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The psychological and economic toll of the COVID-19 pandemic on Latina mothers in primarily low-income essential worker families

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Abstract

Introduction.—The COVID-19 pandemic will have widespread health, economic, and psychological consequences. Reports indicate the Latino community is particularly vulnerable to the economic and health risks of this pandemic as a consequence of systemic oppression. Latina mothers, in particular, are navigating the pandemic from their racialized, gendered, and classed positions while caring for children and families. These factors are likely to have a significant psychological toll.

Method.—The sample consisted of 70 Latina mothers. The majority of the families (72%) contained at least one employed adult, of which 91.7% were essential workers. Factors associated with stress, depressive symptoms, and anxiety symptoms during the initial March 20 - June 1, 2020 California “shelter in place” mandate were assessed via phone survey using validated measures and Likert-scale items created for the study. Receipt of the federal stimulus check on stress, depressive symptoms, and anxiety symptoms was also assessed.

Results.—Due to the pandemic, 52.7% of the mothers reported being forced to engage in economic cutbacks. Mothers’ experiences of stress during the outbreak stem from worries about themselves contracting the virus and making economic cutbacks. Economic cutbacks were also associated with greater reports of depressive and anxiety symptoms. Receiving the stimulus payment did not reduce economic cutbacks, contract worries, stress, or depressive and anxiety symptoms.

Conclusion.—Findings highlight the pandemic’s immediate economic toll on Latino families. Further, these economic implications seem to be having downstream effects on mothers’ psychological well-being, that were not alleviated by the stimulus payment.

Introduction

On March 20, 2020, California became one of the first states to issue a stay at home order in an attempt to slow virus transmission of the novel coronavirus 2019 (COVID-19).

On May 18, 2020, restrictions were eased, though not completely eliminated. During this roughly two-month period, California's almost 40 million residents were told only to leave their house for necessities, millions of young children were forced out of daycares, preschools, and K12 schools, multiple industries issued layoffs, unemployment skyrocketed, and confirmed COVID-19 cases rose from just over 1,000 to over 80,000 (CalMatters, 2020). The COVID-19 pandemic is expected to cause high levels of stress due to social isolation, massive changes to family life, fear of infection, and economic hardship. We aim to examine these experiences in low-income Latina mothers with young children.

Generations of systemic oppression and discrimination against the Latino community within the United States have increased their vulnerability to the impacts of the COVID-19 pandemic (Webb Hooper et al., 2020). First, Latino families are disproportionately at risk of the economic repercussions of the pandemic. Specifically, systemic institutional discrimination (Pager, Western, & Bonikowski, 2009; Harvey, 2014) and the exponential increase in internal immigration enforcement (Fussell, 2011; Gomberg-Munoz, 2012) have perpetuated a greater likelihood of experiencing poverty and low-wage work among Latino families. The April 2020 jobs report (Bureau of Labor Statistics, 2020a) partially highlighted these inequalities, revealing the unemployment rate for Latinos to be 18.9 compared to 14.2 for Whites. Importantly, though the June 2020 jobs report indicated declines in unemployment, Latino unemployment (14.5%) still remains substantially higher than White unemployment (10.1%; Bureau of Labor Statistics, 2020b). Though essential workers are disproportionately Latino, potentially providing some individuals protection from lay-off, a recent report indicated Latino essential workers earn less per hour than White essential workers in every sector of essential occupations (McNicholas & Poydock, 2020). In other words, Latinos are at higher risk of unemployment and even when employed are at risk for lower income than Whites, problems that are compounded during the economic recession resulting from the pandemic.

Second, emerging evidence highlights disparities in contracting the virus as well as complications from the virus, including higher rates of death. Reports indicate greater vulnerability to contracting the virus due to the fact that Hispanic/Latino workers are more likely to work in occupations that preclude the recommended six-foot physical distancing to reduce transmission (e.g., crop production, hospitality, food service, food manufacturing; Bureau of Labor Statistics, 2019). Likewise, the higher rate of Latino essential workers means that these individuals are more likely to come into contact with the virus. Critically, regardless of age, Hispanics/Latinos are hospitalized for COVID-19 at a rate four times higher than non-Hispanic Whites (CDC, 2020). Latino individuals' real and perceived increased threat of illness and death for friends, family, and themselves is likely to present downstream consequences for their mental health and wellbeing (e.g., Wheaton, Abramowitz, Berman, Fabricant & Olatunji, 2012).

Third, Latina women might be particularly vulnerable to the impacts of the COVID-19 pandemic. Specifically, Chicanas of Mexican heritage navigate their lives in the United States from a marginalized position, struggling simultaneously against both racism and sexism (Crenshaw, 1989; Torres et al., 2018). Systemic oppression of Latina women's multiple and intersecting identities contributes to gendered differences in response to the

COVID-19 pandemic (Power, 2020; Sharma, Volgman, & Michos, 2020). Specifically, mothers engage in “motherwork”, which includes caregiving, child focused household labor, and relationship building, all of which is critical emotional labor that sustains family cohesion (Collins, 2016; Moreira da Silva, 2019; Vora, 2012). This motherwork uplifts and benefits Latino families and communities (Anzaldúa, 1987; Caballero et al., 2019; Delgado Bernal, 1998); however, as a tool of oppressive patriarchal domination, this labor is largely unpaid, undervalued, and invisible (Vora, 2012). The COVID-19 pandemic has increased the care burden for mothers, who are experiencing outbreak related decreases in mental health at higher rates than fathers (Hamel & Salganicoff, 2020; Power, 2020). Research into the effect of COVID-19 on women, and Latina mothers specifically, is a crucial step in understanding the impacts of the pandemic and creating policies aimed at increasing the wellbeing of Latino families (Wenham, Smith, & Morgan, 2020).

Though no COVID-19 pandemic research to date has examined the mental health and wellbeing of Latino individuals as a whole, or Latina mothers specifically, examinations in other communities suggest a mental health impact. Emerging evidence from China shows that the pandemic is causing increases in negative emotions such as worry, fear, and distress (Qui et al., 2020; Wang et al., 2020) along with symptoms of anxiety and depression (Wang et al., 2020). Preliminary reviews of worldwide data show the outbreak is leading to global increases in stress, anxiety, depressive symptoms, insomnia, denial, anger, and fear (Torales, O’Higgins, Castaldelli-Maia, & Ventriglio, 2020). These negative emotions and symptoms of mental illness stem from fears surrounding contracting the virus, family members contracting the virus (Pfefferbaum & North, 2020) and worries surrounding finances, employment, or obtaining necessities (Holmes et al., 2020; Pfefferbaum & North, 2020). Independent of a concurrent pandemic, numerous studies based in the United States have linked economic downturns, unemployment, and financial insecurity to psychological distress, depression, and panic attacks (e.g., Forbes & Krueger, 2019). Considering the Latino community’s heightened risk for contracting the virus, suffering serious health consequences from the virus, and vulnerability to the economic consequences of the pandemic, it is critical to examine the mental health toll on this community (Fortuna, Tolou-Shams, Robles-Ramamurthy, & Porche, 2020).

Evidence suggests the mental health toll might be especially potent for mothers who are simultaneously caring for children, responsible for children’s expenses, and continuing to juggle employment (Calarco, Anderson, Meanwell, & Knopf, 2020; Deater-Deckard, 2008). Mothers’ worry surrounding contracting the virus or their financial security during the economic downturn might be intensified given their additional caregiving responsibilities (Calarco et al., 2020). Their wellbeing is essential in and of itself, and also impacts the valuable motherwork they do. Research into mothers’ experiences during the pandemic can be used to support them. Thus, we aim to explore Latina mothers’ emotional experiences during the California “shelter in place” mandate. Specifically, we will examine individual, family, and economic factors associated with greater experiences of stress, depressive symptoms, and anxiety symptoms.

On March 27, 2020 the CARES (Coronavirus Aid, Relief, and Economic Security) Act was passed, resulting in direct cash transfer to many families within the U.S. Specifically,

households whose income was less than \$99,000 (or \$198,000 for joint filers) received up to \$1,200 per adult and \$500 per child under 17 years old (up to \$3,400 for a family of four). The primary goal of this stimulus aid to individuals and families was to blunt the economic impact of the COVID-19 pandemic. Thus, we also aim to examine the impact of receipt of the government stimulus check in alleviating mothers' economic pressures, experiences of stress, depressive symptoms, anxiety symptoms, and worry surrounding contracting the virus.

Methods

Participants.

The sample consisted of Latina mothers recruited from an ongoing longitudinal study ($n = 55$) on stress and resilience within Mexican heritage families with young children as well as a snowball recruitment of friends and extended family ($n = 15$) for a total of 70 mothers. Mothers ranged from 18 to 47 years old ($M = 25.1$, $SD = 5.9$). On average, the child the mother reported on was 3.3 years old (range: 1 month - 17 years; $SD = 2.5$). The modal response for the number of children in the home was 1 (range: 1 - 4). Most mothers (77.1%) were married or in a romantic relationship. The modal annual household income was \$35,001- 40,000 (range: <\$5,000 - >\$95,000).

The majority of the families (72.9%; $n = 51$; 4 missing) contained at least one employed adult (35.7% of mothers and 77.8% of romantic partners were employed) and both the mother and her partner were employed in 26.7% of families. Of the families with an employed adult, 91.7% contained an essential worker (90.7%; $n = 20$ of employed mothers and 83.7%; $n = 36$ of employed partners). About half of the mothers (48.6%) rely on childcare. Among mothers who relied on childcare, 8.6% of mothers reported their childcare closed, 5.7% reported their child care limited hours, 1.4% reported their childcare increased hours, and 38.6% reported no changes in childcare (see Table 1 for a breakdown of the demographics). None of the mothers reported that they, their child, or someone who lived with them had or probably had the COVID-19 virus.

All respondents live in California's Sacramento and Yolo Counties. California entered a state-wide "shelter in place" mandate on March 20, 2020, which was modified in Sacramento County on May 21, 2020 and Yolo County on May 31, 2020. The modification allowed for the reopening of dine-in restaurants, childcare, small business retail, and public transportation, among other services. Mothers were called between March 20, 2020 and June 5, 2020 and administered the survey. The mean number of days between the March 20 "shelter in place" mandate and the survey was 60 days (range: 0 - 77 days), all but three mothers (called 0, 2, and 13 days post-mandate) were called between 28 and 77 days post-mandate. Surveys took roughly 15 minutes to complete. Mothers were compensated \$15 for their time. Most of the calls were conducted in English; however, 10% of the calls were conducted in Spanish. Spanish surveys were translated and back translated by native Spanish speakers, and Spanish calls were conducted by a native Spanish speaker. Mothers were consented in their language of choice prior to participating. All procedures and measures were approved by the University's institutional review board.

Measures

Demographic and Health-related information.—Mothers were asked to indicate basic demographic information on herself (e.g., age, race, income, romantic partner status, employment status) and her child (e.g., age, childcare). Mothers also reported on her and her child's health by responding to "Would you say that you/your child's health is" on a 5-point Likert scale from poor (1) to excellent (5); and if they were told by a doctor if they/their child/a member of their household had or probably had the COVID-19 virus (yes/no). Finally, mothers were asked (yes/no) if they had access to health care and if they could afford the health care they needed.

Economic Cutbacks.—Mothers were asked to indicate whether or not they made any of the 12 listed economic cutbacks in the previous two weeks because of the pandemic. Economic cutbacks include falling behind on car payments, turning off A/C even when hot, buying less food, buying less clothes, selling possessions even though they wanted to keep the possession, etc. Items were based on the financial cutbacks subscale of the economic pressures scale (Taylor et al., 2012). The final analysis variable was dichotomized to indicate whether or not the mother indicated engaging in any economic cutbacks. See Figure 1 for the percent of mothers engaging in each cutback.

Stress and worry.—Mothers were asked, "How stressed are you because of the virus outbreak?" (outbreak stress: $M = 2.4$; $SD = 0.8$); "How worried are you that you will get sick with the virus?" (maternal contract worry: $M = 2.5$; $SD = 1.0$); "How worried are you that your child will get sick with the virus?" (child contract worry: $M = 2.9$; $SD = 1.2$). These items were all measured on a 5-point Likert scale ranging from not at all stressed/worried (1) to extremely stressed/worried (5).

Depressive Symptoms.—Mothers' depressive symptoms were assessed via the Center for Disease Control Pregnancy Risk Assessment Monitoring System depression items (PRAMS-6). The PRAMS-6 contains six items that are rated on a 5-point Likert scale from never (1) to always (5). Responses were modified to assess the prevalence of the symptoms in the past two weeks. Sums of the first three items (depressed mood, hopelessness, and slowed down) and the second three items (panicky, restless, problems sleeping) provide accurate estimation of major depressive disorder (>9) and generalized anxiety (>9), respectively (O'Hara, et al., 2012). In this sample, 3% of mothers were above the cut-off for major depressive disorder ($n = 2$), while 20% were above the cut-off for generalized anxiety ($n = 14$). Continuous scores of depressive and anxiety symptoms were utilized for analyses (depression: $M = 5.4$, $SD = 2.2$; anxiety: $M = 6.5$; $SD = 3.1$). Both the depressive symptom scale ($\alpha = .71$) and the anxiety symptom scale ($\alpha = .80$) exhibited acceptable reliability.

Analytic strategy.—All analyses were conducted in IBM SPSS (version 26). We estimated three linear regression models to examine how maternal and child contract worry and days "sheltering in place" contributed to outbreak stress, depressive symptoms, and anxiety symptoms. We used independent samples t-tests to determine mean differences in outbreak stress, depressive symptoms, and anxiety symptoms, based on dichotomous

variables (e.g., economic cutbacks (yes/no) and child care utilization (yes/no)). Follow-up regression analyses examined the health (mother and child general health, access to health care, ability to afford health care) and demographic (child age, childcare) factors associated with maternal contract worry. Finally, independent samples t-tests investigated mean differences in main analysis variables based on receipt of the stimulus check (yes/no). Standardized regression coefficients are reported for all regression analyses. The skewness statistic for all outcome variables were below 1.0 and above -1.0 , thus no transformations were applied. For each multiple linear regression analysis, we assessed multicollinearity between independent variables such that the variance inflation factor (VIF) could not exceed 10 (Bowerman & O'Connell, 1990), the model average VIF should be close to 1, and the tolerance of 0.2 or greater (Menard, 1995).

Results

First, worries surrounding contracting the virus (contract worry), usage of child care, and days “sheltering in place” were examined in association with stress due to the virus outbreak (outbreak stress) and depressive and anxiety symptoms (see Table 2). Outbreak stress was not associated with maternal contract worry ($B = .29$, $p = .08$), child contract worry ($B = .12$, $p = .46$), or days “sheltering in place” ($B = -.18$, $p = .11$). The average VIF (1.73) exceeded a value of 1 and collinearity statistics signaled multicollinearity between mother and child contract worry. Removing child contract worry from the model revealed an association between maternal contract worry and greater outbreak stress. This model explained 18% of the variance in outbreak stress. The initial nonsignificant association between maternal contract worry and outbreak stress was likely due to multicollinearity between maternal and child contract worry; the variables demonstrated a strong positive association ($r = .72$, $p < .001$; Tu, Gunnell, & Gilthorpe, 2008). There was no association between days “sheltering in place” and depressive symptoms; likewise, maternal contract worry, and child contract worry were not associated with depressive symptoms or with anxiety symptoms. (See Table 2).

Next, we examined the association between economic cuts, and outbreak stress and depressive and anxiety symptoms (see Table 2). About half (52.9%; $n = 36$) of the mothers reported being forced to engage in at least one economic cutback in response to the pandemic. Mothers who reported economic cutbacks reported higher outbreak stress, depressive symptoms, and anxious symptoms than those who had not cut back on their expenses, and the differences were significant (see Table 3; Figure 2).

Since worry about contracting the virus appeared to be a salient promoter of stress in these mothers, the factors increasing mothers' contract worry were explored next. Greater contract worry was not associated with maternal health ($B = .18$, $p = .20$) or child health ($B = -.24$, $p = .08$). Days “sheltering in place” ($B = .006$, $p = .96$), having access to medical care ($B = .15$, $p = .24$), and being able to afford the health care they need ($B = -.07$, $p = .51$) were not associated with worries about contracting the virus. These models did not explain significant variance in contract worry, $R^2 = .05$, $F(2, 65) = 1.6$, $p = .22$ and $R^2 = .03$, $F(3, 66) = 0.5$, $p = .67$, respectively. For families with an employed adult ($n = 51$), fears of contracting the virus at work were significantly associated with contract worry ($B = .60$, $p < .001$), explaining 35% of the variance in these mothers' contract worry ($R^2 = .35$, $F(1, 49) = 26.9$, $p < .001$).

However, mothers who utilized child care did not perceive more contract worry than those who did not rely on child care (See Table 3).

Receipt of the federal government stimulus payment was then examined as a potential buffer of outbreak stress, contract worries, and economic cuts. At the time of their call, 65% of the families had received the stimulus payment. Mothers who had received the stimulus payment did not report less outbreak stress, depressive symptoms, or anxiety symptoms (see Table 3). They also did not report less contract worry $t(68) = -.36, p = .72$, nor were they less likely to have engaged in economic cuts, $\chi^2(65) = 0.58, p = .61$.

Discussion

Latino families are fighting the pandemic on multiple fronts, as systemic oppression has increased their likelihood of contracting the virus, having complications from the virus, and having significant economic hardship due to the virus. The goal of the present analysis was to examine the economic and psychological impacts of the pandemic on low-income Latina mothers in primarily essential worker families. Overall, we found mothers' experiences of stress during the outbreak stem from worries about themselves contracting the virus and making economic cutbacks. Similarly, economic cutbacks were associated with greater symptoms of depression and anxiety. Greater worries surrounding contracting the virus stemmed from worries of contracting the virus at work. Finally, for these low-income Latino families, receiving the stimulus payment failed to significantly prevent economic cutbacks, assuage contract worries, or lessen depressive/anxiety symptoms. We will discuss the implications of these findings for Latino families and provide preliminary policy recommendations.

The findings presented highlight the immediate economic and psychological toll of the COVID-19 pandemic. Despite the majority of these families consisting of at least one employed adult, and the majority of these employed adults working as essential workers, many of these low-income families are forced to engage in economic cutbacks. As expected, these cutbacks are associated with mothers' greater experience of stress, depressive symptoms, and anxiety symptoms. This finding is in line with previous research highlighting the psychological toll of the pandemic in China (Qui et al., 2020; Wang et al., 2020), as well as the Great Recession in the United States (Forbes & Krueger, 2019). Notably, receiving the economic stimulus payment did not lessen economic cutbacks, nor was it associated with reduced stress, depressive symptoms, or anxiety symptoms. A recent report revealed that the stimulus may have reduced the number of families who have dropped below the poverty line (Parolin, Curran, & Wimer, 2020). Specifically, without the stimulus, poverty was projected to rise to 16.3%, though the stimulus has the potential to keep poverty rates at pre-crisis levels (12.5%).

However, it is critically important to recognize that even if families do not drop below the poverty line, economic cutbacks are still prevalent for low-income families. Specifically, roughly half of the sample reported buying less food, falling behind on bills, and missing rent payments. In other words, though the stimulus may have prevented some families from falling below the poverty line, our analyses suggest that many low-income families are

still facing significant financial hardship. This hardship appears to be placing families on a trajectory towards hunger and eviction. Our findings, and numerous others, show that economic hardship, such as forced economic cutbacks, has significant repercussions for families (Conger, Schofield, & Nepl, 2012; Nepl, Senia, & Donnellan, 2016) including Latina mothers (Hromi-Fiedler, Bermudez-Millan, Segura-Perez, & Perez Escamilla, 2010). Missing payments, debt, and the inability to meet basic needs are distressing and jeopardize one's safety, security, and psychological well-being. Based on this, we recommend additional monthly stimulus payments to prevent significant economic hardship and its devastating consequences.

Additionally, mothers were not singularly concerned about their economic situation, and also expressed worry about contracting the virus. At the time of data collection, none of the mothers or their families had suffered the physical health consequences of COVID-19; however, these findings suggest their worries about contracting the virus have psychological consequences. Mothers' worry surrounding contracting the virus was not associated with greater depressive and anxiety symptoms, but it was associated with experiencing more stress as a result of the virus outbreak. Mothers who were most worried about contracting the virus were more fearful of work as the source of exposure. The stimulus payment did not reduce mothers' worry surrounding contracting the virus. Though the goal of the stimulus payment was not to reduce parents' contract worry, it is possible that the payment could have allowed families to avoid work environments they found risky. This does not seem to be the case. It is possible that additional stimulus payments might have the added benefit of giving families the financial flexibility to stay home, avoid risky work environments (United Nations Development Programme, 2020), and reduce some of the stress associated with the pandemic.

The participants in the current study are Latina mothers, and the economic and psychological toll may not be limited to their own wellbeing. Increasing caregiving responsibilities and decreasing psychological and economic resources may have repercussions on caregiving quality and children's health (Roos et al., 2020). Specifically, theoretical and empirical research show that parents' psychological distress often spills over to impact their ability to provide sensitive and responsive care to their children, potentially jeopardizing child wellbeing (Conger et al., 2012; McLoyd, 1990). Maternal depression, in particular, is a potent predictor of children's depression (Pilowsky et al., 2014). Likewise, parents' economic hardship will also impact their children's development. In this sample, 16% of the families reported buying less food and almost 20% reported missing a rent payment. Food insecurity and eviction can have a devastating effect on children's mental and physical health, increasing the likelihood of acute and chronic health problems, as well as socio-emotional problems (Johnson & Markowitz, 2018; McLoyd, 1998; Thomas, Miller, & Morrissey, 2019; Yoshikawa, Aber, & Beardslee, 2012).

The United States government's COVID-19 response has not adequately supported Latino communities. The U.S. is experiencing a racial justice paradox where Black and Latino people are more likely to be unemployed and also overrepresented among essential workers, where they are at greater risk of contracting the virus (Powell, 2020). Latinas experience oppression during their everyday lives (Ayón et al., 2018), both a gender and racial pay

gap (Frye, 2020), and are at the intersections of race, gender, and class inequities during the COVID-19 pandemic (Powell, 2020). Our findings suggest that Latina mothers' worries of contracting the virus are driving higher stress; and economic hardship is affecting their emotional wellbeing. Among mixed immigration status and low-income Latino immigrant communities, there are additional barriers to accessing physical and mental health services, economic support, and help with child care and household labor (Clark et al., 2020). During the pandemic, the U.S. has continued to unjustly deport and detain undocumented Latino immigrants at high rates, exacerbating public health concerns, while excluding undocumented immigrants in the CARES Act direct cash transfers (Clark et al., 2020; Miller et al., 2020). Though we did not ask mothers to disclose their or their families' immigration status, it is important to highlight the compounded threats of COVID-19, an economic recession, and racist xenophobic policies on this community.

Especially within the context of the pandemic and a lack of adequate governmental support, Latina motherwork is essential to individual and community survival (Caballero et al., 2019; Collins, 2016). Mothers are navigating the change in routines and are largely responsible for caring for children and family members at home, which includes educating their school-aged children (Power, 2020). Mothers are experiencing pandemic-related loss and worry not only for themselves, but also for their children and loved ones. They are likely providing emotional support to their family and with less support from others (Frye, 2020; Power, 2020), as the pandemic makes it more difficult and dangerous to seek support from friends or family members, particularly across borders. Despite the adversity and injustices they face, Latina mothers are resilient and persistent in their commitment to their children and families (Ayón et al., 2018). More research should be conducted to understand the variety of Latina mothers' experiences and perspectives during the COVID-19 pandemic. The concerns and wellbeing of women of color, including Latina women, must be central to the discussion of nation-wide solutions to the pandemic, including work-family policy and caregiving protections (Frye, 2020; Powell, 2020).

Limitations.

It is important to note a number of limitations. First, the sample is geographically restricted to Northern California. This area is known both for a relatively high cost of living (World Population Review, 2020), though fairly extensive social service networks. These two factors likely influence the amount of cutbacks a family makes and the local aid they are receiving. Second, the sample is limited to the perspective of the mother. Mexican American mothers often carry the bulk of managing family life (Pinto & Ortiz, 2018). Preliminary reports show that the pandemic is widening gender gaps in household labor (Power, 2020) and disproportionately impacting mother's stress, worry, and mental health (Hamel & Salganicoff, 2020). Therefore, though mother's experiences during the pandemic are especially important, they may not reflect the experiences of fathers or non-mothers. Lastly, this research is cross-sectional. The pandemic is ongoing and economic and psychological impacts are likely to accumulate as time goes on. It is especially critical to continue examining the ongoing and long-term impacts of the pandemic on economic and psychological wellbeing.

Implications.

Results from the current study have implications for understanding the roles pandemic induced economic hardship, pandemic induced health concerns, and general outbreak stress are playing in Latina mothers' psychological wellbeing. The association between the immediate economic impacts and psychological wellbeing possibly suggests that alleviating economic hardship might alleviate some of the psychological burden. The lack of buffering provided by the stimulus payment in terms of no reduction in hardship or psychological toll raises the possibility that the stimulus payment was not sufficiently supportive. Of note, many of these families were struggling economically before the pandemic, placing them in a particularly vulnerable position to overcome pandemic-related challenges, even with the stimulus payment provided. Thus, without additional local, state, or federal aid the pandemic is likely to cause severe hardship marked by homelessness, hunger, and mental illness. Additional recurring monthly stimulus payments could be a lifeline for families who are struggling to make ends meet. This call for monthly payments is in line with the recent United Nations report released July 23, 2020 to protect poor and vulnerable people via Temporary Basic Income (United Nations Development Program, 2020). Though the United Nations report is specifically focused on individuals in developing countries, our analyses make clear that low-income Latino families in the United States need similar protections. Future studies should also examine the role of other family, public, or private supports and safety-nets. For example, supportive relationships (Viseu et al., 2018), local access to food pantries (Gupton, Trost, & Collins, 2018), and family friendly work policy (Molina, 2020) in isolation or in conjunction with direct cash transfer might serve as important buffers to the mental health toll of economic hardship.

In conclusion, our findings reveal the immediate impacts of the pandemic on low-income Latino family economic security and Latina mothers' psychological well-being, and suggest the stimulus payment did not reduce this burden.

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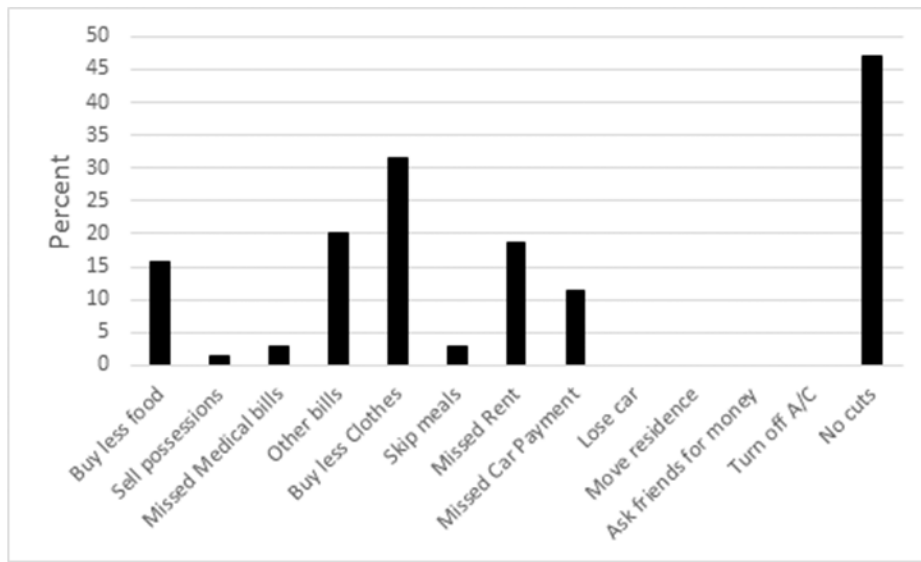


Figure 1. Percentage of mothers reporting each of the specific economic cutbacks, and no cutbacks (n = 70).

Note: The pandemic has forced over 50% of the families to make economic cutbacks

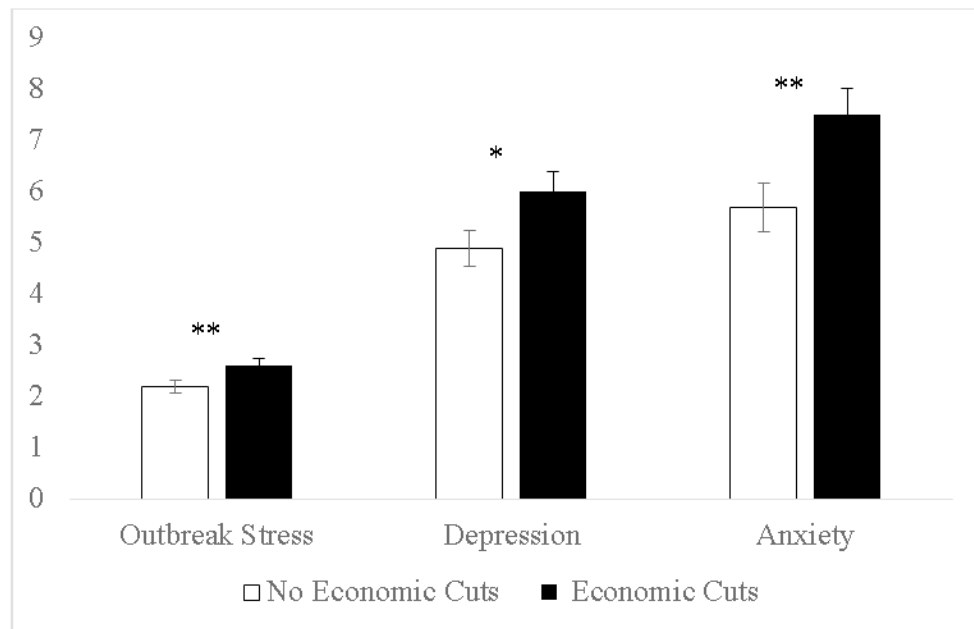


Figure 2. Economic Cutbacks in Response to the Pandemic is Associated with Higher Outbreak Stress, Depressive Symptoms, and Anxiety Symptoms (n =36) Compared to those not Making Economic Cutbacks (n = 34).

*Note: Error bars depict the standard error of the mean. * $p < .05$; ** $p = .01$*

Table 1.

Sociodemographic Characteristics of Participants (n = 70)

	<i>n</i>	%
Latina/Hispanic	70	100.0
Female	70	100.0
Marital Status		
Single	16	23.2
Married/partnered	54	77.1
Employment		
Employed	25	35.7
Partner employed	42	77.8
Both employed	18	27.2
At least 1 parent employed	51	72.9
Essential worker	20	28.6
Partner essential worker	36	51.4
One parent essential worker	47	67.1
Childcare		
Rely on childcare	34	48.3
Closed	6	8.6
Limited hours	4	5.7
Increased hours	1	1.4
No change in childcare	27	38.6

Note. Childcare characterizes refer to changes in childcare hours due to the COVID-19 pandemic.

Table 2.

Linear Regressions showing Standardized Betas and Confidence Intervals in the Prediction of Outbreak Stress, Depressive Symptoms, and Anxiety Symptoms (n = 70).

Variable	Outbreak Stress		Depression		Anxiety	
	<i>B</i>	95% CI	<i>B</i>	95% CI	<i>B</i>	95% CI
Days since "Shelter in Place" order	-.17	[-.02, .00]	.24 [†]	[-.00, .09]	.15	[-.02, .10]
Maternal contract worry	.39**	[.13, .46]	.13	[-.48, 1.01]	.24	[-.30, 1.66]
Child contract worry			-.02	[-.72, .63]	.05	[-.76, 1.01]
<i>R</i> ²	.18		.06		.09	
F	7.57**		1.45		2.13	

Note. CI = confidence interval.

[†]*p* < .10

***p* < .01.

Table 3

Independent Samples T-tests of Making Economic Cutbacks, Child Care utilization, and Receiving CARES Act Stimulus.

	Cutbacks (<i>n</i> = 36)		No Cutbacks (<i>n</i> = 34)		<i>t</i> (68)	<i>p</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>		
Outbreak Stress	2.64	0.83	2.18	0.76	2.43	0.01
Depressive Symptoms	6.14	2.4	4.88	2.11	2.32	0.02
Anxiety Symptoms	7.56	3.15	5.68	2.81	2.63	0.01
	Childcare Utilization (<i>n</i> = 35)		No Childcare Utilization (<i>n</i> = 32)		<i>t</i> (65)	<i>p</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>		
Maternal Virus Contract Worry	2.66	1.11	2.34	1.1	1.16	0.25
	Stimulus Received (<i>n</i> = 47)		No Stimulus Received (<i>n</i> = 23)		<i>t</i> (68)	<i>p</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>		
Outbreak Stress	2.52	1.12	2.49	1.08	0.12	0.91
Depressive Symptoms	2.43	0.9	2.4	0.8	0.14	0.89
Anxious Symptoms	1.22	1.44	1	1.3	0.63	0.53