MOTHERHOOD, EXAMINING THE SOCIAL WELL-BEING AND SOCIAL SUPPORT OF
MOTHERS DURING THE COVID-19 PANDEMIC

A DISSERTATION

SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS

FOR THE DEGREE OF DOCTOR OF PHILOSOPHY

IN THE GRADUATE SCHOOL OF THE

TEXAS WOMAN'S UNIVERSITY

DEPARTMENT OF SOCIAL SCIENCES & HISTORICAL STUDIES

COLLEGE OF ARTS AND SCIENCES

BY

SONYA K. HOLMES, L.M.S.W.

DENTON, TEXAS

MAY 2023

DEDICATION

I would like to dedicate this dissertation to my entire family. My family, both immediate and

extended, has constantly served as my source of motivation and purpose for pursuing this

endeavor and seeing it through. To my husband and my two oldest girls who have endured

countless hours of late-night study sessions at random coffee shops, put up with my anxious

behavior, but never wavered in their support of me completing this arduous task. To my

youngest angel who was conceived and born during this project, you'll one day understand the

labor of love that accompanied your arrival.

ACKNOWLEDGMENTS

This dissertation would not have been possible without the guidance and support from my committee members, Dr. Bones, Dr. Gullion, and Dr. Ricks. Especially Dr. Bones, who has been a constant source of encouragement, but has also guided me in the process of quality and thorough research.

ABSTRACT

SONYA K. HOLMES

MOTHERHOOD, EXAMINING THE SOCIAL WELL-BEING AND SOCIAL
SUPPORT OF MOTHERS DURING THE COVID-19 PANDEMIC

MAY 2023

The COVID-19 pandemic has undoubtedly exposed levels of well-being for all human beings. This research project aimed to bring light to the experiences of mothers' and how social support factors affect the social well-being of women who are during the COVID-19 mothers during the period of a pandemic. Previous research studies have examined mental health during periods of crisis and natural disasters; however, very few studies examine how these impacts vary and are influenced by economic factors, race, and social support of mothers during the COVID-19 pandemic. Research shows that women, many of whom are mothers, feel a high level of stress and anxiety when faced with uncertainty during a pandemic, such as COVID-19. This study analytically examined the social support variables that affected social well-being of mothers during the COVID-19 pandemic and how socioeconomic factors influenced perceived and received support. Specifically, this dissertation presents five hypotheses.

Quantitative methodology and correlational design were utilized to assess the research questions and hypotheses. The majority of participants were white student mothers residing in a southwestern, suburban college town. Results indicated that there was no significant difference amongst racial groups, social support, parental responsibility, employment, and income. When examining education, there were significant differences in the well-being of mothers. Mothers with higher levels of education result in lower levels of well-being than mothers with lower education levels. Social support did not show significant difference on education. Findings from

this study can be used to contribute to literature, policy, and optimistically, responsiveness to

well-being disparities of mothers during times of crisis.

TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

CHAPTER I

INTRODUCTION

Mothers have had an immense responsibility for the protection of children for centuries

and this responsibility has grown with the occurrence of catastrophic world events such as

earthquakes, hurricanes, floods, and health pandemics such as COVID-19. COVID-19 (C-19P) is

a fatal virus that has infected more than 101 million individuals and has resulted in the death of

more than 2.18 million people as of 2021 (Koutsakos et al., 2021). The complications of the

virus have proven to be deadly. When not deadly, individuals are still at risk of adverse effects of

the virus, both directly and indirectly.

Mothers having to manage through a health crisis, such as C-19P, have revealed some of

the negative effects related to motherhood, which includes concerns about their health and well-

being. Research reveals C-19P posing not only threats to one's physical health, but also one's

mental health (including fear of death or becoming ill), losing family members because of the

illness, losing livelihood including employment and income, and being socially excluded from

family and friends (Adhanom, 2020). The long standing physical and mental consequences

present increasing concerns to this public health crisis. The uncertainties of the virus have

resulted in elevated mental and behavioral health conditions including anxiety, depression,

substance use, trauma, and stress (Czeisler et al., 2021).

COVID-19 Pandemic Hardships

Health pandemics, such as the C-19P, have devasting effects on the population

economically, sociologically, and psychologically, more than any other hardships our society has

collectively experienced in decades (Sachser et al., 2021). Businesses across the United States

have struggled to survive since the start of the pandemic (Genn, 2021). Small businesses were

1

forced to close their doors due to being considered "non-essential." As of April 2021, about 81%

of the country's workforces experienced closure (Wei et al., 2021). When examining the

historical disadvantages women have experienced in the labor force, it is no surprise that many

studies predict job loss for women far more than men during the pandemic. Kerr et al. (2021)

highlights in recent studies that women, more than men, suffered job losses. School closures

made it more difficult for parents who struggled to maintain employment, balance time and

financial pressures, maintain caregiver roles to minor children living at home (Baron et al., 2020;

Kerr et al., 2021), and adjust to virtual learning platforms.

Mothers – Something Has to Give

For women who are mothers, the role of motherhood has never been more important than

having to protect and care for minor children during traumatic events such as a pandemic.

Because of gender biases and societal expectations of mothers, motherhood during a pandemic

may look very different. Historically, caregiver responsibilities have rested on women as the

"doers" of household work and child rearing (Thèbaud et al., 2021). Researchers found that one

in three working mothers in the U.S., who have minor children to care for in their homes, are

constantly under pressure to carryout 60% - 90% of household responsibilities (Lamar et al.,

2019). Studies also show that mothers who experience high pressures to adhere to work and/or

family demands are at a higher risk of experiencing depressive symptoms and overall low

psychological well-being (Hess & Pollmann-Schult, 2020). More so, mothers who are also

college students were found having a difficult time managing careers, parenting, and college and

often had to alter their work and education plans to meet the expectations of family and childcare

demands (McConnon et al., 2022).While enduring the same hardships as the rest of the world,

trying to survive C-19P, mothers were also taking on the roles of teacher, tutor, and technology

guru. All the while simultaneously adjusting to various virtual learning platforms and managing the expectations and duties of an employer. Maintaining caregiver roles, traditionally assigned to mothers, has proven to increase levels of stress for mothers experiencing the hardships that Covid introduced. In addition, the imbalance of roles responsibility poses challenges affect mothers more than fathers. Pew Research Center (2020) found that 36% of mothers reported childcare duties while working from home compared to 16% of fathers. Mothers also reported being treated as if they were not committed to work, passed over for important assignments, and promotions more frequently than fathers (Barroso & Kochhar, 2020). On average, single mothers are more likely to be employed with lower paying job, low job control, and high psychological demands (Dziak et al., 2010). Studies also reveal the growing emphasis on the need to pursue higher education, specifically for mothers, to reduce the historically high levels of socioeconomic bias and discrimination. Because of this phenomenon, it is no surprise to learn that one in four college students are parents (Augustine et al., 2018).

Mother's Well-Being and Social Support

According to Pain and Lanius (2020), it is common to see an increase in psychological distress after a disaster or pandemic and the amount of time it takes one to recover varies. During the C-19P, studies reveal mothers have felt increased stress and an immense desire for in person support from peer, family, and healthcare providers (Snyder et al., 2021). When support is lacking, mothers' feelings of isolation and general disconnection from healthcare support team increase (Chatwin et al., 2021). During times of crisis, individuals' often experience stress and their perceptions of what is accessible as support to lower stress is often based on "supportive or unsupportive interactions" (Rivers & Sanford, 2021, p. 317).

Mothers' well-being is dependent upon social support systems. Social support is most obtained from systems in which we have access and interaction. However, the interaction between people and the social environment has taken a major shift since the start of the C-19P. Families have experienced additional stressors by way of government mandates that have forced social isolation. Studies found that mothers' reported concerns with confidence, stress, and anxiety, which were further complicated by public health orders to stay home (Ollivier et al., 2021). Mothers who did not have the options to stay home due to work force duties were asked to choose between sending their children to school and risking C-19P exposure, or not sending them to school, which puts more strain on their two roles as parent and provider. This often challenges one's social well-being, resulting in the need for intervention. Unfortunately, access to interventions such as healthcare and counseling services are not equally accessible to all people.

Differences in access to services such as counseling, medical interventions, and other services have been shown to be racially driven (Printz, 2021). Oppressed groups, such as women and minorities, are also at risk of healthcare disparities. Research reveals there is an unfortunate overlap between C-19P risk factors and the disproportionate impact on minorities (Moore et al., 2020). When considering race, minority mothers, specifically Black mothers experience greater impacts to psychological well-being than other racial groups (Mendenhall et al., 2013). The compound of race and gender add additional strain to accessing much needed social support during a pandemic. Because of persistent disparities experienced by people of color deeply rooted in social and economic inequalities, and a lack of trust in a political system, research attributes higher infection rates and mortality among people of color to be complex with several factors causing these disparities (Williams, 2020).

Research supports the fact that experiences during the C-19P have been most difficult for mothers due to social expectations, gender biases, caregiver responsibility, and disadvantages in education, income, and social support systems. Sandra Harding, known for her postcolonial and feminist perspectives, believes that it was necessary to understand women's lived experiences and perspectives and how these experiences shape how they understand the world, both socially and politically (Harding, 1997). The purpose of this study is to examine to what extent does social support protect the social well-being of mothers during C-19P. This study also aims to examine the social well-being and social support of mothers in college. The model included controlling for race, number of children, and the age of children (0-18) living in the home. Other control variables included income, employment status, relationship status, level of education, and age of mothers caring for child/children during a pandemic.

Problem Statement

The problem addressed in this study is whether social support has an influence on the well-being of mothers who struggle with uncertainty when caring for their minor children during a pandemic, such as C-19P (Xiong et al., 2020). More specifically, this research addressed motherhood experiences from mother's residing in a southwestern suburban college town. Zamarro and Prados (2021) found that 49% of mothers reported to have higher levels of psychological distress when compared to fathers. For student mothers, studies found supporting evidence of coping difficulties due to the added demands of higher education and adjusting to online learning platforms (Zhoc et al., 2022). Some mothers were fearful of getting sick themselves because over 690,000 people succumb to the disease (Centers for Disease Control and Prevention [CDC], 2021). Social disruptions, such as that of a pandemic, increased levels of

distress (Prime et al., 2020) and demonstrated the low levels of well-being mothers were experiencing during a pandemic.

The struggles mothers face during pandemics include the inability to work and provide childcare, forced to leave the workforce to care for children, and financial constraints due to the need to reduce hours to provide care for children in the home (Baker 2020). Due to added stressors, research reveals parents are more likely to experience increased risk to their mental health when compared to non-parents (Goldberg et al., 2021). In recent studies, it was shown that mothers experienced higher levels of stress in family roles compared to fathers when parenting roles and financial stress were key issues in the family (Carroll et al., 2020). Stress increases exposure to damaging effects to one's mental well-being resulting in or created from "pandemic related fears and phobias" (Taylor, 2021, p. 1). Additional stressors such as social isolation, fear of contracting the virus, and feeling inadequate to protect your children from contracting the virus are all factors that increased the risk of suicide among vulnerable populations (Le et al., 2020).

<div align="center">**Significance of Study**</div>

The study aims to examine the relationship between social support and social well-being of mothers and student mothers in a southwestern suburban college town, who struggle with uncertainty when caring for their minor children during a pandemic, such as C-19P. Also, the study seeks to understand to what extent the number of children, age of children, age of mother, current pursuit in higher education, income, health insurance status, relationship and employment status relates to social well-being and social support for mothers during C-19P. By understanding social determinants of well-being for mothers during the C-19P, we can better identify risk associated with social and emotional functioning. Research reveals that when social

and emotional function are low, there is an increase in negative responses to stress such as increase in child abuse, exposure to the development of health conditions and an inability to maintain healthy relationships which can result in impacting social support systems (Giallo et al., 2020).

Research also reveals when understanding social factors and how race effects sociological well-being of mother during pandemics, we can better identify race specific risk and understand how catering social support factors to the needs of black mothers to improve social determinants of health such as income, education, food, housing and access to healthcare (Cousin et al., 2021). Attention should also be given to working mothers pursuing higher education and how times of uncertainty such as a healthcare pandemic, impacts their ability to adjust as a student, mother, and employee. Inequalities in power still exist as it is built into our institutions and healthcare systems which is why it is important to study what aspects may impact motherhood during a pandemic. Research must address these gaps in evidence-based knowledge for marginalized groups so program and policies may be developed to improve social support to marginalized groups such as mothers during a pandemic. If we continue to ignore this area in research, society will continue to feel the residual impacts for years and decades to come.

Research Questions and Hypothesis

1. To what extent does race, SES, and motherhood predict social well-being during the current COVID-19 pandemic?

2. How does social support affect the relationship between motherhood and social well-being during the current COVID-19 pandemic, controlling for demographic and socio-economic variables?

Hypotheses

Hypothesis 1, On average, White mothers and student mothers have higher mean levels

of social well-being than other groups during COVID-19.

Hypothesis 2, As privilege increases (high SES, fewer motherhood responsibilities), so

does social well-being.

Hypothesis 3, As social support increases, so does social well-being for mothers and

student mothers caring for minor child/children during the current COVID-19

pandemic.

Hypothesis 4, The effect of race and privilege are partially mediated by social support,

thereby increasing levels of social well-being.

Hypothesis 5, The pathways to high social well-being will differ based on racial

identity.

Theoretical Framework

Social Support Theory

Social support theory (SST) is the theoretical framework selected for this study. Social scientist often uses the biopsychosocial model (BSP) to connect behavioral, psychological, and social aspects to understanding one's medical condition (Jull, 2017), or for the purpose this study, one's well-being. Sociologists understand the importance of integrating social aspects of the BSP model which are most overlooked. Social indicators include systems such as a spouse, family, community, employer, income, culture, and religion and all influence well-being. Social support is defined as resources that are provided through social relationships, that are both emotional and tangible (Chronister et al., 2021).

Figure 1

Biopsychosocial Model

Biopsycholocial approach to understanding health

Biology

Psychology

Health

Social context

Gender
Physical illness
Disability
Genetic vulnerability
Immune function
Neurochemistry
Stress reactivity
Medication effects

Learning/memory
Attitudes/beliefs
Personality
Behaviours
Emotions
Coping skills
Past trauma

Social supports
Family background
Cultural traditions
Social/economic status
Education

Note. Research Gate, by S. Taukeni, 20 p. 1. Copyright 2020 by Psychology and Psychiatry

SST examines how people perceive support, receive support, and how they evaluate their satisfaction with the support received (Eagle, David, et al., 2019). Gist-Mackey and Guy (2019) described social support as a method of delivering (1) information which results in decreased levels of stress and more sense of control, (2) emotional support, a method of providing affection, love, and concern that is communicated (3) appraisal support, a method of evaluating to provide constructive feedback, and (4) instrumental support which includes financial, physical, and resources. When these components are missing, especially during stressful times such as a pandemic, psychological well-being also tends to suffer. Consideration of how social support systems have been impacted by the C-19P is necessary to understand levels of well-being for mothers because well-being is indicated by positive or negative exchange with social support systems. Herbert Blumer describes these responses as *symbolic interactionism* which

argues that "an individual's social essence lies in a continual process of personal definition of and interpersonal negotiations about social situations" (Levine, 1995, p. 30). In understanding the experiences of mothers during pandemics, I am drawn to the knowledge that experiences are different due to the social constructs of race and inequalities.

Definition of Terms

COVID-19 – For this study, the term COVID (C-19P) is an infectious disease known to be highly contagious and fatal to those exposed (Sansonetti, 2020). The disease originated in China, and the infection spans from being asymptomatic to having severe respiratory symptoms (Ryan et al., 2020). C-19P is a type of coronavirus known as SARS-CoV-2 (severe acute respiratory syndrome coronavirus), resulting from the outbreak of two pathogenic respiratory coronaviruses that is believed to be zoonotic in nature (Perlman, 2020). Benziman (2020) defines the C-19P virus the worst infections the world has faced since the Spanish flu of 1918, more than 100 years ago.

Mother – This study defines mothers and motherhood as a role assumed biological and non-biological. Biological describes a woman who gives birth to a baby (Segen & Pogson, 1992) and remains a primary caregiver for the child. Non-biological includes individuals who assume the role of primary care. This includes adoptive parents, grandparents, stepparents, aunts, kinship, or any non-relative female who accepts legal responsibility for children living in their home.

Pandemic – For this study, pandemic is defined as a significant threat to health and global security often resulting in engaging in social distancing to reduce the impacts of a virus or disease (Davis et al., 2016). The outbreak of a heath condition that spreads globally, such as the C-19P virus, often results in the death of millions of people (Grennan, 2019).

Social Support - Social support is defined as resources that are provided and generate by social relationships, that are emotional and tangible, and foster well-being (Chronister et al., 2021). This term describes human interactions and how it contributes to one's health and well-being (Ries et al., 2017). There are several studies that emphasize the power of social supports as a necessary resource that provides love, care, and assistance (Huang et al., 2020) accomplished through emotional, instrumental, and informational systems (Kelly et al., 2017). There is an intimate connect that show correlation of positive health outcomes and high levels of social support (Eagle, David, et al., 2019)

Social Well-Being – Expert's efforts to define social well-being has resulted in numerous findings using several different instruments to measure. For this study, social well-being is first defined by explaining well-being which is an individual's experiences with emotions and moods that are positive (happiness and contentment) or negative (depression and anxiety; CDC, 2018a). Well-being is generally influenced by social interactions with people and places that provide collective goods that help meet one's basic needs (Bakar et al., 2015). Examining mother's experiences during a pandemic as it relates to social well-being provides knowledge that will help nurture positive well-being.

Assumptions, Limitations, and Delimitations

Assumptions

This study requires having certain assumptions about people and situations, of which cannot be proven or verified, but are deemed true (Wolgemuth et al., 2017). The first assumption is that participants have experienced the phenomenon under study. The study was conducted during a pandemic and assumptions suggest mothers have been affected during the pandemic. To mitigate these concerns in future research, conducting a longitudinal study change made to

11

mothers over time during the pandemic (Watson, 2015) Another assumption is that participants are not overwhelmed with stress so that participating in the study becomes a further source of stress. In the event participation in the increases stress, a list of resources was provided to include American Psychological Association (APA), Psychology Today, and Find a Therapist. This study also assumes that participants provide truthful and accurate accounts of their experiences. The study mitigates for these assumptions by providing a larger enough samples size to overcome deficiencies in the study. Providing a large enough sample size provides statistical evidence that allows results to be generalized and representative of a specific population (Goertzen, 2017). Lastly, assumptions are made that all participants meet all the requirements for participating in the present study. Providing detailed criteria during recruiting and again on the consent form all participants much acknowledge before completing survey helps to mitigate for participants who fall outside the research criteria.

Summary

Understanding social support and well-being for mothers during a pandemic offers many benefits. When knowledgeable about ways to lessen risk and improved social functioning for mothers during stressful times such as a pandemic, there is an increase in opportunities for higher well-being. This study aims to identify if mothers and student mothers in a Southwestern suburban college town, generally have access to social support and feel positive well-being, and if this served as a protective facture during the C-19P. Researchers have argued that social determinants of well-being (race, income, educations, marital status) are factors that when overlooked, causes poor well-being (Cameron et al., 2020). This chapter provided information about the problem, purpose statement, research questions, theoretical framework, definitions, assumptions, and limitations**.**

CHAPTER II

REVIEW OF THE LITERATURE

Chapter 2 of this dissertation will review literature that is associated with "Motherhood, Examining the Social Well-being and Social Support of Mother's during the COVID-19 Pandemic" as it relates to social support among mother during adverse times such as a health pandemic. This section will also discuss sociological and psychological factors that may affect the well-being of mothers during a national and international health pandemic. This section will examine theoretical models of social support and dimensions of both sociological and psychological well-being and how both have influenced mothers during the C-19P.

Social Support Theory

Conducting this study required utilizing the SST. The theory has been utilized in many studies over the past four decades. The history of social support included a connection to earlier studies from the theory of social integration, which was the idea that people were connected to social groups (Alaszewski & Manthorpe, 1995). According to Eskandari and Baratzadeh Ghahramanloo (2020), the SST itself was developed in 1994 by a researcher known as Francis Cullen. There were several dimensions identified within the original SST, which included instrumental, emotional, informational, and appraisal support. Cullen was a criminologist who found that these social support dimensions was useful for decreasing the probability of defiant behaviors among criminals. Recently, in a 2019 study, Sendra et al. found that social support was also useful for increasing overall motivation and well-being in people.

Other researchers also developed variations of the theory that were similar to the original creation. For instance, Howe-Huist (2013) identified several categories of social support that included physical support, emotional support, and informational support. While some of these

dimensions were not new, informational support was a new development. This theoretical model was also created for use in the field of criminology, and these researchers argued that social support implicitly informed the criminology field since the 20th century. The theory was also useful when defined as perceived or actual provisions provided by social networks (Thamas, 2015).

Researchers argued that many facets of a community made up a social support network. For instance, Thamas (2015) posited that social networks included family members, community members, co-workers, friends, and governmental units that offered social programs. Other studies defined social networks as an individual's ability to secure and integrate social contracts (family and friends) and support from social environments, especially during times of adversity (Kordish, 2019).

Researchers have found that social support was a necessary component in society and humans were social beings who needed social interaction with each other to maintain their psychological well-being. Philosopher, George Herbert Mead, argued that without this social interaction, individuals were unable to understand their experiences as individuals (Carter & Fuller, 2016). Researchers determined that a need for social support in people's lives was usually from a psychological or physical resource perspective, with the goal of improving people's quality of life (Guo et al., 2021). The focus of the SST was a focus on the need for emotional and tangible support provided through social relationships. The social support network developed from relationships people built with family, co-workers, friends, and community (Alsubaie et al., 2019). Following are discussions on the principles of social support used in the present study.

Emotional Support

Emotional support was a dimension of the SST, which had a focus on the emotional needs of humans, that included concern and empathy from others (De Choudhury & Kiciman, 2017). Klyver et al. (2018) also argued that emotional support was receiving empathy from others and perceiving that people were listening and paying attention to their emotional needs. These researchers found the way people coped during times of uncertainty was influenced by their feeling and the level of comfort they had when sharing their feelings with others. Klyver et al. indicated that people with emotional deficits and low levels of perceived emotional support were usually unable to receive other types of support such as instrumental support or physical support.

Studies argue that perceived support provides a sense of empowerment (Chun & Lee, 2017). Perceived support may be provided through social networks, having a sense of community, and family and friends (Thamas, 2015). Other studies define perceived support a how one views their access to adequate social networks (Feeney & Collins, 2015). Klyver et al. (2018) studied the benefits of emotional support among a group of entrepreneurs and found that receiving emotional support was often surprising because people felt a sense of belonging and became overwhelmed by the perceived emotional support received. Others felt disappointed and often irritated when the level of emotional support expected from others was not received, and often made excuses for why such expected support was not forthcoming. These results demonstrated that people thrive better when receiving emotional support and a lack of this support created negative emotions in many professionals.

One of the most influential ways people can use emotional support is among people who suffer with terminal illnesses. Ray et al. (2019) studied the influence of emotional support among

people faced with a cancer diagnosis. The results showed that emotional support through words of comfort, perceived genuine concern, and perceived sympathy from a social network, there was an improvement in the overall emotional state among patients. Ray et al. argued, emotional support was more beneficial to people compared with other dimensions of the theory. The argument suggested that this was because benefits were focused on participants perceived overall improvements in quality of life and self-efficacy. These arguments indicate that receiving emotional support is of paramount importance in social groups, especially during times of trauma or distress.

Instrumental Support

While emotional support is beneficial to people during times of need, researchers found that instrumental support, also known as physical support, was very beneficial. Instrumental support is another dimension of the SST, which was used when focusing on support through acts of performing physical assistance with tasks (Mathieu et al., 2019). Task relevant assistance includes assistance with physical chaos such as housework, childcare, or shopping. Mathieu et al., (2019) also argued that receiving instrumental support through tangible resources also indirectly met socioemotional needs. Cross et al. (2018) described instrumental support as physical support being provided through several different types and levels including financial assistance, extended family assisting during times of illness, and transportation.

Social support can be received through many outlets to include family, friends, and communities. Cross et al. (2018) conducted studies examining extended family, social support, and support networks within families and found differences in how support is perceived and received by race and socioeconomic status. When comparing African American and White American families, these researchers discovered discrepancies in support provided and received.

Recent studies examining social support and coping among African American women who were pregnant showed African American families are less likely to give and receive support (Giurgescu et al., 2015) while other studies found that African American families were more likely to give and receive support (Maríñez-Lora et al., 2021).

The benefits of instrumental support have proven to be necessary during times of uncertainty and illness such as the C19-P. The government found it essential to implement the American Rescue Plan Act of 2021, which included $1.9 trillion that would support types of instrumental supports through food assistance, income, making vaccinations available, and other healthcare incentives (Adashi & Cohen, 2021). Instrumental support has been reported to have greater impacts on promoting positive mental health than other areas of support (Otsuka et al., 2019). The argument for the benefits of instrumental support suggested that this was because benefits were focused on physical forms of aid to meet socioemotional needs indirectly and directly for people. These arguments indicate that receiving instrumental support is also important in social groups, especially during times of trauma or distress.

Informational Support

Informational support dimension of the SST was the final dimension discussed in this study. Informational support was defined as receiving counseling, suggestions, information, advice, and guidance that may assist with problem solving (Schreck, 2018). Researchers suggested that informational support was important because this behavior allows others to receive needed information, give people options and direction, and help people make the best choices for their situation (Bremer & Brooks, 2021). Yang et al. (2021) also argued that informational support was the act of providing help by examining people's situation and provided information and guidance that assisted them during stressful times. Other researchers

similarly described informational support as a behavioral response that is technical and believed recipients of this type of support must be coachable and willing to collaborate to successfully receive support (Lloyd-Jones, 2021).

Islind et al. (2021) examined informational support for colorectal cancer patients and found that information was essential in retaining participation in treatment when patients felt well informed about the treatment process. On the contrary, when there was an insufficient amount of informational support, participants felt left out and alone. Brochu (2019) also examined informational support among men and women undergoing fertility treatments and found that important factors of information support included medical knowledge about what caused infertility and a diagnosis, information on treatment options, and education on how to promote health.

Additionally, participants wanted information on laws and policies that impacted their diagnosis and access to resources and information on coping strategies to use while processing their condition (Brochu, 2019). Other researchers that have studied the benefits of informational support found that receiving information support (advice, guidance, and counsel) reduced levels of depression and improved overall quality of life (Yang et al., 2021).

Appraisal Support

Appraisal support was the fourth dimension of the SST, which focused on support through means of provided feedback, affirmed behaviors and societal comparison (Wong et al., 2018). Feedback included words of affirmation, praise for accomplishments, and acknowledging positive attributes of a person form a trusted source (Hurd et al., 2018). Wong et al. (2018) also suggested that people use appraisal support to evaluate progress and how understand how they have performed or progressed. Appraisal support provided positive forms of evaluation that

helped people also focus on self-examination and helped them to develop a sense of self-esteem when coping during difficult times (Kordish, 2019).

Hurd et al. (2018) studied how appraisal support was defined by college students during their transition through college and found that appraisal support reduced overall experiences of psychological distress and increased self-worth when the support was provided from natural mentors. Natural mentors were identified as non-parental adults who served in a mentoring role or another non-family member who existed within an individual's social network during their youth. Researchers used appraisal support to evaluate the influence on depression, stress, and anxiety and found that when support is provided from someone credible in a person's life, it helped to reduce feelings of isolation and depressive symptoms (Tan et al., 2019).

Understanding the principals of social support theory provides insight to ideas about social support and how social support relates to one's behavior in their social environment. Several empirical studies support the perspective that the more people are socially integrated, the higher chances they have in accessing supportive rewarding relationships (Eskandari & Baratzadeh Ghahramanloo, 2020). Studies have shown that individuals with greater levels of social support experiences less mental health problems. All forms of social support influence how individuals perceive and how one feels they receive support. SST allowed for the study of social relationships and to what extent these relationships impact individuals during times of crisis, such as the C19-P. The next section discussed various types of well-being and how psychological and sociological factors impacted people and their overall well-being.

Human Well-Being

Conducting this study required understanding of well-being. Defining this term has caused discourse over the past decades and has also been most popularly used in social and

19

medical science (Smith & Diekmann, 2017). Chari et al. (2018) described well-being as a positive state of existences characterized by concepts such as being happy, flourishing, and the overall state of living well. The CDC suggested well-being is how people describe their lives in reference to positive emotions, resilience, self-realized potential, and the quality of relationships (Griggs, 2021). How people view their overall satisfaction with life also reflects their level of well-being.

There are many areas of well-being that are of concern to researchers. For instance, researchers have focused on areas of well-being that include physical, financial, academic, and health factors. The term well-being is a term used in many areas of life to describe the state or condition of human content in their lives (Storey et al., 2019). For instance, having well-being from a psychological state means that different dimensions of a person's well-being are balanced, and is neither too low nor too high. A low level of psychological well-being is usually manifested in behaviors such as depression, anxiety, or even suicidal ideation. A high level of psychological well-being is demonstrated in the level of a person's happiness, resilience to negative experience, and hope for the future (Soo et al., 2018)

Reznik et al. (2021) conducted studies examining well-being and found that it consisted of three primary elements. This first element is pleasant affect, which includes feelings of joy contentment, pride, happiness, and affection. The second element is unpleasant affect which includes feelings of grief, anxiety, stress, and depression. The third element examines life satisfaction such as a person's fulfillment with their current, past, and future lives and the motivation to change. Smith and Diekmann (2017) described the importance of examining well-being. Well-being is important to understand because it helps to understand how people measure positive and negative changes in their lives. Researchers also found when measuring well-being

there are individual, societal, and resources that must be available to sustain positive well-being outcomes over time.

Researchers identified two types of well-being, eudemonic and hedonic well-being. Alkire et al. (2020) defined eudemonic well-being as a type of well-being that placed emphasis on a person's realized potential to flourish and believed that this improves overall quality of life. Eudemonic well-being affects both individuals and groups of people and their outcomes with access to services, knowledge, ability to make wiser health decisions, and measures outcomes of well-being disparities. These outcomes are influenced by power and social support networks in a person's life. Alkire et al. (2020) also described hedonic well-being as the ability to maintain happiness, pleasure attainment, and the avoidance of pain.

Dimensions of Well-Being

Yam (2017) researched elements of well-being and discovered that functioning on social and emotional levels were part of the dimensions needed to reach optimum well-being. Other dimensions include spirituals, environmental, occupational, intellectual, and physical well-being. Although all dimensions are important to understanding well-being, this study will focus on social and emotional aspects of well-being. Researchers who have studied health crisis such as the HIV/AIDS epidemic found that social and emotional functioning were important elements to understanding well-being (Govindasamy et al., 2020). Linton et al. (2016) also found social and emotional well-being as key themes when studying people and their functioning in society.

Psychological Well-Being

Researchers have studied many areas of well-being, and the two most common areas focused on psychological and social well-being. In 2020, Venda argued that people who were emotionally healthy had a positive mental state of mind, which often resulted in high levels of

life satisfaction. These people were considered to experience a high level of psychological well-being. In another study, researchers argued that psychological well-being was characterized as the presence of thriving in one's life or the absence of mental illness, distress, or negative psychological events (Vlachopanou & Karagiannopoulou, 2021). These conditions were related to the internal mental state of people. This internal state can be either positive or negative, which often affected the ability of people to interact with other people in a satisfying manner.

In 2018, Soo et al. argued that positive psychological well-being may be exhibited through possession of a healthy mental state such as happiness and life satisfaction. This attribute was important because according to Soo et al., when there were greater levels of psychological well-being, people also experienced longer periods of healthy psychological functioning. A 2019 study by Mock et al. found that psychological well-being was linked to social well-being because people with a balanced mental condition were able to interact with their social environment and essentially fit in the world around them. As such, a positive sense of psychological well-being often resulted in creating a sense of belonging, a felt necessity for creating sociological well-being and a competence within community. Following is a discussion on sociological well-being.

Sociological Well-Being

Conducting this study required an understanding of well-being from a sociological perspective. Robinson and Porras-Pyland (2018) argued that sociological well-being required an understanding of how social interactions influenced the mind and behavior of individuals. These researchers further posited that the integration of social encounters directly and indirectly affected how people experienced self-mastery, personal development, and nurture positive relationships during stressful events, such as that of a pandemic (Robinson & Porras-Pyland, 2018).

Researchers define sociological well-being, also known as social well-being, as experiences with emotions and feelings, both positive and negative, that influence and individuals' level of perceived happiness and contentment or measures of anxiety and depression (CDC, 2018a). Other researchers define social well-being as a human-centered belief that focused on the significance of people and their interactions, both socially and emotionally (Himmelstine & King, 2019).

The relationship between sociological well-being, the mind, and behavior are closely related. Therefore, this study focuses on sociological well-being dimensions as it relates to mental and physical health, examining holistically the conditions of mind and body (CDC, 2018a). This study also focused on mental health aspects of well-being by measuring depression, anxiety, and stress while examining social factors that influence behaviors.

Researchers argued that people's circumstances and abilities included various dimensions of functioning in society and was what determined their level of sociological well-being. These dimensions of sociological well-being included integration, acceptance, contribution, actualization, and coherence (Bekalu et al., 2019). Linton et al. (2016) stated one way of examining sociological well-being was examining how individuals were connected to their social communities. This included how people interacted socially, the depth of important relationships, and how accessible and available social support was to people.

In 2021, Li et al. posited that strengthening sociological well-being was important for proper functioning. Li et al. found that sociological well-being included the happiness people expressed about societal policies, planning, and preparation for populations that will serve the needs of communities in times of vulnerable situations. These social strategies have been found

to strengthen the bonds between people and the communities they live in. Some researchers found that it was important for people to have good functioning relationships in society.

Gibert and Angerri (2021) argued that sociological well-being included people's ability to manage and negotiate their daily lives in social relationships. sociological well-being also involved abilities for interacting with humans in social complexed interactions using an emotionally balanced mental subconsciousness, and a natural sense of control. When people experienced sociological well-being, they were able to perform and evaluate social situations efficiently when dealing with other individuals or in a community.

Social Support and Sociological Well-Being in Research

When examining well-being, previous studies reveal a correlation between one's perceived social support and depression (Eagle, David, et al., 2019). Received support is actual provisions of aid to an individual during times of need (Kordish, 2019). House (1981) argued that received social support is what is essential to overcoming stressful times and managing adverse situations (Bosley, 2020).

Studies also show emotional support as it relates to well-being. Emotional support is important to maintaining well-being and has been shown to buffer against mental and behavioral indicators such as PTSD during stressful times (Hui & Constantino, 2021). Social relationships that provide emotional support serve as an important function in social support thriving because it helps to safeguard against increased stress that emerges from difficult time, such as a world-wide pandemic (Feeney & Collins, 2015).

Positive social networks form when people connect with other positive systems around them. SST is also based on the foundation that social support describes how people interpret information, affection, and assistance in general through actions and words (McKinley &

Wright, 2014). This is known as perceived support. Having physical and emotional comfort and accessing exchange of resources through social relationships helps the recipient feel part of a community. Eskandari and Baratzadeh Ghahramanloo (2020) describes concepts of social support as aid and assistance provided through social relationships for individuals to receive during times of need.

During stressful times, such as the C-19P, instrumental resources have proven to be necessary to manage health well-being. For mothers, there are historical disadvantages such as poverty, health problems, and gender biases that are intensified during times of crisis (Chasson et al., 2022). When complicated by pandemics such as C-19P, studies have shown mothers are less likely to have access to instrumental support such as housing, financial, and child-care support (Harknett & Harknett, 2011).

Research reveals that when social and emotional relationships are low, there is an increase in negative responses to stress which further exposures one to developing health conditions and an inability to maintain healthy relationships which can result in impacting social support systems (Giallo et al., 2020). Bremer and Brooks (2021) argued that because of stressful events such as pandemics or other life events, it was important that people develop ways to cope with their levels of stress to avoid being overwhelmed by personal crises. For this reason, using the social support theory was beneficial for understand how various levels and types of support was effective for women who were single mothers and who cared for their minor children during the C-19P. Social support has been found to foster positive mental health and buffers against stressful events, such as a pandemic, cause negative impacts on one's mental health (Alsubaie et al., 2019).

During times of adversity, individuals benefit from support through meaningful relationships. Foundationally, people have a need to feel safe and need services that meet basic needs. These resources are often available through social relationships informally formed through networks in which people are connected. Previous studies using SST found that participants who had higher levels of social support had lower levels of stress (Alsubaie et al., 2019)

How Are Mothers' Well-Being Affected During Times of Uncertainty?

Literature shows that a parent's role in children's ability to cope and function during and after disasters are influenced by parental sociological well-being (Costa et al., 2009). Pandemics provide the "perfect storm" of circumstances that will push a parent to their own psychological limits. Parent distress is a prominent predictor in children with mental illness (Cobham et al., 2016). Social construction of gender is that it creates stereotypes that often lead to unequal treatment based on one's gender. Mothers are constantly having to navigate societal ideologies and expectations of this role. The role of mothers, women, and individuals are often challenged, and one role may suffer or be placed on hold to perform the task of the other. Raza et al. (2021) describes work life balance for mothers in the United States and note that women are more likely to have to reduce hours or quit their jobs due to family responsibilities. Raza et al. attributes this to the fact the workplaces are less supportive of working mothers that have greater family demands assuming this means they have a lower commitment to their employer (2021). Even considering this, it is still more common for women to uphold the traditional female role and work outside the home. This choice is derived from desire but sometimes, out of necessity. Evidence is provided from previous healthcare and economic crisis indicating that recessions affect men and women differently, often revealing the disadvantages for women (Del Boca et al.,

26

2020). The necessity is often encouraged by the need for income to support the family. In a study examining gender pay gaps during COVID, researchers reveal the pay raise gaps for women and men in India. Women in India received 65% pay increases for extra responsibilities needed during the COVID-19 crisis compared to 70% for men (Ara, 2021). This shows gender pay gaps still exist however, the inflation of supplies impacted both men and women making necessary for women to work more to provide the needed income to support her family.

According to the 2016 U.S Bureau of Labor Statistics (BLS), 64.2% of married couples with children reported both parent employment in the home. In 2017, additional statistics reveal that among racial and ethnic groups, black mothers are more likely than any other group to be the breadwinner by more than 26% followed by 41% of Hispanic mothers (Moore & Frye, 2019). Because minorities are more likely to experience SES disparities, the option to remain home to be the sole caregiver for children presents challenges, and mothers from these groups are often bargaining their role as a mother with their role in society. "Wives' increased contributions to household earnings by entering and remaining in work field raise questions about the impact on mothers' mental health due to societal gender expectations" (Leupp, 2019).

In a research study conducted with Spanish workers, the study identified correlations between family demands, health, gender, and social class. Family demands may include caring for children and household chores which are also influenced by household size. For parent's juggling work and family demands, this study reveals both mother's and father's experienced poor mental health and little time for leisure (Arcas et al., 2013). For mothers, there was a significant difference in that women reported sleeping less than 6 hours more often compared to men. It was also noted to be primary caregivers for an elderly person more often than men (Arcas et al., 2013). Lack of sleep, poor mental health, and lack of leisure all contribute to having a

negative impact on an individual's sociological well-being. Mothers have additional societal pressures that involve maintaining traditional gender roles. However, in maintaining these roles, this adds stress and guilt in failing to perform assigned gender roles.

Prior to the current C-19P, motherhood has been a topic of interest. The role motherhood has never more important than having to protect minor children during traumatic events such in a pandemic, known as the C-19P. Literature published since the rise of the current pandemic reveal an overall increase in mother's stress and destabilization as the primary caregiver of children and childcare duties (Kotlar et al., 2021). Data from various national studies over the years reveal household inequalities in parental task such as household chores and childcare responsibilities, which often consist of mothers being disproportionately responsible for parenting even when both parents work (Schieman et al., 2018). Parenting dynamics vary when other determinants such as marital status, number and age of children, education, and employment status are factors.

Scholars suggest even during "non-pandemic times," motherhood is significantly influenced as social networks are altered, schedules and finances change, and worry increases while sleep decreases (Elder & Greene, 2021). However, adverse times like these are easier to manage with support systems through both interpersonal and social systems.

Why Is Social Support Important to Social Well-Being?

Research reveals that when social and emotional relationships are unavailable, there is an increase in negative responses to stress, which further exposes one to developing health conditions and an inability to maintain healthy relationships which can result in impacting social support systems (Giallo et al., 2020). Recent studies examining social support of mothers during C-19P reveal that social distancing limited one's social support which resulted in increased

levels of stress due to lack of support during critical phases such as a pandemic. Stress is a

significant factor for depression (Ali & Shahil, 2020).

As noted above, literature reveals relationship motherhood and well-being. Literature

supports that positive social support systems influence social well-being both during times of

crisis and during times of normalcy. Literature also supports that when social support is limited,

poorer levels of well-being are likely to occur. The next chapter will discuss the methodology

used for this research study.

CHAPTER III

METHODOLOGY

In Chapter 3, I discuss several key areas for conducting this study. The first major section

was on the research methodology and design best suited for understanding the phenomenon

studied. Following is a discussion on the population and the sampling method used for choosing

the minimum sample sized needed for the study. Ensuring that ethical concerns were addressed,

in the following section of the study are strategies outlined for protecting human subjects,

ensuring anonymity and confidentiality among participants. Discussions also centered on the

validity of the instruments used for data collection and the recruitment method best suited to

meet minimum sampling requirements for the study. The methodology section is next.

Research Approach

Quantitative Methodology

Quantitative methodology was best suited for answering my research hypotheses and

answering research questions. Benefits of using this quantitative methodology includes

conducting this study using a postpositivist world view, which involves generalizing from the

sample to the larger population of mothers. In addition, using a quantitative methodology was

beneficial when using a closed ended survey for data collection, testing the social support theory,

identifying, and creating study variables, collecting data numerical data, using unbiased

approaches, and utilizing statistical models when analyzing study results. The factors made the

quantitative suitable for conducting the present study.

Correlational design was also useful when using the quantitative methodology is believed

to be one of the essential aspects to understanding structures of power using approaches that

quantify components of a research study (Rosenthal, 2016). When considering the history of

quantitative research, one must understand the nature of this method of research which involves the use of statistics, numbers, and computer tools. The advantage to the quantitative approach is the consistent data collection process used to test one or several hypotheses for precisely measured outcomes explained by numbers and analyzed statistically in a way that encourages unbiased and objective results.

Typically, larger datasets are used to understand relationships between variables. To understand the extent social support predicts social well-being of mother's, specifically student mothers in a Southwestern suburban college town, during the C-19P, this study examined how variables such as race, income, education, employment status, number of children, age of children, age of mother, relationship status, and access to health insurance affect social well-being.

In choosing a research design for this study, consideration of advantages and disadvantages were examined. Quantitative research aims to answer questions using larger sample sizes that represent what may be experienced by the population. Another aim is to "provide precise, unbiased estimates of parameters of interest for the entire population which requires a large, randomly selected sample" (Hannigan, 2018, p. 940). Using larger sample sizes results in increased reliability and validity using numerical data which is difficult to mis-interpret.

Heale and Twycross (2015) define reliability as the ability to provide consistency in how items on the scale are measured and regularity among responses when multiple respondents use the same of similar instruments. This means the study can be replicated which increases the chance of understanding cause and effects among variables using specific methods that have been proven to work. Data are less likely to have vagueness in interpretation. Validity is the

extent in which the instrument is accurately measuring the intended concept (Heale & Twycross, 2015). Advantages to quantitative research is the risk of research bias is reduced due to limited to no direct contact with research respondents (Daniel, 2016).

Additional strengths to quantitative research are supported through objective, statistical methods that are "scientific in nature" and less time consuming than qualitative research (Daniel, 2016, p. 94). The reason quantitative research is considered scientific is because the results are based on numeric evidence present about a phenomenon. Social scientists often want to explain the cause and effect of social behaviors in a systematic and scientific way, a process known as positivism. Positivism, an approach to research, "relies on the hypothetico-deductive method to verify a priori hypothesis that are often stated quantitatively, where functional relationships can be derived between causal and explanatory factors (independent variable) and outcomes (dependent variable)" (Park et al., 2020, p. 690).

This study examined multiple dimensions of motherhood and how levels on social support predict social well-being; several hypotheses about mothers, specifically mother who reside in a Southwestern suburban college town, and their experiences as parents during the pandemic predicted.

Research Questions

1. To what extent does race, SES, and motherhood predict social well-being during the current COVID-19 pandemic?

2. How does social support affect the relationship between motherhood and social well-being during the current COVID-19 pandemic, controlling for demographic and socio-economic variables?

Hypotheses

Hypothesis 1, On average, White mothers and student mothers have higher mean levels

of social well-being than other groups during COVID-19.

Hypothesis 2, As privilege increases (high SES, fewer motherhood responsibilities), so

does social well-being.

Hypothesis 3, As social support increases, so does social well-being for mothers and

student mothers caring for minor child/children during the current COVID-19

pandemic.

Hypothesis 4, The effect of race and privilege are partially mediated by social support,

thereby increasing levels of social well-being.

Hypothesis 5, The pathways to high social well-being will differ based on racial identity.

Population, Sample, and Analytical Plan

Population

The target population for this study included mothers from a southwestern suburban

college town. Sample participants were given the option to proceed with the survey by clicking

"continue" if they agreed to the conditions outlined in the consent to participate. After providing

consent, participants were asked questions regarding their social well-being during the pandemic

and perceived and received social support during the pandemic. Demographic questions were

also included to identify characteristics of each participant such as age, race, level of education,

relationship status, access to healthcare, employment status; additionally, the number and age of

children under the age of 18 who live at home and are primarily cared for by their mother. Those

who elected to not click "continue" consenting to the survey guidelines were not allowed to

continue the survey.

This quantitative research used a survey of my own design to describe the correlation between social support and social well-being of mothers during the C-19P. Participants were recruited through Texas Woman's University student and faculty email Listserv, social media platforms, and snowball sampling. Student participant shared recruitment tool with a support group for student mothers in the Denton area. Because snowball sampling was used, the process for recruitment was nonrandom in nature of participant selection being based on word of mouth and not generalizable. The overall population of participants were white mothers from a Southwestern suburban town and enrolled in college. A priori power analysis was conducted using G*Power 3.1.9 to determine the minimum sample size needed to find statistical significance using multiple regression analysis with three predictors (depression, stress, anxiety) using the Depression, Anxiety, and Stress Scale (DASS-21; Lovibond & Lovibond, 1995) and the Berlin Social Support Scale (BSSS; Schulz & Schwarzer, 2000).

The desired level of power is set at .80, with an alpha (α) significance level of .05, and a moderate effect size of .15, requiring a minimal sample size of 138 to ensure adequate power (Cohen, 1988). There was a total of 283 participants in the sample.

Dependent Variable

The dependent variable for this study is social well-being. For the proposed research, social well-being is defined as one's mental state of feeling good, happy, and positive regarding social and emotional functioning (Eid & Larsen, 2018). This state of being is what individuals use to assess their level of satisfaction with their lives. Chaves et al. (2018) suggest that social support is a component of positive mental health and individuals evaluate their social functioning based on feelings and belonginess to society.

Characteristics of social well-being have been examined using the DASS-21 created by Syd Lovibond and Peter Lovibond in 1995 (Pinheiro, 2020). DASS-21 was designed to measure emotional functioning by allowing individuals a survey method to self-report. I ask questions that measured mothers and their experience with positive functioning related to depression, stress, and anxiety, which are all components that define social well-being. The depression scale assessed levels of dysphoria, hopelessness, lack of interest, self-criticism, and one's ability to feel pleasure. The anxiety scale assessed levels of situational and subjective experiences of anxious affect, and level of autonomic arousal, which controls the ability to be resilient. The stress scale assessed levels of agitation, irritability, and impatience. Understanding how depression, anxiety, and stress impacts one's perceived quality of life, positive regard, and happiness was necessary to conceptualize social well-being.

Independent Variable

The focal independent variable in this study was social support factors that influence social well-being during the C-19P. Social support is an emotional and tangible resource generated by social relationships. "Lack of social connectedness is a key risk factor for mental health problems in time of economic recession" (Chaves et al., 2018, p. 978). This term described human interactions and how it contributed to one's health and well-being (Nolan et al., 2017). The BSSS created by Ralf Schwarzer and Ute Schulz (2000) was used to examine how one described their level of support received, perceptions of support, need for support, and one's effort to seek support (García-Torres et al., 2020). For this study, the BSSS was used to determine what relationship exists considering social support and economic factors for mothers during the C-19P.

Control Variables

The control variables in this study examined how race, income, education, employment status, number of children, age of children, age of mother, relationship status, and access to health insurance affect social well-being of mothers during a pandemic. Like previous pandemics, C-19P has impacted society on a micro, meso, and macro level. Economic factors were noted to be one of the most frequent responses to risk factors for depression in a study conducted on Black single mothers (Atkins et al., 2019). Economic factors may include fear of unemployment due to the threat of employer layoffs, loss of income, fear of contracting C-19P and becoming fatally ill, and loss of healthcare coverage which increases the healthcare disparities (Fraenkel et al., 2020). Financial determinants can, in some cases, expose one to heightened risks of disease or illness as research shows that income is a determining factor in access to healthcare (Umeh & Feeley, 2017). Level of education is often an indicator of income and resources. Generally, higher education yields higher income. However, C-19P has impacted people of all levels of income and education. Because this study is unable to study all groups, a decision was made to focus on mothers and the correlation of income, employment, and education.

Economic factors are forms of social determinants that impact mothers and their level of social well-being during C-19P. However, within these variables, there are other factors to consider such as race and relationship status would also impact the independent variable of social support. For example, among various racial groups, there are mean income disparities that existed prior to the C-19P. I will also control relationship status by asking respondents to indicate their relationship status and if this support system resides in or outside the home.

Survey Instrument

The self-reported survey used for this study was a 48-item questionnaire created for the purpose of assessing the extend social support predicts well-being among mothers caring for minor children in their home during the C-19P. Most items were scored based on a 7-point Likert type scales with response ranging from 1 = *strongly disagree*, 4 = *neither*, and 7 = *strongly agree*. Ten of the 48 questions were demographic questions, age, race/ethnicity, level of education, number of minor children living in the home during the pandemic, age of oldest child, age of youngest child, household income during the pandemic, employment status during the pandemic, employment location, and relationship status during the pandemic. The survey was administered through internet platforms using PsycData.

Inclusion and Exclusion Criteria

To participate in this study, participants must qualify using the criteria listed below,

•Are a mother, at least 18 years old, caring for a minor child (0-18)

•Child/children must reside in the home

•Have access to a smartphone/laptop/computer and internet

•Are willing to participate in an online survey questionnaire

•Must be able to read

Recruitment

The survey was provided to participants by PsychData through the TWU listserv using a recruitment email (see Appendix A) and social media. A reminder email was sent 2 weeks after the initial recruitment email. The link for the survey was active for 3 weeks to allow participants to respond. Compliance with IRB requirements and Texas Woman's University was maintained.

In the next chapter, I will discuss the analysis used to test these research questions and

hypotheses predicted.

CHAPTER IV

PRESENTATION OF RESULTS

Descriptive Analysis

Social Well-Being Variable

An analysis was conducted among ($N = 283$) women to determine their level of social well-being during a pandemic. Responses were measured using the DASS-21 on an index from 1 to 7, where 1 was the lowest level of agreement with the statement, and a 7 was the highest level of agreement. There were 17 items used for measuring the variable. Descriptive results showed that women experience a moderate level of social well-being ($M = 3.77$, $SD = 1.35$), demonstrating that approximately 68% of all women experienced well-being from 2.42 to 5.12. Approximately 50% of mothers reported experiencing less a 3.80 value, which is slightly above the middle value. Approximately 11% of women reported their well-being from 1 to 2, which was the lowest levels reported while approximately 20% of these women reported a high level of well-being from 5 to 7 on the scale.

The histogram found in Figure 2 shows the distribution of responses and the box plot found in Figure 3 shows no outliers. These data indicate no violation of assumptions for the social well-being variable. The large sample size further suggests that results are generalizable among the population of mothers, the majority being from a Southwestern suburban college town. A summary of results for this variable is in Table 1.

Figure 2

A Histogram of Social Well-Being Among Mothers
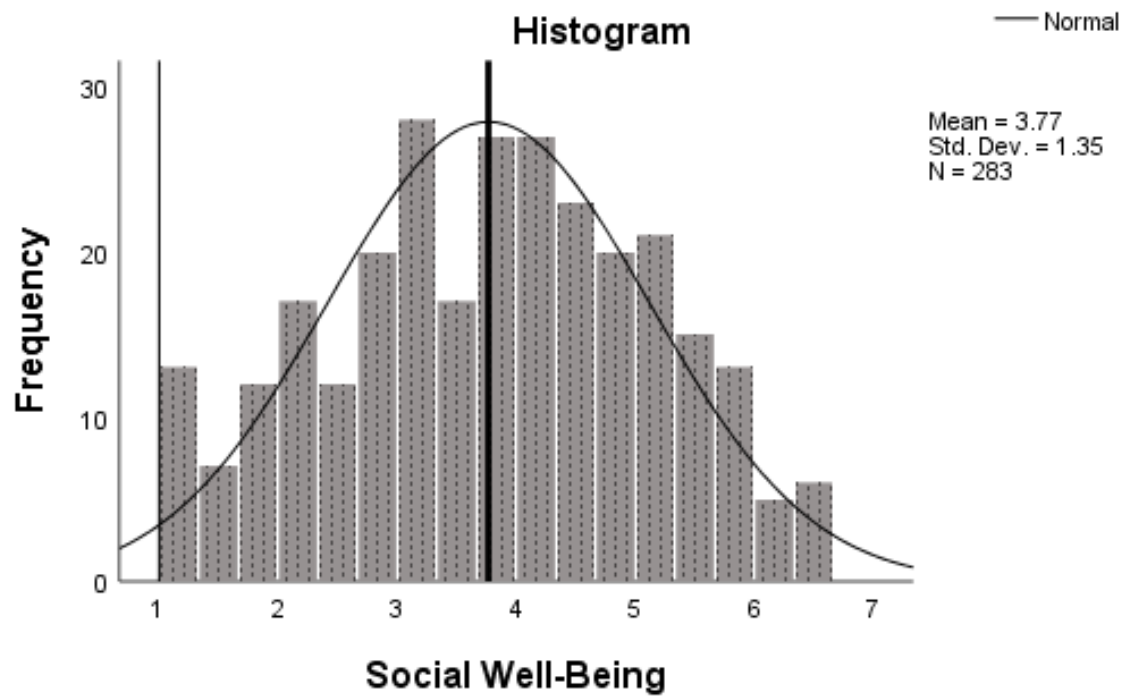
Figure 3

A Boxplot Showing No Outliers on Social Well-Being Among Mothers

Social Well-Being
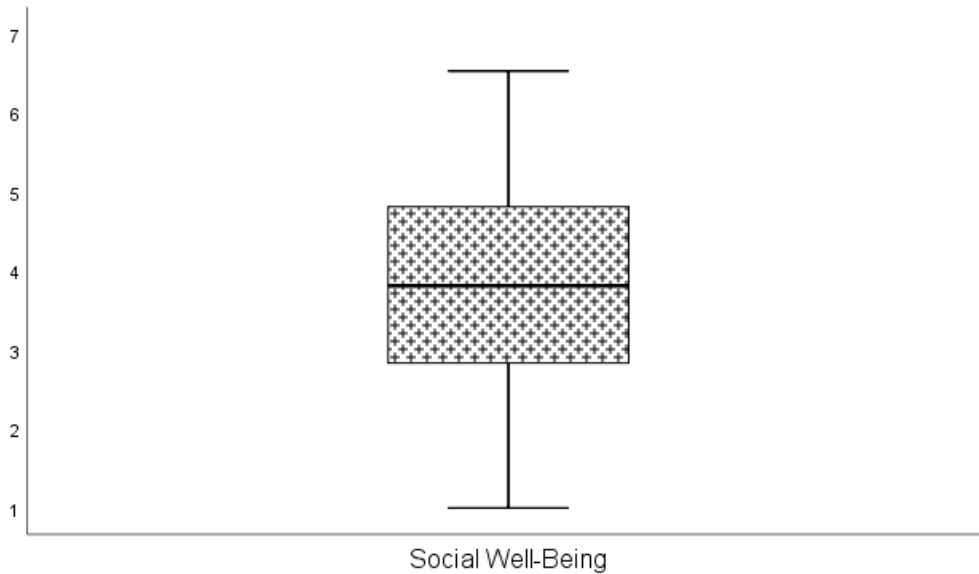
Social Support Variable

An examination of social support received among these mothers ($N = 283$) was also assessed. Measuring social support was by using the BSSS with 17 items, on an index range from 1 to 7. A one indicated the lowest level of agreement with statements and a seven indicated the highest level of agreement with each statement. The level of social support received was 3.50. Mothers reported receiving a high level of social support ($M = 5.09$, $SD = .98$) during the pandemic. Results indicated that most mothers (approximately 68%) reported receiving from as low as 58% to a high of 86% of the social support desired during the pandemic.

The lowest level of support received reported was 2.35 and the highest was 6.65, indicating a range of 4.30. Approximately 13% of all women indicated receiving at least 56% of the social support they needed and up to 20% of women received between 84% to 100% of the support needed during the pandemic. A majority of women reported receiving 76% of the social support needed during the pandemic. This is particularly true for mothers from a southwestern

suburban college town who have an education level of bachelor's degree or higher and report income of $60 or higher, both in which are more than 50% of the research participants. The less than 1% standard error indicated that the difference between the sample results and the population experience was small.

Dispersion of results are displayed in the histogram found in Figure 4, which demonstrates that most of the frequency of scores were well above the mid-point for social support and the mean values were beyond 71% of social support received. The results are also displayed in a boxplot found in Figure 5, showing the lowest and highest range of scores and the median value of 5.2. The diagram also depicts, there was a marginal level of outliers associated with these responses, which when removed showed no change in overall outcomes for this variable. Results for this variable are summarized in Table 1.

Figure 4

A Histogram Showing the Disbursement Scores for Social Support Among Mothers
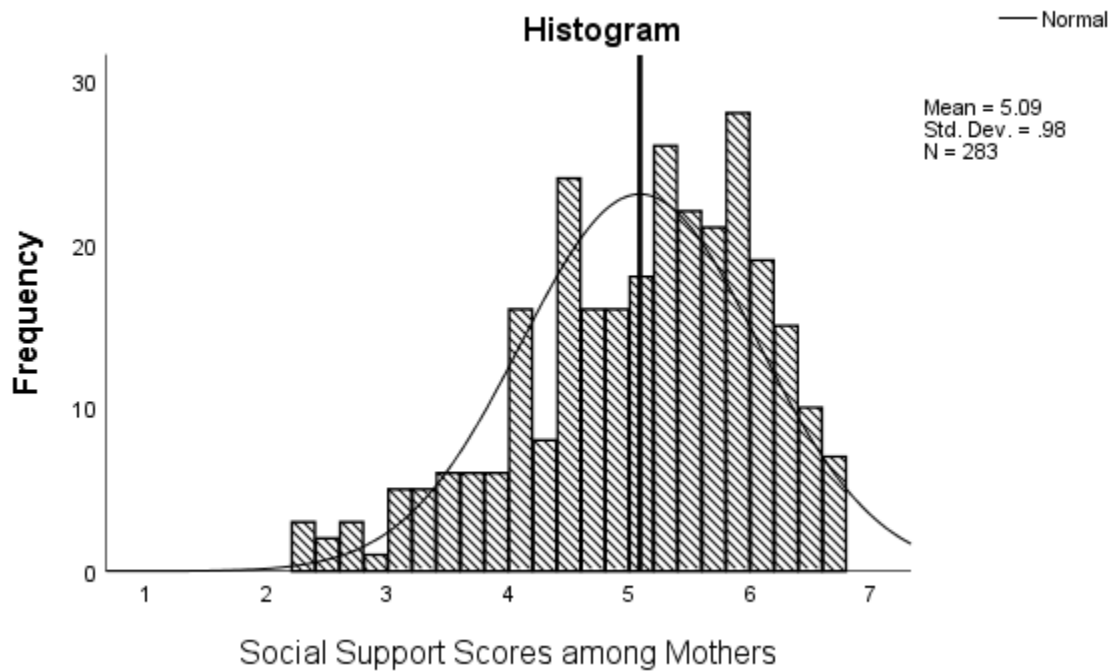
Figure 5

A Boxplot Showing Marginal Outliers for Social Support Among Mother

Age of Mothers

The age of mothers (N = 283) in this study indicated these mothers were young (M = 34, SD = 7.0), indicating that approximately 68% of mothers were as young as 27 years old and as old as 41 years old. Mothers with an age of 37 years old was modal and the youngest age reported was 18 years and the oldest was 54 years old. This accounted for a range of 36 years among the women. Approximately 31% were between the ages of 18 years and 30 years old, while approximately 20% of these mothers were older than 40 years old. These results also showed that approximately 50% of mothers were younger than 34 years old, demonstrating a young sample of women in the study. The histogram found in Figure 6 shows the dispersion of mother's age in the present sample. These results show a normal distribution of ages among mothers. The boxplot found in Figure 7 show the lowest and highest scores of mother's ages, and the median age for the sample. The diagram also shows a cursory level of outliers, which was less that .001 percent of the sample, and when removed, showed no difference in the outcomes.

Figure 6

A Histogram Showing the Dispersion of Mother's Age in the Study
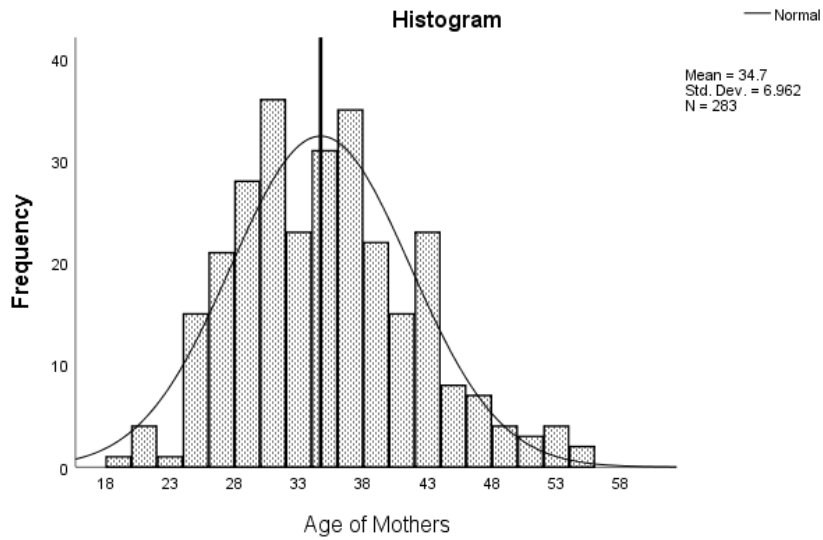
Figure 7

Boxplot Showing Small Outliers Among Mother's Age
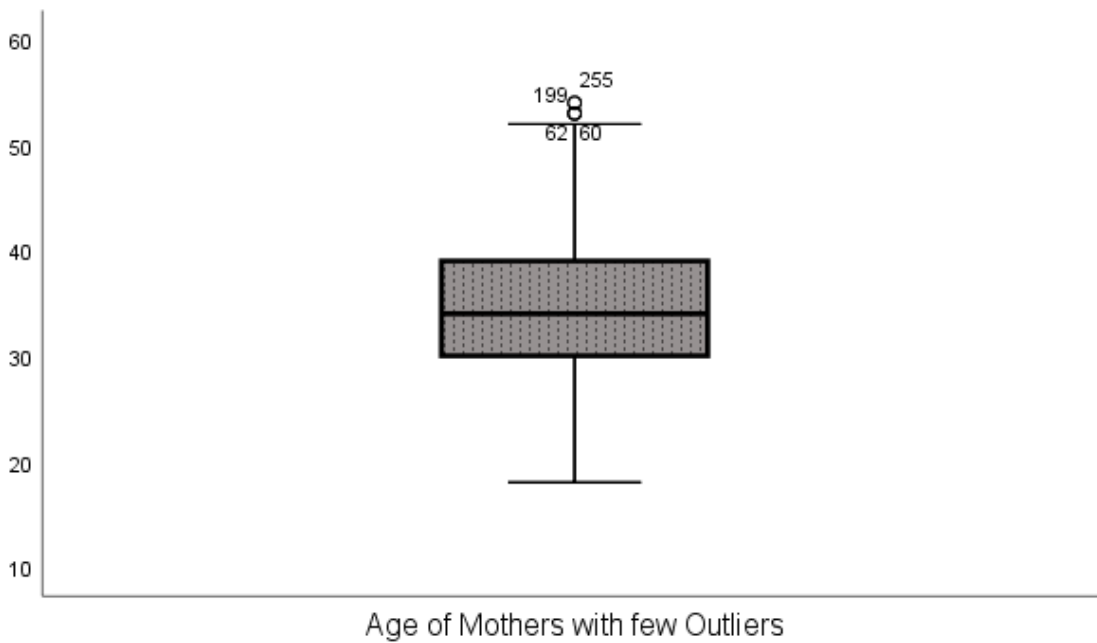
Number of Children

      Collecting data on the number of children mothers had in this sample had been important when assessing sociological well-being of mothers. Among mothers ($N = 283$), a majority had more than one child ($M = 2.0$, $SD = .91$), indicating that approximately 68% of the sample had between two and three children. Approximately 46% of the sample ($n = 131$) had one child and approximately 49% of mothers had two children. Just about 5% of mothers had three or more children. The lowest number of children mothers reported was one and the highest was six, accounting for a range of five children. More mothers had one child than any other value reported, which was modal, and approximately 50% of the sample reported having less than five children.

      The sample error ($S.E. = .41$) indicated that the number of children reported in the sample was not very different from the number of children mothers had in the population, making the sample representative. The histogram found in Figure 8 shows the dispersion of children reported by mothers. The range of children are shown around the mean value and normal distribution does not seem to be an issue. The box plot found the Figure 9 show the range of children reported by mothers. Those who reported four children, or more were outliers, however these frequencies are very small, and after removing them from the distribution, there were no changes in the outcome. A summary of the number of children variable is presented in Table 1.

Figure 8

A Histogram Showing a Distribution of the Number of Children Reported by Mothers
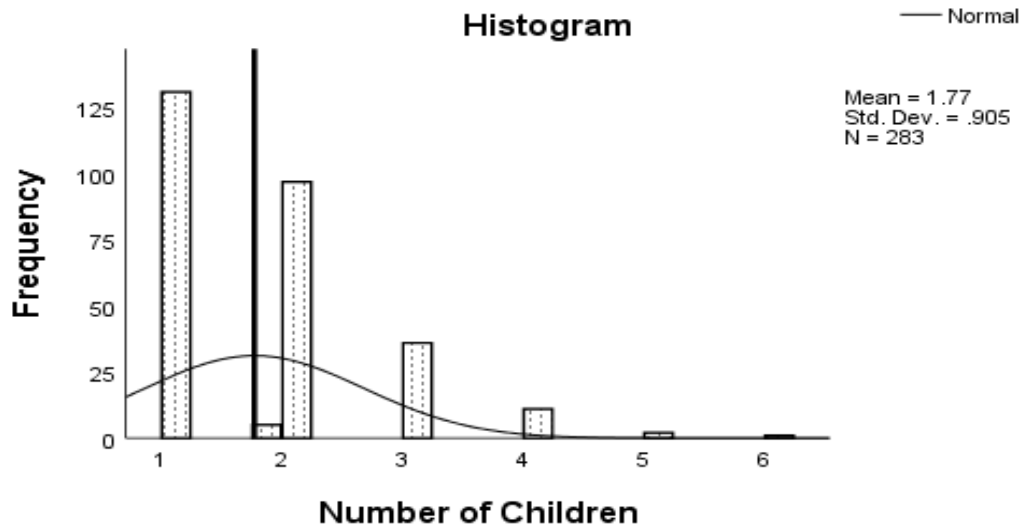
Figure 9

A Boxplot Showing Outliers for Number of Children Reported by Mothers
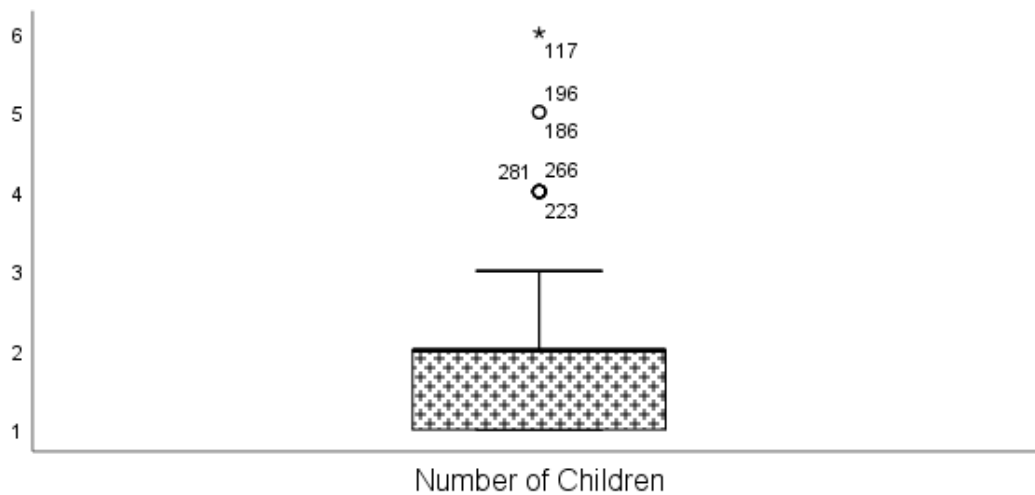
Age of Oldest Child Variable

Data was collected on the ages of children based on the oldest child. These mothers ($N =$ 283) reported their children were of grade school age ($M = 7.59$, $SD = 4.9$), and approximately 68% of the sample had an age of 3 years old to 12.5 years old. Approximately 50% of the sample

47

reported their oldest child was less than 7 years of age, but age 2 was modal for their oldest child. Approximately one or three mothers indicated their oldest child was 5 years old or less while approximately 56% of the sample reported their oldest child was between 6 years old and 18 years of age. One mother reported an adult child living in the home.

The histogram found in Figure 10 shows the distribution of ages of the oldest children living at home with their mothers during a pandemic. The distribution shows no abnormality based on optical examination. The box plot found in Figure 11 show the range of the ages from the lowest to the highest, along with the median value. The diagram shows no outliers. A summary of these results is in Table 1.

Figure 10

A Histogram Showing the Distribution of the Oldest Child Living With Mothers During the Pandemic
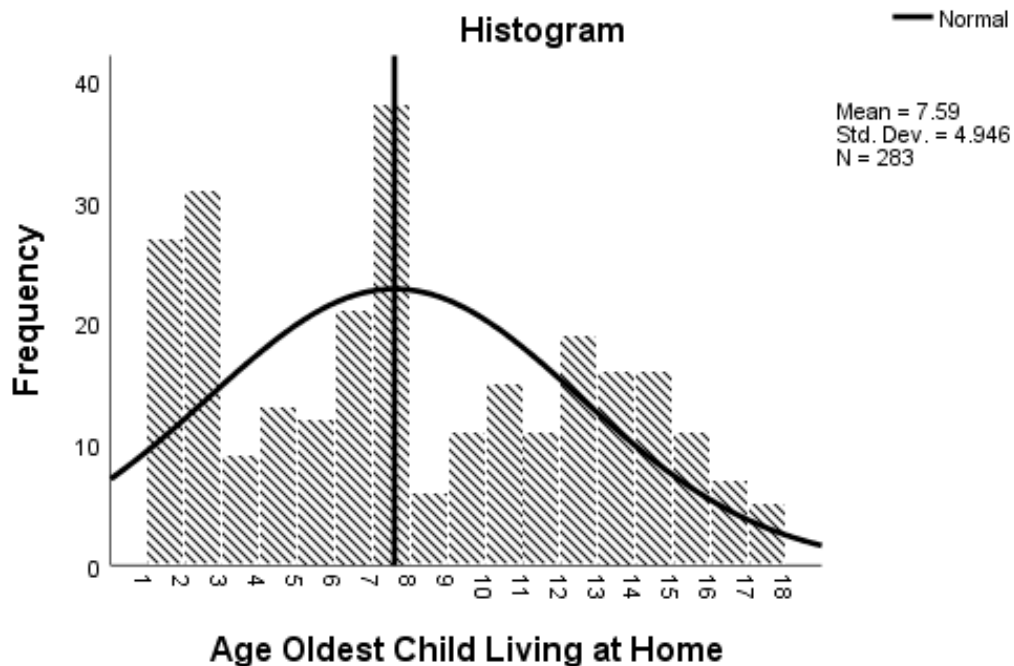
Figure 11

A Box Plot of Oldest Children Living With Mothers During a Pandemic

Age Oldest Child Living at Home
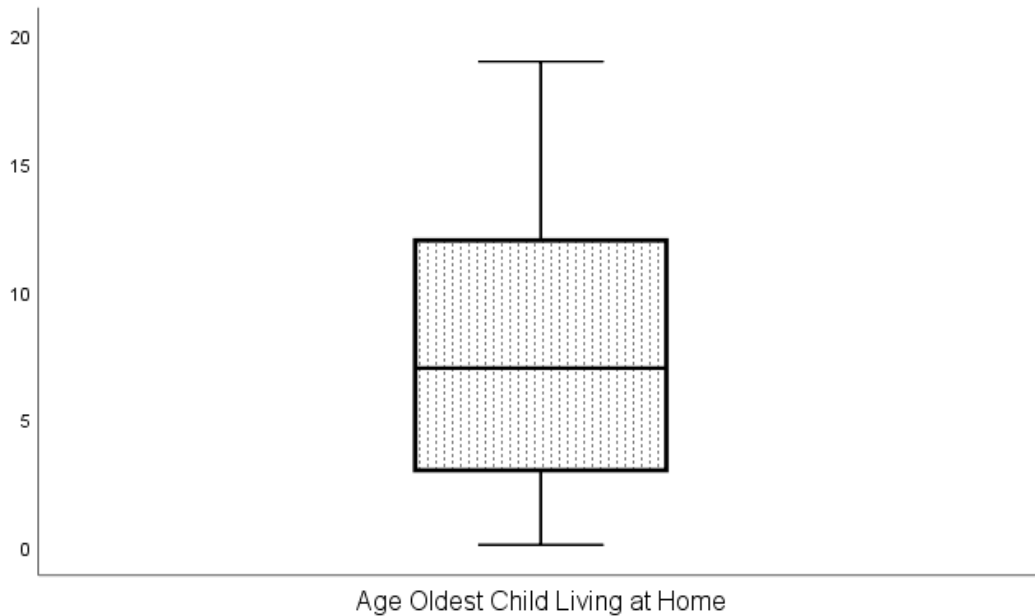
Age of Youngest Child Variable

Mothers ($N = 283$) were asked to state the ages of their youngest child. The average age for the youngest child was ($M = 5.32$, $SD = 4.32$). These results indicated that approximately 68% of mothers reported their youngest child was 1.31 years old and up to 9.64 years old. These results indicated that many mothers had very young children to care for during the pandemic. Those who reported their children to be 5 years old was modal and approximately 50% of the sample had children younger than 5 years old.

Some mothers had children as young as less than 1 year old and as old as 26 years living in the home. This accounted for a range of 26 years. Approximately 31.4% of the sample had children between 5 years old and 17 years old. The histogram found in Figure 12 shows the distribution of the youngest ages of children in the home during the pandemic. The diagram also shows that most of the sample results fell within the bell curve indicating normality in the

distribution. The box plot found in Figure 13 shows there were some outliers among these responses, however, the removal of these outliers had no influence on the overall results. A summary of these results are in Table 1.

Figure 12

A Histogram Showing the Distribution of the Youngest Ages of Children in the Home During a Pandemic
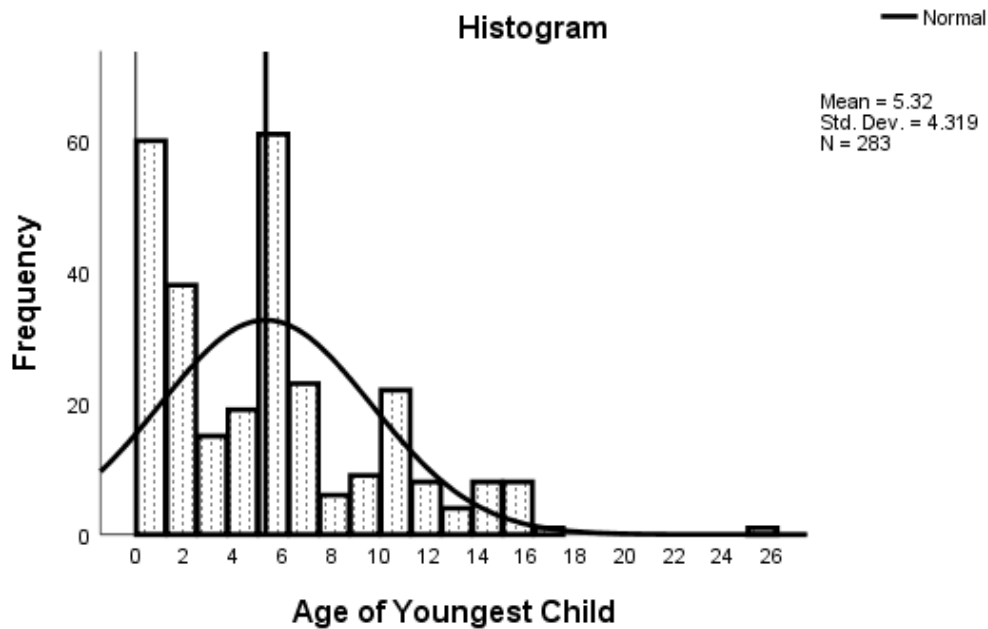
Figure 13

A Box Plot Show Outliers in Youngest Children in the Home
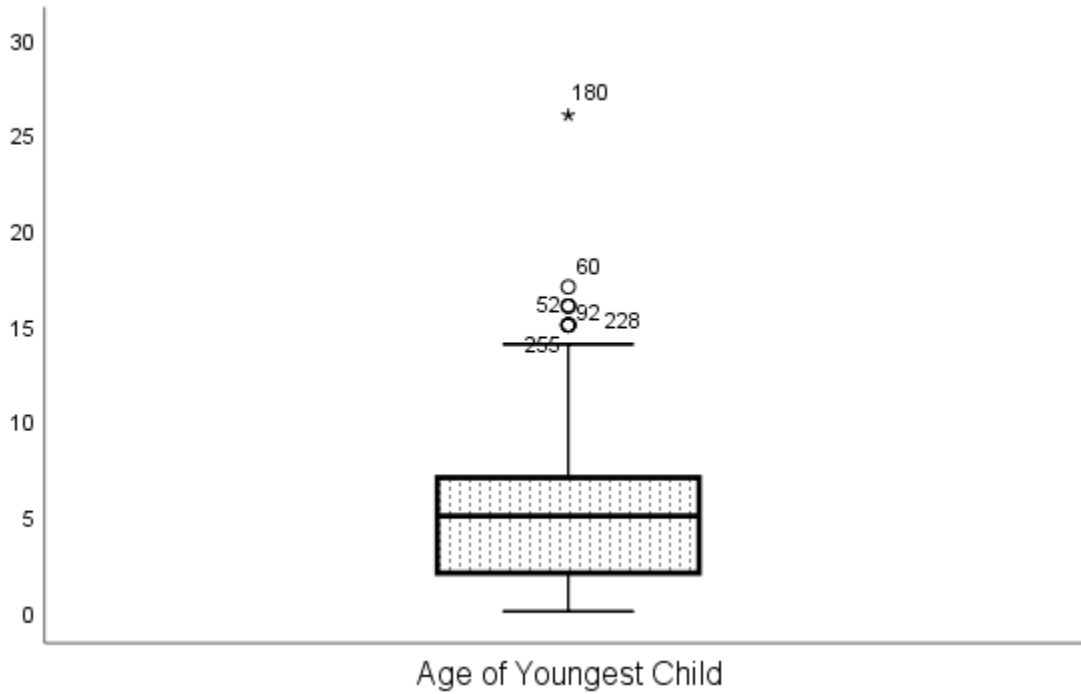
Table 1

A Summary of Descriptive Statistics on Continuous Variables

	Social Support	Social Well-Being	Mother's Age	Number of Children	Age Oldest Child	Age of Youngest Child
N	283	283	283	283	283	283
S.E.	5.09	3.77	34.70	1.77	7.59	5.32
M	.06	.08	.41	.05	.29	.26
Med	5.24	3.81	34.00	2.00	7.00	5.00
Mode	5.35	3.00	37	1	2	5
SD	.98	1.35	6.96	.90	4.95	4.32
Variance	.96	1.82	48.46	.82	24.46	18.65
Range	4.29	5.52	36	5	19	26
Min	2.35	1.00	18	1	0	0
Max	6.65	6.52	54	6	19	26

Race Variable

The sample included multiple ethnicities among mothers ($N = 283$). Mothers who were

White ($n = 175$) made up the largest proportion of the sample (62%) and mothers who identified

as Hispanic/Latin ($n = 49$) made up the second largest group and were approximately 17% of the

sample. Native Americans were the smallest representation among women ($n = 2$), and Black

women ($n = 37$) made up a slightly smaller proportion than Hispanic/Latin women. All other

ethnicities made up five percent or less of the sample. A summary of frequencies of mothers

based on race are displayed in the pie chart found in Figure 14.

Figure 14

A Pie Chart Showing a Summary of Mother's Race
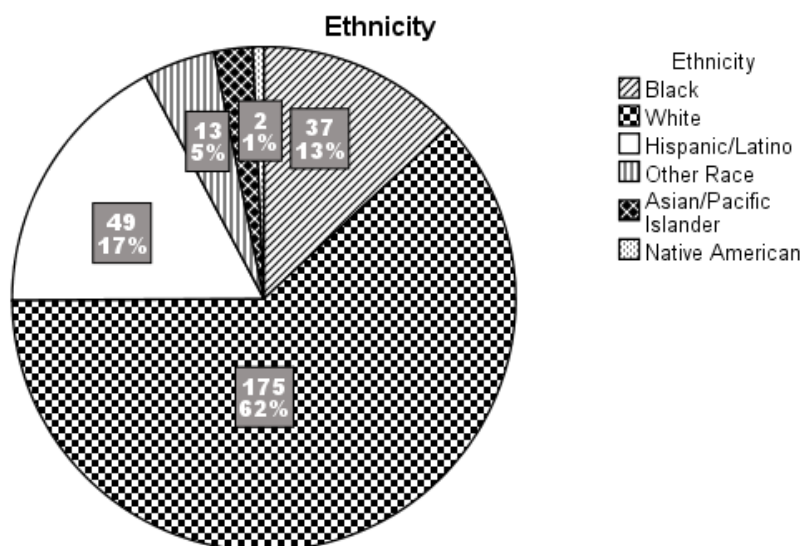
Education Variable

Mothers in this study were highly educated. The majority of participants were from a

southwestern suburban college town. Results show that approximately 42% of mothers earned a

bachelor's degree and approximately 34% earned a master's degree or higher. Approximately

one in four mothers (25%) earned an associate degree or less. The bar graph found in Figure 15
show a summary of education levels reported by mothers.

Figure 15

A Bar Graph Showing Education Level Among Mothers
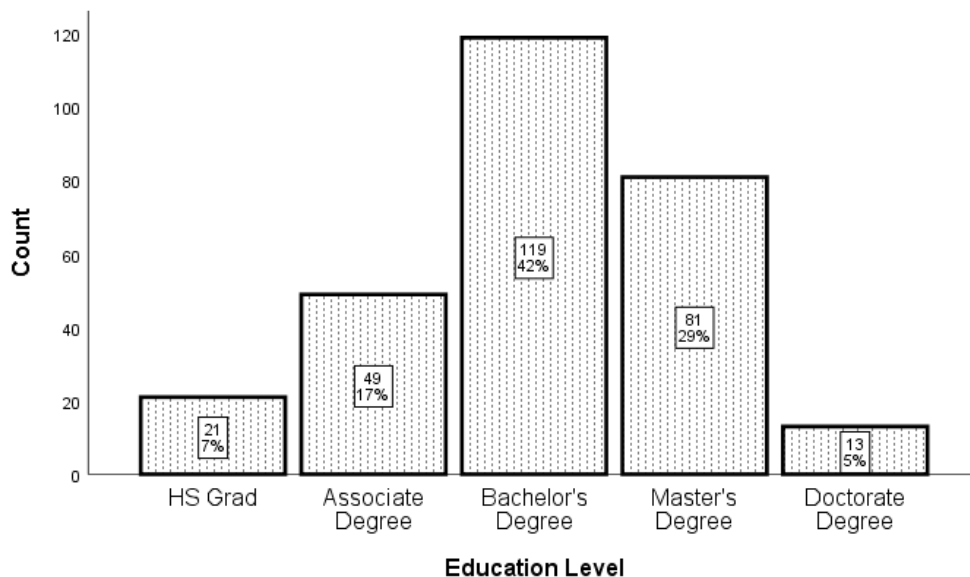
Income Variable

A large proportion of mothers ($N = 283$) reported earning more than $51,000 in annual
income (71%). Mothers who earned less than $20,000 (5%) were a minority and the proportion
of mothers ($n = 145$) who earned more than $80,000 annually was very high and was more than
50% of the sample. The high income among mothers was not surprising given the high levels of
education reported earlier. The bar graph found in Figure 16 shows a summary of these income
levels from the lowest to the highest levels of income.

Figure 16

A Bar Graph Showing Income of Mothers
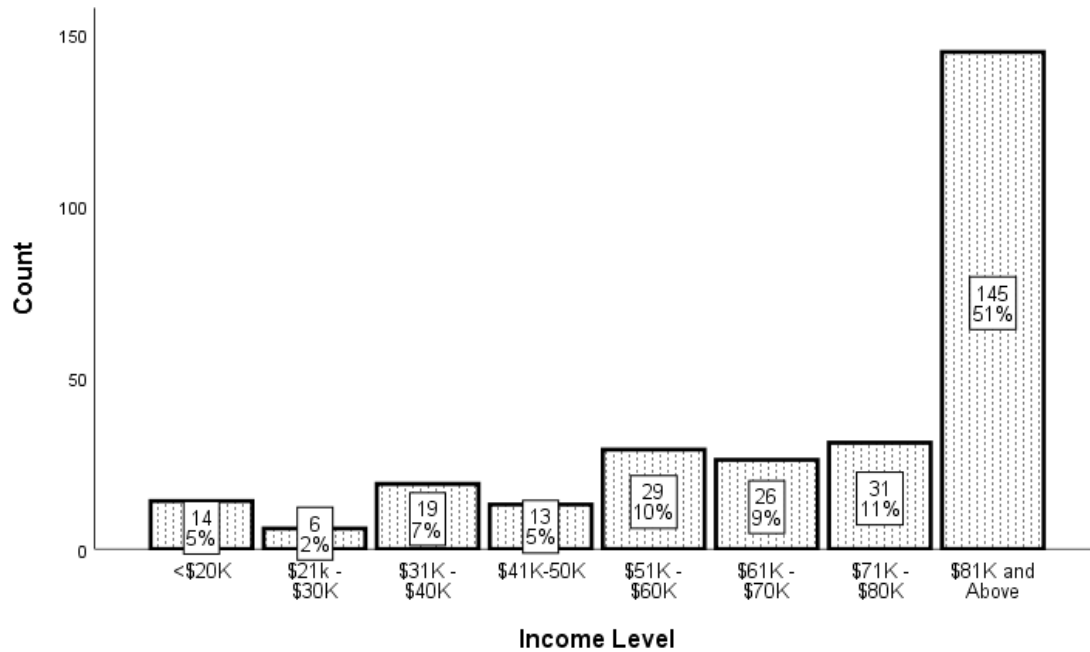
Employment Status

Results show that approximately 65% of mothers were employed either full-time (*n* = 155) or part-time (*n* = 30). All others were unemployed either because they were laid off, were students (*n* = 67), or for other reasons. Since two of three mothers were employed, this factor was of importance to overall family income. A summary of these responses are in Table 2.

Employment Location

Many mothers who work during the pandemic were able to work from home (*n* = 66), which made up approximately 23% of the sample. A slightly greater proportion worked outside the home (*n* = 72) and were approximately 25% of the sample. Approximately one in five mothers worked both from home and outside the home (*n* = 49) and were approximately 17% of the sample, and the working location of the rest of the sample was not applicable since these mothers were unemployed. A summary of these responses are in Table 2.

Health Insurance Status

A large proportion of mothers reported having no insurance during the time of the pandemic ($n = 220$), which made up approximately 78% of the sample. This lack of insurance was in spite of the fact that a large number of these mothers were employed and had a sizable income. Approximately one in five mothers reported having insurance during the pandemic, and this was whether mothers were employed or not. These results suggest that having high levels of employment did not mean having health insurance as part of their overall health care readiness during a pandemic. A summary of these responses are in Table 2.

Relationship Status

A large proportion of mothers reported being married during the pandemic ($n = 197$), which made up approximately 70% of the sample. These results show that seven of 10 mothers had a husband to assist with childcare during this difficult period. The number of mothers with help was even larger because some mothers reported living with a partner ($n = 32$) in a cohabitating relationship and were approximately 11% of the sample. This indicated that approximately eight of 10 mothers had partners of spouses in the home to assist them during this period of difficulty. These results are displayed in a pie chart found in Figure 17 and summarized in Table 2.

Figure 17

A Pie Chart Showing Mothers' Relationship Status During the Pandemic
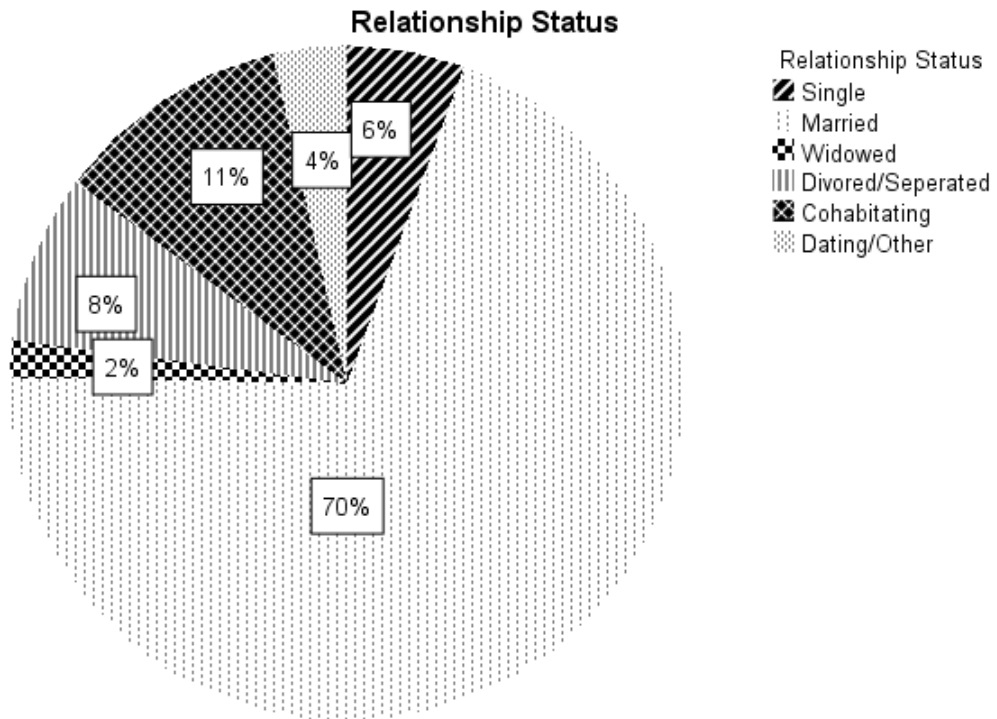
Table 2

A Summary of Mother's Frequency Variables During the Pandemic

Variable	Group	Frequency	Percentage
Race	Black	37	13
	White	175	62
	Hispanic/Latino	49	17
	Others	22	8
Total		283	100
Education	HS Grad	21	7
	Associate Degree	49	17
	Bachelor's Degree	119	42
	Master's Degree	81	29
	Doctorate Degree	13	5
Total		283	100
Income Level	<$20K	14	5
	$21k - $50K	38	14
	$51K - $70K	55	19
	>$71K	176	62
Total		283	100
Employment Location	Work From Home	66	23
	Work Outside Home	72	25
	Work In/Out of Home	49	17

Variable	Group	Frequency	Percentage
	Not Applicable/Other	96	34
Total		283	100
Health Insurance Status	No Insurance	220	78
	Have Insurance	63	22
Total		283	100
Relationship Status	Single	16	6
	Married	197	70
	Widowed	5	2
	Divorced/Separated	23	8
	Cohabitating	32	11
	Dating/Other	10	4
Total		283	100

Hypotheses Results

Hypothesis 1

On average, White mothers have higher mean levels of social well-being than other groups during C-19P.

Results

An analysis of variance (ANOVA) was conducted to determine if the mean levels of well-being of White mothers were significantly higher than those of other races in the sample. Descriptive results show that on average, White mothers' well-being ($M = 3.80$, $SD = 1.31$) were

similar to all other mothers. Approximately 68% of White mothers had well-being scores as high as 5.11 on a scale of 1 to 7. In the population of White mothers, the 95% confidence interval (*CI*) shows that well-being was 4.0 on average. A means plot found in Figure 18 shows that among all groups, the lowest well-being levels included whites and that those who identified as other races had the lowest level. Some participants reported their well-being as high as 6.43 while a proportion reported their well-being as low as one. A summary of these descriptive analysis is in Table 3.

Figure 18

A Plot Showing Well-Being by Race
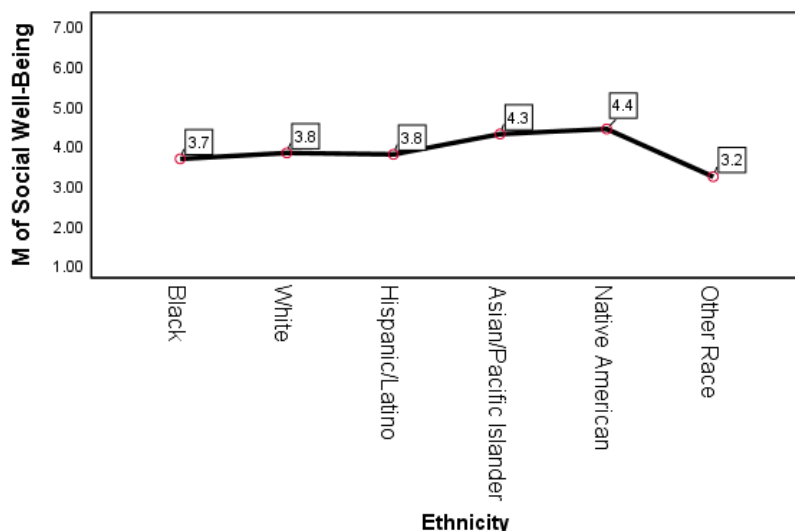
A homogeneity of variance analysis was assessed to determine there was no significant difference between in the variance of scores. These results were not significant $F(5, 277) = .61$, $p > .05$. Results of these analyses are in Table 4. Further, results from this analysis showed that there were no significant differences between each group of races or within each group of race on social well-being $F(5)$ .81, $p > .05$. These results suggest that social well-being was the same

for all groups, regardless of race. A further analysis was assessed to determine if there were any

groups with significantly higher social well-being among all groups. Results of these analyses

are in Table 3.

This analysis was conducted using the Tukey honestly significant difference (HSD) using

a single-step multiple comparison procedure and a least significant difference (LSD) post hoc

test. Results show no significant differences among any group in this analysis. A summary of

these results is in Table 6. The null hypothesis was that White mothers did not have significantly

higher levels of social well-being compared to mothers of different races. This hypothesis was

retained, as white mothers' well-being was not significantly different from any other group.

Table 3

Descriptive Analysis Results on Mothers' Social Well-Being

	N	M	SD	SE	95% CI for M LB	95% CI for M UB	Min	Max	Var
Black	37	3.65	1.43	.24	3.18	4.13	1.05	6.43	
White	175	3.80	1.31	.10	3.61	4.00	1.00	6.43	
Hispanic/Latino	49	3.77	1.32	.19	3.39	4.15	1.29	6.52	
Asian/Pacific Islander	7	4.28	1.92	.73	2.50	6.05	1.90	6.48	
Native American	2	4.40	1.92	1.36	-12.84	21.65	3.05	5.76	
Other Race	13	3.21	1.36	.38	2.38	4.03	1.29	5.43	
Total	283	3.77	1.35	.08	3.61	3.92	1.00	6.52	
Model Fixed Effects			1.35	.08	3.61	3.92			
Random Effects				.08[a]	3.56[a]	3.97[a]			-.01

Table 4

Test of Homogeneity of Variances Showing No Difference in Variances

		Levene Statistic	*df*1	*df*2	*P*
Social Well-Being	Based on Mean	.61	5.00	277.00	.69
	Based on Median	.60	5.00	277.00	.70
	Based on Median and with adjusted *df*	.60	5.00	267.61	.70
	Based on trimmed mean	.61	5.00	277.00	.69

Table 5

ANOVA Results Showing No Significant Difference Between White and Other Race's Well-Being

	SS	*Df*	*MS*	*F*	*P*
Between Groups	7.44	5	1.49	.81	.54
Within Groups	506.71	277	1.83		
Total	514.15	282			

Table 6

Post Hoc Follow Up Test Results Showing No Difference in Social Well-Being Among Any Group

						95% CI	
	Race	Race	*MD*	*SE*	*P*	*LB*	*UB*
Tukey	White	Black	.15	.24	.99	-.55	.85
		Hispanic/Latino	.04	.22	1.00	-.59	.66
		Asian/Pacific Islander	-.47	.52	.94	-1.97	1.02
		Native American	-.60	.96	.99	-3.36	2.16
		Other Race	.60	.39	.64	-.52	1.71
LSD	White	Black	.15	.24	.54	-.33	.63
		Hispanic/Latino	.04	.22	.87	-.39	.47

					95% CI	
Race	Race	*MD*	*SE*	*P*	*LB*	*UB*
	Asian/Pacific Islander	-.47	.52	.36	-1.50	.55
	Native American	-.60	.96	.53	-2.50	1.29
	Other Race	.60	.39	.13	-.17	1.36

Hypothesis 2

As privilege increases (high SES, fewer motherhood responsibilities), so does social well-being.

Results

A stepwise method regression analysis was conducted to determine whether increases in SES variables such as education level, income level, and employment status increased social well-being. Original predictor variables were coded into dummy variables so that education levels were low/high, income was low/high, employment was employed/unemployed, and insurance was with/without insurance. The outcome variable, social well-being was assessed as a continuous measure variable ($M = 3.77$, $SD = 1.35$).

The summary model was significant, $F(1, 281) = 5.04$, $p < .05$, $r^2 =$ indicating that SES significantly predicted an outcome on social well-being for mothers. The results showed that the model provided for approximately 2% of the variance in social well-being among mothers. The education coefficient was the only significant variable in the model ($\beta = -.68$), demonstrating that as education increased, social well-being decreased. Mothers who were less educated had higher levels of social well-being, which was an opposite influence on social well-being. These results are summarized in Table 7 and Table 8.

Table 7

Summary of Regression Analysis Results

Model	R	R^2	Adj R^2	SE	R^2 Chg.	F Chg.	$df1$	$df2$	P
					Change Statistics				
1	.13[a]	.02	.01	1.34	.02	5.04	1	281	.03

Note. a. Predictors, (Constant), Education

b. Dependent Variable, Social Well-Being

Table 8

Summary of ANOVA Results

Model		SS	df	MS	F	P
1	Regression	9.05	1	9.05	5.04	.03[b]
	Residual	505.10	281	1.80		
	Total	514.15	282			

Note. a. Dependent Variable, Social Well-Being

b. Predictors, (Constant), Education

The null hypothesis was that a reduction in the level of responsibility such as having to care for more children, and higher SES such as being employed, having health insurance and higher income resulted in higher well-being. Results show that SES such as education did influence well-being ($Y = 4.40 * -.13$ education) among mothers; therefore, the null hypothesis was rejected. The hypothesis was directional, indicating that an increase in SES such as education resulted in an increase in well-being; however, a reduction in responsibilities had no influence on mother's well-being.

Choosing the stepwise method for this analysis was beneficial using the responsibility and SES variables available in this study. To determine the goodness of statistical model fit between the data and the model, as assessment was conducted to determine whether outliers

affected results. A normality plot was generated specifically for this purpose and is found in

Figure 19. The plot shows that expected outcomes and observed outcomes were closely aligned

along the slope, demonstrating no outliers, influencing results and a good model fit.

Figure 19

Normality P-P Plot Showing Good Data Fit in the Model

Normal P-P Plot of Regression Standardized Residual
Dependent Variable: Social Well-Being
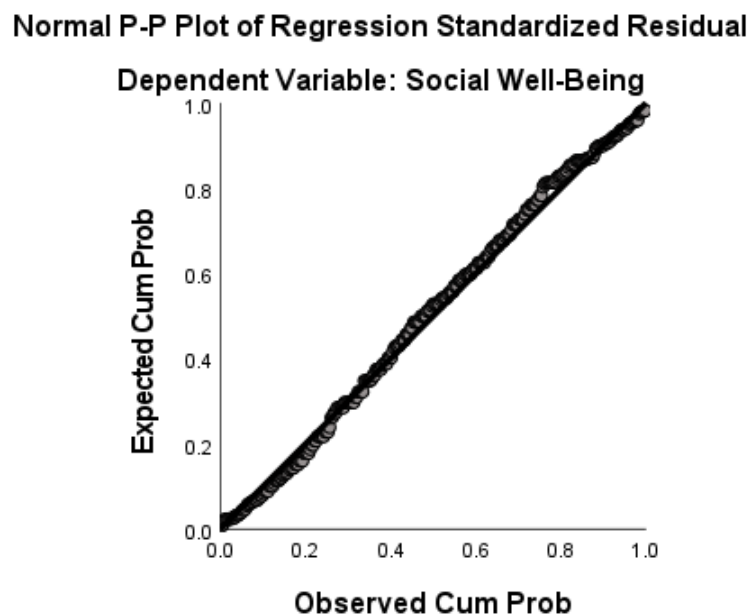
An analysis of model assumptions was necessary when drawing conclusions about the

population of mothers, particularly mothers from a southwestern suburban college town

experiencing motherhood during the pandemic, based on the sample. For instance, all variables

in this analysis were categorized into quantitative dichotomous quantitative variables or using

variable already in quantitatively measured. In addition, variance proportions were greater than

zero and there was no multicollinearity relationship among variables. Homoscedasticity was not

an issue and variables were independent of each other. Finally, there was a linear relationship

between education and social well-being. A summary of these assumptions is in Table 9. Further,

the analysis of the histogram found in Figure 20 shows that this model appears to be accurate based on the normality of the standardized residuals, demonstrating that education is a good predictor of well-being among mothers.

Table 9

A Summary of Collinearity Diagnostics

				Variance Proportions	
Model	Dimension	Eigenvalue	Condition Index	(Constant)	Education
1	1	1.96	1.00	.02	.02
	2	.04	7.20	.98	.98

Note. a. Dependent Variable, Social Well-Being

Figure 20

Histogram Showing Normality in Standardized Residuals

Dependent Variable: Social Well-Being

Mean = -1.84E-15
Std. Dev. = 0.998
N = 283
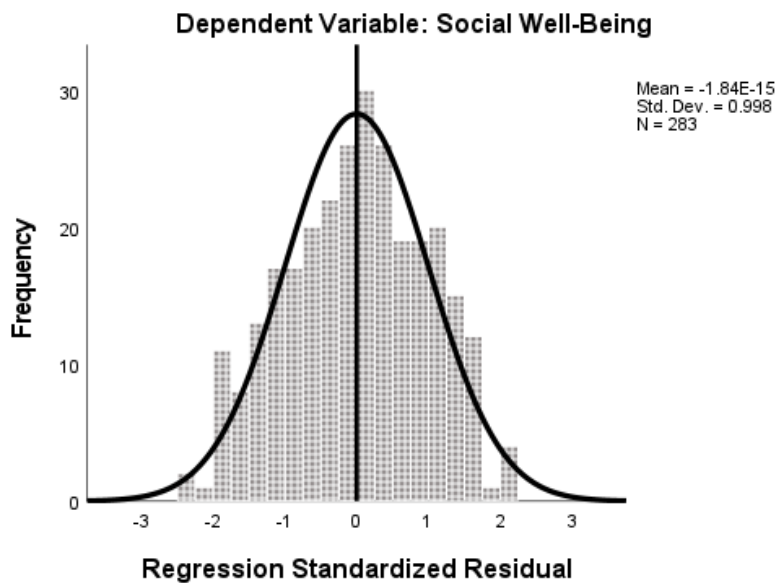
Finally, the model summary presented in Table 10 shows the value of the education coefficients and it influence on social well-being. The standardized beta value was tested using a tTest and results were significant $t(282) = -2.24$, $p < .05$, indicating that the influence of education on the well-being of mothers were significant in the sample. These results indicate that, among the population of these mothers, 95% of the time, mothers with lower education experienced an increase in well-being. Education levels in the population ranged from as low as -1.28 to -.84. The beta coefficient of -.13 was within the confidence, support the significance of education.

Table 10

Summary of Coefficient in the Model

Model	Unstandardized B	SE	Standardized B	t	P	95% *CI* for B LB	UP	Collinearity Tolerance	VIF
1 (Constant)	4.40	.29		15.03	<.001	3.82	4.97		
Education	-.68	.30	-.13	-2.24	.03	-1.28	-.08	1.00	1.00

Note. a. Dependent Variable, Social Well-Being

Hypothesis 3

As social support increases so does social well-being for mothers caring for minor child/children during the current COVID-19 pandemic.

Results

A Pearson's correlation test was conducted. The purpose was to determine whether receiving social support influenced social well-being among mothers in a pandemic. The analysis determined if an upward deviation from average social support ($M = 5.09$, $SD = .98$) resulted in an upward deviation from average social well-being ($M = 3.77$, $SD = 1.35$) among mothers ($N =$

283). A scatterplot found in Figure 21 was constructed to evaluate whether there was any apparent relationship between social support on social well-being. The graph shows that as social well-being increased, the need for social support decreased. The inverse influence is also true, that an increase in social support results in a reduction in social well-being.

Figure 21

A Scatter Plot Showing the Relationship Between Social Support and Well-Being Among Mothers During a Pandemic
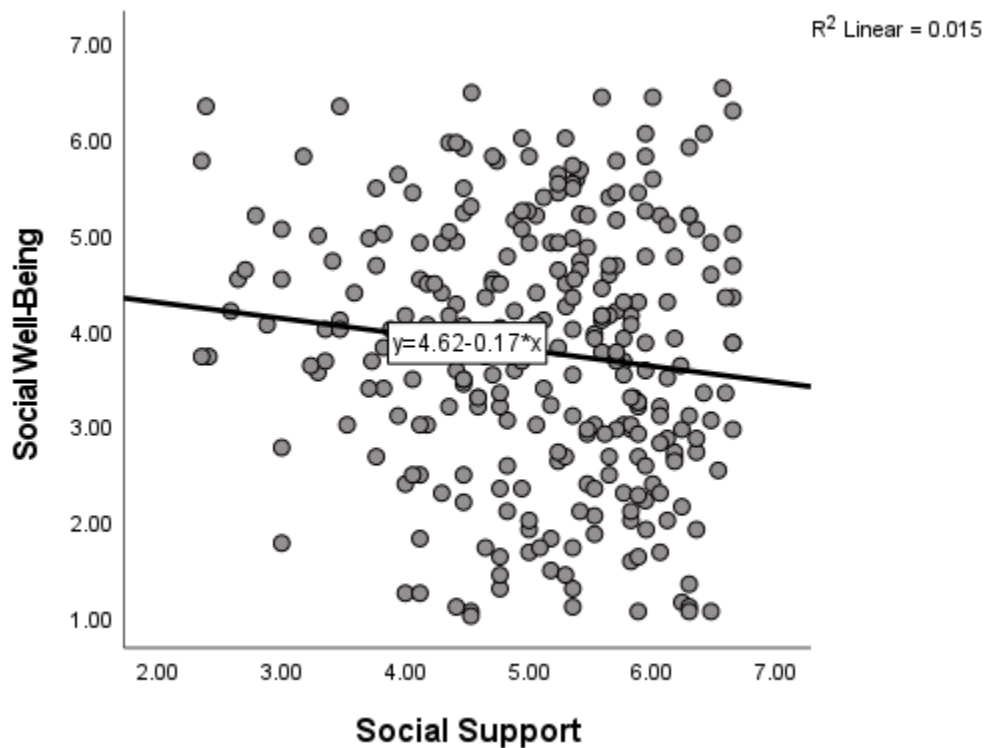
The results of this analysis were significant ($R = -.12$, $P < .05$, one tail) in the opposite direction, indicating that increasing social support did not result in an increase in social well-being, but rather reduced social well-being. The null hypothesis was that increasing social support did not increase social well-being among mothers when caring for minor child/children

during the current C-19P. The null hypothesis was retained, and the alternative hypothesis was rejected, which was that as social support increases so does social well-being for mothers caring for minor child/children during the current C-19P, one-tail. While there was a significant relationship between receiving social support and social well-being, the influence of receiving social support was not positive. A summary of these results is in Table 11.

Table 11

A Summary of Correlation Test Results Between Social Support and Social Well-Being

			95% *CI* (1-tailed)[a]	
Variables	*R*	*P*	Lower	Upper
Social Well-Being - Social Support	-.12	.02	-1.00	-.02

Note. a. Estimation is based on Fisher's r-to-z transformation.

Hypothesis 4

The effect of race was not partially mediated by social support, thereby increasing levels of social well-being.

Results

A partial correlation analysis was conducted to determine if race partially influenced the relationship between social support and social well-being among mothers. Results of this analysis was significant ($r(280) = -.12, p < .05$) when looking at the influence of social support on social well-being alone. The null hypothesis was rejected that race was not partially mediated by social support, thereby increasing levels of social well-being. The relationship however between race and social well-being alone was not significant ($r(280) = .04, p > .05$); however,

when using first-order correlation, social support mediated the relationship between race and social well-being, and the model improved ($r(280) = -.12$, $p < .05$).

Race alone did not have any significant role in this model since the social well-being based on race was not significant even after mediating with social support. This small but significant correlation indicated that social support accounted for 12% of the social well-being of mothers. When social support was not controlled for, the influence on social well-being was not significant and only provided 4% of the variation. The inclusion however of social support was significant. The results demonstrated that being White or non-White alone had not significant influence on the well-being of mothers. The importance was on receiving social support.

An analysis of normality of each variable based on race was conducted to ensure normality assumptions were not violated. An examination of the boxplot for social support shows that for non-whites, there was a single outlier, but removing this outlier made no difference in the outcome of results. An examination of the boxplot for social well-being based on race showed no outliers. These boxplots are displayed in Figure 22. A graphical assessment of social support and social well-being showed no apparent violation of normality and that most of the responses for each variable fell within the bell curve (see Figure 23). Analyses of box plots for each variable based on race were also conducted to ensure outliers did not play a role in the outcome.

Figure 22

Boxplots for Social Support and Social Well-Being
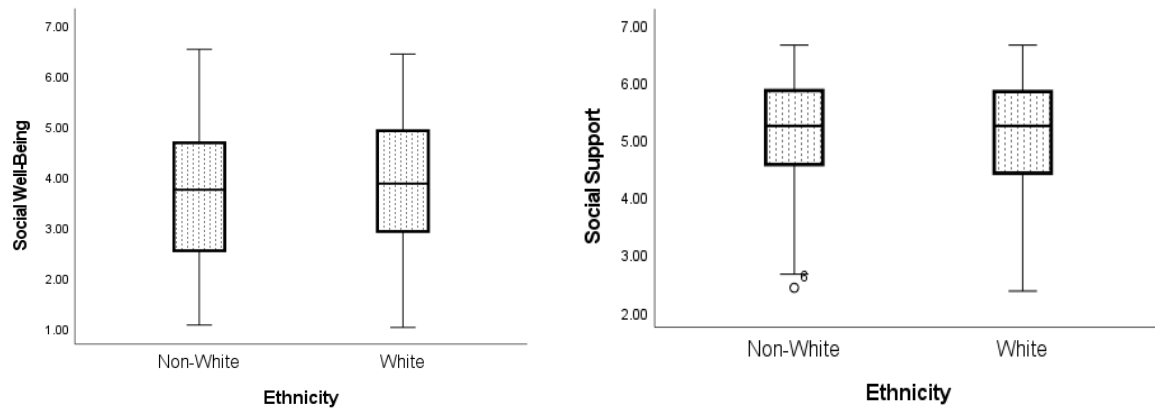
Figure 23

Histograms Showing Normal Distribution From Social Well-Being and Social Support Based on Race.
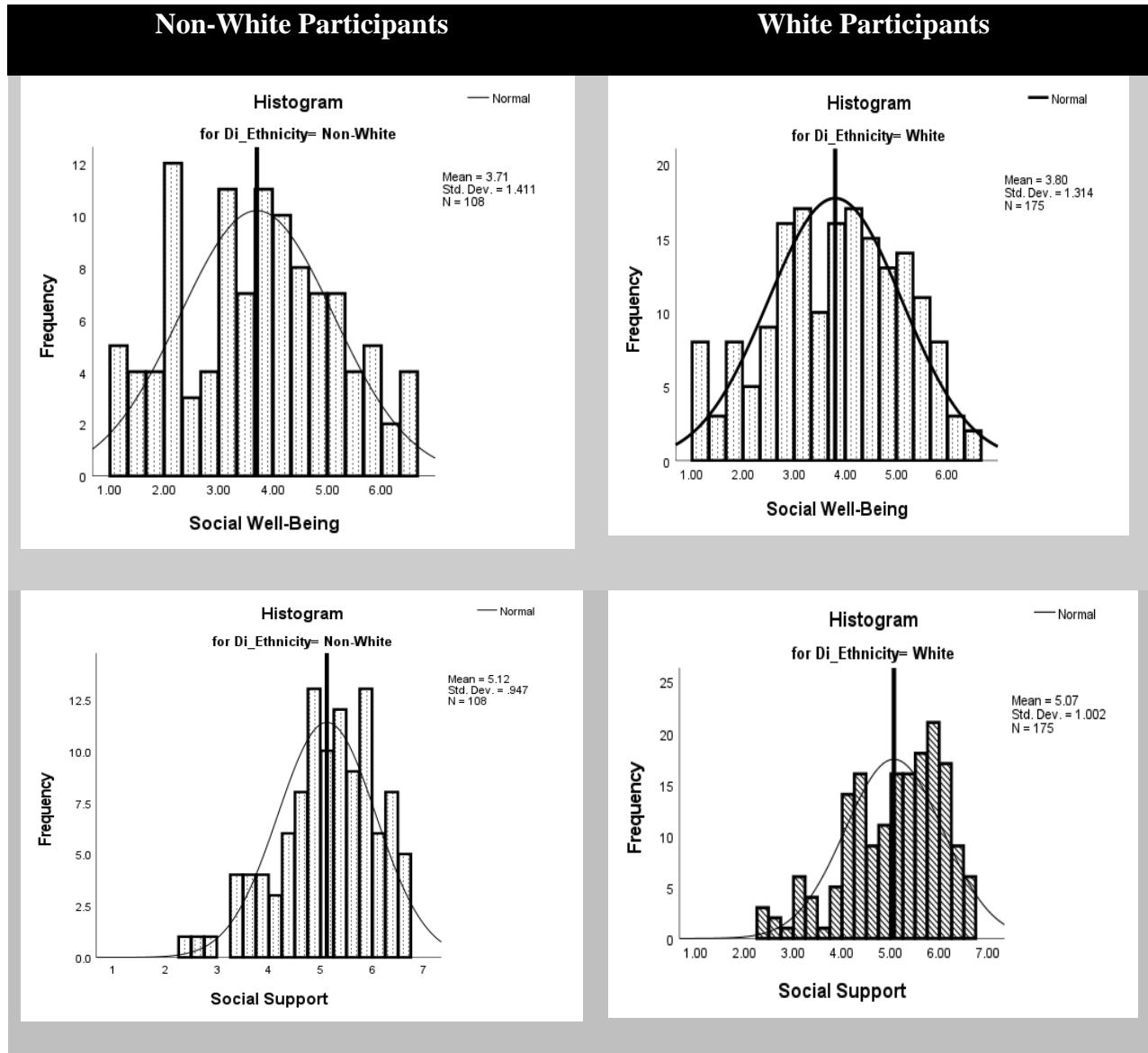
A summary of descriptive results is in Table 12. Results of the partial correlations are summarized in Table 13. Additionally, the line graph found in Figure 24 demonstrates that although Whites received slightly less social support than non-Whites, their level of social well-being just slightly higher than non-Whites, but not significantly higher.

Table 12

Descriptive Analysis Results Partial Correlation Test

Variables	*M*	*SD*	*N*
Social Well-Being	3.77	1.35	283
Social Support	5.09	.98	283

Table 13

Results of Partial Correlation Test (N = 281)

Control Variables		Statistc	Social Well-Being
None	Social Support	*R*	-.12
		P	.02
	Race	*R*	.04
		P	.28
Race	Social Support	*R*	-.12
		P	.02

Note. a. Cells contain zero-order (Pearson) correlations.

Figure 24

Line Graph Showing Support and Social Well-Being Based on Race

72
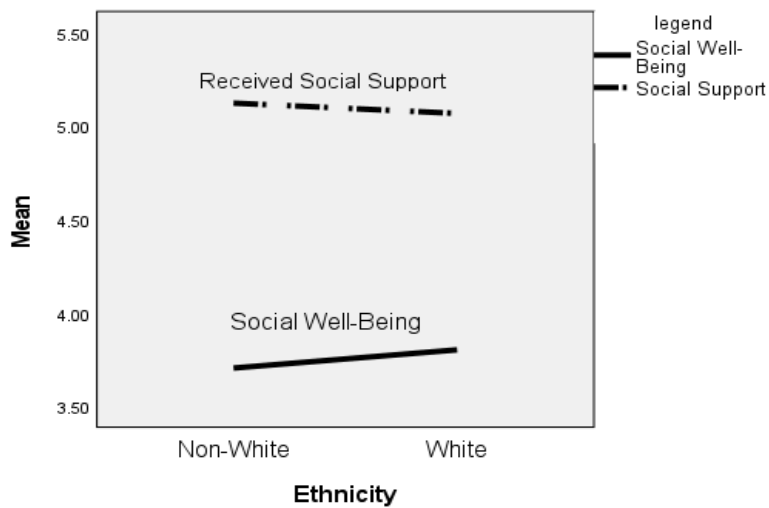
Hypothesis 5

The pathways to high social well-being will differ based on racial identity.

Results

      An ANOVA analysis was conducted on social well-being based on race to determine if there was a significant difference in social well-being based on six categories of racial ethnicities. Mothers who were Asian/Pacific islanders, Native Americans, and other races were groups into the same category of other races, because of the small sample representation for respective groups. The results show that social well-being was similar among all groups of races. For each group, social well-being among mothers ranged from as low as 1 and as high as 6. The mean scores were also similar for all groups. A means plot found in Figure 25 graphically demonstrates these results. A summary of these descriptive analysis is summarized in Table 14.

Figure 25

A Means Plot Showing Similar Scores for Social Well-Being for All Groups
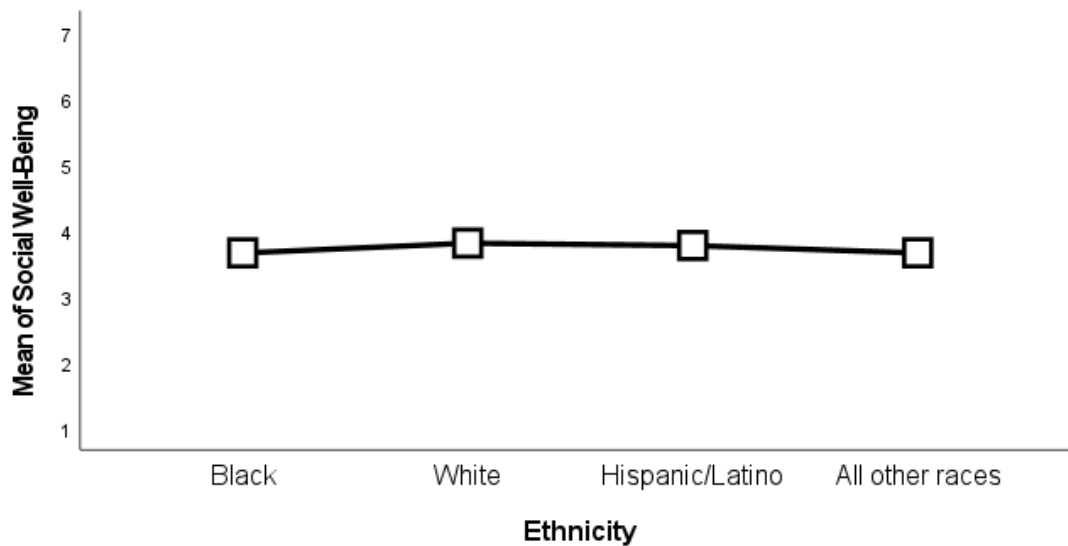
Table 14

Descriptive Analysis for ANOVA Test for Social Well-Being Based on Race

Social Well-Being	N	M	SD	SE	95% *CI* for *M* Lower	Upper	Min	Max
Black	37	3.65	1.43	.24	3.18	4.13	1.05	6.43
White	175	3.80	1.31	.10	3.61	4.00	1.00	6.43
Hispanic/Latino	49	3.77	1.32	.19	3.39	4.15	1.29	6.52
All other races	22	3.66	1.61	.34	2.94	4.37	1.29	6.48
Total	283	3.77	1.35	.08	3.61	3.92	1.00	6.52

A homogeneity test was conducted to determine whether the equality of variance assumption was violated. A summary of this analysis is provided in Table 15, which shows, there was no significant difference in social well-being variance ($p > .05$) based on race groups. The results of the ANOVA test shows that social well-being based on race was not significant ($F(3, 279) = .18$, $p > .05$). These results are summarized in Table 16 and 17. There was no need to conduct any post hoc assessment since results were not significant.

Table 15

Levene's Test of Homogeneity of Variances

		Levene Statistic	df1	df2	*p*
Social Well-	Based on Mean	.85	3.00	279.00	.47
Being	Based on Median	.77	3.00	279.00	.51
	Based on Median and with adjusted df	.77	3.00	271.51	.51
	Based on trimmed mean	.84	3.00	279.00	.47

Table 16

Results of ANOVA Test on Social Support Based on Ethnic Grouping

Social Well-Being	SS	Df	MS	F	P
Between Groups	.97	3	.32	.18	.91
Within Groups	513.18	279	1.84		
Total	514.15	282			

Summary

Table 17

Summary of Results

Hypothesis	Results
1. Alternative Hypothesis, On average, white mothers have higher mean levels of social well-being than other groups during COVID-19.	Null Retained Alternative Rejected
2. Alternative Hypothesis, As privilege increases (high SES, fewer motherhood responsibilities), so does social well-being.	Null Rejected Alternative Retained
3. Alternative Hypothesis, As social support increases, so does social well-being for mothers caring for minor child/children during the current COVID-19 pandemic.	Null Rejected Alternative Retained
4. Alternative Hypothesis, The effect of race and privilege are partially mediated by social support, thereby increasing levels of social well-being.	Null Rejected Alternative Retained
5. Alternative Hypothesis, The pathways to high social well-being will differ based on racial identity.	Null Retained Alternative Rejected

This study aimed to gain an empirical understanding of the extent social support variable predicts social well-being for mothers during the C-19P using quantitative methods. Dimension of the social support theory were used to develop two main research questions: (1) To what extend does race, SES, and motherhood predict social well-being of mothers during the pandemic, and (2) how social support affects the relationship between motherhood and social well-being during the C-19P controlling for demographic and socio-economic variables. The next chapter will provide an overview of these findings compared to previous literature.

CHAPTER V

DISCUSSION

This study aimed to achieve empirical knowledge using objective, measurable methods. The objectives of this study were to explore social support and social well-being among those who experience motherhood, with the vast majority being white mothers, with a bachelor's degree or higher, income levels above $61k, and residing in a suburban college town during the C-19P. Using the quantitative research tool of surveys, this study examined two research questions. First, to what extent does race, SES, and motherhood predict social well-being during the COVID-19 pandemic. In addition, this study provided empirical insight of how social support affected the relationship between motherhood and social well-being during the current COVID-19 pandemic considering socio-economic variable. This section provides an overall summary of the study's findings and conclusions.

Implications of the Study

To understand social well-being of mother during the C-19P, it is important to understand the dimensions of social well-being. One dimension of social well-being is social integration. Social integration, also referred to as social inclusion, describes how important it is for people to have interactions and factors of belongingness with other people. Appau et al. (2019) describes human beings are not only homo sapiens, thinking beings, but also stated humans are homo socialis. As homo socialis, the basic need to identify with others and be a part of a group is necessary. These researchers also found when there is an absence of social integration, people are at a higher risk of experiences social isolations, which leads to low levels of well-being. Other researchers described social integration as the level attachments individuals used to maintain connections with the larger society (Kim et al., 2019). These researchers also found a

correlation between high levels of attachment among individuals and their ability to conform to social norms. Conformity was believed to reduce deviation from what was socially acceptable (Pals & Engin, 2019).

When there is an absence of social integration, people are at a higher risk of experiences social isolation which leads to low levels of well-being. Portacolone et al. (2018) conducted a study about social isolation among older adults and found that the impact of social isolation was a public health concern equivalent to the scale of cigarette smoking. Social factors that contributed to social isolation were toxic relationships, weak norms of resource exchange, and immersion in a social environment that lacks meaningful social ties. During times of uncertainty, such as that of a pandemic, families have experienced the additional stressors of social isolation by way of government mandates to social distance and limit large gathering. Parents were challenged with the choice to send children to school, risking C-19P exposure, or keeping them at home. However, the choice to keep children home often put more strain on the roles of parents and providers. For many, these choices are contingent upon feasibility and accessible resources. When considering social well-being, these are some of the theoretical implications revealed in literature that provides an understanding of how social support predicts well-being among those who experience motherhood during C-19P through the lens of the SST.

When examining social acceptance, researchers examined the meaning of social acceptance and defined it as a person's exposure to and contact with other people that openly include you into their group or into a relationship (Jacq et al., 2021). Social acceptance is important because people generally have a need to feel accepted regardless of their status within society. Sociologists have also examined social contribution both with how individuals contribute to society and how society contributes to individuals. During difficult times, it is

important to understand how groups contribute to society and community growth. Gibert and Angerri (2021) argued that socialization contributed to empowering people and increased solidarity among communities. When there is social disconnection, people a generally divided and feel isolated.

Implication #1

The researcher found it necessary to assess covariates such as race, income, education, employment status, mother's age, number of children, age of children, and access to healthcare as each of these factors can influence the experience of motherhood, especially during a pandemic. The first implication examines how race predicts social well-being of mothers during C-19P. This was done by conducting a survey amongst six racial groups, Black, White, Hispanic/Latino, Asian/Pacific Islander, Native American, and other race. Although multiple ethnic groups were included, the vast majority of participants ($N = 283$) were White ($n = 175$). In addition to a predominantly White participant group, the majority of participants reside in a suburban college town. Suburban areas have known advantages that include access to resources, access to public transportation, and more job opportunities when compared to more rural areas. This has a significant influence on the research findings. The researcher predicted that White mothers have higher mean levels of social well-being than other groups during the C-19P. The findings indicated that there was no significant difference between each racial group or within each racial group and well-being. White mother's well-being was similar to all other mothers. The group found to have the lowest level of well-being was those who identified as other races. Native Americans were found to have the highest mean level when examining well-being. Fitzpatrick and Spialek (2020) documents that literature typically supports a long history of inequalities among social, economic, and political factors with race playing an influential role.

However, since the sample participants were predominantly White, suburban, student mothers, these privileges have influence on the motherhood experience during a pandemic.

When it comes to gender, we generally see similarities among all women and their fight for equality. However, gender equality tends to be the only major battle for White women while women of color and other racial groups combat gender inequality along with racial inequalities (Moon & Holling, 2020). In a study examining pregnant women, women of color reported to have higher levels of psychological distress compared to White counterparts due to the added influence of racial discrimination (Giurgescu et al., 2017). The study also noted when examining social support, women who experienced low levels of social support also experienced higher levels of psychological distress. Knowing that racism is still very prevalent, it was surprising to see very little difference in social well-being of mothers considering race as a variable. However, this study disproves the implications that White mothers have higher mean levels of social well-being during the COVID-19 pandemic.

Historically, social support has had a correlation with well-being. The DASS-21 measured perceived social support paying attention to how a person feels psychological and physical advantages when faced with stressful events such as those experienced during the COVID-19 pandemic (Harandi et al., 2017). The results regarding race and social support of mothers during this pandemic revealed that most women reported having 76% of the psychological and physical advantages (i.e., social support needed during the pandemic). Because the snowball sampling method target White student mothers, there is a lack of definite evidence that would prove these results accurately reflect the experiences of all mothers during the pandemic. When assessing social support during other pandemics such as Hurricane Katrina, research revealed disaster-related stressors such as fear of health adversities, access to medical

care, and fear for loved ones' well-being had attributed both directly and indirectly to physical and mental well-being (Raker et al., 2020). Although this study does provide representation of mothers, the sample selected may be biased as some participants were based on referrals and word of mouth. Other research examining social support among patients with human immunodeficiency syndrome (HIV), another health pandemic, revealed that certain socio demographic variable influenced perceived social support. This study found low levels of social support among participants (both male and female) related to racial and ethnic group disparities such as barriers that limit access to adequate healthcare (Ajiboye et al., 2020). These results may be due to participants directly experiencing a healthcare diagnosis (HIV) as their perceived social support would be influenced by whether healthcare accessibility is limited or nonexistent.

Implication #2

A second implication examines the influence of privilege on social well-being. The researcher wants to describe the relationship between privilege and social well-being stating that as privilege increases, social well-being increases as well. This would support the concepts of the French philosopher, Pierre Bourdieu, who considered the relational and resource gains a person receives from achieving higher status in social groups and social networks (Perrondin & Todd, 2022). Historically, women have been underprivileged when compared to men both economically and politically (Rietveld & Patel, 2022). Also, women tend to hold more of the parental responsibilities than men. Schiemna et al. (2018) the way parenting activities are divided and their consequences, are important to understanding well-being.

The study also highlights inequalities social exchange produces unfavorable affective, cognitive, and behavioral outcomes such as depression, anger, and unhappiness. In other words, if the exchange in parental roles is unequal, the individual with more responsibility may display

outcomes that poses threats to well-being. Gender role expectations are often social driven with society setting the expectation of what mother and father roles should look like. The researcher assumes that few parental roles requirements or shared parental roles is a privilege to have. With these increase privilege, well-being may also increase. When studying parenting roles and responsibilities, this study did not have a significant impact on well-being. While education is a good privilege predictor, a reduction in parental responsibility was not a predictor of well-being.

SES, another component of privilege, "has been operationalized as the combination of a person's resources, level of education, and subjective status" (Farwaha & Obhi, 2020, p. 834) in society. This research recognizes that SES not only impacts, but it is access to societal privileges such as income, education, and employment just to name a few. How we obtain these privileges vary based on several characteristics and life experiences. The added pressures of a pandemic, such as the C-19P, expose how privilege impacts people differently during times of crisis. When everyone in the world experiences the same national pandemic, privilege dictates if those experiences are manageable or more difficult for some more than others. The researcher believes well-being is impacted by privilege, especially during times of crisis. The researcher also believes privilege is social support and having social support, i.e., privilege, increases well-being during times of crisis.

This research analyzed SES variables such as education, income, and employment status and predicted that higher levels of each would also result in higher levels of social well-being. Since the primary data source were White, student mothers holding a bachelor's degree or higher, these characteristics must be considered when examining the research results. Literature supports a correlation between SES and health outcomes. An empirical study of White privilege and social position proved differences in health outcomes based on the education level and

geographical location (Kwate & Goodman, 2014) specifically for Whites and Blacks. The study examined the ease of Whites welcoming Blacks into predominantly White communities and also noted access to healthcare difference in communities of privilege vs those underprivileged. Other studies noted discrimination based on SES variables often resulted in poorer self-rated health, poorer psychological health, and as discrimination increased, so did levels of overall well-being (Cormack et al., 2018).

When examining privilege variables of mothers' and their experiences during C-19P, SES also correlated with social well-being. Education was the only significant variable demonstrating that as education increased, social well-being decreased. The researcher believes this may be substantial due to financial stressors and student debt accumulated as a result of pursing higher education. McCloud and Bann (2019) found correlations between debt and mental health. Three studies concluded that high levels of student loan debt also correlate with low levels of wellbeing. This study also found that mothers with lower levels of education had higher levels of social well-being during the C-19P. Quick and Henderson (2016) conducted studies refuting these findings noting that occupation stress tends to increase as education level and expectations increase. This research demonstrates that as education levels decrease well-being increases could be true in some cases, however, we must consider that lower levels of education do not automatically predict lower job demands. The C-19P increased demands for some fields of education and occupation more than others. For example, a registered nurse has a higher level of education than a certified nurse assistance, however, both may have experienced the same amount of increase in job demands, expectations, and occupation stress due to the nature and setting of the occupation during the pandemic. Further research would be beneficial examining occupation, privilege, and well-being.

Implication #3

The third implication examines social support and well-being. The research predicts that as social support increases, social well-being also increases for mothers caring for children during the C-19P. The results were notable finding that as social well-being increases, the need for social support decreases. Factors that support healthy social well-being include having connections to positive social relationships, access to basic needs and resources, and overall good health (Gull et al., 2022). When social well-being needs are met, social support needs are also met and the need for additional support decrease. The research study also notes that as social support increases there is a decrease in social well-being. These findings were surprising but may be supported based on the notion that social welling for all members of society experiencing C-19P felt a decrease in social well-being as a result of other pandemic impacts such as job loss, isolation, and fear of health complications. Interaction with family and friends was limited due to isolation requirements. Social isolation is often noted in research as a factor that causes emotional distress and low social connectedness (Emerson et al., 2021).

Implication #4

The fourth implication examines race, social support, and social well-being. The researcher predicts that race might be a variable that influences the relationship between social support and social well-being. The study uses dichotomy variables of White and non-White. I anticipated those of the White race showed a stronger positive relationship between social support and overall social well-being of mother's during the pandemic. The findings did find analytical significance of social support on social well-being. Social support accounted for 12% of social well-being for mothers. However, when examining race and social well-being alone, the results did not show statistical evidence that race influences social well-being. Other literature

84

shows identifies race as a prominent factor and influence on social well-being generally resulting in disproportionate effects and lower levels of social well-being for minority racial groups (Okoro et al., 2022). Macedo et al. (2019) also studied race and social well-being and found that race was a contributing factor that established consistent sense of positive self-esteem and overall positive well-being. This study also revealed Indians and African Americans experienced higher levels of depression and depression especially when race is not received in a positive regard. The results of this study when examining race and social well-being contradicts with the findings in literature. However, I believe this proves that regardless of race, social support is needed and important to influence social well-being for mothers from all racial groups especially during times of crisis such as the C-19P.

Implication #5

The fifth implication similarly examines levels of social well-being and will this differ based on racial identity. Scholars reveal through research that racial biases and actions result in limitation in choosing family styles, preferred neighborhood, access to quality education, and employment opportunities that impact black mothers and their sociological well-being at a different rate than the impact on other racial groups (Mendenhall et al., 2013). This is not to suggest that only Black mothers struggle with sociological well-being during pandemics; however, it brings attention to the need to understand the additional racial biases that alone impact sociological well-being for black mothers in addition to stressors during pandemics. The actions of racism can result in race-based stress which impacts social functioning differently when compared to mothers from majority racial groups (Macedo et al., 2019). While experiencing the stressors of the currently pandemic, encounters of racism directly and indirectly influence one's ability to find their place in society which impact social well-being.

This study examined six racial groups and found that there was significant difference in social well-being among these groups. Because there was a small samples size from mothers who were Asian/Pacific Islanders, Native Americans, and other races, the participates were grouped into the same category of "other" race. Social well-being was similar among all six race groups and there was no significant difference in social well-being based on race. Because experiences of the C-19P are not gender or racially blind, this could be an indicator of why results based on race are similar. There is still a significant amount of research that confirms gender and racial differences in access to health, income, and support during times of crisis. Pande (2022) attributes these differences to social structures where more task involving caring for children, cooking, and caring for day-to-day educational needs with the closure of schools fall on women.

Conclusions of the Study

This study aimed to describe what extent race, SES, and motherhood predicted social well-being during the C-19P. The study also aimed to describe the affects, if any, social support had on the relationship between motherhood and well-being. The vast majority of participants were white student mothers residing in a southwestern, suburban college town which contains certain built in privileges that influenced this study. The findings indicated that there was no significant difference amongst racial groups. White mothers' well-being was similar to all other mothers with approximately 68% scoring 5.11 on a scale of 1 to 7. Also, within each racial group, there was no significant difference as most participants scored high levels of well-being. When social support increased, the study did not necessarily find that well-being increased as predicted. Social support variance considered how mothers were supported with parental responsibility, income, and employment status, and I was surprised to see that increasing social

support did not increase social well-being. Literature supports a correlation between social support and well-being that as social support increases, social well-being also increases for mothers caring for children during the C-19P.

The findings are significant for social support influence on social well-being. However, Race and social well-being alone did not show statistical evidence that race influences social well-being. Future research should consider an alternate sampling technique that provides more generalizability providing a boarder group of mothers. Conducting a qualitative study may provide results with more significance and true experiences of all mothers during the C-19P. The results of this study, and other studies on healthcare pandemics, are imperative to understanding how the world experiences healthcare crisis. Lessons and opportunities to better connect public health and the need for effect delivery of social support can positively influence people and society. Because C-19P is unprecedented and has brought about unfamiliar changes, we must continue to study the social impacts on various populations. Special attention should be given to disadvantaged populations based on gender, race, and access to support.

Limitations and Further Research

This study aimed to understand a sub-population, specifically mothers, levels of well-being during a pandemic; however, it excludes the experiences of fathers, extended family members, and those who may not parent children but still feel the effects of the pandemic. Including another population, such as fathers, would provide comparison for a more balanced view on this topic. Another limitation that should be considered to further research and improve knowledge on this topic is having a broader sample size. Because I am a mother, biases may exist that impair objectively analyzing the data. Cultural aspects may influence how social

support and well-being characteristics are measured. Biases may result in threats to validity and reliability of the study (Klamer et al., 2017).

While the study assumed there was a correlation between social support and well-being, future research should consider other explanatory variables for depression, anxiety, and stress (Gong et al., 2020) that may influence well-being among mothers, such as those who experienced the loss of an immediate family member or those who suffered low levels of well-being prior to the pandemic. Another limitation is not having pre-pandemic measures of well-being with this population, which would have allowed me to see how C-19P lead to within-person change. The factors can impact the study findings, conclusions, and how generalizations are made about the study.

Lastly, this study has provided information that can provide contributions to literature on motherhood, support, well-being, and pandemics form a sociological perspective. Although there is previous research on healthcare pandemics, C-19P is unique and still impacting society. Because C-19P is unprecedented, there was limited research on the topic of C-19P. There were also limitations with data collection because of social isolations and fear of contracting the virus. Further research may be beneficial to assess race and social well-being among mothers who are residents of other states as resources may have varied. Also, attention should be given to the largest proportion of the participants (62%) being White, a race noted to be among the most privileged. Research on long C-19P and well-being should also be conducted now that we have a better understanding of the illness and treatment more preventative and treatment measures are available.

REFERENCES

Adashi, E., & Cohen, I. (2021). The American Rescue Plan Act of 2021, a historic if transitory expansion of the ACA. *JAMA,* The *Journal of the American Medical Association, 326*(1), 27-28.

Adhanom, G. T. (2020). Addressing mental health needs, an integral part of COVID-19 response. *World Psychiatry, 19*(2), 129-130.

Ajiboye, O., Olorunfemi, O., & Aina, J. (2020). Perceived social support and socio - demographic variables as correlates of quality of life among patients with human immunodeficiency syndrome. *International Journal of Caring Sciences, 13*(3), 1855-1867.

Alaszewski, A., & Manthorpe, J. (1995). Durkheim, social integration and suicide rates. *Nursing times, 91*(25), 34–35.

Ali, N., & Shahil Feroz, A. (2020). Maternal mental health amidst the COVID-19 pandemic. *Asian Journal of Psychiatry, 54*, 102261.

Alkire, L., Mooney, C., Gur, F., Kabadayi, S., Renko, M., & Vink, J. (2020). Transformative service research, service design, and social entrepreneurship. *Journal of Service Management, 31*(1), 24-50.

Alsubaie, M. M., Stain, H.J., Webster, L., & Wadman, R. (2019) The role of sources of social support on depression and quality of life for university students, *International Journal of Adolescence and Youth*, *24*(4), 484-496, https://doi.org/10.1080/02673843.2019.1568887

Appau, S., Churchill, S., & Farrell, L. (2019). Social integration and subjective well-being. *Applied Economics, 51*(16), 1748-1761.

Ara, S. (2021). Gender pay gap in India: evidence from urban labour market. *Indian Journal of Labour Economics, 64*(2), 415-445.

Arcas, M. M., Novoa, A.M., & Artazcoz, L. (2013). Gender inequalities in the association between demands of family and domestic life and health in spanish workers. *European Journal of Public Health 23*(5), 883–88.

Atkins, R., Luo, R., Wunnenberg, M., Ayres, C., Lipman, T., Pena-Cardinali, V., Hayes, L., & Deatrick, J. (2019). Contributors to depressed mood in Black single mothers. *Issues in Mental Health Nursing, 41*(1), 38–48.

Augustine, J., Prickett, K., & Negraia, D. (2018). Doing it all? Mothers' college enrollment, time use, and affective well-being. *Journal of Marriage and Family, 80*(4), 963-974.

Bakar, A. Osman, M., Bachok, S., Ibrahim, M., & Mohamed, M. (2015). Modelling economic well-being and social well-being for sustainability: A theoretical concept. *Procedia Environmental Sciences, (28),* 86-296. https://doi.org/10.1016/j.proenv.2015.07.037

Baker, K. J. (2020). The pandemic's motherhood penalty. *Women in Higher Education, 29*(8), 16–16. https://doi.org/10.1002/whe.20885

Baron, E., Goldstein, E., & Wallace, C. (2020). Suffering in silence, how COVID-19 school closures inhibit the reporting of child maltreatment. *Journal of Public Economics, 190*, 104258.

Barroso, A & Kochhar, R (2020). In The Pandemic, The share of unpartnered moms at work fell more sharply than among other parents. https, //www.pewresearch.org/fact-tank/2020/11/24/in-the-pandemic-the-share-of-unpartnered-moms-at-work-fell-more-sharply-than-among-other-parents. *Pew Research Center. (2020, November 24).*

Bekalu, M., McCloud, R., & Viswanath, K. (2019). Association of social media use with social

    well-being, positive mental health, and self-rated health. *Health Education & Behavior,*

    46(2_suppl), 69S-80S.

Benziman, Y. (2020). "Winning" the "Battle" and "Beating" the COVID-19 "Enemy", Leaders'

    Use of War Frames to Define the Pandemic. *Peace and Conflict 26*(3), 247–56.

    https://psycnet.apa.org/fulltext/2020-54840-002.pdf

Bosley, T. L. (2020). I get by with a little help from my online friends, an examination of social

    support in facebook groups to sustain regular exercise through the lens of social cognitive

    theory (Order No. 28163839). Available from ProQuest Dissertations & Theses Global.

    (2465998420). Retrieved from https, //ezp.twu.edu/login?url=https, //www-proquest-

    com.ezp.twu.edu/dissertations-theses/i-get-with-little-help-my-online-

    friends/docview/2465998420/se-2?accountid=7102

Bremer BA, Brooks LJ. Social support as a coping strategy. *Salem Press Encyclopedia of*

    Health. 2021. Retrieved from, https, //search-ebscohost-com.proxygsu-

    sdek.galileo.usg.edu/login.aspx?direct=true&db=ers&AN=93872242&site=eds-

    live&scope=site

Brochu, F. (2019). Promoting patient empowerment in men and women undergoing fertility

    treatment through the provision of mobile informational and emotional Support.

    ProQuest Dissertations Publishing.

Bureau of Labor Statistics, U.S. Department of Labor, The Economics Daily, employment in

    families with children in 2016 on the Internet

    at https://www.bls.gov/opub/ted/2017/employment-in-families-with-children-in-

    2016.htm (visited October 10, 2020).

Cameron, E., Joyce, K., Delaquis, C., Reynolds, K., Protudjer, J., & Roos, L. (2020). Maternal

    psychological distress & mental health service use during the COVID-19 pandemic.

    Journal of Affective Disorders, 276, 765-774.

Carroll, N., Sadowski, A., Laila, A., Hruska, V., Nixon, M., Ma, D., Haines, J., & Behalf Of The

    Guelph Family Health Study On Behalf Of The Guelph Family Health Study. (2020).

    The impact of COVID-19 on health behavior, stress, financial and food security among

    middle to high income Canadian families with young children. *Nutrients 12*(8), 1–14.

    https://doi.org/10.3390/nu12082352

Carter, M., & Fuller, C. (2016). Symbols, meaning, and action, the past, present, and future of

    symbolic interactionism. *Current Sociology, 64*(6), 931-961.

Centers for Disease Control and Prevention. (2018a) Health-Related Quality of Life

    (HRQOL). Retrieved from https, //www.cdc.gov/hrqol/well-being.htm.

Centers for Disease Control and Prevention. (2018b) Well-being Concepts (cdc.gov). U.S.

    Department of Health and Human Services. https, //www.cdc.gov/hrqol/well-

    being.htm#three

Centers for Disease Control and Prevention. (2021). CDC's Center for Global Health Responds

    to Outbreaks (cdc.gov).Retrieved from https,

    //www.cdc.gov/globalhealth/resources/reports/annual/2021/index.html

Chari, R., Chang, C., Sauter, S., Petrun Sayers, E., Cerully, J., Schulte, P., Schill, A., & Uscher-

    Pines, L. (2018). Expanding the paradigm of occupational safety and health, a new

    framework for worker well-being. *Journal of Occupational and Environmental Medicine,*

    60(7), 589-593.

Chasson, M., Ben-Yaakov, O., & Taubman – Ben-Ari, O. (2022). Parenthood in the shadow of

    COVID-19, The contribution of gender, personal resources and anxiety to first time

    parents' perceptions of the infant. *Child & Family Social Work, 27*(1), 79-89.

Chatwin, J., Butler, D., Jones, J., James, L., Choucri, L., & McCarthy, R. (2021). Experiences of

    pregnant mothers using a social media based antenatal support service during the

    COVID-19 lockdown in the UK, Findings from a user survey. *BMJ Open,* 11(1) http,

    //dx.doi.org.ezp.twu.edu/10.1136/bmjopen-2020-040649

Chaves, C., Castellanos, T., Abrams, M., & Vazquez, C. (2018). The impact of economic

    recessions on depression and individual and social well-being, the case of Spain (2006–

    2013). *Social Psychiatry and Psychiatric Epidemiology 53*(9), 977–86.

    https://doi.org/10.1007/s00127-018-1558-2

Chronister, J., Fitzgerald, S., & Chou, C. (2021). The meaning of social support for persons with

    serious mental illness, a family member perspective. *Rehabilitation Psychology 66*(1),

    87–101. https://doi.org/10.1037/rep0000369

Chun, J., & Lee, M. (2017). When does individuals' willingness to speak out increase on social

    media? Perceived social support and perceived power/control. *Computers in Human*

    Behavior, 74, 120-129.

Cobham, V., McDermott, B., Haslam, D., & Sanders, M. (2016). The role of parents, parenting

    and the family environment in children's post-disaster mental health. *Current Psychiatry*

    Reports, 18(6), 1-9.

Cohen, S. (1988). Psychosocial models of the role of social support in the etiology of physical

    disease. *Health Psychology, 7*(3), 269-297.

Cormack, D., Stanley, J., & Harris, R. (2018). Multiple forms of discrimination and relationships with health and well-being, findings from national cross-sectional surveys in Aotearoa/New Zealand. *International Journal for Equity in Health, 17*(1), 26.

Costa, N., Weems, C., & Pina, A. (2009). Hurricane Katrina and youth anxiety, The role of perceived attachment beliefs and parenting behaviors. *Journal of Anxiety Disorders, 23*(7), 935-941.

Cousin, L., Roper, N., & Nolan, T. (2021). Cardio-oncology health disparities, social determinants of health and care for black breast cancer survivors. *Clinical Journal of Oncology Nursing, 25*(5), 36-41.

Cross, C. J., Nguyen A., Chatters, L., & Taylor, R. (2018). Instrumental social support exchanges in African American extended families. *Journal of Family Issues 39*(13), 3535–63. https://doi.org/10.1177/0192513X18783805

Czeisler, M., Lane, R., Wiley, J., Czeisler, C., Howard, M., & Rajaratnam, S. (2021). Follow-up survey of us adult reports of mental health, substance use, and suicidal ideation during the COVID-19 pandemic, September 2020. *JAMA Network Open, 4*(2), E2037665.

Daniel, E. (2016). The usefulness of qualitative and quantitative approaches and methods in researching problem-solving ability in science education curriculum. *Journal of Education and Practice 7*(15) 2222-1735.

Davis, M., Flowers, P., Lohm, D., Waller, E., & Stephenson, N. (2016). Immunity, biopolitics and pandemics. *Body & Society 22*(4), 130–54. doi, 10.1177/1357034X14556155

De Choudhury, M., & Kiciman, E. (2017). The language of social support in social media and its effect on suicidal ideation risk. *Proceedings of the International AAAI Conference on*

Web and Social Media, 11(1), 32-41. Retrieved from https,

//ojs.aaai.org/index.php/ICWSM/article/view/14891

Del Boca, Oggero, D., Profeta, P., & Rossi, M. (2020). Women's and men's work, housework, and childcare, before and during COVID-19. *Review of Economics of the Household, 18*(4), 1001-1017.

Dziak, E., Janzen, B., & Muhajarine, N. (2010). Inequalities in the psychological well-being of employed, single and partnered mothers, The role of psychosocial work quality and work-family conflict. *International Journal for Equity in Health, 9*(1), 6.

Eagle, D., Hybels, C., & Proeschold-Bell, R. (2019). Perceived social support, received social support, and depression among clergy. *Journal of Social and Personal Relationships, 36*(7), 2055-2073.

Eagle, D. Hybels, C., & Rae Jean Proeschold-Bell. (2019). Perceived social support, received social support, and depression among clergy. *Journal of Social and Personal Relationships 36*(7), 2055–73. https://doi.org/10.1177/0265407518776134

Eid, M., Larsen, R., & ProQuest. (2008). *The Science of Subjective Wellbeing.* Guilford Press.

Elder, L., & Greene, S. (2021). A Recipe for Madness, Parenthood in the Era of Covid-19. *Social Science Quarterly*, *102*(5), 2296-2311.

Emerson, E., Fortune, N., Llewellyn, G., & Stancliffe, R. (2021). Loneliness, social support, social isolation and well-being among working age adults with and without disability, Cross-sectional study. *Disability and Health Journal, 14*(1), 100965.

Eskandari, H., & Baratzadeh Ghahramanloo, N. (2020). Investigating the mediating role of social support in the relationship between addiction to social network, media literacy and

emotional intelligence. *Journal of Cyberspace Studies*, *4*(2), 129-151. doi,
10.22059/jcss.2020.301456.1047

Farwaha, S., & Obhi, S. (2020). Socioeconomic status and self–other processing, Socioeconomic
status predicts interference in the automatic imitation task. *Experimental Brain Research,
238*(4), 833-841.

Feeney, B., & Collins, N. (2015). A new look at social support. *Personality and Social
Psychology Review, 19*(2), 113-147.

Fitzpatrick, K., & Spialek, M. (2021). Review of hurricane Harvey's aftermath, place, race, and
inequality in disaster recovery. *Social Forces, 100*(2), E7.

Fraenkel, P. & Cho, W. L. (2020). Reaching up, down, in, and around, couple and family coping
during the coronavirus pandemic. *Family Process 59*(3), 847–64.

García-Torres, F., J., Marcin, G., Solís, A., Moriana, J., Antonio, M., Jaén-Moreno, & Aranda, E.
(2020). Social support as predictor of anxiety and depression in cancer caregivers six
months after cancer diagnosis, a longitudinal study. *Journal of Clinical Nursing 29*(5-6),
996–1002. https://onlinelibrary.wiley.com/doi/10.1111/jocn.15123

Genn, A. (2021). Small biz owners expect growth in 2021, Survey. *Long Island Business News,
Long Island Business News, 2021*.

Giallo, R., Gartland, D., Seymour, M., Conway, L., Mensah, F., Skinner, L., Fogart, A., &
Brown, S. (2020). Maternal childhood abuse and children's emotional-behavioral
difficulties. *Journal of Family Psychology, 34*(1), 112-121.

Gibert, K., & Angerri, X. (2021). The INSESS-COVID19 project. Evaluating the impact of
COVID19 in social vulnerability while preserving privacy of participants from minority
subpopulations. *Applied Sciences, 11*(7), 3110.

Gist-Mackey, A., & Guy, A. (2019). 'You get in a hole, it's like quicksand', a grounded theory

    analysis of social support amid materially bounded decision-making processes. *Journal*

    of Applied Communication Research, 47(3), 237-259.

Giurgescu, C., Zenk, S., Engeland, C., Garfield, L., & Templin, T. (2017). Racial discrimination

    and psychological well-being of pregnant women. *MCN, the American Journal of*

    Maternal Child Nursing, 42(1), 8-13.

Giurgescu, C., Zenk, S., Templin, T., Engeland, C., Dancy, B., Park, C., & Misra, D. (2015). The

    impact of neighborhood environment, social support, and avoidance coping on depressive

    symptoms of pregnant african-american women. *Women's Health Issues, 25*(3), 294-302.

Goertzen, M. (2017). Introduction to quantitative research and data. *Library Technology Reports.*

    53(4), 12-18. https, //journals.ala.org/index.php/ltr/article/view/6325

Goldberg, A. McCormick, E., & Virginia, H. (2021). Parenting in a pandemic, work–family

    arrangements, well-being, and intimate relationships among adoptive parents. *Family*

    Relations 70(1), 7–25.

Gong, X., Ni, Z., & Wu, B. (2020). The mediating roles of functional limitations and social

    support on the relationship between vision impairment and depressive symptoms in older

    adults. *Ageing and Society, 40*(3), 465-479.

Govindasamy, D., Seeley, J., Olaru, I., Wiyeh, A., Mathews, C., & Ferrari, G. (2020). Informing

    the measurement of well-being among young people living with HIV in sub-saharan

    Africa for policy evaluations, a mixed-methods systematic review. *Health and Quality of*

    Life Outcomes, 18(1), 120.

Grennan, D. (2019). What is a pandemic? *JAMA , the Journal of the American Medical*

    Association 321(9), 910–910. https://doi.org/10.1001/jama.2019.0700

Griggs, C. (2021). Religion, spirituality, faith, centeredness and well-being, an exploration of how these elements impact individual well-being. *ProQuest Dissertations Publishing.*

Gull, M., Kaur, N., & Akhouri, D. (2022). Perceived social support as related to social well-being in patients with Emotionally Unstable Personality Disorder (EUPD). *Middle East Current Psychiatry (Cairo), 29*(1), 104-9.

Guo, J., Huang, N., Fu, M., Ma, S., Chen, M., Wang, X., Feng, X., & Zhang, B. (2021). Social support as a mediator between internet addiction and quality of life among Chinese high school students. *Children & Youth Services Review, 129, N.PAG.* https, //doi-org.ezp.twu.edu/10.1016/j.childyouth.2021.106181

Hannigan, A. (2018). Public and patient involvement in quantitative health research, a statistical perspective. *Health Expectations 21*(6), 939-943 (https, //ezp.twu.edu/login?url=https, //www-proquest-com.ezp.twu.edu/scholarly-journals/public-patient-involvement-quantitative-health/docview/2300227960/se-2?accountid=7102). doi, http, //dx.doi.org.ezp.twu.edu/10.1111/hex.12800

Harandi, T., Taghinasab, M., & Nayeri, T. (2017). The correlation of social support with mental health, A meta-analysis. *Electronic Physician, 9*(9), 5212-5222.

Harding, S. (1997). Comment on Hekman's truth and method, feminist standpoint theory revisited, whose standpoint needs the regimes of truth and reality? *Signs, 22*(2), 382-391.

Harding, S., Morris, R., Gunnell, D., Ford, T., Hollingworth, W., Tilling, K., & Kidger, J. (2019). Is teachers' mental health and well-being associated with students' mental health and well-being? *Journal of Affective Disorders, 242*, 180-187.

Harknett, K., & Hartnett, C. (2011). Who lacks support and why? an examination of mothers' personal safety nets. *Journal of Marriage and Family, 73*(4), 861-875.

Heale, R., & Twycross A. (2015). Validity and reliability in quantitative studies. *Evidence-Based Nursing 18*(3), 66–67. doi, 10.1136/eb-2015-102129

Hess, S., & Pollmann-Schult, M. (2020). Associations between mothers' work-family conflict and children's psychological well-being, the mediating role of mothers' parenting behavior. *Journal of Child and Family Studies, 29*(6), 1561-1571.

Himmelstine, C., & King, R. (2019). 'Healing young hearts', emotional and psychosocial dimensions of well-being among young–adult Spanish migrants in the London region. *Nordic Journal of Migration Research, 9*(2), 161-177.

House, J. (1981). Work stress and social support (Addison-Wesley series on occupational stress). *Reading, Mass., Addison-Wesley Pub.*

Howe-Huist, E. (2013). Single fathers and social support (Order No. 1545637). Available from *ProQuest Dissertations & Theses Global*. (1444351522). Retrieved from https, //ezp.twu.edu/login?url=https, //www-proquest-com.ezp.twu.edu/dissertations-theses/single-fathers-social-support/docview/1444351522/se-2?accountid=7102

Huang, G., Chen, Y., & IpKin Anthony Wong. (2020). Hotel guests' social commerce intention, the role of social support, social capital and social identification. *International Journal of Hospitality Management 32*(2), 706–29. https://doi.org/10.1108/IJCHM-04-2019-0380

Hui, V., & Constantino, R. (2021). The association between life satisfaction, emotional support, and perceived health among women who experienced intimate Partner violence (IPV) - 2007 behavioral risk factor surveillance system. *BMC Public Health, 21*(1), 641.

Hurd, N., Albright, J., Wittrup, A., Negrete, A., & Billingsley, J. (2018). Appraisal support from natural mentors, self-worth, and psychological distress, examining the experiences of

underrepresented students transitioning through college. *Journal of Youth and Adolescence, 47*(5), 1100-1112.

Islind, A., Johansson, V., Vallo Hult, H., Alsén, P., Andreasson, E., Angenete, E., & Gellerstedt, M. (2021). Individualized blended care for patients with colorectal cancer, the patient's view on informational support. *Supportive Care in Cancer, 29*(6), 3061-3067.

Jacq, K., Norful, A., & Larson, E. (2021). Nurses' and mental health technicians' attitudes and social acceptance of people with mental illness. *Issues in Mental Health Nursing, 42*(4), 365-375.

Jull, G. (2017). Biopsychosocial model of disease, 40 years on. hich way is the pendulum swinging? *British Journal of Sports Medicine 51*(16), 1187–88. https://doi.org/10.1136/bjsports-2016-097362

Kelly, M. Duff, E., Kelly, S., McHugh Power, J., Brennan, S., Lawlor, B., & Loughrey, D. (2017). The impact of social activities, social networks, social support and social relationships on the cognitive functioning of healthy older adults, a systematic review. *Systematic Reviews 6*(1), 259–259. https://doi.org/10.1186/s13643-017-0632-2

Kerr, M., Rasmussen, H., Fanning, K., & Braaten, S. (2021). Parenting during COVID-19, a study of parents' experiences across gender and income levels. *Family Relations, 70*(5), 1327-1342.

Kim, J., Kim, M., Choi, J., & Trivedi, M. (2019). Offline social interactions and online shopping demand, Does the degree of social interactions matter? *Journal of Business Research, 99*, 373-381.

Klamer, P., Bakker, C., & Vincent Gruis. (2017). Research bias in judgement bias studies - a
   systematic review of valuation judgement literature. *Journal of Property Research 34*(4),
   285–304. https://doi.org/10.1080/09599916.2017.1379552

Klyver, K., Honig, B., & Steffens, P. (2018). Social support timing and persistence in nascent
   entrepreneurship, exploring when instrumental and emotional support is most effective.
   Small Business Economics, 51(3), 709-734.

Kordish, C. (2019). The effect of social support on health and quality of life for women with type
   2 diabetes and depression. ProQuest Dissertations Publishing.

Kotlar, B., Gerson, E., Petrillo, S., Langer, A., & Tiemeier, H. (2021). The impact of the
   COVID-19 pandemic on maternal and perinatal health, a scoping review. *Reproductive
   Health, 18*(1), 10.

Koutsakos, M., Wheatley, A., Laurie, K., Kent, S., & Rockman, S. (2021). Influenza lineage
   extinction during the COVID-19 pandemic? Nature Reviews. *Microbiology, 19*(12), 741-
   742.

Kwate, N., & Goodman, M. (2014). An empirical analysis of White privilege, social position and
   health. *Social Science & Medicine (1982), 116,* 150-160.

Lamar, M., Forbes, L., & Capasso, L. (2019). Helping working mothers face the challenges of an
   intensive mothering culture. *Journal of Mental Health Counseling, 41*(3), 203-220.

Le, H., Khan, B., Murtaza, S., & Shah A. (2020). The increase in suicide during the covid-19
   pandemic. *Psychiatric Annals 50*(12), 526–30. https://doi.org/10.3928/00485713-
   20201105-01

Leupp, K. (2019). Even supermoms get the blues. *Society and Mental Health*, *9*(3), 316-333.

Levine, Donald N. (1995). Visions of the sociological tradition. Chicago, University of Chicago Press.

Li, C., Zuckerman, M., & Diener, E. (2021). Culture moderates the relation between gender inequality and well-being. *Psychological Science, 32*(6), 823-835.

Linton, M., Dieppe, P., & Medina-Lara, A. (2016). Review of 99 self-report measures for assessing well-being in adults, exploring dimensions of well-being and developments over time. *BMJ Open, 6*(7), E010641.

Lloyd-Jones, B. (2021). Developing competencies for emotional, instrumental, and informational student support during the COVID-19 pandemic, a human relations/human resource development approach. *Advances in Developing Human Resources, 23*(1), 41-54.

Lovibond, P., & Lovibond, S. (1995). The structure of negative emotional states, comparison of the Depression Anxiety Stress Scales (DASS) with the beck depression and anxiety inventories. *Behaviour Research and Therapy*, *33*(3), 335-343.

Macedo, D., Smithers, L., Roberts, R., Haag, D., Paradies, Y., & Jamieson, L. (2019). Does ethnic-racial identity modify the effects of racism on the social and emotional wellbeing of Aboriginal Australian children? *PloS One, 14*(8), E0220744.

Maríñez-Lora, A., Cua, G., Frazier, S., Shernoff, E., & Atkins, M. (2021). Caregiver strain, social support, and mental health service use among urban african american mothers. *Journal of Child and Family Studies*, *30*(7), 1633-1649.

Mathieu, M., Eschleman, K., & Cheng, D. (2019). Meta-Analytic and multiwave comparison of emotional support and instrumental support in the workplace. *Journal of Occupational Health Psychology, 24*(3), 387-409.

McCloud, T., & Bann, D. (2019). Financial stress and mental health among higher education

    students in the UK up to 2018, Rapid review of evidence. *Journal of Epidemiology and*

    Community Health (1979), 73(10), 977-984.

McConnon, A., Midgette, A., & Conry-Murray, C. (2022). Mother like mothers and work like

    fathers, u.s. heterosexual college students' assumptions about who should meet childcare

    and housework demands. *Sex Roles*, *86*(1-2), 49-66.

McKinley, C., & Wright, P. (2014). Informational social support and online health information

    seeking, Examining the association between factors contributing to healthy eating

    behavior. *Computers in Human Behavior*, *37*, 107-116.

Mendenhall, R., Bowman, P., & Zhang, L. (2013). Single black mothers' role strain and

    adaptation across the life course. *Journal of African American Studies* (New Brunswick,

    N.J.), *17*(1), 74-98.

Mock, M., Omann, I., Polzin, C., Spekkink, W., Schuler, J., Pandur, V., & Panno, A. (2019).

    Something inside me has been set in motion, exploring the psychological wellbeing of

    people engaged in sustainability initiatives. *Ecological Economics*, *160*, 1-11.

Moon, D., & Holling, M. (2020). White supremacy in heels, (white) feminism, white supremacy,

    and discursive violence. *Communication and Critical/cultural Studies, 17*(2), 253-260.

Moore, J.T., Pilkington, W., & Kumar, D. (2020). Diseases with health disparities

    as drivers of COVID-19 outcome. *Journal of Cellular and Molecular Medicine 24*(19),

    11038-45. https://onlinelibrary.wiley.com/doi/10.1111/jcmm.15599

Moore, W., & Frye, S. (2019). Review of HIPAA, Part 1: History, protected health information,

    and privacy and security rules. *Journal of nuclear medicine technology, 47*(4), 269–272.

    https://doi.org/10.2967/jnmt.119.227819

Nolan, S., J., Hendricks, S., Ferguson, & Towell, A. (2017). Social Networking Site (SNS) use

    by adolescent mothers, can social support and social capital be enhanced by online social

    networks? – A structured review of the literature. *Midwifery 48*, 24–31.

    https://www.sciencedirect.com/science/article/abs/pii/S0266613817301675

Okoro, O., E. C., Vosen, K., Allen, J., Kennedy, R., Roberts, & Aremu, T. (2022). COVID-19

    impact on mental health, healthcare access and social well-being – a black community

    needs assessment. *International Journal for Equity in Health, 21*, 1.

Ollivier, R., Aston, M., Price, S., Sim, M., Benoit, B., Joy, P., Damilola, I., & Nassaji, N. (2021).

    Mental Health & Parental Concerns During COVID-19, The experiences of new mothers

    amidst social isolation. *Midwifery 94*, 102902–102902.

    https://pubmed.ncbi.nlm.nih.gov/33421662/

Otsuka, K., & Sugihara, K., editor. (2019). Paths to the emerging state in asia and africa (1st ed.

    2019. ed., Emerging-Economy State and International Policy Studies). Singapore,

    Springer Nature.

Pain, C., & Lanius, R. (2020). Disasters, pandemics and mental health. *Canadian Medical*

    Association Journal (CMAJ), 192(28), E803.

Pals, H., & Engin, C. (2019). Attachment to society and cognitive deviance, the case of turkey.

    Deviant Behavior, 40(7), 799-815.

Pande, R. (2022). The gender dimension of Covid 19 pandemic in india. *Current Research*

    Journal of Social Sciences and Humanities, 5(1), 42-57.

Park, Y., Konge, L., & Anthony R. A. (2020). The positivism paradigm of research. *Academic*

    Medicine 95(5), 690–94. https://pubmed.ncbi.nlm.nih.gov/31789841/

Perlman, S. (2020). Another decade, another coronavirus. *The New England Journal of Medicine 382*(8), 760–62*.* https://doi.org/10.1056/NEJMe2001126

Pinheiro, C. (2020). Why Manuela Chaves decided to become a scientist. *Theoretical and Experimental Plant Physiology, 32*(1), 1-4.

Portacolone, E., Perissinotto, C., Yeh, J., & Greysen, S. (2018). I feel trapped, the tension between personal and structural factors of social isolation and the desire for social integration among older residents of a high-crime neighborhood. *The Gerontologist, 58*(1), 79-88.

Prime, H. Wade, M., & Browne D. (2020). Risk and resilience in family well-being during the covid-19 pandemic. *The American Psychologist 75*(5), 631–43. https://pubmed.ncbi.nlm.nih.gov/32437181/

Printz, C. (2021). Poor COVID-19 outcomes and deaths linked to advanced age and pre-existing conditions. *Cancer*, *127*(4), 497.

Quick, J., & Henderson, D. (2016). Occupational stress, preventing suffering, enhancing well-being. *International Journal of Environmental Research and Public Health, 13*(5), 459-1.

Raker, E., Zacher, M., & Lowe, S. (2020). Lessons from Hurricane Katrina for predicting the indirect health consequences of the COVID-19 pandemic. *Proceedings of the National Academy of Sciences - PNAS, 117*(23), 12595-12597.

Ray, C., Manusov, V., & McLaren, R. (2019). Emotional support won't cure cancer, reasons people give for not providing emotional support. *Western Journal of Communication, 83*(1), 20-38.

Raza, H., Grzywacz, J., Linver, M., Eeden-Moorefield, B., & Lee, S. (2021). A longitudinal examination of work–family balance among working mothers in the United States, testing bioecological theory. *Journal of Family and Economic Issues, 42*(4), 601-615.

Reznik, A., Gritsenko, V., Konstantinov, V., Khamenka, N., & Isralowitz, R. (2021). COVID-19 fear in eastern europe, validation of the fear of covid-19 scale. *International Journal of Mental Health and Addiction, 19*(5), 1903-1908.

Ries, N., Thompson, K., & Lowe, M. (2017). Including people with dementia in research, an analysis of australian ethical and legal rules and recommendations for reform. *Journal of Bioethical Inquiry, 14*(3), 359-374.

Rietveld, C., & Patel, P. (2022). Gender inequality and the entrepreneurial gender gap, Evidence from 97 countries (2006–2017). *Journal of Evolutionary Economics, 32*(4), 1205-1229.

Rivers, A., & Sanford K. (2021). Interpersonal resilience inventory, assessing positive and negative interactions during hardships and covid-19. *Personal Relationships 28*(2), 316–36. https://onlinelibrary.wiley.com/doi/10.1111/pere.12362

Robinson, J., & Pyland, C., major professor. (2018). Visible and concealed marginalized identity and microaggressions, Impact on psychological well-being (TWU Dissertation, *Counseling Psychology* ; 2018).

Rosenthal, C. (2016). Seeking a quantitative middle ground. *Journal of the Early Republic 36*(4), 659–80. https://doi.org/10.1353/jer.2016.0063

Ryan, D., Ravussin,E., & Steven Heymsfield. (2020). COVID 19 and the patient with obesity – the editors speak out. *Obesity (Silver Spring, Md.) 28*(5), 847–847. https://doi.org/10.1002/oby.22808

Sachser, C., Olaru, G., Pfeiffer, E., Brähler, E., Clemens, V., Rassenhofer, M., Witt, A., &
Fegert, J. (2021). The immediate impact of lockdown measures on mental health and
couples' relationships during the COVID-19 pandemic - results of a representative
population survey in Germany. *Social Science & Medicine (1982), 278*, 113954.

Sansonetti, Philippe J. (2020). COVID-19, chronicle of an expected pandemic. *EMBO Molecular
Medicine 12*(5), e12463–n/a. https://doi.org/10.15252/emmm.202012463

Schieman, S., Ruppanner, L., & Milkie, M. (2018). Who helps with homework? parenting
inequality and relationship quality among employed mothers and fathers. *Journal of
Family and Economic Issues, 39*(1), 49-65.

Schreck, Christopher J. (2018) Published in The Encyclopedia of Juvenile Delinquency and
Justice, ed. *(Wiley-Blackwell, 2018),* pp. 819-823.

Schulz U & Schwarzer R. (2000). Social Support Scale (BSSS) Social support in coping with
illness, The Berlin Social Support Scales (BSSS). *Diagnostica.* 2000; *49*, 73-82

Segen, J., & Pogson, M. (1992). Segen, Joseph C. The Dictionary Of Modern Medicine //
Review (Vol. 147). Ottawa, CMA Impact.

Sendra, A., Farré, J., & Vaagan, R. (2019). Seeking, sharing and cocreating, a systematic review
of the relation between social support theory, social media use and chronic diseases.
Social Theory & Health, 2019, 317-339.

Smith, M. & Diekmann, A. (2017). Tourism and wellbeing. *Annals of Tourism Research, 66*, 1-
13.

Snyder, K. & Worlton, G. (2021). Social support during COVID-19, perspectives of
breastfeeding mothers. *Breastfeeding Medicine 16*(1), 39–45.
https://doi.org/10.1089/bfm.2020.0200

Soo, J., Kubzansky, L., Chen, Y., Zevon, E., & Boehm, J. (2018). Psychological well-being and restorative biological processes, HDL-C in older English adults. *Social Science & Medicine (1982), 209*, 59-66.

Storey, L., Fern, L., Martins, A., Wells, M., Bennister, L., Gerrand, C., & Taylor, R. (2019). A critical review of the impact of sarcoma on psychosocial wellbeing. Sarcoma, 2019, 9730867-18.

Tan, J., Hurd, N., & Albright, J. (2019). Attachment, appraisal support, and the transition to college among underrepresented students. *Emerging Adulthood (Thousand Oaks, CA), 7*(1), 52-58.

Taylor, S. (2021). COVID stress syndrome, clinical and nosological considerations. *Current Psychiatry Reports 23*(4), 19–19. https://doi.org/10.1007/s11920-021-01226-y

Thamas, K. (2015). An elaboration and reformulation of social support theories of crime, conditioned social support theory. ProQuest Dissertations Publishing.

Thébaud, S., Kornrich, S., & Ruppanner, L. (2021). good housekeeping, great expectations, gender and housework norms. *Sociological Methods & Research, 50*(3), 1186–1214. https, //doi.org/10.1177/0049124119852395

Umeh, C., & Feeley, F. (2017). Inequitable access to health care by the poor in community-based health insurance programs, a review of studies from low- and middle-income countries. *Global Health Science and Practice 5*(2), 299–314.

Venda, A. (2020). The Effects of Blue Space and Physical Activity on Psychological Wellbeing. ProQuest Dissertations Publishing.

Vlachopanou, P., & Karagiannopoulou, E. (2022). Defense styles, academic procrastination, psychological wellbeing, and approaches to learning, a person-oriented approach. *The Journal of Nervous and Mental Disease, 210*(3), 186-193.

Watson, R. (2015). Quantitative research. *Nursing Standard 29*(31), 44–48 https://doi.org/10.7748/ns.29.31.44.e8681

Wei, X., Li, L., & Fan Zhang. (2021). The impact of the COVID-19 pandemic on socio-economic and sustainability. *Environmental Science and Pollution Research International.* doi, 10.1007/s11356-021-14986-0. The-biopsychosocial-model-of-health-Source.png (850×623) (researchgate.net)

Williams, G. (2020). A renewed focus on health disparities in the Year 2020, Reexamining Geospatial Disparities. *Cancer Epidemiology, Biomarkers & Prevention, 29*(11), 2107-2108.

Wolgemuth, J. R., Tyler Hicks, leand Vonzell Agosto. (2017). Unpacking assumptions in research synthesis, a critical construct synthesis approach. *Educational Researcher 46*(3), 131–39. https://doi.org/10.3102/0013189X17703946

Wong, T., Tao, X., & Konishi, C. (2018). Teacher support in learning, instrumental and appraisal support in relation to math achievement. *Issues in Educational Research, 28*(1), 202-219.

Xiong, J., Lipsitz, O., Nasri, F., Lui, L. M. W., Gill, H., Phan, L., Chen-Li, D., Iacobucci, M., Ho, R., Majeed, A., & McIntyre, R. S. (2020). Impact of COVID-19 pandemic on mental health in the general population, a systematic review. *Journal of Affective Disorders, 277,* 55–64. https://doi.org/10.1016/j.jad.2020.08.001

Yam, A. (2017). Using photovoice as participatory action research to identify views and

    perceptions on health and well-being among a group of burmese refugees resettled in

    houston. *ProQuest Dissertations Publishing*.

Yang, W., Geng, G., Hua, J., Cui, M., & Geng, Z. (2021). Informational support for depression

    and quality of life improvements in older patients with cancer, A systematic review and

    meta-analysis. Supportive Care in Cancer, Supportive care in cancer, 2021.

Zamarro, G., & María J. Prados. (2021). Gender Differences in Couples' Division of Childcare,

    Work and Mental Health During COVID-19. *Review of Economics of the Household*

    19(1), 11–40. doi, 10.1007/s11150-020-09534-7

Zhoc, K., Cai, Y., Yeung, S., & Shan, J. (2022). Subjective well-being and emotion regulation

    strategies, How are they associated with student engagement in online learning during

    Covid-19? *British Journal of Educational Psychology, 92*(4), 1537-1549.

Participate in a Study About Motherhood During a Pandemic

Are you a mother, at least 18 years old, caring for a minor child (0-18) in which you are the primary caregiver, and the child/children resides in your home? If so, you are eligible to participate in a research study examining your experiences with motherhood during a pandemic such as the current COVID-19.

Explanation and Purpose of the Research

The goal of this research is to better understand knowledge about mothers and their experiences during a pandemic such as COVID-19. We will specifically examine how motherhood experiences influence their psychological well-being based on levels of social support.

Description of Procedures

As a participant in this study, you will be asked to spend about 20 minutes completing an anonymous online survey by clicking the link at the bottom of this email. The survey will ask you questions about your social support and what level (if any) you may have experienced depression, anxiety, and stress during the COVID-19 pandemic.

Principal Investigator, Sonya Holmes   sholmes6@twu.edu
Faculty adviser, Paul Bones Ph.D.   Pbones@twu.edu

Confidentiality Statement: There is a potential risk of loss of confidentiality in all email, downloading, and internet transactions. Participation in this study is completely voluntary and you may discontinue participation at any time.

CLICK THE LINK BELOW TO BEGIN THE SURVEY

https, //www.psychdata.com/s.asp?SID=192657