

BRIEF REPORT



Heterogeneity in the perceived impact of the COVID-19 pandemic on parents with low incomes

Anne Martin¹ | Anna M. Wright¹ | Seth D. Pollak² |
Deborah A. Phillips¹ | Gabriela Livas³ | Anna D. Johnson¹

¹Department of Psychology, Georgetown University, Washington, DC, USA

²Department of Psychology, University of Wisconsin–Madison, Madison, WI, USA

³Department of Human Development and Family Sciences, University of Texas–Austin, Austin, TX, USA

Correspondence

Anne Martin, 303 White-Gravenor Hall, 3700 O St. NW, Washington, DC 20057, USA.
Email: am4454@georgetown.edu

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Abstract

Objective: The goal was to describe differences in sociodemographic characteristics, family well-being, and COVID-19 pandemic experiences according to whether parents with low incomes reported that the overall impact of the pandemic on their life was positive, negative, or null.

Background: Emerging evidence suggests a wide range of parents' experiences during the pandemic, including those that were positive, challenging developmentalists' expectations.

Method: The Tulsa School Experiences and Early Development (SEED) Study asked parents of second graders in Tulsa, Oklahoma, to report on their perceptions of and experiences during the pandemic in 2021. Parents had low incomes and were predominantly Hispanic or Black.

Results: Most parents reported the overall impact of the pandemic as negative, but 21% said it had a positive impact, and 16% said it had no impact. The biggest differences across parents by perceived impact were indicators of family dysfunction, on which the negative impact group scored highest, and worry during the pandemic, on which the positive and negative impact groups scored equally high.

Conclusion: There is substantial heterogeneity in how low-income parents viewed the pandemic. Perceptions were linked more strongly to indicators of family functioning than sociodemographic status.

Abbreviations: IEP, individualized education plan; RAPID, rapid assessment of pandemic impact on development; SEED, school experiences and early development.

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Implications: In future crises, parents will benefit from resources that promote adaptive coping strategies and healthy family functioning.

KEYWORDS

ANOVA, COVID-19, family relations, low income, parental distress, sociodemographic status

INTRODUCTION

Evidence indicates that the COVID-19 pandemic adversely affected parents' well-being and family functioning (Feinberg et al., 2022; Johnson et al., 2022). Yet most of the postpandemic research has been conducted on White and middle-income families, despite the fact that low-income, Black, and Hispanic families were disproportionately burdened by the pandemic in terms of both health and finances (Karpman et al., 2020; Koma et al., 2020; Mackey et al., 2021). The family stress model (Conger et al., 1992) suggests that the health and financial sequelae of the pandemic depleted already-disadvantaged parents' social and human capital, which in turn hampered their ability to parent. However, in a study of exclusively low-income and predominantly Black and Hispanic parents of young children in three U.S. cities, 32% reported that their parenting improved following the onset of the COVID-19 pandemic, 44% reported that their parenting did not change, and the smallest proportion (24%) reported that it got worse (Martin et al., 2025).

Indeed, other research has revealed substantial variability in the pandemic's perceived effects on mental health and parenting in low-resourced and racially and ethnically minoritized samples. For example, parents in a three-city sample scored higher on self-reported daily verbal interaction with their children after pandemic onset than before (Martin et al., 2026). In a survey in Wisconsin, 28% of parents below 200% of the federal poverty line reported greater satisfaction as a parent after pandemic onset than before, and 45% reported more gratitude (Kerr et al., 2021).

One reason even low-resourced parents may have had neutral or positive experiences of parenting during the pandemic is that it allowed them to spend more time at home with their children (Morrissey & Engel, 2024), which many found highly rewarding (e.g., Condon et al., 2024). In addition, many adults experienced positive personal growth as a result of the challenges posed by the pandemic. In the Rapid Assessment of Pandemic Impact on Development (RAPID) Study, between 13% and 42% of parents reported increased growth in personal strength, spirituality, relationships, and appreciation of life due to the pandemic (Liu et al., 2024). Notably, Black and Hispanic parents were more likely to report such growth than White parents. This is consistent with theories of family resilience in historically marginalized racial/ethnic groups (Murry et al., 2018) that highlight unique family assets, such as spirituality and optimism, that enable survival and even thriving in the face of systemic discrimination. Further, Torche et al. (2024) postulated that socioeconomically disadvantaged families are better able to adjust to disruptive events than more advantaged families because disruptive events are more common for them, and hence more normative and less socially stigmatizing.

Even still, the literature provides few clues as to *which* low-resourced families adjusted best to, much less benefited from, the pandemic. We therefore lack information on which parents in the hardest hit populations, apparently against all odds, viewed the pandemic as neutral or even positive. To the extent that researchers can identify the characteristics and circumstances of such families, they can be supported and promoted in the event of future crises.

This brief report harnesses data from a unique study following racially and ethnically diverse children. Participants in the study were drawn from families with low incomes in Tulsa,

Oklahoma, beginning in 2016, when the children were 3 years old. In 2020, at the onset of the COVID-19 pandemic, study children were in first grade, and they spent the rest of that year, as well as the following year, schooling remotely. During this period, parents were surveyed about the impact of the pandemic on their own mental health and family life. Here, we group parents according to how they rated the global impact of the pandemic on their life—positive, null, or negative—and then compare the groups on an array of sociodemographic characteristics, indicators of family well-being, and pandemic-related experiences. Our goal is to provide both rich and nuanced descriptive information about the experiences of low-income families that can enrich future research on the impact of the COVID-19 pandemic.

METHOD

Sample

The Tulsa School Experiences and Early Development (SEED) Study enrolled children from low-income families in the Tulsa Public Schools district at ages 3 (2016–2017 school year), 4 (2017–2018), and 5 (2018–2019) years. Children have been directly assessed, and their parents surveyed, once or twice annually. In March of 2020, at the outbreak of the COVID-19 pandemic, students were in first grade. Schools transitioned to remote learning for the rest of the 2019–2020 school year and continued remote schooling during second grade (2020–2021). In the spring of 2021, parents were sent their annual Parent Survey. In the summer of 2021, parents were sent a special Parent COVID-19 Survey about their pandemic-related experiences over the previous school year. Both surveys were available in English and Spanish. As of second grade, there were 1,037 study children located in Tulsa Public Schools. Of those, 751 children’s parents responded to the spring survey (69%), and 569 children’s parents responded to the summer survey (55%). The present analytic sample draws on the 546 parents who responded to the question in the summer survey about the overall impact of the pandemic on their life.

As shown in Table 1, less than half the parents (44%) in our analytic sample had more than a high school education or were married (47%). The average annual household income was \$31,002 ($SD = 29,985$), and the average household size was 4.7 ($SD = 1.7$). Spanish was the

TABLE 1 Description of sample.

	%	<i>M</i> (<i>SD</i>)	Valid <i>n</i>
Parent has > HS education	44		444
Household size		4.7 (1.7)	508
Annual HH income (\$)		31,002 (29,985)	476
Primary HH language is Spanish	38		546
Parent married	47		508
Parent’s age at child’s birth		26 (6)	470
Child is female	51		544
Child race/ethnicity			544
Black	22		
Hispanic	47		
White	14		
Other	16		
Child has individualized education plan (IEP)	12		483

Note. HH = household; HS = high school.

primary language in 38% of households. Nearly half the sample (47%) was Hispanic,¹ and nearly one quarter (22%) was non-Hispanic Black. Fourteen percent of the sample was non-Hispanic White, and 16% represented a combination of other race and ethnicities such as Native American, Native Hawaiian or Pacific Islander, or multiracial. Half (51%) of the children were female, and 12% had an individualized education plan, or IEP, by second grade.

Measures

Perceived impact of COVID-19 pandemic

The summer survey asked the following question: “Please indicate the extent to which you view the coronavirus pandemic as having either an overall positive or negative impact on your life.” Response options included *extremely negative*, *moderately negative*, *somewhat negative*, *no impact*, *somewhat positive*, *moderately positive*, and *extremely positive*. For this analysis, we collapsed responses into three groups: Negative, No Impact, and Positive.

Sociodemographic characteristics

Characteristics collected at study enrollment include the child’s race/ethnicity (Hispanic; Black, non-Hispanic; White, non-Hispanic; other), sex, and whether they were a dual language learner (referring primarily in this sample to Spanish–English speakers). In the spring 2021 survey, parents reported on marital status, household composition, and income, which we converted into a percentage of the federal poverty line in 2020 given their family size and employment status. Parents were considered food insecure if they indicated it was sometimes or often true that, in the past year, they worried whether their food supply would run out before they had money to buy more, or the food they bought just did not last and they did not have money to get more (Economic Research Service, 2012).

Family well-being

We collected one measure of parent health: In the spring survey, parents rated their overall health on a 5-point scale ranging from 1 (*very poor*) to 5 (*excellent*). We created a binary indicator of whether the parent was in less than very good (= 4) or excellent health. We collected two measures of socioeconomic circumstances. In the summer survey, parents reported whether, in the past year, their child had missed any routine or needed medical care or they had had a change in housing.

We collected two measures of parental mental health in the spring. Parents were considered depressed if they indicated that, in the past year, they had 2 weeks or longer when nearly every day they felt sad, empty, or depressed for most of the day, or lost interest in most things they usually enjoyed (RAND Health, 1998). Perceived stress was measured with the Perceived Stress Scale (Cohen et al., 1983), which consists of 10 items (e.g., “been upset because of something that happened unexpectedly”) whose frequency in the last month was rated on a 5-point scale ranging from 0 (*never*) to 4 (*very often*). Items were reverse-scored where appropriate and summed ($\alpha = .79$).

Two measures of family functioning were collected. In the spring, we assessed household chaos with the Confusion, Hubbub, and Order Scale (CHAOS; Matheny et al., 1995),

¹We did not ask questions about country of origin due to parents’ sensitivity surrounding immigration policies.

consisting of 15 descriptions of households (e.g., “There is very little commotion in our home”) that parents rated on a scale from 1 (*not at all like our home*) to 4 (*very much like our home*). Negatively valenced items were reversed and scores were summed ($\alpha = .79$). In the summer, the Multidimensional Scale of Perceived Social Support (Zimet et al., 1988) tapped social support over the past year. Support from family was measured with four items (e.g., “I got the emotional help and support I needed from my family”; $\alpha = .88$), and support from friends was measured with four items (e.g., “I could count on my friends if things went wrong”; $\alpha = .91$). Responses were rated from 1 (*strongly disagree*) to 5 (*strongly agree*). Items were averaged to create total scores.

Pandemic experiences

In the spring survey, parents reported on whether a family member had gotten COVID-19 or had been hospitalized or died due to COVID-19. They were also asked whether any of the following increased in their household over the last year: interpersonal conflict, adults snapping at or yelling at children, and the child’s emotional or behavioral problems. Response options (no; yes, a little; yes, a lot) were dichotomized as yes/no. Parents also reported whether they received pandemic stimulus checks in the spring or summer of 2020 and the winter of 2021.

In the summer survey, parents reported on their experiences while schools been closed over the last year. First, they reported the degree to which they had maintained the following five routines: regular playtime with children after work, children did the same thing each morning after they woke up, “family time” each week for doing things together at home, children went to bed at the same time almost every night, and whole family ate dinner together almost every night. Response options ranged from 1 (*almost never*) to 4 (*almost every day*).

Parents also rated the extent to which the child’s weekly activities were disrupted (0 = *not at all* to 2 = *severely*), how often they themselves felt isolated (0 = *hardly ever* to 2 = *often*), the degree to which the family maintained holidays and other traditions (0 = *no, not at all* to 2 = *yes, exactly as before*), and how socially connected the child was compared to before this period (1 = *much less socially connected* to 6 = *much more socially connected*).

Finally, parents indicated their endorsement of seven COVID-19–related stressors drawn from the PhenX Toolkit during the past school year (“I was very worried about getting the coronavirus,” “I was very worried about my family/friends getting the coronavirus,” “I was very worried about giving someone else the coronavirus,” “I had a hard time sleeping because of the coronavirus,” “I had difficulties concentrating because of the coronavirus,” “Thinking about the coronavirus made me very anxious,” and “I was feeling overwhelmed by the coronavirus”). Responses ranged from 1 (*strongly disagree*) to 5 (*strongly agree*). Items were analyzed separately.

Analytic strategy

After categorizing parents according to whether their reported impact of the pandemic was positive, null, or negative, the three groups were contrasted bivariately on measures of sociodemographic status, family well-being, and pandemic experiences. Comparisons consisted of chi-square tests for binary characteristics and one-way analysis of variance tests for continuous characteristics. Statistically significant pairwise comparisons (with a Bonferroni adjustment) between groups are reported here. The number of valid values varies by characteristic and is denoted accordingly.

RESULTS

Although 63% ($n = 345$) of parents perceived the overall impact of the pandemic to be negative, 21% ($n = 115$) perceived the pandemic to have had a positive overall impact. The remainder (16%; $n = 86$) reported that the pandemic had no overall impact, which could signify that they were generally unaffected or that they experienced a mix of positive and negative impacts.

Sociodemographic characteristics

There were few sociodemographic differences among parents who rated the impact of the pandemic as positive, null, or negative (Table 2). Groups did not differ on poverty, unemployment, or food insecurity status. They also did not differ on marital or dual-language-learner status. However, the Negative group was more likely to be White (16%) than the No Impact (6%) group. The No Impact group was more likely than the other groups for the study child to be female (64% vs. 45% of Positive group and 49% of Negative group). The Negative group had fewer siblings living with the study child than the other groups, but none of the pairwise comparisons achieved statistical significance at the $p < .05$ level.

Family well-being

The three groups did not differ on parental health, whether the child missed medical care, parental depression, whether housing changed, household chaos, or parental social support from friends. The Negative group scored higher on parental perceived stress than the other groups, but none of the pairwise comparisons achieved statistical significance. Similarly, the Positive group scored higher on social support from family than the other groups, but none of the pairwise comparisons achieved statistical significance.

Pandemic experiences

There were several significant between-group differences on pandemic experiences which, in most instances, indicated greater hardship for parents reporting a negative impact. For instance, the child's emotional or behavioral problems reportedly increased more in the Negative group ($M = 0.49$, $SD = 0.6$) than in the Positive group ($M = 0.30$, $SD = 0.6$). The Negative group was also more likely to report increases in family conflict (42% vs. 28% and 23% in the Positive and No Impact groups, respectively) and yelling or snapping (26% vs. 16% and 11%, respectively).

Of the five routines maintained during school closures, the Negative group scored lower on playing with children after work ($M = 3.0$, $SD = 1.1$) relative to the Positive ($M = 3.4$, $SD = 0.9$) and No Impact ($M = 3.4$, $SD = 0.9$) groups; family time each week ($M = 2.7$, $SD = 1.0$) relative to the Positive ($M = 3.1$, $SD = 1.0$) and No Impact ($M = 3.2$, $SD = 1.0$) groups; and same bedtime every night ($M = 3.0$, $SD = 1.1$) relative to the No Impact ($M = 3.4$, $SD = 1.0$) group. Parents in the Negative group reported feeling more isolated ($M = 1.2$, $SD = 0.7$) than those in the Positive group ($M = 0.9$, $SD = 0.7$), who in turn felt more isolated than those in the No Impact group ($M = 0.6$, $SD = 0.7$). They also reported that their child felt less socially connected ($M = 2.5$, $SD = 1.3$) than those in the Positive group ($M = 3.0$, $SD = 1.5$).

However, in other respects, the Negative and Positive groups scored more like each other than the No Impact group. Both the Positive ($M = 1.2$, $SD = 0.7$) and Negative ($M = 1.3$, $SD = 0.6$) groups reported more disruption of the child's weekly activities than the No Impact

TABLE 2 Parent and family characteristics by impact of the COVID-19 pandemic ($N = 546$).

	Positive	No impact	Negative	<i>n</i>
Sociodemographic characteristics				
< Federal poverty line	64%	65%	55%	475
P unemployed	40%	32%	34%	493
Food insecure	35%	32%	36%	506
Black	22%	30%	20%	544
White*	13% _{0ab}	6% _{0b}	16% _{0a}	544
Hispanic	51%	44%	47%	544
C female*	45% _{0a}	64% _{0b}	49% _{0a}	544
Mother married	52%	44%	41%	546
C dual language learner	50%	42%	42%	546
Number of siblings C lives with* ¹	2.1 (1.4) _a	2.2 (1.6) _a	1.8 (1.3) _a	499
Family well-being				
P less than very good health	66%	75%	73%	507
C missed medical care last year	8%	6%	12%	502
P depressed 2 weeks past year	18%	16%	23%	503
Housing changed past year	14%	17%	20%	508
P perceived stress* ¹	12.9 (5.9)	12.4 (6.1)	14.2 (6.2)	470
Household chaos	25.8 (6.1)	25.6 (5.8)	27.0 (6.6)	471
P social support from family* ¹	3.8 (0.9)	3.5 (0.8)	3.5 (0.9)	538
P social support from friends	3.6 (0.9)	3.4 (0.9)	3.5 (1.0)	534
Pandemic experiences				
Family member got COVID-19	28%	22%	27%	472
Family member hospitalized/died of COVID-19	13%	11%	11%	506
C emotional/behavioral problems increased**	0.30 (0.6) _a	0.34 (0.6) _{ab}	0.49 (0.6) _b	501
Conflict increased**	28% _{0a}	23% _{0a}	42% _{0b}	503
Yelling/snapping increased**	16% _{0a}	11% _{0a}	26% _{0b}	501
Received stimulus check, summer 2020	76%	81%	80%	506
Received stimulus check, winter 2021	69%	79%	78%	506
During school closures, maintained routines				
Played w/children after work***	3.4 (0.9) _a	3.4 (0.9) _a	3.0 (1.1) _b	544
Same thing each morning	3.6 (0.7)	3.6 (0.7)	3.5 (0.8)	536
Family time each week***	3.1 (1.0) _a	3.2 (1.0) _a	2.7 (1.0) _b	537
Same bedtime*	3.3 (1.0) _{ab}	3.4 (1.0) _a	3.0 (1.1) _b	532
Family ate dinner together	3.4 (0.9)	3.3 (1.0)	3.3 (1.0)	533
C's weekly activities disrupted during school closures***	1.2 (0.7) _a	0.7 (0.7) _b	1.3 (0.6) _a	545
During school closures				
P worried about getting COVID***	3.6 (1.2) _a	3.0 (1.3) _b	3.6 (1.2) _a	542
P worried about family/friends getting COVID***	3.7 (1.2) _a	3.1 (1.3) _b	3.7 (1.2) _a	531
P worried about giving someone COVID***	3.2 (1.4) _a	2.5 (1.3) _b	3.3 (1.3) _a	527
P had trouble sleeping because of COVID***	2.5 (1.2) _a	1.9 (1.0) _b	2.5 (1.2) _a	530
P had difficulties concentrating because of COVID***	2.5 (1.2) _a	2.0 (1.1) _b	2.6 (1.2) _a	526
P became anxious thinking about COVID***	3.0 (1.3) _a	2.8 (1.2) _b	3.0 (1.3) _a	528

(Continues)

TABLE 2 (Continued)

	Positive	No impact	Negative	<i>n</i>
P felt overwhelmed by COVID***	3.0 (1.2) _a	2.2 (1.1) _b	3.2 (1.3) _a	528
P felt isolated during school closures***	0.9 (0.7) _a	0.6 (0.7) _b	1.2 (0.7) _c	539
Family kept up traditions during school closures***	0.9 (0.6) _a	1.4 (0.7) _b	0.9 (0.7) _a	540
C socially connected during school closures compared to before**	3.0 (1.5) _a	2.8 (1.4) _{ab}	2.5 (1.3) _b	545

Note. C = child; P = parent. Significance level refers to a bivariate analysis of variance test across impact groups. Groups with different subscripts differ at the $p < .05$ level in a pairwise comparison with a Bonferroni correction.

¹None of the pairwise comparisons by group differed at the $p < .05$ level.

* $p < .05$. ** $p < .01$. *** $p < .001$.

group ($M = 0.7$, $SD = 0.7$). Of the seven types of parental distress about COVID-19, the No Impact group scored lowest on all: worry about getting COVID-19, worry about family/friends getting COVID-19, worry about giving someone COVID-19, trouble sleeping because of COVID-19, difficulty concentrating because of COVID-19, becoming anxious thinking about COVID-19, and feeling overwhelmed by COVID-19. The No Impact group reported being better at keeping up traditions ($M = 1.4$, $SD = 0.7$) than the Positive ($M = 0.9$, $SD = 0.6$) and Negative ($M = 0.9$, $SD = 0.7$) groups.

Finally, there were a handful of characteristics that did not distinguish the three impact groups. They scored similarly on the proportion of family members who got COVID-19 and the proportion of family members who had been hospitalized or died because of COVID-19. They also scored similarly on whether they received the stimulus checks in the summer of 2020 and/or the winter of 2021. They were also equally likely to have maintained two family routines during school closures: doing the same thing each morning and eating dinner together as a family nightly.

DISCUSSION

In a sample of predominantly low-income, Black, and Hispanic parents of second graders, 63% reported a negative overall impact of the COVID-19 pandemic on their lives, but 21% said that the impact was positive and 16% said there was no impact. The finding that one third of the sample did not perceive the pandemic as negative resonates with strengths- rather than deficit-based models of family adaptation to crisis in minoritized populations (Murry et al., 2018). Interestingly, indicators of sociodemographic disadvantage did not significantly differ by impact group; nor did parental physical or mental health. Far more influential were parents' experiences of family life during the pandemic. The Negative group was distinguished from the Positive and No Impact groups by more signs of family dysfunction, such as increases in parent-reported child behavior problems and conflict. They were less likely to maintain family routines, and both they and their children felt more isolated than others.

Perhaps surprisingly, both the Positive and Negative groups expressed more worries related to COVID-19 than did the No Impact group. This result is reminiscent of a recent finding that parents who reported that their parenting got worse as a result of the pandemic and those who reported that it got better had more COVID-related stress than parents who reported that their parenting stayed the same (Martin et al., 2025). Accumulating evidence suggests that a primary determinant of adults' welfare during the pandemic was the way they responded to stressors. Specifically, those who used approach rather than avoidant coping strategies (Shamblaw et al., 2021) and who demonstrated flexibility (Dawson & Golijani-Moghaddam, 2020) adapted best. It is possible that the Positive and Negative groups experienced comparable levels of pandemic-related worry, but the Positive group was able to marshal more adaptive responses to that worry because of less family conflict, more family routines, and less isolation.

IMPLICATIONS

Low-income parents' perceived impact of the COVID-19 pandemic correlated more strongly with indicators of family dysfunction than indicators of health and finances. In the event of a future crisis, stimulus checks and other financial benefits will be essential but insufficient. Parents may also benefit from resources that promote active coping strategies, avert social isolation, support healthy family relationships, and encourage household routines. Fortunately, the proliferation of web- and phone-based mental health (Heber et al., 2017) and parenting (MacKinnon et al., 2022) interventions has widened families' access to services without in-person contact, a development that proved useful during the COVID-19 pandemic. For example, the online version of the Family Check-Up, which provides parent education and coaching, was adapted to the pandemic and succeeded in improving parent mental health and parenting behaviors (Connell & Stormshak, 2023). Schools, pediatricians, libraries, and community-based organizations should not only refer to such programs but also consider creating local opportunities for parents to obtain professional and peer support.

ETHICS STATEMENT

Ethical approval of this study was provided by the University of Oklahoma Institutional Review Board (#7116).

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from the corresponding author upon reasonable request.

ORCID

Anne Martin  <https://orcid.org/0000-0001-9392-4234>

Anna M. Wright  <https://orcid.org/0000-0002-2452-8120>

Seth D. Pollak  <https://orcid.org/0000-0001-5184-9846>

Gabriela Livas  <https://orcid.org/0000-0002-7365-5169>

Anna D. Johnson  <https://orcid.org/0000-0002-9832-6724>

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