

Article

# Risks and Protective Factors of Hispanic Families and Their Young Children during the COVID-19 Pandemic

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**Abstract:**



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further compromise parents' ability to provide supportive and loving environments for their children [11–14].

Amidst adversity and chaos, low-income families also exhibit many strengths; that is, they draw on individual-, family-, or community-level resources to protect themselves from the negative effects of risk on their wellbeing [15]. For instance, being optimistic and having a good coparenting relationship with one's partner can help parents cope with stress, feel less stressed, and engage with children in positive ways [2,16]. Economic support (e.g., the Supplemental Nutrition Assistance Program, SNAP) and having access to services and information about resources (e.g., information about parenting programs) are significantly related to parent and child wellbeing [17]. However, this literature is rather limited—there is less clarity about the protective factors that lessen the negative effect of hardships on families and help promote resiliency among children, especially among Hispanic families [18,19]. Thus, understanding the resources that families can draw on to protect themselves from harm can give us insight into the ability of that support system to protect them. More importantly, it can provide guidance to programs and policies to allocate resources in a way that actually meets the needs of families [15].

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social resources have borne the brunt of it and the economic and health impacts on their wellbeing are beginning to be known [[1](#),[13](#),[28](#),[29](#),[33](#),[34](#)

parenting practices, and children's socioemotional skills [



and family functioning, and that high levels of economic support and having access to services and information would also weaken this association (moderation effects).

## 2. Materials and Methods

### 2.1. Procedures

Participants were drawn from Baby Books 2 project (BB2 project), an NICHD-funded longitudinal intervention study that aims to provide child development information to first-time low-income parents [88]. Participating families were recruited from centers that administer the Specific Supplemental Nutrition Program for Women, Infants, and Children (WIC), health care clinics, emergency department waiting rooms, parks, and community centers in both the Washington, D.C. metropolitan area and in Orange County, California. Eligible families for the BB2 project were (1) first-time parents of a baby aged 9 months, (2) cohabiting, (3) over the age of 18, (4) making less than \$75,000 per year as a household, and (5) literate at a first-grade reading level in either English or Spanish. All infants were full-term (over 37 weeks of gestation), and all procedures and materials were approved by Institutional Review Boards at both universities.

BB2 participants received text messages during May and August 2020 asking them if they wanted to take part in a study about the COVID-19 pandemic. After giving consent to participate, parents received a personal link to access the online survey, administered by Qualtrics. Parents were given a maximum of 21 days to complete the survey in their preferred language, either in English or Spanish. All parents except for one completed the survey on their phone. A total of 292 parents were contacted and 247 consented and completed this survey (84.6% of response rate). Data collection took place from July 2020 to September 2020. After the completion of the survey, participants received a USD 20 e-gift-card as compensation and were entered into a draw for one of four USD 50 e-gift-cards. Since individual links were sent to each participant, participants did not enter any identifiable information during this survey. The survey took an average of 31 min to fully complete. Because this paper focuses on Hispanic families, we included families who self-identified as Hispanic, resulting in an analytic sample of 161 parents from 95 families: 132 parents were a couple, 26 mothers and 3 fathers were single respondents whose partners did not participate in the survey.

### 2.2. Participants

Participating parents who self-identified as Hispanic had children ranging from 22 to 55 months in age (Mean age = 2.9 years, SD = 0.5) at the time of this study. The sample consisted of 40 boys (42%) and 55 girls (58%) and of more mothers (57%; Mean age = 29.8 years old, SD = 6.0) than fathers (43%; Mean age = 32.1 years old, SD = 6.4). Thirty-nine percent of the participants (n = 63 parents) resided on the east coast in the Washington, D.C., Virginia and Maryland, and 61% resided on the west coast in the Orange County, California. There were no significant differences in household income or educational levels between the analytic sample and the full BB2 sample. The pre-pandemic average yearly household income was USD \$39,934 (SD = 20,721). Sample demographics and descriptive data of study variables are presented by parent gender in Table 1.

**Table 1.** Description of mothers’ and fathers’ characteristics.

Variable	Total			Mothers			Fathers		
	n	%	M (SD)	n	%	M (SD)	n	%	M (SD)
Age	-	-	30.8 (6.3)	-	-	29.8 (6.0)	-	-	32.1 (6.4)
* Parents’ Education									
Less than HS	23	14	-	4	4	-	19	28	-
Completed HS	37	23	-	21	23	-	16	23	-
Some College	53	33	-	32	35	-	21	30	-
4-year degree or higher	48	30	-	35	38	-	13	19	-

Table 1. Cont.

	Total			Mothers			Fathers		
	M (SD)	Range		M (SD)	Range		M (SD)	Range	
Household Income	-	-	39,934 (20,721)	-	-	-	-	-	-
\$0–\$25,000	46	28	-	29	33	-	17	25	-
\$25,000–\$50,000	66	41	-	39	43	-	27	39	-
\$50,000–\$75,000	38	24	-	20	21	-	18	26	-
>\$75,000	11	7	-	4	2	-	7	10	-
Total	161	97	-	92	98	-	69	96	-
Parental Stress	4.0 (2.5)	0–11		4.1 (2.4)	0–11		3.4 (2.3)	0–11	
Parental Engagement	38.6 (6.5)	5–50		20.4 (3.1)	8–25		17.8 (4.2)	1–25	
Child Socioemotional Problems	2.4 (1.2)	0–5		2.5 (1.2)	0–5		2.2 (1.2)	0–4.8	
Child Social Competence	4.1 (0.9)	0–5		4.1 (0.8)	2–5		4.0 (0.9)	0–5	
Economic Risk	1.0 (0.7)	0–2		1.0 (0.7)	0–2		0.9 (0.8)	0–2	
Social Risk	0.6 (0.6)	0–2		0.7 (0.7)	0–2		0.6 (0.6)	0–2	
Positivity	22.5 (4.8)	9–30		22.1 (5.1)	9–30		23.1 (4.3)	10–30	
Coparenting Support	35.0 (8.0)	2–42		34.3 (8.2)	2–42		36.0 (7.6)	9–42	
Economic Support	1.1 (0.7)	0–3		1.1 (0.8)	0–3		0.9 (0.8)	0–3	
Services and Information	0.5 (0.8)	0–3		0.6 (1.0)	0–3		0.4 (0.9)	0–3	

Note: Due to missing data on some study variables, not all responses to individual items sum to 161 individual parents. \* Family level variables on this table are summed across both parents for family income, and highest degree in the family for parent education. HS = High school.

### 2.3. Measures

This study examined five family outcomes, including mothers' and fathers' stress levels, parental engagement, and children's socioemotional problems and socially competent behaviors. Our predictor variables included pandemic-induced economic and social risks. The economic risk index consists of parent reports of changes in employment (loss of job or hours) and financial ability to make ends meet (e.g., rent, utilities, groceries) since the COVID-19 pandemic began. The social risk index consisted of parent reports of exposure to the SARS-CoV-2 virus, and difficulty in accessing child care. We also included four moderators: parent positivity, coparenting support, economic support, and parents' access to services and information during the pandemic. All variables were averaged to create family-level variables, except for parental stress and parental engagement. Reports from single-respondent families were used as parent scores. All variables had 5 levels or more and were used as continuous variables for later analyses. Detailed descriptions of these variables are listed below.

#### 2.3.1. Outcome Variables

*Child socioemotional problem behaviors* were assessed using modified questions from the problem behaviors subscale of the Brief Infant and Toddler Socioemotional Assessment (BITSEA) [89]. Mothers and fathers were asked to report perceived changes in children's problem behaviors since the COVID-19 pandemic began. Answer choices of the original questions used a 5-point Likert scale (1 = "a lot less", 2 = "a little less", 3 = "the same", 4 = "a little more", 5 = "a lot more", and "does not apply"). Questions attempted to capture changes in five types of behavioral problems: (1) "been having tantrums and angry outbursts"; (2) "been struggling to manage their emotions"; (3) "been engaging in aggressive behavior such as hitting, biting, scratching and throwing objects . . ."; (4) "been crying"; and (5) "been needing to be held". Items marked as "does not apply" received a score of 0. Ratings of the five items were averaged and ranged from 0 to 5. Higher scores indicate more behavioral problems since the pandemic began. Internal consistency was good (Cronbach's alpha = 0.86).

*Child socially competent behaviors* were assessed using modified questions from the competence subscale from the BITSEA. Social competence scores included three ques-





*Economic risk* was assessed by two items: (1) job or income loss; and (2) financial difficulty in making ends meet. Job or income loss asked about changes in participants' employment status since the pandemic began. Participants who reported "no change" or "got new job/gained hours" were coded as 0 indicating no difficulty in employment while those who reported "lost job/lost hours" were coded as 1 indicating some difficulty in employment. We also asked about changes in the ability to make ends meet with two questions about their ability "to pay bills (e.g., rent, utilities)" and "to buy basic needs (e.g., food, diapers)." For each item, when participants reported some level of difficulty (e.g., "Yes, it is slightly more difficult", or "Yes, it is much more difficult"), they were scored as 1. When participants reported no difficulty (e.g., "No change", or "Yes, it is easier than before"), they were scored as 0. Each participant's scores of job or income loss and financial struggles were added up to create an economic risk index at the individual level ranging from 0 to 2 with 0 indicating no economic stress, 1 for one economic risk, and 2 for two economic risks. We then created family-level risk scores ranging from 0 to 2. The family-level economic risk scores can be interpreted as follows, since the pandemic began: score = 0, neither parent reported changes in job/income or financial ability; score = 0.5, one parent reported loss in either job/income or financial ability; score = 1, one parent reported loss in job/income and financial ability or both parents reported one negative change; score = 1.5, one parent reported a negative change and the other parent reported two negative changes; score = 2, both parents reported negative changes in job/income and financial ability.

*Social risk* was also assessed with two items: (1) exposure to SARS-CoV-2 virus, and (2) disruption in child care. Exposure to SARS-CoV-2 virus asked the participants if they "have tested positive myself" or their close contact ("Someone with whom I live or work tested positive") had been diagnosed as COVID-19 positive. The answers from both questions were merged in a single variable, named "Exposure to virus". Participants were considered not exposed (0 = no exposure) if they reported "My physical health has not been affected" and also "The health of those close to me has not been affected." Otherwise, they were considered as being exposed to the SARS-CoV-2 virus (1 = exposure, e.g., not positive themselves but people close to them were infected). Disruption to child care asked parents about changes in their access to child care since the pandemic. If "no change" or "easier than before" were selected, parents received a score of 0. If "slightly more difficult" or "much more difficult" was selected, they scored 1 for this measure. Each participant's scores of virus exposure, and child care disruption were added up to create a social risk index at the individual level ranging from 0 to 2 with 0 indicating no social stress, 1 for one social risk, and 2 for both social risks. We then created family-level social risks scores ranging from 0 to 2 and can be interpreted as follows, since the pandemic began: score = 0, neither parent reported exposure to virus, nor disruption to child care; score = 1, one parent reported exposure to virus and disruption to child care or both parents reported one adversity; score = 2, both parents reported exposure to virus and child care disruption.

Therefore, both family-level economic and social risk index ranged from 0 to 2 with 5 possible levels. They were entered as continuous variables in later analyses.

### 2.3.3. Moderator Variables

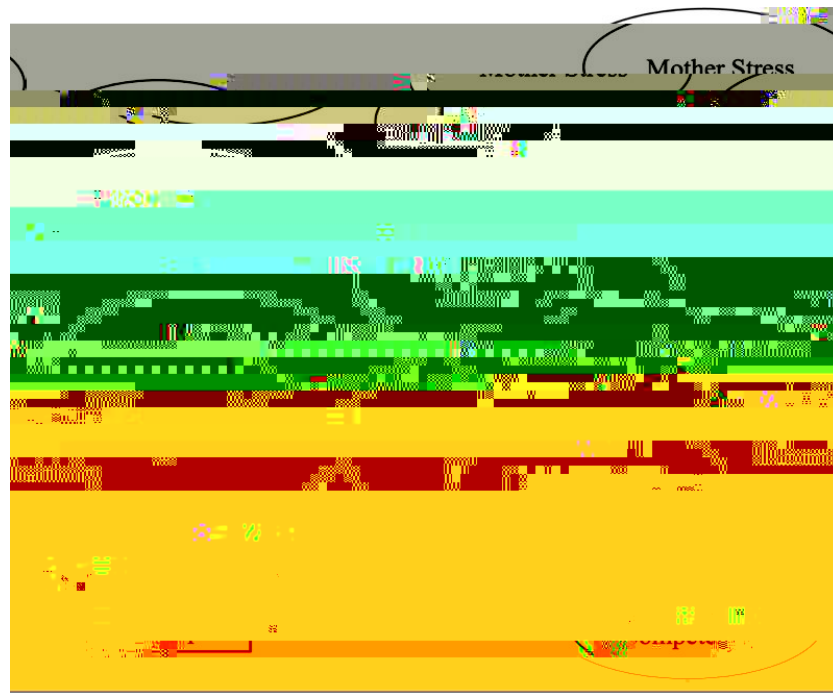
*Parent positivity* assessed parents' self-esteem, life satisfaction, and positivity with 6 items from the Positivity Scale (P Scale) [92]. Sample items include "I have great faith in the future" and "I feel that others are generally here for me when I need them". Participants rated their agreement on a 5-point Likert scale (1 = "strongly disagree" to 5 = "strongly agree"). One item ("At times, the future seems unclear to me") was reverse coded. The total score ranges from 6 to 30. Higher scores were associated with more optimism or confidence in the future. Internal consistency for this measure was good (Cronbach's alpha = 0.79).

*Coparenting support* assessed parents' perception of support by the other parent in parenting activities with seven items from the Coparenting Support subscale of the brief Coparenting Relationship Scale (CRS) [93]. Sample items include "My partner and I have

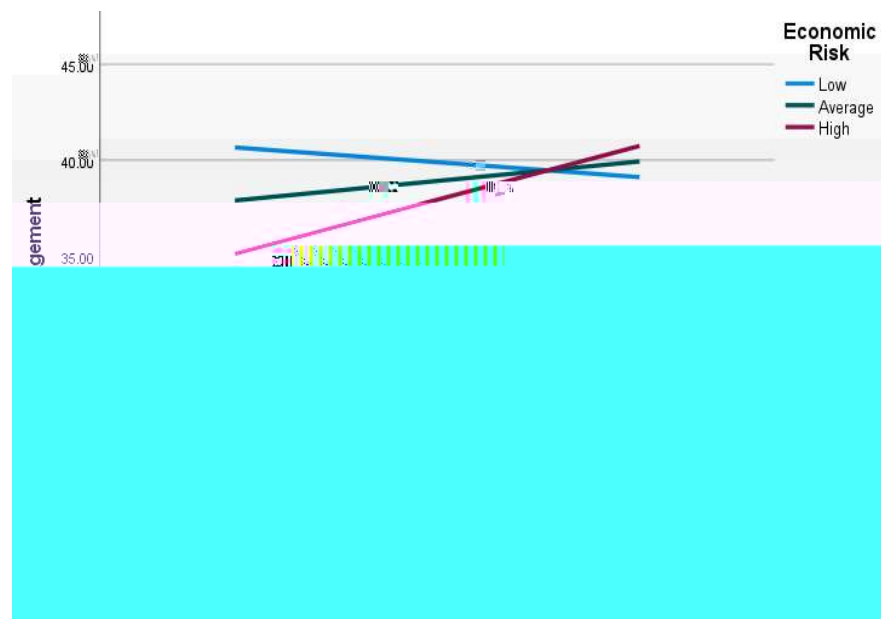
the same goals for our child” and “my partner appreciates how hard I work at being a good parent”. Participants rated their agreement on a 7-point scale (0 = “not true of us” to 6 = “very true of us”). Summary scores ranged from 0 to 42. Higher scores indicate more perceived coparenting support. Internal consistency for this measure was good (Cronbach’s alpha = 0.89).

*Economic resources and access to services and information* were assessed by asking participants to report the type and number of support they received since the pandemic began from a checklist: (1) WIC/SNAP; (2) unemployment insurance; (3) food banks or school food pick-up; (4) healthcare or mental health services; (5) online resources for education;





**Figure 2.** Associations between economic and social risks and family functioning. Note. All predictors are mean-centered. For parsimony, errors and non-significant coefficients are omitted from the figure. All standardized coefficients and covariances are significant at  $p < 0.05$ .



**Figure 3.** Parent positivity moderating the effect of economic risk on parental engagement scores. High = 1 standard deviation above the sample mean, average = sample mean, and low = 1 standard deviation below the sample mean.

Economic support received during the pandemic moderated the association between economic risk and parental engagement,  $\beta = 0.18$ , 95% CI = [0.00, 0.36],  $p < 0.05$ . When families received high level of economic support, parent reported more engagement than those who received low level of economic support. Therefore, economic support protected families from the negative impact of economic risk on parental engagement, especially under high levels of economic support (Figure 4).

**Figure 4.** Economic support moderating the effect of economic risk on parental engagement scores. High = 1 standard deviation above the sample mean, average = sample mean, and low = 1 standard deviation below the sample mean.

#### 4. Discussion

Two years into the pandemic, its costs continue to be felt by some people more than others [13,95]. Economically vulnerable families have suffered more substantially and consequently have experienced most dire and long-lasting effects [7,8]. Using survey data from the BB2 study, we explored how economic and social risks during the pandemic related to Hispanic family functioning, including parents' stress, parental engagement, and children's socioemotional skills. We also considered how family characteristics—optimism and coparenting support—and community-level resources such as economic support and access to services and information not only promoted family functioning but also protected families against the negative impacts of the pandemic and helped them be resilient during this crisis. In considering both risks and protective factors, this study can guide policy and programs to acknowledge and validate the resources and assets that families have and to do so thoughtfully and carefully to strengthen their resilience and maximize the impact of the support they receive. First and consistent with other findings, our data show that six months into the pandemic approximately 30% of low-income Hispanic parents reported both job/income loss and inability to make ends meet [1,83]. Almost 30% of our participants have had some exposure to the virus and almost 40% had no access to child care (see Table 2). Given that the data were collected in the summer of 2020, the rates of COVID-19 exposure are likely to be higher now. In fact, recently released reports show that Hispanics experienced a disproportionate number of cases and fatalities in the U.S. [96].

We report several significant findings. First, we find that half a year into the pandemic, parents reported increases in social (e.g., child care loss, and exposure to the virus) and economic (i.e., job loss and inability to make ends meet) risks. Yet, parents also reported relatively low levels of stress and high levels of engagement with their children. In addition, parents reported that since the pandemic started their children have behaved more socially (e.g., wanted to help, were more communicative and affectionate). Contrary to our hypothesis and to past findings, economic risk was not significantly associated with less family functioning [3]. Unexpectedly, high levels of economic risk were associated with higher levels of reported social competence in children. This counterintuitive finding is consistent with studies that have shown that in Hispanic families, children are socialized to respond with concern and love when they see someone in distress [56,57]. In a recent study of parents of children of 8 years and younger, COVID-19 pandemic-related financial and mental health stresses were associated with increases in children's prosocial behaviors [59]. Hispanic children who are socialized to be caring and sensitive towards others seem to act more socially during difficult times. We did not find support for our hypothesis that increased economic risk would result in increased stress. One possible explanation is that in our study families reported relatively low to average levels of economic risk (i.e., the average score was 1 that is one or both parents reported changes in employment status and financial ability).

Second, we found partial support for the hypothesis that increase in social risk would be associated with negative family functioning. Six months into the pandemic-induced social restrictions, being exposed to the virus or having no access to child care for their young children did not significantly increase parents' stress or their perception that their

economic support, parents reported more engagement with their children when they also reported increases in economic risk. These findings are consistent with studies showing the protective effect of economic support (e.g., WIC, SNAP, food banks) on children and families [17,82]. It seems that for Hispanic families receiving economic support and being positive are important mechanisms that ensure children are protected from the economic hardship their parents experience.

Although not central to our hypotheses, there are a couple of findings worth discussing because they help contextualize the main findings. Parents with high level of positivity reported significantly low level of parental stress (although the direction is unclear) and parents who perceived their coparenting support to be strong also reported more engagement with their children. These aspects of families—coparenting and parents' positive outlook on life—cannot be underscored enough as these not only promote wellbeing but also in the case of positivity protect families from harm, indicating a possible reason why families our study were able to somewhat protect their children during these stressful times.

### *Limitations*

There are several limitations to this study. First, a cross-sectional design is not ideal to show the directions of associations. It is possible that the associations were reversed of what we found, that is, Hispanic families who showed lower levels of family functioning would be more prone to economic and social risks related to the pandemic. Longitudinal studies are needed to better understand the underlying mechanisms through whichg.871-25

evidence that both economic support and levels of optimism were important protective mechanisms. Over 60% of the families reported using at least one economic resource such as WIC/SNAP. High levels of economic support and being optimistic protected families from the negative effect that economic risk had on their ability to spend time with their children. Families who experienced high levels of economic hardship were able to stay engaged and involved with their children when they received high levels of economic support such as WIC/SNAP and felt optimistic about the future. Although we need longitudinal designs, the findings of this study point to two important points of intervention for families that build on what they are doing already: economic support and mental health services to support and strengthen their strong positive outlook in life. Future studies should also explore other forms of economic and social support at individual- and family- levels. This study identifies potential structural and cultural strengths that help Hispanic families cope with and be more resilient during this unique time in history.

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**Institutional Review Board Statement:** The study was conducted according to the guidelines of the Declaration of Helsinki and approved by the Institutional Review Board of the University of Maryland, College Park (IRB#714055; initial approval 9/2/15) and the Committee for Protection of Human Subjects at the University of California, Irvine (HS#2015-1899; initial approval 3/20/15).

**Informed Consent Statement:** Informed consent was obtained from all subjects involved in the study.

**Data Availability Statement:** The data presented in this study are available on request from the corresponding author.

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