Original Article

The impact of motherhood on the everyday lives of women with children aged 0 to 4 years

O impacto da maternidade no cotidiano de mulheres com filhos de 0 a 4 anos

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ABSTRACT

Introduction: Historically, the development of social roles has assigned women responsibility for domestic and family care. Since the Industrial Revolution, women's working hours have increased, which has led to overload and occupational imbalance, especially among mothers. **Objective:** This study aimed to understand the impacts of motherhood on everyday life and on participation in meaningful occupations among mothers of children with typical development aged 0 to 4 years. **Method:** This cross-sectional, descriptive, and exploratory study used a predominantly qualitative approach, conducting in-depth individual interviews with nine mothers. Snowball sampling was used to recruit volunteers, and thematic content analysis was utilized as the data analysis strategy. **Results:** The results reveal occupational disengagement and significant impacts on everyday life, particularly in the children's first year of life, as well as a marked disparity between men and women in the division of tasks related to childcare. **Conclusion:** These impacts result from several factors, including the imposition of gender stereotypes, the mental load associated with mothering, and inequality in the division of domestic and parental tasks; to bring about an effective reduction in maternal overload, structural and cultural changes in society are required.

Keywords: Mothers, Activities of Daily Living, Occupational Therapy.

RESUMO

Introdução: Historicamente, o desenvolvimento dos papéis sociais atribuiu às mulheres a responsabilidade pelos cuidados domésticos e familiares. A partir da

Revolução Industrial, houve aumento da jornada de trabalho feminina, o que levou à sobrecarga e ao desequilíbrio ocupacional, especialmente entre mães. **Objetivo:** Compreender os impactos da maternidade na vida diária e na participação em ocupações significativas de mães de crianças com desenvolvimento típico de 0 a 4 anos. **Método:** Trata-se de pesquisa transversal, descritiva e exploratória, com abordagem predominantemente qualitativa, que utilizou entrevistas individuais em profundidade com nove mães. Utilizou-se o método Bola de Neve para captação de voluntárias, e a análise temática de conteúdo como estratégia de análise dos dados. **Resultados:** Os resultados revelam desengajamento ocupacional e impactos significativos no cotidiano, principalmente no primeiro ano de vida dos filhos, além de grande disparidade, entre homens e mulheres, na divisão de tarefas relacionadas aos cuidados infantis. **Conclusão:** Esses impactos resultam de diversos fatores, como a imposição de estereótipos de gênero, a carga mental associada ao maternar e a desigualdade na divisão das tarefas domésticas e parentais. Para que haja efetiva redução na sobrecarga materna, há a necessidade de mudanças estruturais e culturais na sociedade.

Palavras-chave: Mães, Atividades Cotidianas, Terapia Ocupacional.

Introduction

Historically, social roles have been divided in ways that compel women to undertake domestic, reproductive, and caregiving work within a relationship of domination and exploitation (Biroli & Quintela, 2021). With the onset of the Industrial Revolution, rapid industrial expansion required a growing labor force, which promoted women's entry into the labor market and added another work shift to women's everyday lives (Silva et al., 2022). Women's participation in paid work intensified alongside feminist struggles, and multiple work shifts consequently became normalized.

Motherhood, which is present in the lives of many women, entails a range of practical, planning, and organizational activities related to the everyday care of children. Combined with psychological, bodily, and social changes, these demands may lead to distress and illness because of the need to reconcile multiple roles and tasks (Andrade et al., 2024).

Child socialization grounded in gender stereotypes encourages boys to develop skills oriented toward the labor market and to assume responsibilities in the public sphere. By contrast, girls are socialized for the domestic sphere and taught from an early age to value motherhood and the caregiver role (Xavier & Freitas, 2022). As a result, social pressure leads women to accept motherhood as a social imperative, disregarding their individual choices, reinforcing their subordination, and depriving them of control over their reproductive function (Xavier & Freitas, 2022). Nevertheless, subtle signs of social change can be observed: women increasingly engage in paid work, and men seek to be more present and to offer greater care and affection to their children. In this context, fathers appear available and involved in childrearing, although mothers remain the primary caregivers, even when fathers share caregiving and responsibilities (Gabriel et al., 2017).

This context underscores the need to expand knowledge about mothers' everyday lives, since occupational therapists can intervene by supporting mothers in attributing meaning to their activities, both those performed as mothers and those associated

with other roles, promoting occupational balance. Occupational therapy can be understood as a profession that fosters autonomy and independence among people who face difficulties or barriers to participating in everyday occupations because of physical, psychological, or social obstacles. From this perspective, occupational therapists intervene to facilitate engagement in occupations that enable active participation in life, to support and promote participation in everyday activities, and to address factors that influence such participation (American Occupational Therapy Association, 2020).

Accordingly, it is necessary to broaden understanding of the occupational difficulties experienced by women who are mothers, their perceptions of changes in the distribution of occupations in everyday life, and the roles they perform. Based on the analysis of these demands, evidence can be generated to support the planning of effective interventions. Therefore, this study aimed to understand the impacts of motherhood on everyday life and participation in meaningful occupations among mothers of children with typical development aged 0 to 4 years, to describe these mothers' perceptions of their participation in everyday life, and to examine differences between mothers' and fathers' roles in caring for an infant.

Method

This cross-sectional, descriptive-exploratory study adopted a qualitative approach. To understand the impact of motherhood on the everyday lives of women who are mothers of children aged 0 to 4 years, in-depth qualitative interviews were used as the data-collection strategy, with the aim of giving voice to participants and obtaining a richer account of their motherhood trajectories and changes in their everyday lives.

Participants were selected using snowball sampling (Vinuto, 2014), a nonprobability sampling technique guided by referral chains. The first participants were invited in a pediatric waiting room at a Primary Healthcare Unit (UBS), and their referrals led the study to a daycare center that assists staff, faculty, and students on the campus of a public university. In this way, key informants were identified, who then referred other individuals who met the study inclusion criteria. Recruitment was discontinued when theoretical saturation was reached (Fontanella et al., 2008).

Participants voluntarily agreed to participate in the study and signed an Informed Consent Form (ICF). Interviews were conducted between 2022 and 2023 and were audio-recorded, transcribed verbatim, and analyzed for their content. Thematic content analysis, as proposed by Bardin (2016), was used to identify recurring themes in search of empirical categories or patterns across groups, also considering a priori categories derived from the interview guide.

This study was submitted to the Research Ethics Committee of the Hospital das Clínicas de Ribeirão Preto and approved under protocol no. 5.174.878. All participants received and signed the IFC.

Results and Discussion

The study was conducted with mothers of typically developing children aged 0 to 4 years. Nine women aged 29 to 37 years were interviewed; their children ranged in age from 3 months to 2 years.

Regarding sociodemographic characteristics, four participants had graduate-level education, four had completed undergraduate education, and one had not completed undergraduate education. In terms of occupation (employment), six women were employed, which directly affected household income. Three of the nine women were unemployed and had lower economic levels, with per capita household income of up to two minimum wages of Brazil. Four women reported income between two and three minimum wages, and two reported income between three and four minimum wages.

An important point to note is that eight participants self-identified as White, and one self-identified as mixed race. This participant had the lowest educational level among the group, was the youngest, and reported the lowest per capita household income, which may indicate a racial bias that could not be examined in depth because it was not an aim of the study and because of the small sample size.

With respect to social support networks, three participants reported relying only on the child's father to share caregiving responsibilities, five received support from family members, and one reported having paid support, in addition to the child's father. Among these mothers, six reported being married, two reported being in a stable union, and one reported being single. It is worth noting that, even when a child did not live in the same household as the father, contact between them was daily in all cases. A summary of participant characteristics is presented in Table 1.

Content analysis identified two overarching themes: (1) Occupation and everyday life and (2) Motherhood/gender stereotypes. These overarching themes gave rise to seven thematic categories and eight additional subcategories, as illustrated in Figure 1.
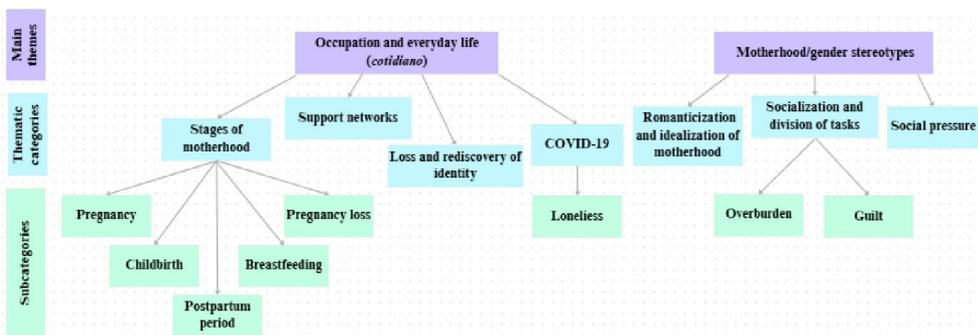

Figure 1. Results of the thematic content analysis.

Occupation and everyday life

The women's narratives show that motherhood significantly transformed their everyday lives, affecting all spheres of life. The narratives indicate that the effects of the maternal role are tangible and wide-ranging, particularly during the infant's first year of life (Arteiro, 2017). This initial period is marked by profound changes in mothers' meaningful occupations, affecting their occupations in different ways:

> *When my son was born, I think I went about three days without brushing my teeth, not even once. (M4)*

Table 1. Sociodemographic characteristics of the participants.

Participant	Age (years)	Child's age (months)	Race/color	Marital status	Education	Profession	Employment status	No. of people in household	Per capita income (MW)
M1	29	3	Mixed race	single	incomplete undergraduate education	administrator	unemployed	6	up to 1
M2	33	12	White	married	graduate education	nutritionist	formal employment	3	3–4
M3	36	12	White	married	graduate education	teacher	unemployed	4	1–2
M4	37	12	White	stable union	undergraduate degree	secretary	formal employment	3	2–3
M5	33	8	White	married	undergraduate degree	accountant	self-employed	3	3–4
M6	36	12	White	stable union	graduate education	chemist/ lecturer	formal employment	3	2–3
M7	34	24	White	married	undergraduate degree	homemaker	unemployed	3	up to 1
M8	32	24	White	married	undergraduate degree	personal trainer	self-employed	3	2–3
M9	33	24	White	married	graduate education	military firefighter	formal employment	3	2–3

Note: MW = minimum wage.

The impact of motherhood on participation in social and leisure activities also deserves attention, as it was reported only when mothers were accompanied by their child, possibly because support networks did not recognize the need to engage in these occupations.

In this way, the pressures and demands associated with motherhood are reflected in a noticeable restriction in participation in everyday life and engagement in meaningful occupations, leading mothers to experience difficulties in balancing their responsibilities and maintaining their quality of life, with effects on the overall structure and content of everyday life.

Another relevant issue is changes in family routines, which emerged as a recurring and unanimous concern among participants, indicating a complete reorganization of family patterns and expectations to meet the needs of the new family member, who becomes the center of attention (Williamson et al., 2022).

Occupation and everyday life – stages of motherhood

Gestation

None of the mothers reported severe complications during this period. However, it should be noted that all participants were pregnant during the COVID-19 pandemic; therefore, the context added an additional burden of concerns and emotional challenges. The social isolation required to contain viral transmission limited mothers' access to traditional support networks, such as family and friends, which often resulted in feelings of loneliness and anxiety. In addition, uncertainty about the future and health, both for their children and for themselves, fear of infection, the need to adapt to new safety protocols, and the distress of attending medical appointments during a public health crisis increased emotional strain.

> *And then the pregnancy was a bit psychologically turbulent because, when I found out, I even get emotional, I was alone because I had a sore throat (...) I was very scared because I had some pains a few weeks earlier that I even believe were because of the pregnancy, but I ended up going to the hospital and everything. So, since I had been to the hospital, I got worried and told my husband, Let's isolate, right? Because he has bronchitis, he has some respiratory problems, and we did not know anything, right. So, he stayed for a few days at the shop, his shop, so we were not even seeing each other, and then he was anxious, he wanted to know, right? (M6)*

> *I was afraid to set foot in the hospital and catch COVID, pass COVID to my son, and my son die and I die, I was terrified of all of that. (M4)*

> *(...) I found out I was pregnant in January 2021, but we had been in the pandemic for almost a year, so there was total isolation. It was a very lonely pregnancy for me, extremely lonely. (M9)*

Childbirth

Participants reported that they wanted a vaginal delivery (commonly referred to in Brazil as 'normal delivery'); however, outcomes differed, with six cesarean deliveries among the nine participants. One of the most salient concerns was frustration associated with forming expectations about a vaginal delivery and, after hours of labor, needing a cesarean delivery.

> *And her birth, I really wanted it to be a normal delivery, and it ended up not being. (M1)*

Additionally, a highly relevant aspect highlighted in the accounts was obstetric violence, reported as verbal, psychological, institutional, and physical violence. The women described episodes involving lack of information and lack of consent, as well as invasive procedures performed without clinical necessity. These experiences generated feelings of disempowerment, disrespect, and trauma, often marked by coercion, humiliation, and abuse of power by health professionals. It is worth noting that the high prevalence of unnecessary interventions during labor may compromise the health of both the woman in labor and the newborn (Zanardo et al., 2017).

Regarding the discrepancy between the desire for a normal delivery and the high incidence of cesarean delivery, it is important to emphasize that, although cesarean delivery is an essential medical intervention in many cases, it has frequently been adopted as a preferred option by health professionals. This choice reflects not only medical factors but also social, cultural, and structural aspects of the health system, which often deprive women of the desired experience of normal delivery and impose unnecessary risks to maternal and neonatal health (Flores & Mello Netto, 2023).

The high cesarean rates observed in this study are not an isolated finding but rather reflect a national reality in which more than half of births occur by this route. This proportion contrasts with the recommendation of the World Health Organization (WHO), which considers a cesarean rate of up to 15% to be ideal (Batista Filho & Rissin, 2018).

Postpartum

The experiences shared by the mothers point to the phenomenon known as "baby blues" and to the mood fluctuations that characterize the postpartum period.

> *(about her postpartum experience) (...) that was the hardest part for me. It was very hard, I cried a lot, practically every day I cried. (M9)*

> *So, the postpartum period was like this, full of this absurd emotional burden. (M6)*

The transition to motherhood involves substantial emotional and physical challenges, and when there is no adequate support system, mothers may feel even more overloaded and unwell. Several structural changes occur in the brain and may increase vulnerability in the mental health of new mothers (Barba-Müller et al., 2018). Moreover, lack of time to adapt to the new family dynamic because of pressure to rapidly resume other responsibilities and roles contributes to increased stress and anxiety (Arteiro, 2017).

Breastfeeding

Concerning obstacles were identified that hindered full breastfeeding as desired by the participants. All mothers in the sample reported wanting to breastfeed;

however, one of the main challenges was lack of knowledge about the difficulties inherent to this process, compounded by the absence of adequate preparation for this stage. Lack of appropriate care further intensifies this problem, since many health professionals neglect or underestimate the importance of exclusive breastfeeding. This scenario is aggravated by encouragement to use artificial nipples and infant formula, promoting early weaning (Lubachevski & Martins, 2021) and conflicting with women's wishes.

> *Look, if breastfeeding does not work, give formula. (...) He stopped nursing like that; he nursed for only one month. (M3)*

> *And I also had an inexplicable pain when breastfeeding. (M7)*

These findings highlight the gap between mothers' desire to breastfeed and the reality of inadequate support to enable breastfeeding. Although extensive literature indicates that breastfeeding should be encouraged because of its maternal and child benefits, medical practices that discourage breastfeeding by promoting artificial nipples and formula are a reality fostered by the breast-milk substitute industry (Velasco et al., 2022), which limits full access to the desired breastfeeding experience. According to these authors, more than two thirds of health professionals working in pediatrics and well-child care experience pressure from the breast-milk substitute industry, despite prohibitions established by the Brazilian Code for the Marketing of Foods for Infants and Young Children, Nipples, Pacifiers, and Baby Bottles (NBCAL) and by Law No. 11.265/2006 (Brasil, 2006), which prohibits granting financial or material benefits to individuals. It is also important to consider that women who are mothers experience pressure to exclusively breastfeed, framed as a compulsion that assigns sole responsibility for breastfeeding success to the woman and restricts her ability to choose not to breastfeed, based on her conditions and wishes.

Pregnancy loss

Finally, it is relevant to report that the subcategory of pregnancy loss emerged empirically, revealing that one third of participants had experienced this painful event. Pregnancy loss not only involves profound emotional distress but also triggers the need to process bereavement that is often not recognized or validated by society (Menegat et al., 2021). The women reported a trajectory of pain and helplessness as they coped with feelings of injustice, guilt, and a profound sense of loss. In addition, uncertainty about the possibility of a subsequent pregnancy added distress and anxiety, highlighting the complexity of maternal grief and the need for meaningful and compassionate support during this challenging period.

> *I had a pregnancy before my son and I lost it, it was a miscarriage, and that even caused me a certain trauma (...) It is a delicate topic, kind of complicated to talk about. (M6)*

Occupation and everyday life – support networks

This thematic category proved highly heterogeneous regarding the support networks available to mothers, the type of support provided, and the individuals involved. However, all women who are mothers agreed that maternal overload would be reduced if they had broader support networks and a more equitable division of tasks related to childcare.

> *I have it in my mind that I would need a support network that is truly present. But we do not have that. We are also very used to linking a support network to family, so it is me and the father, and the father is not a support network, the father is the father. (...) Actually, I do not know whether it would really be a matter of a much better-designed public system so that we had conditions, for example, to have a work week not of forty hours, but of twenty hours. So that I could, I do not know, leave my son at daycare for half a day and, the other half, he would be with me. Or even if he stayed the whole day, but that I would have, I do not know, half the day I work and the other half, I will dedicate myself to other things. (M4)*

According to the mothers interviewed in this study, a diverse network of people is involved in childcare; however, family members, schools and/or daycare centers, and nannies were mentioned most frequently. The reported support networks were thus divided into paid and unpaid care. This occurs because some families are physically distant or experience disrupted relationships; therefore, fathers and, especially, mothers must assume childcare responsibilities or rely on paid support. In addition, support for childrearing is not limited to the physical aspects of care, as it also involves the organization, planning, and logistics of childcare, extending into domestic work.

Accordingly, support networks are understood as essential as a coping strategy (Brito & Faro, 2017; Yamamoto, 2024), but they must accompany the child's development, since children's dependence extends for years. In other words, support needs to be sustained over the long term to be effective. In this sense, mothers with fewer financial resources are exposed to more severe and prolonged occupational disengagement because they cannot pay for support services such as daycare, a nanny, or holiday programs when these are not provided free of charge by the State.

Along these lines, the need emerges for structured actions to develop public policies that provide women who are mothers with the support required to engage in their own occupations (Seibel et al., 2017):

> *(...) I think it is really a matter of public policy; mothers are not seen. Mothers, actually, it is not that they are not seen. They are deliberately placed in a space outside this one, a space of exclusion, a space in which, like, your job is this, I do not know, it is to provide labor for the capitalist labor market, that is it. That is your job, and caregiving, which is a job that is not recognized, that is not paid, that is nothing. (M4)*

Occupation and everyday life – loss and rediscovery of one's own identity

As for the issues and individual characteristics that constitute women's identity, several points should be highlighted. First, the predominance of the mother role over other roles emerges. Given the need for involvement, dedication, and self-sacrifice in caring for an infant, especially in the early stages, mothers often prioritize the maternal role over other roles (Arteiro, 2017). Because infants are entirely dependent for survival, this prioritization is intensified. When combined with postpartum-related issues, a drastic disruption of everyday life, and routine changes associated with new occupations, this predominance may lead to a sense of loss of one's own identity (Williamson et al., 2022).

> *I think that especially in the beginning you have to deny yourself a lot, and you have to disappear. And I understand that you have to disappear, because it is such a huge symbiosis with the baby that there is no longer, there is no longer a woman, it is a mother, it is a breast, you know? [laughs] (...) I thought that it might be, in some way possible, for me to exist beyond a postpartum woman, and no. (M4)*

Furthermore, it is important to underscore that, through society's lens, women are no longer recognized as persons and become entirely mothers, and are even expected to devote themselves exclusively to this role (Hirata & Kergoat, 2007; Xavier & Freitas, 2022). This directly affects women's perceptions of themselves, and full-time mothering is tied to social pressure to raise good citizens by being a good mother and raising children well (Damaceno et al., 2021):

> *(...) you are no longer [mother's name], you are someone's mother, and people always put you in the role of someone's mother, as if you stop being an individual. (M1)*

Another relevant point concerns a period of adaptation that may extend beyond the physiological postpartum period and entails a restructuring of women's lives and psyche (Arteiro, 2017). In this sense, women rediscover their own identity and make a series of adjustments in how they are, live, and think. This unfolds as a process and, during this period, uncertainty, questioning, and internal disorganization emerge. Through work of redefining oneself and appropriating the role, this process may evolve into a better understanding and organization of the self:

> *Sorry (...) for still having my thoughts so mixed up in my mind. (...) I think it also reflects this phase I am in as a mother. (M6)*

> *I feel like I am still rediscovering myself. (...) I do not miss my previous life; I miss a me that I cannot find. (M5)*

> *(...) it is what I have been looking for to this day in my life, it is to know who I am after I became a mother. (M4)*

Occupation and everyday life – impacts of the COVID-19 pandemic

This category emerged empirically and yielded three ways of interpreting the COVID-19 pandemic. The first concerns feelings such as fear, distress, and anxiety about the life and health of the mother–infant dyad, given frequent exposure to health services where they could potentially be infected at a time of uncertainty about the disease.

A second perspective expressed in the narratives was a positive view of the father's staying at home, even under a home-office work arrangement. This created the possibility of sharing childcare more effectively, reducing the mother's overload, and providing greater support during the postpartum period. In addition, after maternity leave, some mothers were able to work from home and remain close to their child for a longer period:

> *(...) because the pandemic was not entirely bad for us. I returned from my leave in April, and we were still working from home. So I only really went back out, to work outside the home, in June. (M2)*

> *So, the pandemic, for us, was very good because my husband could stay at home. So I thought it was great because I did not experience that sense of loneliness. (M8)*

Additionally, the COVID-19 pandemic contributed to the social exclusion of women who are mothers and affected their engagement in meaningful occupations. Occupations such as work, social participation, leisure, Activities of Daily Living (ADL), and Instrumental Activities of Daily Living (IADL) were harmed because of the need to reconcile childcare within the same restricted space, the home. Thus, having children and being their primary caregiver directly affects mothers' occupations. Nonetheless, with the social isolation imposed by the pandemic, these impacts on everyday life intensified (Silva, 2024).

Finally, some reports suggest that the pandemic directly affected women's rights during childbirth and increased obstetric violence (Paes et al., 2021).

Maternal loneliness

According to the narratives, this paternal absence, which can occur even when the man remains in a relationship with the mother and lives in the same household, leads to a sense of loneliness that becomes more pronounced at night, with the child's awakenings:

> *He does not wake up at night. So at night it was always me. Very lonely, everything. (M3)*

In addition, fathers who can take paternity leave return to work very early, which increases the mother's burden of caring for the baby and also restricts her contact to the newborn, contributing to loneliness:

> *My husband took vacation, stayed with me for a month, and then after a month and a half I was already alone with her (...). Then you think you are going to have a baby, and you will have company, that there will always*

> *be someone with you, and at the same time you feel alone. So I felt alone, I cried a lot. (M9)*

> *So, and at the beginning I also felt very bad because, like, the day after I had my child, he worked. So that crushed me. (M2)*

The loneliness experienced by mothers has its roots in childhood socialization based on gender stereotypes. Girls are encouraged to engage more in tasks related to care. As children, they are expected to play with dolls and domestic toys such as kitchen sets, watch cartoons, and read stories involving princesses and the search for "Prince Charming" and "happily ever after." All of this aims to involve women, when young and as adults, in the domestic sphere and to prepare them to take responsibility for caring for children, family members, and the household (De Beauvoir, 2019; Sousa & Guedes, 2016). By contrast, boys are socialized for the public sphere, with toys and behaviors that valorize environmental exploration, aggressiveness, and self-prioritization (Brito & Paula, 2014).

From this, it is understood that, when these children become adults, they tend to act according to how they were socialized in childhood. Thus, after fatherhood, men tend not to be involved in childcare and domestic work, which contributes to women's overload (Gabriel et al., 2017). In this way, women remain, even if implicitly, responsible for most of the work of raising children (Sousa & Guedes, 2016).

Motherhood/gender stereotypes

Within this overarching theme, which generated three subthemes and several subcategories, women who are mothers discuss the myths of motherhood and the ideal of the perfect mother, as well as how these expectations of perfection affect them. The accounts also highlight gender inequities and the resulting overload, since fathers often continue to live their lives as usual, or experience only limited changes in their routines, whereas mothers give up meaningful occupations to mother, leaving the maternal role as the only remaining role, with consequences for identity and health.

Motherhood/gender stereotypes – romanticization and idealization of motherhood

The emergence of this empirical category indicated that the romanticization of motherhood and the idealization of maternal perfection are directly related, and are driven by the myth of maternal instinct and unconditional love (Xavier & Freitas, 2022). This myth reinforces a cycle that sustains the idealization of the maternal role, imposing an unattainable standard of conduct that may hinder the construction of the mother–child relationship:

> *It was all very strange because everyone would say, oh, it is unconditional love, but after a while, it is not that kind of unconditional love right away, as soon as the baby is born. You know? So over time, it was a process. (M3)*

This account illustrates the problem of presuming a maternal instinct, since the belief that maternal love should emerge instantly may shape how mothers experience and build this bond. Contrary to this social expectation, the mother–child

relationship develops gradually (Xavier & Freitas, 2022). In addition, demystifying motherhood helps other women develop a more realistic perspective of what it means to be a mother, allowing for a more informed decision about motherhood. This is particularly important given that many of the women interviewed in this study reported having expectations about motherhood that did not align with the realities of being a mother:

> *No, I did not imagine that it would be that hard, I did not imagine it. So my expectation was really that, right, the baby nurses, sleeps, poops or pees, and cries to nurse or to sleep, and it was not like that. (M9)*

> *Wow. So I was fooled! Because it was nothing like what I saw. (M5)*

The romanticization of motherhood strongly influences how women are viewed socially in relation to identity and autonomy, assigning the maternal role as an obligation through socialization into motherhood:

> *When I said I did not want to be a mother, apparently, I have said that since I was very young, since a time I do not even remember saying it. So it was always, oh, you will be a mother, yes. (M1)*

The idealization of the perfect mother permeates multiple cultural spheres and, within the Judeo-Christian tradition, is reinforced by the figure of Mary, who bore a child while still a virgin and renounced everything for the child's ascension and fulfillment (Damaceno et al., 2021). Although renunciation is spiritual in this context, this notion extends into other spheres of maternal life, suggesting that women should give up their ambitions to devote themselves exclusively to raising children. Within this logic, idealized motherhood excludes any expression of distress, which can lead real women to feel inferior when they experience difficulties in this role (Xavier & Freitas, 2022). Thus, deconstructing this idealization becomes essential by desacralizing the maternal figure and allowing mothers to be seen as people who can make mistakes and experience imperfection. By acknowledging the challenges of raising children, space is created for acceptance and mutual understanding, reducing social judgment.

At the same time, men are socialized for the public sphere, in which they are encouraged to seek professional success and excel at work. From an early age, boys are encouraged to develop labor-market-oriented skills and to assume responsibilities in this sphere (Brito & Paula, 2014). By contrast, girls are socialized for care and taught early on to value motherhood and the caregiver role. This idealization of motherhood as a central role in women's lives can profoundly shape how women are seen and valued by society.

The romanticization of motherhood also generates social pressures that foster compulsory motherhood, turning the desire to be a mother into a social imperative and disregarding women's individual choices. This process perpetuates women's subordination, limiting autonomy over reproduction and women's own wishes (Xavier & Freitas, 2022).

Compulsoriness is the outcome of a historical process that produced a misogynistic, capitalist, racist, and controlling society, persuading people to

cultivate interests involuntarily. From this perspective, compulsory motherhood is understood as a reflection of a historical process that conditioned women to perform the maternal role, often regardless of whether their personal desires align with motherhood (Biroli & Quintela, 2021). This is evident across history, in which women have been driven to devote themselves to motherhood and to childcare in accordance with social demands and expectations (Damaceno et al., 2021), leading to guilt associated with not meeting these imposed standards (Ávila, 2020). In this sense, motherhood can be understood as a moral burden imposed on women, who face challenges and pressures to meet social expectations. Moreover, this romanticization stigmatizes women who choose other paths, producing feelings of inadequacy and exclusion.

Thus, this idealization can restrict women's autonomy and freedom by defining a single path to female fulfillment, limiting individual choices and negatively affecting identity, self-knowledge, and self-determination. In addition, when motherhood is treated as an unquestionable and innate myth, its romanticization may constrain the diversity of experiences and paths available to women, contributing to the reproduction of restrictive gender stereotypes and norms (Xavier & Freitas, 2022). Meanwhile, men are often valued based on their professional success and their ability to provide for their families, perpetuating a gender dichotomy that constrains possibilities for both.

Motherhood/gender stereotypes – gender-based socialization and division of tasks

The central premise in this category is that there is an undeniable inequality between mothers and fathers in tasks related to raising a child, grounded in gender roles and stereotypes. This inequality appears in the women's narratives, sometimes explicitly and sometimes implicitly, through accounts that include justifications and compensatory statements.

> *(on whether there are differences in childcare between fathers and mothers) Yes, I think much more is required of me. (...) For men, no responsibility for the child falls on them, to the point that if a man does not want any responsibility, that is fine, but as a mother I cannot choose to have no responsibility. I could not, even if I wanted to, I could not be a father. (M1)*

Maternal overload

The women's narratives address the mental load and fatigue. Much of this content arises not only from conducting daily activities involving the home, childcare, and other areas of life but also from the mental load involved in managing these activities. Mental load can be defined as the work of managing, planning, and organizing everyday practical activities, and as discussed earlier, women are socialized to perform both the practical and the mental work related to caring for the family and the home. In this sense, even when fathers participate in these aspects, the mental load still falls primarily on the mother, overburdening her and producing stress and fatigue (Pontes et al., 2019; Ballarin et al., 2016).

For some of the mothers in this study, this was a recurring theme and, when asked about the most prevalent feeling in their experience of motherhood, their accounts reflect this reality:

> *Fatigue, fatigue. And even a little sense of injustice, you know? I tell my husband, having a vulva means you do not have many choices. (M8)*

> *Honestly, it is fatigue. (...) I wanted to say something beautiful like love and all that, but the first thing that comes to mind in motherhood is fatigue, mental exhaustion, absurd mental exhaustion. (M5)*

From childhood, boys are taught to be assertive, competitive, and independent. They are encouraged to explore the world around them, take risks, and pursue success in areas such as career and leadership (Brito & Paula, 2014). By contrast, girls are socialized to be kind, empathetic, and caring. They are encouraged to value interpersonal relationships, collaboration, and caring for others. These social expectations shape boys' and girls' aspirations and goals, influencing their educational and professional choices throughout their lives. These differences in socialization are also reflected in the division of domestic tasks and family responsibilities in adulthood (Gabriel et al., 2017). The division of labor is often justified on the basis of gender stereotypes that attribute women's "natural" caregiving abilities and associate masculinity with productivity and professional success (Sousa & Guedes, 2016).

However, this division of tasks is unfair and unequal, and reflects broader inequalities in power and opportunity between men and women in society. Women often face a disproportionate burden of unpaid work, which limits their opportunities for full participation in professional and public life (Biroli & Quintela, 2021). In addition, this unequal division of tasks can create tension and conflict in relationships.

Mothers' mental load, which was already substantial before the baby's arrival, becomes even more oppressive as they are burdened by constant concerns about their children's well-being and development, alongside the everyday demands of care (Ballarin et al., 2016). These findings underscore the urgent need for recognition and support for mothers, not only during the postpartum period, but throughout their motherhood trajectory, to help them address these challenges and find a healthy balance across their multiple occupations.

Therefore, promoting a more equitable division of tasks in society requires challenging and deconstructing the gender stereotypes that sustain this inequality. This requires a collective effort to redefine social and cultural norms that constrain the potential of men and women and reinforce gender hierarchies. It is necessary to promote inclusive, equitable education that challenges traditional gender roles and encourages equal opportunities for all. Furthermore, ensuring women's participation in politics is fundamental (Biroli & Quintela, 2021), supporting the development of public policies and practices that assist work–family balance, including paid parental leave, accessible childcare, and workplace flexibility.

Guilt

Maternal guilt operates as a trap that women are repeatedly compelled to confront, as they are pressured to behave according to a gender system that continually produces

inequities. In this sense, guilt emerges as a consequence of direct and/or indirect submission to social pressure to become a perfect mother, combined with not meeting this impeccable model. This becomes clear in the accounts of all women: guilt arises in multiple domains of motherhood and shifts depending on the child's developmental stage.

According to the data, guilt permeates several issues, including returning to work, wanting time alone, leaving the child in the care of others, or enrolling the child in daycare, among others. The following excerpts illustrate this theme and the influence of the maternal ideal in producing maternal blame:

> *I cannot make mistakes; I cannot allow any failure. (M6)*

> *Wow, mom, am I a bad mother because I want to go back to work? (M9)*

> *And I also felt guilty several times when, because of fatigue, I thought about not having any more. Wow, I should not have had another child, I should not have had a child, right! (M7)*

An important point raised by some mothers was the tendency to blame only the mother, when childcare should be a shared responsibility. Fathers have a responsibility to provide care and to ensure children's rights as established by Brazil's Child and Adolescent Statute (ECA).

Motherhood/gender stereotypes – social pressure in performing the mother role

It is possible to observe how the idealization of perfect mothering creates pressure on mothers across the different stages of mothering. This pressure comes, directly or indirectly, from the people around them, that is, someone may offer opinions or assign tasks to the mother. Moreover, this pressure to perform perfectly may stem from systemic organization, childhood and adolescent socialization, exposure to social media, among other factors (Ávila, 2020), as illustrated in the following excerpt:

> *It is a social pressure that is already intrinsic to me, like, from what we learn about what it means to be a mother or how to perform the role of a mother. No one is telling me you have to do it this way or that way, but there is a voice that is in everything, in anything I do, including being a mother, and maybe especially being a mother, because it is the most important role in my life so far. Or at least right now it is the most important. So, there is social pressure, but it is not direct, it is not that visible, it is not that easy to cut off. (M4)*

Additionally, it is important to note that some participants in this study understand social pressure to perform mothering perfectly only in its direct form. As a result, they report that they do not experience this microaggression or are not affected by it, even though their narratives still reflect the need to appear to be a "good mother." In this

sense, many do not recognize the social structure built to reinforce women's need to become mothers and to prescribe how they should behave after becoming mothers (Damaceno et al., 2021), as illustrated by the following:

> *It is funny because at the same time they judge you for not being a mother, they will judge you if you are a mother, so it will never be enough, it will never be good enough. (M1)*

Based on analysis of the data, it is possible to state that all participants experienced, at least indirectly, social pressure, which may come from strangers, relatives, close family members, and even a partner. In other words, even people who should form part of a support network may also take on the role of demanding and pressuring mothers to perform the ideal of the perfect mother. This may destabilize women's mental health, particularly during the postpartum period (Santos et al., 2022). In addition, participants who recognized their exposure to social pressure reported feeling it continually.

> *(on whether she has ever experienced any social pressure in performing motherhood) Oh, definitely. All the time, all the time. (...) So, the pressure is constant. Constant. Oh my God! In everything, in everything. (M6)*

Final Considerations

Motherhood significantly affects women's everyday lives, altering their engagement in multiple occupations and influencing identity, mental health, and autonomy. The imposition of gender stereotypes, the mental load associated with mothering, and unequal divisions of domestic and parenting tasks are central factors shaping this dynamic.

The idealization of motherhood imposes an unattainable standard of perfection on women, grounded in myths of maternal instinct and unconditional love. This romanticized view creates the social expectation that women can achieve fulfillment only through motherhood, which affects their identity and restricts their choices. Compulsory motherhood, as a product of a historical and cultural structure that links female identity to caregiving, also contributes to the social pressure many women face when deciding whether to have children. This imposition reduces women's autonomy over their choices and perpetuates gender inequality.

Gender-based socialization is directly reflected in the unequal division of domestic and parenting tasks. While many fathers experience only limited changes in their everyday lives after children are born, mothers report giving up meaningful occupations and having their routines entirely reshaped to meet the demands of mothering. Even when fathers participate, the mental load of managing everyday responsibilities falls predominantly on women, producing physical and emotional exhaustion. Society continues to expect mothers to be the primary caregivers, whereas fathers may choose their level of involvement. This asymmetry reinforces barriers for women to remain in or return to the labor market, compromising financial independence and professional development.

Pressure to be a "good mother" also triggers intense guilt, whether for returning to work, wanting leisure time, or delegating childcare to others. This occurs because society

assigns mothers exclusive responsibility for children's well-being while simultaneously judging their choices, creating a paradox in which any decision may be criticized.

In this sense, motherhood profoundly reshapes women's everyday lives, often limiting engagement in other occupations and imposing substantial overload. Therefore, it is urgent to critically examine motherhood stereotypes, as well as to promote public and State initiatives that support greater participation of women who are mothers in political and governmental positions through expanded public policies, as social organization does not offer all mothers equal opportunities, support for childrearing, and professional support. For women to fully exercise their rights and potentialities, it is essential to question and transform the structures that perpetuate inequities, ensuring a more just and inclusive environment for all.

Given that occupational therapists are responsible for understanding the meaning of everyday occupations and their relationship to health and identity, their work in the context of motherhood may occur at different levels. At the individual level, occupational therapists can support women who are mothers in reorganizing routines and seeking greater occupational balance, and they can also promote intersectoral initiatives to raise awareness about gender issues and prevent violence. At the community level, occupational therapists can strengthen support networks by coordinating with health services and social organizations, providing welcoming spaces, and creating opportunities for mothers to share experiences. Another relevant area involves developing health education activities focused on the stages of motherhood and on coping strategies that expand social participation. Additionally, educational processes aimed at reducing gender inequality constitute a promising field for intervention. Thus, a range of possibilities for occupational therapy practice is evident, directed at mitigating the effects of occupational disengagement and occupational imbalance experienced by women who are mothers.

Finally, the qualitative nature of this study underscores that the findings are limited to the context in which it was conducted. This can be considered a limitation, as the small number of participants and the relative homogeneity of profiles preclude generalization. Nevertheless, the qualitative analysis contributes meaningfully to understanding the experience of motherhood from an occupational and gender perspective. Considering social markers of difference and their relationship to health and violence, future research should use larger and more diverse samples, ensuring the participation of women made vulnerable by socioeconomic context and greater diversity in race and skin color.

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