers on their choice to conform to social norms. Vanessa battles with this feeling, suggesting that family circumstances and personalities differ, and she struggles when she gets judged in comparison to other mothers living around her: "I think that everyone has their own thoughts and their own things going on, so I don't judge other mothers of what they do with their free time, so it feels annoying when others judge me" (Vanessa). This perspective was one of only a few in this study that discussed struggling with the labelling and judgement associated with 'good' motherhood. Furthermore, from the literature discussed previously, and common feelings expressed by the mothers in this study it is clear that having such commonly used phrases or labels encourages women to compete with one another, forming hierarchical relations rather than empathy, cooperation, and support for fellow mothers.

Furthermore, within the 'good' mother discourses, some rules are more defined and obvious to mothers. Researchers like May (1994) and Howarth (2013) explore that from a post-structuralist perspective, power discourses can appear to come from 'everywhere and nowhere', such that they seem common-sense and taken-for-granted (as if everyone understands them in the same way) rather than identifiable and thus able to be critiqued. Engaging a feminist post-structural approach emphasises how what society assumes and accepts as 'knowledge' or 'right' and 'wrong'

are in fact socially- defined, regulated, and reproduced by the workings of power. It has been explored that although these pressures are felt across mothers, it is almost as if no-one is aware of whom they feel this pressure from, again confirming that 'knowledge' is directed by discourses of power (Paechter, 2001). Furthermore, the concept that expectations and pressures originate from all aspects of life as if from everywhere, encourages mothers to assume they come from within, leading to these feelings and pressures experienced individually and sustained over generations of mothers (Maddox et al, 2020).

A key example of how mothers are aware of, and approach pressures similarly is mothers' opinions regarding positive health behaviours of their children which tend to be consistent. The mothers in my study placed emphasis on increasing physical activity, limiting technology use, encouraging social interactions, and placing importance on education (Viner et al, 2012). These are all points that will be discussed further in chapter 6. While mothers were almost unanimous in their hopes for their children's current and future lives, they differed when it came to discussion topics like the times mothers spend on themselves (including PA and body/ health maintenance), which opened a wider range of feelings and behaviours (O'Reilly, 2010). Both topics will be discussed in more depth in the following two chapters, but I will mention that these points are key to exploring the complexities of the lived experiences of mother caregiving for her young children. Malacrida (2009) concludes the need for feminist research to challenge these pressure and ideals placed on mothers, giving women the freedom to navigate motherhood without a complex set of ideals to try and conform to. O'Reilly (2010) recognises the struggles of motherhood, the contradictions, and the pressures that can lead to mothers navigating this in various ways and with fluctuating feelings.

### **Guilt**

As suggested from the literature above, caregiving for one's child is always deemed of high importance to mothers when striving for 'good mother' status. Mackenzie (2014) explored mothers with breast cancer and how they struggled in accepting their need to take time for themselves. In this study, the mothers felt guilt and pressure that although their health was at stake, their

responsibility remained with looking after their children. Their approach to motherhood was highly focused around caregiving, therefore accepting the need to look after themselves was difficult and conflicting. Another study exploring the discourses of 'good motherhood', Lloyd et al (2016) report mothers feeling obligated to spend significant amounts of their time providing or caregiving for their child/ren. The feeling of guilt, discussed by many mothers with young children, can be argued to stem from the expectation placed on mothers to be dedicated to caregiving for their children (Prikkhidko & Swank, 2018). Although in past decades the expectation that mothers are devoted to solely raising their children stemmed from their family and partner, stay at home mothers are now much less apparent and pressures like these are reported to stem predominantly from society and social media (Lupton, 2000; Güney-Frahm, 2020). The discussion around women's feelings of guilt and the pressure to spend their time caregiving has been almost undisputed in recent feminist literature. Qualitative studies like those explored above examine women's complex feelings, struggles and negotiations regarding taking time for themselves. Henderson et al (2010) used a post-structuralist approach in exploring modern motherhood and identified all factors influencing mothers as underpinned by their feelings of guilt.

Similar themes were found in this study. Many participants discussed that any time spent away from the primary caregiving role can be recognised as 'bad' motherhood, with mothers feeling guilt for anytime spent on themselves. In fact, it was noticeable that the participants in this study actually spent very little time discussing things they chose to do outside of motherhood, family life, and employment. A mother that shared her feelings regarding guilt for taking time away from caregiving was Rita. In her early 20's, Rita has one child of pre-school age, and she has recently returned to part-time employment. She discussed feeling strongly about aiming to increase her physical activity levels and wants to create a family routine with her partner that allows for employment, socialising family time, and caregiving. She discussed these challenges of balancing work, family, and physical activity multiple times throughout the interview. However, although she

recognises that as her aim, she also discussed her difficulty in overcoming feelings of guilt when taking time away from childcare for socialising or personal progression:

Yeah, you know I want to be able to manage it all, but so far anytime me or [partners name] have went out with friends or something, we just feel bad for leaving [child's name]. A few times I've ended up leaving somewhere early because I feel so bad. It stresses me out sometimes so I'm not sure if my goals will realistically work.

Furthermore, Dora, a single mother with two children at primary school, discussed that she would struggle to consider taking time away from caregiving for her children:

Any time not doing the practical things needed to get through the day is spent engaging the children, organising what they need, ensuring they are happy and fed and those types of things. Sometimes it feels like my whole day is taken up with that but honestly, I feel like that's my job. I have to spend as much time making sure they're all good as I can.

While relationship status was not specifically discussed in the interviews, Dora is a single mother, and she suggested her feelings of guilt would be heightened if she was to take time for personal activities. She suggested that her children would suffer if she was to take any time, other than employment, away from her caregiving responsibilities. Similarly, Christopher (2012) and Elliot et al (2015) recognise mothers' feelings of guilt are often heightened in single parent households, recognising such 'intensive mothering' ideals as unattainable. Only three of the participants in this study were raising children in one parent households therefore this was not a key theme through discussion. However, it is important to note how feelings of guilt can be influenced by family structure.

Alternatively, Ellie, a full-time working mother of twins that made time for personal hobbies since giving birth, understood the need for personal time, time away from work, and childcare. She explained that she tried to organise some time to socialise and participate in activities for their personal enjoyment: "when I do get to do organised things like exercise and meals out with friends, like time away from the kids I enjoy the social interaction and do miss it when I can't" (Ellie). As the

examples from Dora, Rita, and Ellie suggest, navigating motherhood is individual and influenced by a range of social and economic factors, and thus expecting one set of rules to fit all others is unrealistic (and problematic) (Malacrida, 2009). This has been shown by mothers that live in the same society, experiencing similar pressures, however, their socio- economic circumstances, family dynamics, and individual behaviours and feelings differ. Vincent (2009) explored motherhood from a sociological stance, arguing that motherhood cannot be identical. All mothers should not be expected to behave and think in a uniform manner. Shelton and Johnson (2006) support the findings of this study in terms of understanding the realities of motherhood that are usually far from the 'ideals' set out in 'good' mother discourses, emphasising the need for research that seeks to understand the complexities of life with young children.

### **Employment**

As illustrated in the literature and my own research, mothers often struggle to put their own needs ahead of their children and family. This is not just apparent with regards to personal time (e.g., socialising, exercising, hobbies) but also with employment status. This is often dictated by the financial needs of the family, however, mothers' attitudes towards employment vary considerably. It can be understood that decades ago it was not an expectation placed on a mother to return to employment post childbirth (Littler, 2013). Littler (2013) goes on to discuss how perceptions of 'successful motherhood' have changed along with these expectations. In the 'perfect mother' discourse, Meeussen and Van Laar (2018) concluded that a result of women feeling high pressure towards perfect or 'intense mothering' practices, is that it can lead to lower career ambitions and worries regarding employment rituals.

However, in today's society, it has become both more expected and prevalent that women return to employment or continue their career as a mother (Landivar, 2017). A study conducted in Aotearoa New Zealand fifteen years ago focusing on mothers balancing new motherhood and employment suggested 'ideal' motherhood or intense mothering places mothers as central and primary in caregiving for the infants (Kahu & Morgan, 2007). This study also noted that while from

the 'good mother' perspective women are encouraged to not return to employment, from a feminist perspective, they are encouraged to pursue a sense of self beyond the family unit, providing for themselves when and as necessary, and thus being a 'good citizen' contributing to the social and economic fabric of society. They argue that these contradicting discourses were felt by mothers, often creating worry or anxiety regarding what their work-family life behaviours should entail (Kahu & Morgan, 2007). A similar study conducted by Dow (2016), explored African American mothers in the USA, and how their approach to pushing against 'traditional motherhood ideologies' included full-time and often professional employment. Aiming to prove to society that they are not solely a mother, they fight to have both. Their participants consciously chose to follow both 'good' mother and 'good' citizen ideals simultaneously. In another study exploring mother academics, Raddon (2002) aimed to understand the complexities in emotions and expectations felt by mothers who were often torn between 'good motherhood' and 'a good academic'. They use a feminist post-structuralist approach to their investigation and acknowledge women as constantly having to adapt and tailor their behaviours and feelings to conform to these multiple and at times contradictory and competing sets of discourse. As a result, it can lead to increased feelings of anxiety and stress for the mothers both at home and in the workplace.

Employment remains a part of motherhood that varies with each mother. Studies including Mailey et al (2014) and Miller and Strachan (2020) discuss working parents feelings regarding time and employment. Generally, mothers that returned to work felt like they had no or limited spare time, voicing strong feelings of guilt if all free or leisure- time was not spent caregiving. In the context of Aotearoa New Zealand, Peterson et al (2018) found time- management and work-related challenges to be two of the key struggles for mothers with young children that have re-entered the workforce. Most participants of my study reported going back to work, however, continued to experience pressures and struggles with managing time and feelings of guilt. Vanessa is in her early 20's with one child that has just started school. Vanessa re-entered the workforce soon after childbirth. She discussed after feeling like she has left her child all day to work, she has to spend all

her non-working time caregiving, if not her feelings of guilt would overwhelm her, and likely take the enjoyment out of spending time on herself:

When I've been working all day and left him in day care I feel the first thing I need to do is to pick him up and spend some time with him. I feel bad that he's been left all day and if I then went to the gym and stuff, it just doesn't feel right. Feels selfish. So, I don't do it, I just want to go get him and give him a hug and look after him.

Lily, a mother with two adult children and one a primary school works in the fitness industry. She discussed how pregnancy limited her ability to fulfil her employment role, therefore after childbirth and personal childbirth recovery, she was excited and desired to return to her job. Lily felt privileged that she could fulfil both employment and enjoyment simultaneously, as though she was luckier than other mothers and felt she should embrace it: "Never had to choose between work and doing exercise. That was great, I could do both at the same time, so it left me with more time for the kids outside of work". Lily felt the ideals of 'good motherhood' suggested that leisure time or space time should be spent caregiving, therefore found a solution to overcome that and incorporate PA into employment. This aligns with Kahu and Morgan (2010) who explore mothers having to choose between 'good mothering' or 'good citizen' discourses, but often mothers create their own solutions that allow a balance of both.

A further example was Joan, a mother of three school aged children and dependent on two incomes, who expressed the viewpoint that although employment resulted in less time with her children, she did it to ensure she could open experiences to her children without being dictated by financial pressures:

I have more responsibilities like getting the kids to and from school, and working so we have money to give the kids as many experiences as we can. Before having kids, all money we had we spent on ourselves or saving for this house. Now we spend much less on ourselves like we don't go out to dinner much anymore, or things like that. Also, although I would love to join a gym, I don't think I can spend the money when there are so many free ways to exercise. I mean we

aren't super hard up but me and [partners name] have to work full-time otherwise it would be pretty tight for weekly expenses kind of thing.

Although Joan still has feelings of guilt related to time out of caregiving for employment, she understands and accepts that to raise her children the way she wants to, employment is something that does not make her a 'bad mother' but more likely a 'good' one, in that she is able to better cater for her family's specific needs.

Mothers that did not return to employment felt the need to increase their physical activity and health behaviours and that of their children as a priority. Rose, a single mother with a very young child, discussed feeling the pressure to be a better caregiver because she is perceived to have more free time due to not returning to work:

I'm not working at the minute, so it does feel like the expectation is you have to be doing outdoor activity and spending time doing lots of activities that are good for their health or educational, otherwise you're not good enough. I feel it at those baby and toddler groups, just when other mothers are sharing what they are doing, and it can feel like you are being judged if you do something differently or aren't doing as much active stuff for both the kids and for yourself.

Rose did not feel a pressure to return to work after becoming a mother, however, she did feel the pressure to perform positive health behaviours more than working mothers. It was almost as if Rose felt guilty for having the extra time, therefore had to ensure it was beneficial to her, her children, and the family. If not returning to the workplace, Rose felt a pressure to 'work harder' at being the 'good' mother. Interestingly, while many of my participants spoke vaguely about the source of such pressures, in the quote above, Rose identifies 'baby and toddler' groups and other mothers as the source of such pressures.

Previous research has suggested the importance of social class in such discourses of 'good' mothering and employment. Wright et al (2015) explored middle class mothers who reported it as their responsibility to be a 'good mother' and felt anxious regarding their perceived success of motherhood. Wright et al (2015) recognised differences in behaviours and attitudes between

working-class and middle-class mothers. Working-class mothers expressed more feelings of 'good motherhood' ideals as being unattainable and unsustainable. In contrast, middle-class mothers tended to experience heightened feelings of anxiety and pressure to conform to such discourses. This point is key in understanding the mothers in this study, essentially the working mothers understood and accepted that they may not be able to spend all their time caregiving, however returning to employment still allows them to provide for and look after their children.

### **Time and Fatigue**

Another discussion topic by mothers included feelings of fatigue, feeling like they have insufficient time to complete all their daily commitments and responsibilities. Again, this stems from pressures women feel to conform to societal norms regarding motherhood and their maternal body. Maddox et al (2020) explored how women's responsibilities grow significantly when they become a mother. Maddox et al (2020) revealed how mothers who re-gain their pregnancy bodies are often identified as 'successful mothers', while those expressing feelings or behaviours around lack of time for PA behaviours or feeling 'too tired' are the 'bad' mothers. This study identifies how a mother's body is her identifying factor, however, it does not show and account for the difficulties, including inevitable fatigue. Neoliberal governance discussed by Power (2016) results in mothers being almost exclusively responsible for their own health and that of their children. Therefore, feelings including lack of time and fatigue from mothers are understandable yet rarely considered in public health approaches to physical activity.

Discussions surrounding lack of time for personal activities, as a result of navigating work-family life, are commonly reported and not unexpected (Miller & Strachan, 2020). As suggested above, it does not result in non-working mothers feeling they have ample free time for themselves. In fact, feelings of lack of time and fatigue are reported by a range of mothers, both employed and unemployed. Giallo et al (2013) is a key study that suggests most mothers' express feelings of fatigue with regard to becoming a mother and having a young child dependent on them. They discuss that although the experiences of mothers differ, the feeling of fatigue, especially with very young

children and how it can disrupt their 'ideal' routine including sleep is apparent. The knowledge that parents are required to manage and adapt to feelings of fatigue when becoming parents is apparent in the research. For example, Dunning & Giallo (2012), conducted research in Australia, exploring fatigue as a common feeling reported by mothers, specifically with young infants. They explain that although factors like employment status, family structure, and socio-economic, can play a role in influencing fatigue, no factor has reported eliminating mothers' feelings of fatigue. Unsurprisingly, there is limited research exploring mothers or parents with young children, that suggest fatigue is not a contributing factor to parental feelings and behaviours. Dunning and Giallo (2012) report high levels of fatigue as a direct result of self-perceived success of parenthood. Parents that feel high levels of social pressures and believe in the ideals of 'good' motherhood, feel higher levels of fatigue. This can be as a result of increases in anxiety and stress to achieve this 'good' mother label.

Two participants included in this study reported not returning to employment, post-childbirth. A further two discussed returning to part-time hours in employment, with all others (8) reporting being in full-time employment at the time of the interviews. Nevertheless, discussions surrounding fatigue were not solely discussed as a result of employment status. In agreement with the themes in the literature, multiple mothers reported feelings of fatigue, some accepting it as part of parenting, others feeling stressed or anxious as a result. Rose, a currently non-working mother with a two-year-old child, explained that although she is not in formal employment, she feels to have limited time. She discussed her new responsibility as a mother causes her to feel deeply fatigued, leaving her feeling inadequate for struggling to complete all her daily tasks: "Sometimes I would be super tired and out of breath picking up after her and running around after her all day. You know when she goes to bed at like 7:30, sometimes 8, I'm just shattered". Rose felt pressured to accomplish all her daily tasks, and if she took time to look after herself, she felt guilty. This guilt for feeling tired is as a result of mothers feeling overwhelmed with what they perceive is required to be a 'good mother': "Sometimes I just have to sit, watch a movie or something instead, but I feel bad for it the next day" (Rose). In such comments are the expectation that 'good' mothers should not

only care for their children but also for themselves by pursuing an active lifestyle. In other words, 'sitting', or 'watching a movie' was not seen as embodying 'good' motherhood. This supports questions prompted by a post-structural feminist approach, that discourses of power and knowledge control and influence many mothers' feelings and behaviours. Sitting, relaxing, or feeling fatigued are associated with 'bad mothering', however, the social pressures faced by mothers also contribute to fatigue and stress.

Vanessa, a full-time working mother of one, discusses that it is meeting the needs of the child and completing daily tasks that leave her feeling exhausted by the end of the day: "I feel like I'm forever tidying the house, doing the gardening and stuff. Like it's not every day but a few days a week sometimes that stuff gets me real tired by the end of the day". For Vanessa, housework and regular daily chores are what she attributes to leaving her feeling so tired. This is different from those mothers explored above, who recognise employment as the most time consuming and tiring aspect of their lives. This suggests that, regardless of personal circumstances, mothers report feeling tired and having limited time to complete what they feel is expected of them for 'good motherhood'.

Overall, it would be easy to suggest that lack of time and fatigue would be attributed to employment status, however from the literature and two of the mothers in this study, it might be suggested that fatigue and lack of time can be attributed to the social pressures placed on mothers with young children, including that expectation that they must be 'good mother', 'good citizen', and look after themselves through self-maintenance and physical activity (Kahu & Morgan, 2007; Henderson et al, 2016; Maddox et al, 2020). From existing literature, it can be understood that all parents' express feelings of lack of time and fatigue. Yet mothers, including many in this study, pressure themselves, often feeling inadequate for feeling this way, due to perceived social pressures.

### Other Mothers & Social Media

While many mothers feel this pressure to conform to the unwritten rules of being the 'good mother', yet they often attribute such pressures as coming from 'other mothers. Romagnoli and Wall (2012) understand this 'perfect mother' discourse as created by and for middle- upper class women living in high-income countries. Additionally, Prikhidko and Swank (2018) explore that mothers' feelings of pressure and guilt to live up to the expectations of society can be what causes mothers to judge other mothers. This suggests that because mothers feel anxious and pressured to succeed at 'good' motherhood, they carry this over into their views and behaviours towards other mothers. Malatzky (2017) conducted an Australian- based study exploring the complexities of the new model of motherhood, commonly referred to as the 'yummy mummy', concluding that this 'ideal' was the result of these new pressures, including feminine body image and personal hobbies, it encourages mothers to pressure and judge other mothers on the same parameters.

Alex, a mother with a one-year-old child who has not yet returned to employment, explained her views regarding where she felt the pressures and expectations to conform to certain behaviours stemmed from:

I'm way better than other mums, some mums haven't even walked around the mount yet, with their kid who is 10 months old. So, I definitely feel like I do more than that! But then there's lots of like (*Quoting other mothers she knows*) 'oh yeah well I walked up the mount with so and so and so the other day' and like 'I used to get up in 25 minutes and now I'm like 26 minutes' and I'm like 'oh god'.

Interestingly, this mother expressed feeling pressured to be physically active by other mothers in the play group she attended. However, in this comment above, she unknowingly expressed that same judgement on other mothers. She suggested that she regarded the level of time spent outdoors with her child showed a form of hierarchy ('I'm way better than other mums'). Alex is a clear example of how these pressures and expectations are embodied and internalised by some women, she unintentionally judged mothers on the same parameters that she feels judged by, suggesting this as

a continuous pattern and begins to identify why new mothers are discussing the same and new expectations as those in previous generations.

A further example of participants in this study aiming to understand the origin of the pressures they feel can be seen in Joan. A young mother with three young children all close in age, Joan explained how her family is dependent on two wages to meet the demands of family life. She discussed the main time she felt inadequate or challenged her family's way of life was when she attended toddler groups and pre-schools with her children, exploring how these pressures made her question her approach to mothering:

Some of the other mothers, I feel like they judged me sometimes. Like I had my few friends, but we often mentioned that another group of mothers looked down their noses at us. In those baby groups and at the school, you do feel like you should dress, act, and talk in certain ways because the other mothers think you are less than them if you don't. That can be stressful and sometimes makes you lose confidence in yourself and your decisions.

As a feminist researcher, it is hard to acknowledge that these pressures and stressors felt by women are caused by other women, those in similar situations and navigating the same responsibilities are competing with one another as opposed to supporting. It is important to acknowledge that while some women may regulate practises of 'good mothering', the broader social discourses that put pressures and expectations on mothers are not produced by mothers themselves, but rather a neoliberal society that regulates and polices women's bodies throughout various stages of their lives, including motherhood.

Kahu and Morgan (2007) explored views of motherhood from first-time mothers in NZ. They all discussed and adopted intensive mothering discourses, suggesting that 'good' motherhood put the babies at the forefront of the mother's priorities, pushing mothers to the forefront of caregiving responsibilities. This suggests that motherhood in NZ generally conforms to the motherhood ideals in other high-income countries, including the locations of much of the literature explored throughout the study (United Kingdom, USA, and Australia). Furthermore, all NZ mothers in

Kahu and Morgan's (2007) study express struggles with combining the 'good' mother discourse, along with employment and personal life, further evidencing NZ social pressures and expectations as similar to mothers in other English-speaking high-income countries do. While studies like Schluter et al (2011) show how NZ society, culture, and populations differ from other countries when it comes to the 'good' mother discourse it seems to align with many other parts of the world, particularly those ascribing to Western neoliberal models.

Ross et al (2014) and Lau et al (2012) are two studies that explore social media as highly incorporated into life in NZ, and also how influential it can be for transferring messages to populations. Social media is explored as being a key method of informing mothers of 'what is expected of them'. Alianmoghaddam et al (2019) explored how new mothers used the internet, and social media groups for information regarding breast feeding, findings support and advice. Furthermore, Toffoletti and Thorpe (2018) recognise that social media can lead to self-empowerment from women, specifically athletes, who can easily interact with one another, creating a support network to encourage self-confidence, something often not provided by most other media outlets. On the other hand, the use of social media in motherhood is not always helpful and positive. For example, Prikhidko and Swank (2018) explore that the media only portrays the idealistic perception of motherhood. Güney-Frahm (2020) also adopted a neoliberal approach to motherhood and suggest that as a result of both the COVID19 pandemic and the ease of spreading a message through social media, it is likely that neoliberal motherhood will re-emerge as the dominant model that will be pushed on mothers. Due to the COVID-19 pandemic being a new topic in literature, there are limited studies that concur or dispute this suggestion. However, a growing body of literature is exploring the ever-changing role of social media, and the expectations and pressures felt by mothers.

Henderson et al (2010) used a post-structuralist approach to modern motherhood and recognised how influential social media and the fast spread of ideals and messages can be in terms of pressuring mothers into conforming to societal norms. The mothers in my study made similar

observations. It was considered by multiple participants that pressures about 'good motherhood' are created and spread through social media. Rose, a single mother with a young pre-school aged child discussed feeling like it was her responsibility to behave "correctly" for the benefit of her child and felt this pressure from both mainstream and social media channels: "Well, I mean these days you see it all over TV and social media that if you're not looking after your child and being a positive role model then you're doing it wrong. I mean, is there even a right or wrong? But sometimes it feels like you're doing it wrong or something" (Rose). As well as questioning the problematic discursive construction of good and bad mothering, she explained that often these expectations are difficult to navigate or "keep up" with. This is an accurate representation of what was felt by more than half of the mothers in my study. Lupton (2009) supports this by discussing the obvious ways in which society pushes mothers to be responsible for creating positive health behaviours in their children as young as possible, with TV and social media playing an active role in the dissemination of such messages with a variety of sources (i.e., public health organisation; companies selling products; mummy- influencers; women's social networks of other mothers).

### **Chapter Summary**

This is only the beginning to understand and explain mothers' perception of what it takes to perform 'good motherhood'. However, it appears that it is mostly influenced by society, using 'good' and 'bad' labels to influence women's decisions and behaviours relating to motherhood. Such behaviours and attitudes are learnt by women through their day- to- day experiences (i.e., with other mothers at school and toddle groups), media and broader society influence their approaches to motherhood. Every mother included in this study was inadvertently able to discuss and explain similar characteristics and behaviours that must be adhered to, to be a 'good mother'. In this chapter, I have explored what mothers feel is expected of them, how they interact with the pressures and responsibilities associated with being a mother to young children and how approaches differ. The expectations and pressures although similar, are felt differently by mothers, however, for many, they lead to feelings of guilt. This feeling of not living up to the ideal is commonly reported in

motherhood literature. Employment and time are two aspects of motherhood that mothers report limit their ability to increase their personal and leisure time. 'Good' motherhood discourses are conflicting in terms of pressuring mothers to re-enter employment, so they can achieve being a 'good citizen' and remaining with intense mothering techniques encouraging mothers to devote their time to raising their children. Conflicting messages like this often result in feelings of stress, guilt, lack of time, and fatigue leading to varying behaviours and approaches taken by the mothers. It is clear, through literature and the mothers involved in this study that when navigating their new routine and responsibilities, mothers with young children alter their behaviours as a result of the pressures they feel.

Mothers discussed where they felt 'good motherhood' pressures originate, namely from other mothers in their environment or via social media platforms. Recent literature and the mothers in this study concurred in terms of suggesting social media being a platform that has both helped and supported mothers, and also lead to 'ideals' and 'good mothering' pressures being increasingly apparent in daily life. My study has not definitively recognised the origin of 'good motherhood' however it has begun to understand mothers' perspectives regarding where they come from and how they navigate the ideals into their daily life. The following two chapters will firstly explore mothers' approach to physical activity, including how they include this into their daily routine since becoming a mother. Secondly, I will explore mothers' behaviours and feelings regarding their child/rens PA, even from a young age.

## **Chapter 5: Motherhood and Physical Activity**

Building upon the previous chapter that explored the various pressures that mothers experience in a range of ways, in this chapter I focus on mothers' physical activity behaviours and attitudes. In so doing, I explore how the mothers in my study integrated physical activity into their weekly routine. I investigate the mothers' priorities and how they feel regarding, time, their bodies, and what they did to overcome pressures or barriers to PA since becoming a mother.

### **Time, Family Routine and Physical Activity**

Physical activity can be deemed difficult or complicated for some mothers. The dealings of incorporating personal life, family routine, caregiving, and sometimes employment at the 'correct' ratio can cause challenges for some mothers. The perceived benefits, challenges, and strategies for incorporating physical activity into daily or weekly routine differ considerably for mothers. Currie (2004) conducted a key feminist study exploring mothers' ideals regarding PA. Many of Currie's (2004) participants identify the benefits, specifically health benefits, of physical activity, but struggled with how to integrate it into their routine, either as an individual or family activity.

In contrast, Maddox et al (2020) identify and explain that many mothers in contemporary Western society feel it is part of their responsibility to look after themselves, this often including their health behaviours like PA and eating habits. They report that not only are mothers expected to be the primary caregiver to their children, and contribute to family life (i.e., employment and daily chores), but also spend time on themselves, notably PA and socialising. Maddox et al (2020) understood that the pressures on mothers in today's society are increasing and suggest that these pressures dictate 'good motherhood' or a mother's status regarding successful motherhood. Spowart et al (2010) and Evans and Allen-Collinson (2016) are studies that explored gender with regards to sporting practices, understanding that women, specifically mothers have additional pressures that they are expected to face and challenge if they are to successfully integrate high levels of PA or sport into their routine. McGannon et al (2015) describe multiple participants that enjoyed their swimming participation so much as to influence them away from having children. Their

perception was making the life choice to becoming a mother would result in limited or no time for their sport and their own hobbies.

Most of the participants in my study confirm the worries expressed by mothers in McGannon and Schinke (2013), Limber et al (2020) and Juwono et al (2021) studies. Many of their participants report struggles with time and family schedule that result in low PA behaviours. A key example within my study was Charlie, a mother of two boys close in age and a business owner. She explained that incorporating personal time like physical activity was difficult due to time constraints, and suggested that other parts of her life took a higher priority:

Getting time is difficult, but also feel that physical activity is not my priority in life. I have a family, two young kids, and a business to run with a lot of financial pressures. So, 7 days a week running the business, physical activity is kind of the bottom of the list, and I just don't see where I would fit in time for a social life ha!

She implied that all other aspects of her life, like employment and caregiving, were indisputable.

Later in the conversation, Charlie explained that she wanted to increase her PA behaviours, both for her personal health and that of her family. She explained her motivations for wanting to increase her PA. However, in doing so, she felt anxious about wanting to spend more time on herself, outside the family:

To go out and meet other people, and to go out and socialise. To have my own things, that don't revolve around me being a mother. Things that mean I'm not only a mother, a partner, and a business owner, it had to be something else. Going out to do PA lets me build a social network outside of all those realms

These contradictory points suggest that although she would ideally enjoy increasing her personal and family PA, and particularly the social connections this may offer, she struggled to realistically develop time or plans to enable that.

Feminist literature explores mothers' views and behaviours regarding PA to fit into the 'good motherhood' discourse, reporting variances (McGannon & Schinke, 2013; Mailey et al, 2014). This is

similar to the mothers of this study. While the perspective represented by Charlie above was the most apparent among the participants of the study, a few mothers offered differences in views. Vanessa, a young mother with a child at school explained that her limited PA behaviours are 'natural'. She expected that when she had a child, she would sacrifice her ability to perform hobbies and activities she enjoyed: "I do miss doing lots of exercise, but everything changes when you have a baby, so you just have to adapt and sacrifice some of the things you used to do for yourself" (Vanessa). She was completely accepting that her becoming a mother meant her own desires and needs had to be limited. Her perspective of what was required to be a 'good' mother, pushed her to tailor her behaviours, focusing more on her caregiving role, over self-care.

Another perspective explored by Josie, a mother that consciously continued her personal PA post- childbirth, however still discussed feelings of "doing the wrong thing" for taking time for herself and struggling with managing her time and the family schedule to allow for it. Josie discussed the difficulties like other mothers, however, opted to continue making PA a priority:

The first things that comes to mind are time and routine. Some weeks it feels like everything just works and we can organise the kids, work, my time for the gym, [partner's name] time for the gym, and family time. But some weeks it just seems impossible to get everything to work together, like sometimes [partner's name] has lots of overtime which leaves me organising the kids, their homework, their afterschool activities, they do sports after school a few nights, my own marking, also cooking, the housework you know getting all that done without his help just leaves very little time for me to take time away from the house and the kids for myself. That's just the way it goes.

Josie offers a clear example of how a mother's intentions can often be overtaken by the needs of family, work-life, and children's needs. Even a mother that enjoys PA, trying to sustain high levels of activity, she still feels pressure and feelings of lack of time. Again, time was the most discussed and influential topic with regards to mothers' PA behaviours and attitudes.

Overall, in this section, I began to understand the barriers and difficulties mothers face in terms of their PA practises. In both literature and this study, it has been explored by mothers that although they may desire to increase their PA levels, the reality of finding the time in family life was difficult. It was dependent on the mothers' priorities, some were able to incorporate personal PA into their lives even with young children and motherhood responsibilities, others didn't believe that was possible, and sacrificed their own PA for the family commitments. Maddox et al (2020) is a key study that explored this added pressure on women to not only give their time to care giving for their children but also to return to employment and spend time looking after themselves. The mothers in my study felt these added pressures. All recognising they 'should' or want to increase their PA, however, many didn't have the time or resources to implement it into their daily lives, leaving mothers' approaches varying from one another. Although approaches vary, the underlying feelings remained similar, the mothers of this study report limited time for PA, due to the 'good mother' pressures they are navigating. The participants expressed feelings of stress and worry due to essentially not being able to keep up with what is expected of them, including their expected PA behaviours.

### **Body Image**

Body image is an important and influential topic discussed within feminist, motherhood, and leisure research involving women over the past decades. The assumption that to be the 'perfect mother' one must re-gain their pre- pregnancy body image is a point that has been discussed in multiple studies. Prinds et al (2020) and Montgomery et al (2013), explain that often mothers feel an almost instant pressure to lose their baby weight in order to be perceived as 'in control' and 'succeeding' at motherhood. Prinds et al (2020), suggest that this ideal mother image has changed over decades, however many contemporary women still feel their body image is an indicator of successful a woman is regarding motherhood.

In general, the findings of this study relating to body image concur with themes in other studies regarding a mother's feelings that they are expected to recover their pre- pregnancy body

(Maine & Kelly, 2005; Montgomery et al, 2013; Prinds et al, 2020; Maddox, 2020). However, my analysis has suggested that while mothers feel this pressure or expectation (participants noting in some way their body or weight), mothers interact with that pressure differently. Some internalised and conformed to such pressures, making it a goal to lose their pregnancy weight, and simultaneously navigating new responsibilities of motherhood. Yet other mothers in this study recognised the societal pressures but decide to resist, suggesting other barriers like time, employment, or caregiving are of higher priority. Some mothers discussed and understood that childbirth and having children change their perspective when it comes to their personal body image and their feelings towards it. It is clear that in this study body image was a noted topic of discussion when exploring PA practises. However, it cannot be assumed that weight loss and maintenance, and physique are priorities driving all mothers' PA and lifestyle choices.

### ***'I Got My Pre- Pregnancy Body Back'***

This range in feelings towards conforming to the ideal feminine physique began with one mother who explained that while she didn't work hard to regain their body shape, she expressed happiness as a result of losing her pregnancy weight, resulting in increased confidence: "I guess I never felt like I have to do physical activity to keep myself in shape because I don't need to. I have that luxury. I don't put on weight and even got off the pregnancy weight pretty quickly" (Charlie). She discussed this topic in regard to the fact she didn't increase her PA to achieve this goal but did perceive regaining pre- pregnancy body as a success and achievement of motherhood. This participant was tall, thin, well maintained (i.e., clothing and appearance), blonde hair, and conformed to western femininity, reinforcing particular assumptions of what a 'good mother' should look like (Prinds et al, 2020; Littler, 2013). Interestingly, this participant noted on multiple other occasions that physical activity was integrated with positive motherhood behaviours in her eyes, and not just from a body image perspective, but also creating positive behaviours for her children:

I never really associate or socialise with the other mothers but I'm the one going and kicking a ball with the kids when I am around, rather than the one talking on the side-line. Not that they

can't kick a ball with their own kids, but I think I'm different because I enjoy being active and playing with the kids rather than standing around.

A mother who decided to make physical activity a priority almost immediately after childbirth was Lily. This mother explained that her enjoyment of exercise and working in the fitness industry was what motivated her to include high levels of activity in her routine immediately after having children but still mentioned feeling the pressure to conform to the idealistic feminine body image. "There is the pressure of being the perfect woman, you know you've had a baby, but you still need to get your body back, you still need to look a certain way" (Lily). As with the previous example, this mother felt accomplishment and increasingly confident due to having the feminine body image desired by society. Lily explained that being a personal trainer added even more pressure to regain her pre-pregnancy body, as a result of being perceived as a role model by other women and new mothers:

I did notice that when I was teaching when I was doing personal training sessions that you have to look a certain way because essentially, you're a role model to the other women. They want to be your client because they know that you've had children, but they also know that you've got your body back.

This pressure for mothers to conform to western feminine body image is often explained in a negative form, suggesting this added pressure to women is useless, difficult (if not impossible) to achieve, and maybe unfair to women (Montgomery et al, 2013). However, for these two mothers, it helped generate confidence, optimistic attitudes, and positive holistic health behaviours.

Another interesting example was Rose who interacted with body image pressure in a positive way. She reported using it as motivation to create positive health behaviours for her and her child as early as possible:

I take [child's name] out for walks, to the park, swimming when I can so you know those kinds of things for him has meant I'm more active. I think it's been really good since childbirth; I feel good and healthier and I'm pretty much back down to my pre-pregnancy weight.

Again, while this mother felt a sense of accomplishment because she achieved her “pre- pregnancy weight” she did note that her main motivation for incorporating PA into her lifestyle was for her child, being a role model for the practises she desires her children to follow. It can be understood from this woman that the expectation to conform to a specific body image was positive for the health of both mother and child.

### ***‘I Didn’t Care About Getting My Pre- Pregnancy Body Back’***

Research often reports that not only are women aware of the feminine body image pressure but often tailor their behaviours to conform to such an image (Raspovic et al, 2020). Maddox (2020) explains that women often feel this body image expectation as, yet another responsibility placed on them, however, suggests many mothers are modifying their routine and practises to strive towards it. Alternatively, Malatzky, (2017) suggests that this new body image focused motherhood ideal pushes mothers, encouraging some to resist. Some findings from my study aligned with those of Malatzky (2017) in that most mothers noted the ideal body image but identified it as a lower priority after having children: “since I’ve had him, I’m way more accepting of what I look like anyway. Because like I’ve had a baby” (Alex).

It is important here to understand that the ‘ideal body’ or ‘femininity’ is a social construct, that is passed through generations, and often changing (Maddox, 2020). The participants in this study were able to identify almost the exact same ‘perfect mother body’, including losing baby weight, integrating PA into weekly routine, and wearing feminine clothing or tight fitting activewear. Although mothers can identify the ‘ideal body’ that they feel is expected of them, mothers like Alex and Joan discussed rejecting that pressure. According to Joan: “When I first had kids, I felt like there was always pressure from the other mums to lose the weight you put on when pregnant straight away but to be honest with you it’s not what I wanted to spend all my time doing I wanted to spend time with the kids, I had to go back to work. You know my own weight was not high on my list of things to do”. Society has placed importance on physique and body image, but this is not always

placed as a high priority for the mothers with young children. Similarly, Vanessa understood that her view toward body image had changed since becoming a mother:

I mean I feel like I care less about what I look like and my weight since I've had a kid and I think I've always cared less than some other women around me, but I suppose I do care about not putting lots of weight on. I lost some of my pregnancy weight fairly quickly, but I didn't get back down to the same as before I was pregnant. I suppose that's probably because your body changes so does it ever go back to the way it was? Also, I know that my priority now is [child name] so if I end up being a different weight or anything because I have to change my eating or exercise then that's just what I've got to do. Just what you sign up for when you become a mother, it's my responsibility.

Understanding mothers' perspectives like this are helpful to show that although society may place a single idealistic view of motherhood, individuals behave independently, and thus mothers embody, perform, resist, and reject such discourses differently. Many of the mothers in my study considered their behaviours and that of their children as more influential than striving to achieve some (largely unattainable) version of femininity, even from those that do fit that 'perfect mother' physique. This is supported by Malatzky (2017), recognising that although body image is a discourse of 'good' motherhood ideals, mothers themselves usually struggle with that, understanding this social construct in conflict with their experiences of motherhood.

Overall, body image was not a stand-alone motivator or concern for these mothers. It was felt as a pressure from society but was navigated in multiple ways. Mothers did not discuss body image as a personal desire, but they noted it regarding positive health behaviours or changes in priorities since becoming a mother. While body image was not a priority for the mothers in my study, it was an expectation they felt and had to navigate into their new responsibility of motherhood. Physical activity and body image were usually discussed simultaneously, however, this study did not focus specifically on women's perceptions of body image. Thus, additional specific

research would be useful to truly understand women's views regarding body image and navigating the societal pressure of motherhood.

### **Physical Activity and Motivators**

According to Evans and Allen- Collinson (2016) and Saligheh et al (2016) physical activity is commonly placed as a low priority for mothers. As discussed by some of my participants' barriers like employment, caregiving, and family life (including household chores and kids' transport) are more important than making time for personal physical activity. Although barriers were commonly discussed, mothers do participate in forms of PA. The most frequently discussed forms of PA discussed by the mothers in this study included walking, swimming, and bike rides. For most, these activities are outdoor activities that require little organisation or equipment and can be completed alone or with children. Eyer and Ferreira (2015) and Hnatiuk et al (2017) discuss how walking or cycling can be flexible, exploring how these activities can be beneficial to mothers with young children as they can mould it around the ever-changing family schedule, accounting for the practical difficulties of travelling or participating in PA with young children.

Furthermore, when discussing their PA behaviours and practices, mothers shared their motivations. It is common for mothers to compare their behaviours pre and post childbirth. Maher and Lowe (2015) explored PA practises in mothers and found many mothers' desires including returning somewhat to their past behaviours, suggesting motivation coming from the desire to conform to societal norms. While in literature the motivators have not been explored as frequently as barriers, Miller and Strachan (2020) report mother PA motivators often include taking time for themselves and connecting with friends and encouraging positive health behaviours for their child/ren. In line with such research, the mothers in my study did not discuss their physical activity motivators in as much depth as their barriers. The most commonly discussed motivators for PA participation were to increase their energy, to be in the outdoor environment, and a less common one of allowing them to socialise with their friends. Ellie is a mother that discussed her motivations

including increasing her energy levels and socialising with her friends: “when I get to do organised things like exercise and time away from the kids, I enjoy the social interaction”.

The mothers in this study typically discussed their motivations in relation to how they affect their child/ren. Most mothers suggested that although PA behaviours will help them to increase their energy and make them more productive, they explained that what got them moving was to benefit their child/ren. In particular, a mother wanting to encourage positive PA behaviours and facilitate their children’s outdoor play and experiences: “I feel bad if he wants to go outside and I can’t be arsed. So, I just get up and take him out, otherwise it wouldn’t be fair” (Alex). This motivator was uniform across mothers, their focus remained on the child’s wellbeing more than the personal benefits, something that will be discussed in further detail in Chapter 6.

All mothers in this study expressed a desire and hope to increase their physical activity participation, however, remained sceptical about how to achieve it. Henderson et al (2010) and Lloyd et al (2016) understand that for women, guilt is a key influencer that affects their behaviours, and the specific form of PA is no different. More than half the mothers sharing their thoughts, suggested that if it was not for feelings of guilt with regards to time away from caregiving and finances, ideally, they would enjoy joining a gym or participating in formal sports teams again. While no mother was able to clearly identify a method to navigating motherhood and incorporating their desired amount of form of PA into weekly routine, they did discuss how they navigate PA and pressures.

### **Mothers’ Strategies for Physical Activity**

A key theme through the literature and approaches taken throughout this study has been that mothers feel similar pressures and ideals, however, their behaviours and strategies for coping and overcoming pressures and barriers often differ. The main strategies discussed in this section will be, navigating pressures from other mothers, family support, and children as motivating and encouraging PA.

### ***Navigating pressures from others***

As explored previously, mothers feel most pressures stem from other mothers in their social environment. However, something that varied among mothers is how they deal with the pressures they feel from society. McGannon et al (2017) explore mothers that run. This study examined a seemingly effective strategy that women created to navigate the pressures of motherhood, using blogs and online forums to communicate with likeminded mothers. It is suggested that having other mothers in their environment with similar goals and approaches to motherhood, aids in encouraging positive feelings and confidence regarding mothering decisions and behaviours. This would be particularly influential for women in sport, due to the 'good mother' discourse not particularly encouraging or accepting of mothers following their personal goals (though this is changing). Mothers performing sport as a job or hobby are resisting conforming to the 'good mother' discourse therefore having the support of other mothers in the same position would create a sense of understanding and support (Evans & Allen- Collinson, 2016). This is supported by Miller and Strachan (2020) who suggest women with higher confidence and self-belief in their abilities as a mother are more effective at encouraging positive health behaviours in mothers and children than the pressures placed on them by society, which often leave mothers worried and confused.

While not all mothers in this study clearly recognised how they navigated these feelings of pressure from other mothers, a key strategy became clear through the discussions. Most mothers explained that they avoided or spent less time with mothers which made them feel inadequate or 'less successful at motherhood'. A clear example was Alex, her discussion surrounding how she adapted her behaviours, including which toddler classes she attended, in order to spend more time with the mothers she felt more comfortable around. Mothers she describes as similar to her in terms of their behaviours, feelings, and approach to motherhood, while mothers that differed from her in motherhood approach and personal life, Alex chose to avoid:

Some mums are like crazy. Yeah, like mad. There is a group of mums that I hang out with they are so different, more like me. I try and avoid the others because they do my head in. Yeah, their

husbands like the money maker, so basically, they don't need to work and got all the money in the world, and I'm like no, not me. I just don't hang out with them because they just annoy me. Like when I told them I was starting work at [retail shop name], they were like 'oh retail?' and I was like yeah. Like they judged [me] for going back to work. Then they were like 'so what did you do before?' As if to say 'ohh like taking a bit of a step back in your career'. So sometimes I don't even tell people I work there, which is really sad, isn't it?

This strategy for Alex is representative of most of the mothers in this study, they chose to alter their interactions with mothers in their environment in order to be reassured, that they are being a 'good mother'. This approach makes it clear that no matter the decisions and behaviours a mother adopts, they are not alone and there will be others doing or going through something similar. Hannah, a single mother of one, explained that she had no desire to surround herself with mothers that made her feel anxious or self-conscious. While she understood that everyone's circumstances and approaches differ, she chose not to put herself in a position where she felt like a 'bad mother':

"Yeah, I just stay away from the mums that just make you feel like you're doing everything wrong. It's not worth it, I get paranoid and really why should I have to feel like that. [Child's name] is happy and healthy so I can't be doing too bad a job" (Hannah). This method to control or limit the pressures felt by mothers suggests that although such behaviours are not an act to change or influence 'good motherhood' discourses, they are an individual's approach to resisting societal norms. The mothers' small acts of resisting pressures maybe their technique to rebel against what is expected of them, but not so far as placing them in the 'bad' mother category. Drawing upon a feminist post- structuralist approach, we might understand such methods as techniques of resisting discourses of power, but in ways that do not include openly and widely refusing to adhere to social living. Interestingly, although the 'good' mother pressures and discourses can often be perceived as negative by some, these small acts of resistance from mothers learning to navigate 'good motherhood' can lead to behaviours of self-care. Doing what they can to place their own well-being as a priority, therefore from a feminist approach, shows the progression from mothering techniques

like those discussed by Kahu and Morgan (2007) and Lloyd et al (2016) considered historically as 'intense mothering'.

Alex and Hannah's strategy for avoiding mothers that make them feel inadequate is representative of most mothers in this research. Interestingly, although most mothers chose to alter the people in their environment in order to feel like a 'good mother', many explained that they continued to feel pressure to 'be better', therefore it poses the question of whether other mothers are really the source of such pressures are or rather one point of many these pressures can be hard to identify and escape. This study did not directly discuss women's feelings regarding where the pressures they feel stemmed from, therefore, to truly understand that further research would be beneficial. Research that could understand this pressure faced by women would help mothers understand their motherhood approach, encouraging mothers to be the mother they want to be, not feeling influenced by the pressures and stress placed on them by society.

This approach taken by Alex coincides with Evans and Allen- Collinson (2016) conclusion that women can feel restricted and pressured to act or behaviours a particular way, but with the right environment and support, it can encourage what Green (2004) explains as the complexities of motherhood that are buried in experiences relating to class, ethnicity, sexuality, and ability. It is interesting to understand that commonly for mothers, they choose to adapt to the people in their environment, rather than alter their behaviours and views to conform to society's pressures. Some resorted to tailoring or changing the people/mothers in their surroundings, to those with similar desires and approaches to physical activity. They commonly recognise that without similar minded people close to them, PA could be difficult.

### ***Family Support***

A key point discussed in both motherhood literature and from my participants was how family was key in influencing both motherhood approaches and PA behaviours. In a feminist study of mothers' recreational sport and physical activity in New Zealand, Spowart et al (2010) found that mothers feel they cannot perform their desired amount of PA without family support. The participants of Spowart

and colleagues' study were all highly motivated and enjoyed physical activity, so much so they created their own mothers' surfing group to encourage and facilitate PA behaviours for mothers. This group of women created strategies like those discussed above, surrounding themselves with mothers similar to them to encourage positive reassurance. They also note that without the family support network, much of their other strategies would remain out of reach.

As noted, motherhood pressures are context-specific and ever changing. The support offered to mothers raising children is another aspect of motherhood that has changed. Lupton (2000) explores that in the modern approach to parenting, fathers are taking an increased interest and desire to be involved in parenting, something that would be rare decades ago. Although it remains that mothers feel they are the primary caregiver, fathers are much more likely to participate to share the responsibility than ever before. Howarth et al (2011) is a New Zealand based study exploring mothers, that recognised mothers feeling pressures to be 'good' and also express how having a supportive partner is very beneficial. Although my study did not discuss fatherhood or include conversations with fathers, it does seem apparent from the mothers that this was the case. Many mothers, when discussing their support network, recognise the role of the child/ren's father. Furthermore, Thompson et al (2010) is a qualitative study that explored mainly mothers' perceptions of how complex it can be for families to encourage PA participation of all its member. This study recognised that there is no one ideal method to incorporate PA into the lives of each family member. However, many of the mothers were certain that without family support and that shared goal, it would not be achievable.

From the mothers in this study, it was discovered that nine of them lived with a long-term partner. Within this group, almost all recognised their partner as a key influencer in their PA behaviours and participation, concurring with much of the literature explored above, notably by allowing them more flexibility and time for personal activities, and secondly limiting mothers' feelings of guilt for taking time for themselves. Although it was common for mothers to discuss their partner as influential in limiting feelings of guilt for time taken away from caregiving, a few mothers

recognised that their partner can also lead to encouragement of negative health behaviours. Joan is a mother that did recognise that her parents and partner are key in supporting and helping her raise her children, however, she suggested that her partner can sometimes encourage negative PA behaviours: “[partners name] makes a big difference. Honestly, he isn’t that active either so now we’ve got the kids if they go to their grandparents, we actually influence each other badly I’d say”

Furthermore, partners were the family member most discussed in terms of facilitating or inhibiting PA practises, however, the grandparents of the child/ren were also mentioned. More than half of the participants in my study acknowledge that without family support, they would be unable to perform personal activities such as sport and physical activity. For those mothers like Joan, that self-report low levels of PA activity, she understands that her family help her to manage her routine, allowing for caregiving, employment, and daily tasks: “I want to be more active so it is great that we have my parents that can help out with childcare and give us a bit of time to do things like that you know, not just go to work and then be back in parent mode”. Joan values and appreciates that she has the support of her family when it comes to raising her children, she recognises that without it she would struggle to upkeep the family schedule to suit everyone.

Charlie, a mother that reported moderate levels of PA, understood that PA could not be her top priority and without the help of her family she would not have the ability to be active: “Plus, the help of other people like their grandparents. They take them for bike rides or just look after them. And their father and I can have some time to do what we need too”. Other mothers attributed their ability to incorporate PA into the daily/ weekly routine to the support, both physical and emotional, from their family. Most mothers had the intent to increase their PA behaviours, and again a key strategy proposed by mothers was to utilise the support offered by the family. While it appears that mothers need support from their families to effectively incorporate PA into their daily routine, McGannon et al (2015) noted that for some women, accepting the need for support can be difficult. It was suggested by McGannon and colleagues that athletes juggling motherhood and performance can see it as a sign of weakness to need help, therefore may not accept the support. Interestingly,

this concept was not mentioned by any participant in this study, they recognised the positives of family support, and utilising this to benefit both mother and child.

When discussing family support, the family members that were being explored were mainly partners and parents. Family support, as with large bodies of literature, is shown to give mothers help, freedom, and time to look after themselves, not solely a caregiver (Lupton, 2000; Evans and Allen- Collinson, 2016). A small number of participants in this study were born and have family overseas, away from the daily life of the mother and child. Alex, a mother in her 30's born in the United Kingdom, discussed multiple times that she felt not having close family close by was difficult due to the inability to share caregiving responsibilities and limited freedom on creating time for socialising. However, she also recognised that her PA behaviours were largely affected by her partner. Therefore, although she was away from her extended family, her close family was influential in encouraging or inhibiting her physical activity behaviours and attitudes:

[Partners Name] because if he can't be arsed, I can't be arsed. But then if he keeps running, I feel bad for not doing anything. So, we are very good at motivating each other, but then he's also really bad, not wanting to do any exercise. Which then makes me really bad.

A study by Thompson et al (2010), supports this finding and concludes that two parent households give greater support and freedom for mothers to participate in more positive health behaviours and social well-being activities. While this study cannot compare single and two parent household's due to not collecting detailed data regarding family structure, it has been suggested that women with supportive partners (and/or family members) can encourage increases in physical activity behaviours, notably due to sharing caregiving, leaving mothers expressing feelings of more time and less guilt.

### ***Children as Motivators***

In the next chapter, I will discuss how mothers commonly feel they are role models for their children and adapt their behaviours to encourage positive health behaviours. However, this discussion topic can also be reversed. When discussing personal PA behaviours, some mothers suggested that their

children were their motivators. It is important to recognise the importance of parental self- efficacy in this topic. Jones and Prinz (2005) report how the children benefit from positive self-efficacy from parents. This stems from the idea that confidence in their decisions and approach is important and as a result of being influential for the child it can encourage positive behaviours, thus benefitting both the parent and the child. This concept that becoming a mother, having a dependent child that looks up to you, can have a positive impact on the mother's health behaviours, specifically physical activity, is something that is not obviously recognised in much motherhood research. Most research has taken the approach that the mother is the role model for the child, something that will be discussed in a later chapter. However, for multiple mothers in this study, they recognised their child/ren as the reason they want to or increased their physical activity participation, often as co-participation.

A clear representative example was discussed by Vanessa. Her young child encourages her to be more active, in the sense that her feelings of guilt for not taking him outside and showing him the environment pushed her to increase participation. She notes that it is for her child's benefit, but in turn, it encourages her to perform the behaviours she desires to:

Not only do I want to do exercise to be a good role model for him for when he's older, but he always wants to be doing sports and running around. He loves the outdoors so he's always asking if I can take him to the park or if I'll go outside and shoot basketball hoops with him, he really gets me going. Even if I'm tired if he asks me to go outside and play with him, I struggle to say no, so it gets me off my seat and usually I feel more productive and energised after, so it really works for both of us.

Hannah, a single mother with low PA both before and since childbirth, was a further mother that discussed her children being naturally active. Therefore, her child encouraged her to move, thus increasing her PA practises. She explored not wanting her behaviours to inhibit or change her child's desire and nature therefore she would be more active due to her child's encouragement: "I think [child's name] is naturally really active, so she basically forces me to be more active, it's not like

strenuous activity but its constantly on the go. We hardly ever sit down. So yeah, she gets me moving more than I would if she's not around" (Hannah). This was not discussed by all mothers in this study, and as mentioned previously, not a concept that has been explored much in the literature, however, it is an interesting concept that this relationship between mother and child is not simply one way.

### **Chapter Summary**

In this chapter, I have explored the difficulties mothers face navigating motherhood and physical activity. Whereas some mothers make it a priority, others struggle with barriers like time. As per some mothers in the literature, most of my participants were not able or willing to strive towards or sustain the 'good mother' discourses, with feelings of stress and anxiety due to not feeling successful at incorporating all aspects of 'good motherhood' into their routine. Not all mothers participating in this study completely agree with what some literature concludes, however it can be determined that one method or one set of rules cannot fit all mothers with young children. Mothers don't merely complain or express the complexities of motherhood, many find their own solutions that allow them to incorporate PA into their family's lives.

## **Chapter 6: Motherhood and Children's Physical Activity**

Many of the discussion points throughout the interviews in this study aimed at exploring practises and feelings of motherhood, however, most mothers spent much of the time discussing their children. Within this topic of childhood PA, mothers were more uniform in their approach and goals, something that as discussed previously was not the case when discussing behaviours of the mothers themselves. In this chapter, I explore mothers' parental behaviours and views, including how they perceive their role in impacting their children's behaviours and attitudes, specifically with regard to physical activity.

### **Being a 'Good' Role Model**

Being a role model for their children is something that is noted as an influential factor in many of the decisions and behaviours of mothers. As can be explored in the previous role model section, the literature assumes and reports that mothers feel pressure and obligation to behave in particular ways as a result of being a role model for their children. Miller and Strachan (2020) and Mailey et al (2014) are two key studies that conclude mothers' motivations to adapt their own behaviours, including increasing their PA participation stem from recognising themselves as key influencers. It is undisputed in many research fields, including health and PA behaviours that mothers recognise themselves as role models for their children. Both quantitative and qualitative research reports mothers as key influencers in directing their child's health behaviours, especially when adopting an intensive motherhood approach (Lewis & Ridge, 2005; Pocock et al, 2010; Laws et al, 2019). Unlike many of the findings explored thus far, this topic is not only agreed in motherhood and child development literature but is not something that mothers feel pressured by.

This discussion topic was apparent in all interviews, mothers believed they are highly influential to their children. A subject that showed a uniform answer. All mothers in this study placed themselves at the forefront of influential people in their young children's lives. Ellie, a mother in her early thirties with twin daughters expressed that whenever possible she will play and be active with her children to ensure they learn and experience the benefits as young as possible. She believed that

she was the person that could influence her children's behaviours and beliefs. Therefore, to encourage PA enjoyment, she spent time creating an environment where her family could enjoy active play:

Categorically us as the parents influence them, we plan their play, we provide the toys or games and instigate all activities. We teach them skills to be active and sporty. Myself and their dad understand that how we are influences how they are, so we aim to create that active environment as much as we can with everything else, we have going on.

Ellie's view was supported by all mothers in this study. They believed that their behaviours would affect their children, therefore recognised their desire to adapt and change themselves to benefit their children. Interestingly, Charlie, a business owner and mother with two boys, spent a large amount of time discussing her feelings regarding being a role model. She had no doubts that her behaviours influenced her children. Furthermore, she discussed how if her behaviours were 'bad' it would lead to 'bad mothering' due to being the biggest influence on her boys. She viewed this as her responsibility as their caregiver to behave in certain ways for their benefit:

I'm a Role Model. Kids just look at you, how you live is their model. [Discussing PA practises] To be honest, we don't give them a choice really, when the discussion is what are we doing this weekend, it's usually we're going for a walk or we're going for a kayak or we're going for a bike or whatever it is. So, I guess when they were really little it was normal for them to do those things on a weekend and now, they are a bit older it's not a chore or an issue that they feel they have to do. More like something they enjoy and want to do. As their mother, I've never felt pressured to do it with my kids. No. I enjoyed it and wanted to do it with them, for them and for me too. I'm their mother so no matter what your kid is going to look up to you, bad or good. It doesn't look like 'Oh I've got to be good because my kids are watching me', you are just yourself. And if it happens to be a good thing then it's a relief and feels like thank goodness, yes, I got it right. And if you care and love your children then you try to do and be the best you can for them.

As explored in the previous chapter, it is common for mothers to feel uneasy or uncertain of their own behaviours. Approaches to PA, social life, family life, and employment all vary with different mothers. Nevertheless, all mothers recognise the importance of their behaviours that will influence their children. When discussing PA, many mothers reported limited participation due to time or employment, however, this was PA outside of the family. When discussing PA with regards to their children, it showed they were more active than they originally reported. Previously Charlie was a key example of a mother reporting her perceived lack of time for PA due to employment and family life. However, from the quote above, it seems that she is much more active than originally reporting. She perceived she had low levels of PA because she was not participating in formal sport (like she did pre-motherhood), and it was not alone or with peers. Not accounting for all the family and work-related PA she participates in. This brings into question if the 'good' mother discourages pressure women to be positive role models for the benefit of the children, however, the realities of life are much more complex, leaving mothers' views multifaceted. The concept that it is 'natural' for mothers to put their children before themselves, placing the direct caregiving responsibilities above all else is supported by MacKenzie (2014). From a post-structuralist perspective, this evidences the point that what women believe as 'knowledge', or 'good motherhood' comes from a wide range of sources but is internalised and embodied in their behaviours and beliefs.

Another example of a mother that discussed her low levels of PA due to childcare and new motherhood responsibilities was Alex. Again, Alex discussed having low levels of PA since becoming a mother, that she desires and intends to increase her PA but hasn't as of yet and doesn't know how she will incorporate more PA into her routine. Later in the discussion, Alex expressed her passion for being a positive role model to her young son, recognising her role in his behaviours:

It's important yeah that he sees us doing exercise because I want him to want to go on a bike ride with us. I want him to want to go on the skateboard. And I want him to want to go down to the beach, rather than being like 'ah no I don't want to go', so yeah, we have to do things that we want him to do in the future and he'll get used to it.

As with much of the literature, it is common that mothers to feel they are responsible for being a role model and influencing their children's behaviours (Mailey et al, 2014; Hesketh et al, 2017; Song et al, 2017). Yet, it seems that although she understands she is a role model, her personal behaviours counteract her desires for her son's behaviours. Although this mother understands her responsibility as a role model, it did not always encourage changes in her behaviour. This contradicts Miller and Strachan (2020) and Mailey et al (2014) who conclude mothers adapt their behaviours as a result of feeling like a role model. This is further evidence that the 'good' mother ideals are idealistic, one set of rules or norms cannot account for the range of mothers, families, and circumstances. The realities of motherhood can be complex, imperfect, and unpredictable, judging all mothers with the same parameters would not be beneficial.

### **'Evil' Technology**

It was not just the feelings and behaviours of the mother that were discussed with regards to being a good mother, but the decisions they made regarding their children's behaviours. This essentially refers to the caregiving part of the perfect mother discourse. Childhood and PA studies explore that in today's technology driven world, children are spending increasing amounts of time sedentary using technology (Dwyer et al, 2008; Reilly, 2010; Hinkley et al, 2012). In literature like that of Hinkley and McCann (2018) and Hesketh et al (2017) technology is often understood as a threat to the holistic health and social development of new generations, while some of this literature notes the academic benefits of technology use, it seems that in the minds of parents, the worry and negatives outweigh the benefits (Hinkley & McCann, 2018). McDaniel and Coyne (2016) explore the difficulties that parents face with regard to limiting their child/ren's screen time in today's society. They explore having experienced issues with their children's social skills and even behaviours when being forced away from technology. Hiniker et al (2016) is an additional study that explored the issues of technology use by both parents and children. While they used quantitative methods, therefore understandings and explanations were not gathered, their results found that often children and parents are on different pages with regard to the topic of technology. This literature

has begun to explore the feelings and difficulties faced by parents in an ever-growing technological world.

All of the mothers in this study discussed their desire to encourage their children to be increasingly physical active, usually noting their motivations as discouraging extended periods of time using technology and 'screens'. These two concepts often came hand in hand, as a result of wanting to limit screen and sedentary time, physical activity and active play was increased. Charlie, a busy working mother with two boys, discussed her clear goal to encourage and enforce her children to be active: "I can't have my kids always on their screens or watching TV or whatever, if it's not raining outside go and run around" (Charlie). Another key example was Rose, a young first-time mother with a young child. She expressed her worry that her child will grow up surrounded by technology, therefore, to encourage more PA she would encourage increased PA from as young as possible:

She will get properly used to being active and playing sport if that's what she wants to do as she gets older. I just don't want her to grow up and want to sit behind a screen. I want her to have good social skills, you know some kids these days that spend all their time on the computer just struggle to interact and it's not what I want for [child's name].

Rose was concerned about her child's social skills and PA levels from an early age, thus illustrating how strongly she felt regarding the negative influence technology could have. She was distinct in what she desired for her child and was willing to enforce changes from a young age to encourage her child to have the behaviours and attitudes she desires. Rose did not acknowledge the benefits of technology use from her child, she merely discussed her dislike and her goal of limiting its use throughout her child's life.

The participants in this study were uniform in terms of their attitude toward screen time of their children. In some form, all mothers explored their desire to decrease screen time and increase PA, some suggesting that having high amounts of screen time was bad motherhood. Josie discussed that she was happier and appreciated that her children didn't want

to sit on technology for extended periods, essentially recognising that some behaviours of their children affect the way they are judged and feel as a mother:

We take them as much as we can between their sport commitments and work because we'd much rather they be there into all that kind of stuff and not just sitting on their tablets all the time. Don't get me wrong they do enjoy playing their games or whatever they do these days, but it's limited, usually when they are tired.

It can be understood that this expectation placed on mothers to influence their children in a specific way can lead to women receiving a sense of accomplishment when they feel this has been achieved, or they are successfully fulfilling their role as a good mother. Additionally, from the discussions with mothers, it appeared that such pressures were resulting in increased time and effort spent physically active and surrounded by the outdoor environment. Mothers were seeking to balance time on technologies by fostering a love for PA and outdoor activities. From a holistic health and child development approach, this can be understood as a positive thing for the children, creating active habits from a young age (O'Reilly, 2010; Hesketh et al, 2017).

Alternatively, this societal pressure was felt strongly by Joan. She understood and felt this pressure, and fully understands what is expected of her, but struggled to strongly adhere:

Like they have their online games, and thankfully they still play together so that's good and they get into them. I make sure they don't spend too much time on them because I think if you left them alone, they would lose most of the day sitting in front of them without even realising. I try not to be too harsh on them because I think so much of what we do these days is on screens so making them a totally negative things isn't what I want. But yeah, they are a bit of a mix, they like running around and LOVE swimming, but also can sit still on their computer or watching a movie too.

She suggested that there was no official rule book yet that parents are judged on. This aligns with Litter (2013), who explores that the expectations placed on mothers are often complicated, leaving mothers to find their own way. This confusion and essentially worry were reported by Radesky et al

(2016) who interviewed mainly mothers, but some fathers and other caregivers, who suggested that they are uncertain as to the amount of technology they should be allowing their child to use. Lentz et al (2014) explored “how much is too much” with regards to young children’s technology use. Literature like this has moved from the concept of trying to delay when young children interact with technology and now aims to inform parents that limiting technology use for the purposes of holistic health, psychological development, and social interactions. Studies including Hesketh et al (2017)’s systematic review has noted recommendations of the time spent on technology and is even split regarding the reason for use. However, for mothers like Joan and Radesky et al (2016)’s participants, this information is not readily available and could be deemed idealistic as it does not account for the realities of raising young children and family life. A key contribution of my research, however, is how mothers are working to counter screen time (and perform ‘good mothering’) by working extra hard to ensure their children are engaging in outdoor activities, sport, and PA.

### ***Outdoor Environment***

Not only did mothers feel strongly about increasing PA and reducing time on ‘evil’ technologies, but they also placed greater emphasis on increasing kids and family time outdoors. Oliver et al (2010) study Pacific Island childhood PA and obesity. It was a key finding that children and mothers were influenced by the weather in NZ, good warm weather had a direct impact on higher PA levels. It can be explored that the mothers with young children living in the Bay of Plenty are influenced by the outdoor environment and coastal living. According to Vanessa: “I love being near the beach for him, it opens up so many more opportunities that kids living away from the coast don’t get. Like his dad has taken him out paddleboarding and surfing already in the summer”. This mother discussed how she felt privileged to live in an environment with such a safe and easily accessible outdoor space, believing it was the best kind of environment to raise her children. The environment and encouraging sustained PA participation were also important to Alex, so much so that even with a pre- walking aged child, she is openly discussing residing in a location to meet the PA needs of her child/ future children:

That's why we want to make sure that when and where we end up buying a house, the school that he goes to is like a decent school that has things that we're interested in. He's not going to be a massive surfer and go to like [name of school] primary in Welcome Bay, because those kids don't really live near the beach enough to surf. So, we really need to think about that when we do buy a house. What is that school into?

The outdoor environment was a reiterated talking point for the mothers of the Bay of Plenty with mothers like Ellie: "The kids never stop moving /playing and especially love playing in the garden in all weathers". Alex discussed that the weather is influential to how much they want their child to be outdoors, however, recognises the Bay of Plenty as having generally sunny and warm weather, so it is not a big issue for her. The fact that the environment was a highly discussed topic for the participants of this study, generates the thinking that there are ample factors in life that influence mothers' decisions and practises as caregivers. The outdoor environment was important for these BoP mothers, however studies conducted in other locations would likely find other factors that influence mothers.

### **Mothers Roles in Managing Children's Physical Activity**

One way in which the mothers of this study varied from one another was their feelings regarding their role in dictating and influencing behaviours of their children's PA and screen time. Literature from Edwardson and Gorely (2010), Jago et al (2010), and Bentley et al (2012) understand that parents' decisions and behaviours are what affect the feelings and behaviours of their children. This can be supported by the Theory of Planned Behaviour, which that understands that individuals' attitudes and perceived 'norms' are what influences behaviours, specifically in regard to health behaviours (Godin & Kok, 1996). This was supported by Lily who discussed her deliberate and active role in encouraging PA in her children:

My baby plays a lot a lot of sport. Once again that's probably because I pushed her into a lot of stuff. But she really seems to enjoy.... My approach with her was different in that I kind of forced my elder two into a lot of stuff, whether they liked it or not, and then they grew to

love it. Or at least got to accept it ha ha. But with her, we tried a lot of different sports, and then she got to choose which ones to keep on.

Lily discussed this topic light heartedly, she felt confident in sharing her decisions regarding her parental role in influencing her children's PA practises. She recognised that her approach was 'different' but stood by her passion regardless of the pressures she felt from other mothers around her. Lily's attitude in relation to actively focusing on increasing her children's PA practises, and from a young age, was most apparent in this study. Multiple mothers, in their own way, concurred with Lily and consciously ensured increases in PA and reductions in sedentary behaviours. For some of the mothers in this study, ensuring their children were active was a sign of 'good motherhood', just as sedentary or overweight children might be seen as a sign of 'bad motherhood', and thus to be avoided at all costs.

On the other hand, Hesketh et al (2012) found parents perceive their children to be naturally active, therefore don't see their role in encouraging PA as important. This was supported by Hannah, who discussed the nature of their child was what drove the high level of PA and lower levels of screen time: "She's just always on the go like I never have to encourage her. Constantly up and running around no matter what day or time it is, usually makes me get up and do stuff with her". Suggesting that it was irrelevant how Hannah felt, those behaviours were dictated by her child. This idea that mothers' influence is not needed to encourage high PA in their children was agreed upon by Vanessa:

I love how active he is, looking at other kids that have to be forced to go outside, they just want to sit behind the screens and the TV, and I don't feel like [child's name] is like that. Don't get me wrong, like all kids he loves watching cartoons now and then and playing his games on the computer sometimes. But all you have to do is mention getting up and playing outside or anything like that and he loves it. You can see it makes him happy.

As with other qualitative literature exploring motherhood, mothers' views of their role and responsibility vary considerably (Pocock et al, 2010; Hesketh et al, 2017). Here I have shown the

range of discussion explored by the mothers of this study, but other mothers sit somewhere within these views. Furthermore, Pesch et al (2015) recognise that this discussion regarding mother's influence on children's nature, in reality, is dynamic, it can change within varying aspects of life and also the age of the child/ren, these mothers have shared the experiences and views to date, but it is recognised that even the same mothers will have different realities at another point in time.

### **Chapter Summary**

Overall, when exploring findings from the literature, both childhood and public health studies recommend lowering sedentary behaviours (which in today's world is associated with technology use) and increasing PA practises in children (Lentz et al, 2014; Hinkley & McCann, 2018). This literature has influenced society and mothers to dictate and direct their children's behaviours, even from the pre-walking stage of life. Plowman et al (2010) suggest that this fear of technology in relation to its use or overuse by young children is increasingly driving many parents' practices around regulating online time and encouraging outside play and PA. All mothers in this study recognised and appreciated that this is how they want to raise their child/ren, identifying it as a high priority. Notably, Joan recognised that the amount of technology to allow was difficult to determine, but all mothers consciously and confidently aspire to limit technology (screen time) and increase PA practises of their children and think of it as their responsibility as primary caregiver. Physically active children appeared to be a clear symbol of 'good motherhood', and thus something all mothers worked to enable through a range of techniques, including limiting screen time but also building a love and desire for outdoor activities. This approach to 'good motherhood' was common among the mothers in this study, mothers were uniform in not only their perceptions of what is expected of them but also how they behave to achieve it.

## Chapter 7: Conclusion

This study focused on mothers with young children and their experiences of motherhood and physical. Despite a small sample (12), the mothers offered a diverse range of views and perspectives. Whereas some felt pressures to adapt their behaviours and that of their dependent children to conform to the 'good' mother discourse created by society, others rejected or negotiated such expectations. From a feminist post-structuralist stance, knowledge gained throughout life informs society's views regarding 'good' motherhood and it is often un-challenged (Spowart et al, 2008). In this study, I used a feminist post-structuralist approach to argue that this 'knowledge' is merely behaviours and views deemed by societies as 'good' or 'bad', without accounting for the realities of motherhood and family life. Mothers themselves were involved in judging and pressuring one another using the 'ideals' of motherhood are found to be how such pressures withstand time, mothers' across generations feel similar pressures, without specifically being taught 'good motherhood' practises (Maddox et al, 2020).

Throughout this study, ample feelings, and behaviours of mothers with young children have been discussed, specifically that most note similar traits in 'the good mother' discourse, however the reality results in a range of approaches. Originally, the study was primarily focused on physical activity behaviours however it can be reported that this is only one aspect of a mother's life, they opened discussion to the range of behaviours they feel are expected of them (i.e., work, childcare, physical activity behaviours). During discussions, the mothers living in the Bay of Plenty felt a pressure to participate in regular physical activity, typically in the outdoor environment; key expectations included regaining pre-pregnancy body, positive personal health behaviours, and being a PA role model to their child/ren, points that are also reiterated throughout motherhood and sociological research (Martinez et al, 2011; Hesketh et al, 2017; Prinds et al, 2020). Nevertheless, the realities and complexities of family life resulted in many mothers placing physical activity as a low priority for themselves.

Although participants felt the expectations of 'the good mother', it was more apparent in this study that mothers resisted the pressures. Much of the literature explored throughout suggests that the pressures of 'the good mother' lead to mothers tailoring their behaviours and practises to conform to societal norms as commonly mothers aim to achieve the 'good mother' label (Evans and Allen- Collinson, 2016; Henderson et al, 2016). This study did not agree, it was discovered that it is more apparent for mothers to consider and recognise what is 'expected' of them but interact with it in varying ways, including resisting the pressures and creating family routines that suit their family and desires. It is clear that the 'good mother' discourse and realities of motherhood often contradict one another. Another key finding related to employment status. This is a topic of motherhood that has changed over past decades, with multiple studies suggesting mothers are now pushed/ encouraged, and supported into returning to employment as a way of maintaining independence (Littler, 2013; Mailey et al, 2014). Most of my participants, for various reasons, did re-enter employment post childbirth. However, the pressures also informed mothers that their responsibility remains as primary caregiver to their children. These conflicting expectations result in some mothers feeling inadequate, reporting feelings of lack of time, guilt, or stress when aiming to 'keep up' with 'good' mothering. Not all mothers explore that resisting the 'good mother' norms leave them with negative feelings, however, they perceive themselves as outcasts, something they merely accept.

All discussion did not revolve around physical activity practises and attitudes, however mothers noted PA as a key discourse of the 'good' mother. When asked about their PA levels mothers began with their childhood or pre-child behaviours, followed by recognising the changes in that since becoming a mother. All participants reported reduced personal PA post childbirth. Interestingly mothers recognised PA as formal and intentional activities, including organising walks or hikes, swimming, and attending a gym. It was much less common for mothers to recognise PA as daily caregiving activities that increase their heart rate. Nevertheless, most participants expressed their desires to increase their PA levels, both for their own benefit (including socialising, health, and enjoyment), and to benefit the long-term behaviours of their children, by being a role model and

facilitators to PA. However, almost all mothers participating in this research were uncertain as to how to effectively incorporate increasing amounts of PA into their routine and that of their families.

In terms of the desired behaviours and attitudes regarding the physical activity of their children, mothers' views, and behaviours were almost uniform. In agreement with much childhood and motherhood literature, mothers understood their significant role in influencing the long-term behaviours of their children, therefore the most discussed topics included aiming to be a positive role model and enforcing increases in physical activity and decreases in technology use of their children (Thompson et al, 2010; Hinkley et al, 2012; Laws et al, 2019). Two mothers felt so strongly about encouraging their children's PA that they discussed how they will change their lives, move house to somewhere with a large garden, or to a new location to be accessible to the beach, to facilitate their child's physical activity preferences. Mothers understood the importance of creating positive PA behaviours from a young age, to encourage sustained and long term-behaviours they deemed desirable for their child/ren. A point supported by ample public health research, concluding the earlier behaviours are learnt, the more likely they are to be sustained throughout adolescents (Viner et al, 2012; Hesketh et al, 2017).

Although I was new to critical and feminist theory, engaging with the ideas of feminist post-structuralism and the related literature helped me to ask different questions of my data set and to challenge some of my own assumptions about motherhood and physical activity. Most importantly, this approach encouraged me to look at my data as more than just words and experiences of a group of mothers, but understand how they interact with society, including the workings of discourse, knowledge, and power. My approach to post-structuralism was initially focused within the analysis portion of my research, however, through an ongoing engagement with literature like St. Pierre (2000) and Markula (2018), it helped me further understand NZ society, my participants, and the social pressures placed on mothers with young children. Taking a feminist post-structuralist stance throughout this thesis has led to understanding that the concept of 'good' and 'bad' motherhood are particular ways of knowing that are shaped by broader social discourses. Many of the mothers in my

study internalised such discourses, shaping their everyday practices around their personal and familial physical activity. However, others refused to accept such discourses as 'truths', problematising dominant social constructions of 'good' motherhood to find their own path in ways that felt right for themselves and their families.

### **Research Limitations**

This study used other literature in similar fields as the basis of how and why to complete the research, however, it has to be recognised that no research is perfect. Encountering COVID-19 lockdowns, limited experience from myself as a primary researcher and without qualitative research experience, and a restricted time frame resulted in limitations in the study.

The inclusion criteria for this study involved being a mother with at least one child under 10 years old living in BoP, NZ. With regards to the population included in this study, most participants were Caucasian, at least high school educated, and no participant was in the highest level of deprivation. Other characteristics and factors were only gathered through vocal cues or observations. While explanations and understandings have occurred which have included factors outside of being a mother of a young child, they were not specifically asked to the participants therefore detailed information regarding the mother's characteristics was not obtained. As a result, detailed explanations, and understandings regarding factors outside motherhood were limited to the information volunteered by the participant and varied with each mother. This means the range of mothers, while a few differed in ethnicity and background, was limited. It has been noted by Etikan et al (2016) that voluntary research regularly involves this demographic of individuals, not a negative for this research but it must be acknowledged that a more diverse group of mothers would show varying results. Furthermore, this study was based and focused in the Bay of Plenty, New Zealand. Using other regions in NZ, or further across countries would allow for more mothers to voice their experiences and behaviours which would be influenced by different societies and 'social norms'.

The paper was conducted as a thesis project, there are deadlines and timeframes that had to be adhered to. This limited the time given to data collection, therefore fewer interviews were conducted than originally targeted. Ary et al (2018) report that recruiting, organising, and performing one-to-one interviews as one of the most time-consuming methods to adopt in research, supporting the difficulty of having a limited time frame. Additionally, in the middle of data collection, NZ was placed into a level four lockdown for over two weeks and remained in level three for some weeks after that. This made recruitment slower and more difficult due to mothers having that added pressure of working, schooling, and staying at home, which has been noted in the data collection section previously. It also resulted in around half of the interviews being completed via zoom calls, limiting the personal and social interaction this study had aimed to achieve in order to create a relaxed and open environment for the participants to share their experiences and thoughts. The lockdowns and COVID restrictions also resulted in multiple participants withdrawing interest in participating, commonly due to the lack of time they had with having to school and occupy their young children at home, something that has been noted in literature exploring the effects of COVID19 on research (Limbers et al, 2020).

Finally, research from a range of different disciplines has focused on motherhood for many decades, as with child development studies, therefore the studies discussed in this research are not the whole picture. It was not possible to include and analyse all the literature in this field, therefore those used were the most relevant for my project. Additionally, much of the literature focuses on the UK, USA, and Australia. I have aimed to use NZ specific studies where possible, however, for many topics, this was not available. Schluter et al (2011) is a study that suggested with regards to motherhood, the UK, USA, and NZ were similar therefore the literature remains helpful and informative. But it must be recognised there are differences in culture and society, therefore direct comparisons should not be made.

## Recommendations

Most findings of this study include recognising motherhood approaches as an individual. The behaviours and views of a mother caring for a young child/ren are influenced by what their society deems 'good motherhood practises' however in reality few mothers specifically tailor their behaviours and attitudes to conform to them completely. Some aim to conform in some way, however, their personal views and priorities as mothers meant they were at times struggling with all of the pressures. This research focused on the physical activity pressures placed on mothers, and how they incorporate physical activity into their family routine, however other health behaviours were not specifically discussed. Mothers considered social life and other aspects of their lives, therefore further research incorporating a wider range of lifestyle factors would be beneficial to support this study. Future research would do well to consider in more depth the impact of family structures, socio-economic factors, and cultural influences on mothers' approaches to physical activity.

Self-efficacy is something discussed in the literature, suggesting that higher self-efficacy in mothers can lead to more positive feelings surrounding motherhood pressures, in turn leading to more positivity throughout the family life, benefiting health. Jones and Prinz (2005) is a study reporting parents with limited self-efficacy due to social pressures can lead to increases in stress and anxiety, therefore negative to the health of all involved. This concept was discussed in some form in this study, parents with strong beliefs in their approach were much more confident and likely to resist societal norms for the benefit of their child/ren. A key example was Lily, a mother who felt strongly regarding the benefits of sport and PA therefore pushed against motherhood pressures to follow her own beliefs. This approach to supporting mothers was not a direct aim of this research, sociological motherhood research using a self-efficacy as a focus would be beneficial in understanding policies and practices that could better support mothers.

Furthermore, as discussed above, most participants were either NZ born, or from Western societies, therefore there is limited data regarding the views and PA practises of other cultures

within NZ. As an increasingly multicultural society, insight into the experiences of NZ mothers of varying cultural, ethnic, and religious backgrounds is needed. While I anticipate that the pressures, ideals, and expectations of motherhood will vary from mothers from different social, cultural, and religious backgrounds, there is also the potential of considering how these are taken up, lived, felt and negotiated in the broader context of Aotearoa New Zealand. Gaining this type of information would enhance our understanding of the multiple realities of motherhood in New Zealand for women with young children. As I have only lived in New Zealand for four years, I continue to learn about the cultural complexities of NZ society. This project offered rich insights into mothers' diverse experiences about physical activity and its influence on their children's own physical activity practices, an area that has received limited scholarly attention in NZ to date. My hope is that this thesis contributes to an ongoing conversation about how best to support mothers in Aotearoa New Zealand in ways that recognise and celebrate their diversity, creativity, and strength.

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### **Appendix 1- Interview Schedule**

What types of physical activity do you prefer/ participate in most?

Do you feel that your physical activity behaviours have changed since becoming a mother? If so, how?

Are there any barriers to your participation in physical activity? If so, what are they? Did you come up with any strategies to try to overcome these barriers?

What are your main motivations to participating in physical activity? What do you enjoy most from your participation?

Do you ever feel that there are pressures to be a physically active mother? If so, what are these and where do they come from? How to they make you feel?

Who or what are the biggest influencers to your physical activity behaviours? Has this changed since becoming a mother?

How physically active is your child/children?

Do your children witness your physical activity or participate with you? If so, please describe these experiences. If not, why do you think that is?

Who do you think are the biggest influencers to your child's physical activity participation?

Who do you think most influences your child's attitudes surrounding physical activity? How much do you feel you influence their physical activity, and how?

Who were the biggest influencers to your childhood physical activity and your attitudes towards physical activity?

## Appendix 2- Ethical Approval

The University of Waikato  
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Human Research Ethics Committee  
Roger Moltzen  
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THE UNIVERSITY OF  
**WAIKATO**  
*Te Whare Wānanga o Waikato*

30 June 2021

Natalie Connolly  
Te Huataki Waiora, School of Health  
DHECS  
By email: [natalie-connolly@hotmail.co.uk](mailto:natalie-connolly@hotmail.co.uk)

Dear Natalie

**HREC(Health)2021#43 : Physical Activity Experiences of Mothers with Young Children:  
Barriers, Practises and the Influence on Children's Behaviours and Attitudes**

Thank you for your responses to the Committee feedback.

We are now pleased to provide formal approval for your project.

Please contact the Committee by email ([humanethics@waikato.ac.nz](mailto:humanethics@waikato.ac.nz)) if you wish to make changes to your project as it unfolds, quoting your application number with your future correspondence. Any minor changes or additions to the approved research activities can be handled outside the monthly application cycle.

We wish you all the best with your research.

Regards,

A handwritten signature in black ink, appearing to be 'RM' followed by a flourish.

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**Emeritus Professor Roger Moltzen MNZM**  
**Chairperson**  
**University of Waikato Human Research Ethics Committee**