

**The Impact of COVID-19 on Maternal Mental Health in the African American Community
While Being a Single Parent Who is Parenting Young Children Under the Age of Five: A
Grounded Theory**

Dissertation Manuscript

Submitted to National University

JFK School of Psychology and Social Sciences

in Partial Fulfillment of the

Requirements of the Degree of

DOCTOR OF PHILOSOPHY IN PSYCHOLOGY

by

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San Diego, California

December 2025

Abstract

In response to the impact of COVID-19 on African American single mothers' mental health, this study investigated the impact of COVID-19 on maternal mental health in the African American community, while being a single parent who was parenting young children under the age of five. This qualitative study employed grounded theory methodology (Glaser & Strauss, 1967; Strauss & Corbin, 2015) as described in Creswell and Poth (2018, 2025). The problem that was addressed in this study was that the pandemic adversely affected the mental health, daily routines, and struggles of African American single mothers. The interpretive theoretical framework for the study was the intersectionality theoretical framework. The framework was interconnected to the study because of the intersectionality of racism and sexism. The research questions were: How do AA single mothers describe their experiences of depression or anxiety while raising young children during the COVID-19 pandemic? How did COVID-19 affect AA single mothers' daily routines and struggles while raising young children? All 15 participants volunteered to participate in the study and were from Northern California. The emerging theory that resulted from this study was that as a result of the vulnerability of being a single AA female parent and the environmental and historical factors, such as systematic racism and the COVID-19 pandemic, AA single mothers who were parenting young children under five were disproportionately at a higher risk of personal obstacles. The obstacles included mental health challenges, such as anxiety, depression, and other psychological concerns; problems concerning physical wellbeing for themselves and their children; struggles with childcare, and fretting about finances and employment.

Dedication

First and most importantly, I would like to dedicate this most prestigious work to God, who is the head of my life. Thank you for providing me the courage, wisdom, perseverance, and guidance necessary to complete this scholarly product. It is a privilege and honor to be called a child of the Highest. I am truly humbled and I love you.

This work is dedicated to my handsome, loving, and committed husband, Paul. Thank you for your patience, support, understanding, and encouragement throughout this process. Our bond is unbreakable, and it is a blessing that you are by my side as my partner in life. I love you.

This work is dedicated to my children and grandchildren. You all are God's gifts to me. You all make me strive to be a better mother and Nana. My unconditional love for you all has strengthened me along this journey to achieve one of the greatest achievements in my life. I love you all.

This work is dedicated to my mother and godmother (now deceased). Thank you for all that you have endured and for allowing me the space to develop my dreams. You have encouraged me from day one. I am greatly appreciative of the invaluable deposits you have endowed upon my life. I will never take your sacrifices for granted and I promise to continue to make you proud. I love you.

Finally, this work is dedicated to my family and friends. Thank you all for your prayers, encouragement, and support. Words cannot express how grateful I am to have such a valuable, supportive network. I love you.

Acknowledgments

To Dr. Tracy Cohn, who assisted me throughout this dissertation process and guided me into becoming a more profound scholarly writer and researcher. Words cannot express how much your guidance means to me. I would not have been able to attain my academic achievements if it were not for your assistance, expertise, and encouragement.

To my committee members, Dr. Nancy Lees and Dr. Daimon Verace, who provided me with additional assistance throughout this tedious process. Your knowledge and guidance are much appreciated.

To National University for providing me with an exceptional academic experience. Thank you for equipping me with the educational tools necessary to accomplish this journey.

To the Department of Public Health in Northern California, thank you for allowing me the opportunity to conduct this research. Your willingness to permit me access to program participants was greatly appreciated.

To all the parents that participated in this study, thank you for sharing your experiences and being vulnerable with me. Your contributions are invaluable and greatly treasured.

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Chapter 1: Introduction

The coronavirus (COVID-19) was a public health concern (Randler et al., 2020) and a respiratory virus that spread globally in 2019 (Centers for Disease Control and Prevention, 2023b; Patnaik et al., 2022; Saemi et al., 2022). COVID-19 broke out in Wuhan, China (Liu et al., 2021; WHO, 2021) in December 2019 and affected individuals' quality of life, QoL (Liu et al., 2021), which was defined as the level of physical, mental, emotional, and communal needs of a person in response to ecological circumstances (WHOQOL Group, 1998). Additionally, the pandemic disturbed people in many walks of life, but Black communities were more likely to experience the initial impacts of COVID-19 (Gaynor & Wilson, 2020, p. 836). The coronavirus pandemic has been called by some historians a leading cause of trauma over the past hundred years (Snowden & Snowden, 2021, p. 1). COVID-19 significantly disrupted daily routines, caused separation from loved ones, decreased and strained household finances, contributed to social isolation, and forced school closures (Patnaik et al., 2022; Snowden & Snowden, 2021). The coping mechanisms related to managing the disruptions of the pandemic had the proclivity to influence health outcomes, including psychological disorders (such as depression) and physical health caused by stress (Shi et al., 2020). COVID-19's impact on the world inspired research on how the pandemic impacted the mental health of individuals globally, but other researchers indicated that African-American (AA) communities would be most affected (Gaynor & Wilson, 2020; Paudel et al., 2022).

Before the pandemic, researchers demonstrated that lower SES and AA women were at higher risk for depression and anxiety. Several scholars indicated that AAs were vulnerable to adverse psychological consequences during global crises (Novacek et al., 2020). Perilla et al. (2002) found that AAs experienced post-traumatic stress more than non-Hispanic whites. Many

other researchers suggested that factors such as minimal family or partner assistance, no childcare, and reduced time flexibility because of employment obligations were likely to contribute to decreased psychological wellbeing for low SES mothers (Beeber et al., 2008; Goyal et al., 2010). Beeber et al. (2008) declared that depressive symptoms of mothers in poverty were higher (Brown & Moran, 1997) than middle-income mothers. Goyal et al. (2010) stated that low-income mothers experienced more depressive symptoms than high-income earners during the third trimester of pregnancy. These factors had an increased impact during the COVID-19 pandemic.

Researchers indicated that anxiety and depression amongst AAs notably increased during the pandemic (Gillyard et al., 2023; Obinna, 2021; Williams, 2020) and that the pandemic had negatively impacted AAs' psychological welfare (Gillyard et al., 2023; Novacek et al., 2020; Snowden & Snowden, 2021). Gillyard et al. (2023) found that AAs experienced stress during the early stages of the pandemic. Furthermore, I am suggesting that AAs have seen systemic inequities, historical traumas, marginalization in the healthcare systems, and increased psychological health risks throughout history, including other disasters. Therefore, the COVID-19 pandemic continued and increased systemic inequalities and marginalized healthcare for AA individuals (Centers for Disease Control and Prevention, 2020b). The effects of discriminatory medical practices and policies were further compounded by other challenges that AAs had to contend with during the pandemic, including increased financial burdens and racial inequalities (Novacek et al., 2020; Snowden & Snowden, 2021).

Despite the mental health needs of AAs, barriers, including cost, stigma, and cultural callousness, have prevented AAs from utilizing and accessing psychological services during disasters and other adverse events (Boscarino et al., 2005; Goldmann & Galea, 2014; Kawaii-

Bogue et al., 2017). Thus, in keeping with the historical context, AAs distrust providers because of past maltreatment in healthcare settings, further intensifying adverse mental welfare (Kennedy et al., 2007; Wyatt, 2009). Furthermore, historical treatment of AAs concerning social and political dynamics has shaped structural disparities that perpetuate somatic diseases (Snowden, 2019), including mental distress to marginalized groups, especially AAs (Bambra et al., 2020). Additionally, racial and ethnic minorities have encountered disparities in social determinants of health, such as minimal access to quality care, job loss, crowded housing, employment as essential workers, and discrimination, which was most often produced due to structural racism (Gillyard et al., 2023). Disproportionate financial and social vulnerabilities increased AA's stress while impacting social bonds caused by increased caregiving responsibilities, further isolating AAs and demoralizing them, which resulted in AAs' collective need for supportive services (Snowden & Snowden, 2021). Snowden (2012) also noted that past mental health service systems have been challenged to treat AAs proportionate to rates associated with their psychological illnesses. Furthermore, history demonstrated systemic shortcomings (lack of culturally appropriate and timely mental services) related to the psychological wellbeing of AAs, which continued to persist amid COVID-19 (Snowden & Snowden, 2021). During the COVID-19 pandemic, African Americans experienced more trauma, mental distress, and psychological, increasing physical health burdens and disabilities, more than other racial groups (Centers for Disease Control and Prevention, 2020c; Laurencin & McClinton, 2020; Yip, 2020).

Consistent with the inequalities that AAs have encountered, a specific subgroup in the community, AA single mothers, experienced increased hardship and levels of stress during COVID-19 (Li et al., 2022; Tamo & Rodrigue, 2020; Westrupp et al., 2021). Li et al. (2022) studied participants with minor children about parental stress and mental health in Germany

during COVID-19 and discovered that there were elevated parental stress levels and unequal sharing in caregiving as well as household-related tasks that contributed to maternal psychological decline. Tamo and Rodrigue (2020) queried mothers about their stress and found that study participants were single mothers who reported higher stress levels than mothers living with others. Westrupp et al. (2021) asserted that COVID-19 disproportionately impacted the parental wellbeing of single parents raising minor children. The writers compared pre-COVID-19 results and during COVID-19 outcomes (Westrupp et al., 2021) and found anxiety and depression to be higher than pre-COVID-19 levels for women and younger adults. Women and younger adults of low socioeconomic status were the most vulnerable to experiencing higher levels of mental distress (Westrupp et al., 2021).

Parents who experienced the pandemic with young children faced increased stress levels and mental burnout (Chen et al., 2022). Chen et al. (2022) queried subjects and discovered that parental burnout increased because of parenting-related exhaustion, lower parental resilience, motherhood, having younger children, and having children with special needs (Marchetti et al., 2020). Furthermore, Lim et al. (2022) interviewed women with young children about social isolation, loneliness, and health, and found that the study participants were single mothers. The writers further discovered that social isolation and loneliness related to the pandemic affected mothers' emotional and mental health (Lim et al., 2022). The investigators declared that COVID-19 worsened the families' experiences and situations (Lim et al., 2022). Fancourt et al. (2021) queried adults during the pandemic about anxiety and depressive symptoms and found that Black, Asian, and minority ethnic (BAME) backgrounds were more likely to experience higher levels of depression and anxiety when compared to males and subjects with higher educational and socioeconomic backgrounds. The writers found an increase in anxiety and depression

(Fancourt et al., 2021). Fancourt et al. (2021) discovered that younger females, with lower academic attainment, minimum income, pre-existing medical issues, and who lived alone or with children, increased their risk factors for anxiety and depressive symptoms. However, the same group of study participants were shown to have faster improvements in their mental health symptoms during the timeframe in which they were studied, although symptoms were still present (Fancourt et al., 2021). Therefore, considering the review of literature on single mothers and the historical context on AAs' psychological wellbeing, an exploration of maternal mental health (Ayukekbong, 2023; Centers for Disease Control and Prevention, 2023; McDonald, 2023; Norvarisa et al., 2023) was warranted as all prior literature supported research during the height of COVID-19 and not during the transition to a lesser public health crisis (Ayukekbong, 2023; Centers for Disease Control and Prevention, 2023; McDonald, 2023; Norvarisa et al., 2023). Therefore, in support of research efforts to develop a grounded theory on COVID-19's impact on AA maternal mental health, the following study was proposed.

Statement of Problem

The problem that was addressed in this study was that the pandemic adversely affected the mental health, daily routines, and struggles of AA single mothers. The pandemic caused deleterious mental health concerns worldwide (Parker et al., 2021; Vujanovic et al., 2021). Several researchers found that COVID-19 had exacerbated health disparities in the AA community, increasing psychological symptoms such as anxiety and depression (Elharake et al., 2023; Minervini et al., 2023; Salari et al., 2020). Other researchers indicated that the psychological wellbeing of single parents raising young children had been adversely affected during COVID-19 (Chen et al., 2022; Li et al., 2022; Tamo & Rodrigue, 2020; Westrupp et al., 2021). Single mothers had increased financial stress and poverty (Parolin et al., 2020; Saloner et

al., 2020). The low-income single mother further encountered increased disadvantages concerning gender, income, marital status, and parental status (Radey et al., 2022), which supported the intersectionality theoretical framework on social identities (Obinna, 2021; Smooth, 2013). Davis et al. (2022) found that single mothers often struggled with parenting various children, maintaining their wellbeing, and providing for them. The scholars recommended research to comprehend the psychosocial stressors and interventions to improve the burdens of single mothers and promote family health (Davis et al., 2022). Li et al. (2022) discovered that gender and socioeconomic inequalities negatively impacted women's mental health. The authors recommended future studies investigating the link between gender inequality while caregiving and women's physical and psychological health (Li et al., 2022). Lim et al. (2022) uncovered that social isolation and loneliness among migrant mothers affected their emotional and mental health and reduced their external social opportunities. The scholars suggested that appropriately documenting post-pandemic consequences of loneliness and social isolation was critical amongst migrant mothers with young children (Lim et al., 2022). Penner et al. (2022) studied parents about parenting mechanisms during the COVID-19 pandemic. The investigators identified some participants as AA and established that parental depression and anxiety, directly and indirectly, impacted the young children of mothers (Penner et al., 2022). The scholars found that higher levels of anxiety and depression were independently related to higher levels of inconsistent forms of discipline, and anxiety and depression were significantly associated with decreased levels of parental support (Penner et al., 2022). The writers further declared a need to address parental anxiety and depression, including parent interventions, following the pandemic (Penner et al., 2022). Davis et al. (2022) suggested that studying low-income single mothers about parenting stress would inform practice and policy to meet the needs of AA families. Thus,

stakeholders would benefit from an understanding of inequalities and/or marginalization of AA single mothers during the pandemic. Without conducting this study, AA single mothers would not be able to share their lived experiences with stakeholders. Furthermore, the field of behavioral sciences would not be able to understand the parental stressors of the AA single mother, nor the adverse mental health challenges this group endured.

Purpose of Study

The purpose of this qualitative grounded theory was to explore and understand the mental health, daily routines, and struggles of AA single mothers during the pandemic. Additionally, the purpose was to develop an emerging theory that would add to the literature and offer insight for interventions that would decrease the mental health disparities in the AA community for stakeholders at the Department of Public Health in Northern California. At this stage in the project, the single mother was generally defined as a woman parenting one or more children without a parenting partner (Graham, 2012; Schneider & Eichenberg, 2022).

A qualitative grounded theory design was selected by this researcher for stakeholders to gain a deeper understanding from the perspectives of the AA single mother. The current study used a convenience sample via a posting at this researcher's place of employment and via Facebook. Participants were queried utilizing semi-structured interviews (Haskett, 2018) via Zoom, and the data were analyzed using thematic analysis (Braun & Clarke, 2006), specifically NVivo software. The semi-structured interviews were inquiries geared to the pandemic. There were 15 participants, as the suggested criterion for a good qualitative study was a minimum of five to 10 subjects (Glaser & Strauss, 1967; Strauss & Corbin, 2015). Data saturation occurred after the data for 15 participants were collected and analyzed. The study contributors consisted

of AA community members from Northern California. All subjects were at least 18 years old to be able to consent to participation in the study.

A grounded theory was established concerning how the pandemic had adversely impacted the psychological wellbeing of AA single mothers. The results of this research had general implications for the field of behavioral sciences, with the intent of exploring the current and future mental health needs specific to AA single mothers parenting a child under the age of five.

Introduction to Theoretical Framework

The theoretical framework that supported and informed this researcher's understanding of context and participant realities was the intersectionality theoretical framework, ITF (Obinna, 2021). Obinna (2021) declared that the intersectionality of racism and sexism, combined with social determinants of health, such as socio-environmental factors and economic stability, shaped health outcomes. Therefore, using the ITF provided a sensitizing lens in understanding how multiple social identities-race, gender, and socioeconomic status- intersected in shaping the experiences of AA single mothers during the COVID-19 pandemic. One scholar, Bowleg (2012), declared that various social categories (race, ethnicity, sexual orientation, gender, socioeconomic status) are interconnected at the micro level (e.g., local city and state governments) to expose systems of privilege and oppression at the macro level (e.g., federal government). For example, Davis et al. (2022) found that low-income mothers experienced financial challenges providing for their young children. Another scholar, Li et al. (2022), discovered that maternal mental health was adversely affected due to gender and socioeconomic inequalities. McGoron et al. (2022) also found that mothers from lower socioeconomic areas with higher COVID-19 rates experienced adverse psychological health outcomes. Atewologun (2018) indicated that intersectionality was explicitly oriented towards transformation, building coalitions among different groups, and

working towards social justice. Another scholar, Hankivsky (2022), stated human lives could be explained by taking into account single categories, such as gender, race, and socio-economic status. People's lives were multi-dimensional and complex. Lived realities were shaped by different factors and social dynamics operating together (Hankivsky, 2022).

Hankivsky (2022) further stated that when analyzing social problems, the importance of any category or structure cannot be predetermined; the categories and their importance must be discovered in the process of investigation (Hankivsky, 2022). Relationships and power dynamics between social locations and processes (e.g., racism, classism, heterosexism, ableism, ageism, sexism) are linked. They can also change over time and be different depending on geographic settings (Hankivsky, 2022).

Hankivsky (2022) additionally suggested that people can experience privilege and oppression simultaneously. This depends on what situation or specific context they are in. Multi-level analyses that link individual experiences to broader structures and systems are crucial for revealing how power relations are shaped and experienced (Hankivsky, 2022). Scholars, researchers, policy makers, and activists must consider their own social position, role, and power when taking an intersectional approach (Hankivsky, 2022). Thus, reflexivity should be in place before setting priorities and directions in research, policy work, and activism (Hankivsky, 2022).

Introduction to Research Methodology and Design

A qualitative method and a grounded theory design (Corbin & Strauss, 2008; Glaser & Strauss, 1973) were used for the current study. The qualitative method revealed lived experiences and provided data that led to an understanding of a phenomenon (Corbin & Strauss, 2008; Glaser & Strauss, 1973). Grounded theory composed emerging theories from qualitative data (Corbin & Strauss, 2008; Glaser & Strauss, 1973). Data were collected via Zoom using semi-structured

interviews with AA single mothers about the impact COVID-19 had on their mental health, daily routines, and struggles. The semi-structured interviews allowed for the development of a theory unique to AA single mothers from the responses and evolving themes that provided insight into the most appropriate interventions and support for this populace. The semi-structured interviews followed the qualitative design and were most suitable for this writer's exploration because they allowed the AA participants to describe their experiences from their viewpoint. The discussions further enabled the researcher to determine commonalities among the information the subjects provided, focusing on psychological wellbeing, utilizing semi-structured interviews to assess the AA single mothers' responses. This examiner coded the data and categorized the information using thematic analysis (Hatch, 2002). The answers from the 15 participants further allowed this researcher to develop a broad theory (Al, 2020) about the impact COVID-19 had on single mothers' mental health in the AA community and to determine their current psychological needs. The qualitative method, data collection, and research were vital in assessing COVID-19's impact on AA single mothers during the pandemic (Ayukekbong, 2023; Centers for Disease Control and Prevention, 2023; McDonald, 2023; Norvarisa et al., 2023). Furthermore, the study was crucial as the AA single mother's experience differed from any other racial group due to historical inequalities (Novacek et al., 2020; Snowden & Snowden, 2021).

Research Questions

To address the purpose of the study, which was to explore and understand the mental health and daily routines and struggles of AA single mothers during the pandemic to develop an emerging theory that would add to the literature and offer insight for interventions that would decrease the mental health disparities in the AA community for stakeholders at the Public Health Department in Northern California, the following research questions were proposed:

RQ1

How do AA single mothers describe their experiences of depression or anxiety while raising young children during the COVID-19 pandemic?

RQ2

How did COVID-19 affect AA single mothers' daily routines and struggles while raising young children?

Significance of Study

Developing a theory that emphasized the battle that single AA mothers faced as a result of having gone through COVID-19 could produce several implications for maternal mental health professionals, the field of behavioral sciences, medical professionals, and the general public. According to Snowden and Snowden (2021), mental health providers and researchers must acknowledge and be aware of the AA populace's cultural values, beliefs, and conceptual understandings to treat AAs with psychological challenges successfully. Thus, a grounded theory about the impact COVID-19 had on maternal mental health and single mothers' daily routines and struggles produced the following: 1) insight into the pandemic's impact on AA single mothers' psychological wellbeing; 2) attainment of essential data that may be used to produce interventions and supportive services for AA single mothers with mental health challenges; 3) production of an evolving, insightful theory that would lead to future research measures; 4) a justification for enlightening researchers, mental health professionals, and other stakeholders on the importance of comprehending COVID-19's impact on the AA single mothers' experiences while decreasing psychological inequalities and increasing mental health supportive services; and 5) insight on developing culturally competent psychological interventions and programs that would lead to improved mental wellbeing for AA single mothers. Furthermore, exploring AA

single mothers during the pandemic would provide an understanding of interventions, treatment, and supportive services deemed culturally appropriate (Snowden & Snowden, 2021) and necessary to prevent mental health to address inequalities and disparities of this group.

Definitions of Key Terms

Many key terms were utilized in this research study. This section provides the definition of those terms along with the corresponding citations.

Disparities

Disparities are unequal opportunities for social groups at the macro level (Pietrzyk & Erdmann, 2020).

Marginalized

Marginalized refers to a group of people oppressed or neglected by their oppressors (Wazzan, 2023).

Pandemic

A pandemic is a global disease outbreak that is infectious and affects people nationally and internationally (de Vries, 2022).

Racial Disparities

Racial disparities refer to unequal outcomes, opportunities, and available experiences in various aspects of life, such as health, wealth, and education for racial groups (Lewis et al., 2022; Obinna et al., 2021).

Racism

Racism refers to negative relations, including hatred, hostility, persecution, prejudice, discrimination, or antagonism by another individual, community, or institution toward an

individual or people based on their affiliation to a particular racial or ethnic group, usually one that is a minority or is marginalized. (Masat et al., 2020).

Single Mother

A woman who parents one or more children without a partner (Graham, 2012; Schneider & Eichenberg, 2022).

Summary

The coronavirus was a deadly and contagious respiratory virus that caused a global impact. The COVID-19 pandemic deleteriously affected all facets of human existence, mainly the mental welfare of individuals. AAs were one subgroup that public health crises have historically impacted. Therefore, as the pandemic transitioned to a lesser public health crisis (Ayukekbong, 2023; Centers for Disease Control and Prevention, 2023; McDonald, 2023; Norvarisa et al., 2023), there was a need for more qualitative research to be conducted with minority groups, primarily AA single mothers, to explore the psychological impacts that the COVID-19 pandemic had precipitated. The exploration was further sustained by ITF, which supported the link between racism and social determinants of health, ultimately shaping the health outcomes of disadvantaged populations like AAs. The study was significant because it addressed the gap in the literature surrounding an understanding of AA single mothers' experiences and the impact on their mental health, daily routines, and struggles during the COVID-19 pandemic. This researcher hopes that the study would provide insight into what culturally competent interventions were deemed necessary for AA single mothers and to decrease mental health disparities while increasing supportive services for AA single mothers with mental health challenges. The next chapter provided background as to why research on the impact of AA single mothers' mental health was necessary, as it related to the pandemic.

Chapter 2: Literature Review

Introduction

The problem to be addressed in this study was that the pandemic adversely affected the mental health, daily routines, and struggles of AA single mothers. The purpose of this qualitative grounded theory was to explore and understand the mental health, daily routines, and struggles of AA single mothers during the pandemic to develop an emerging theory that would add to the literature and offer insight for interventions that would decrease the mental health disparities in the AA community for stakeholders at the Department of Public Health in Northern California. The coronavirus outbreak of 2019 negatively impacted the psychological well-being of individuals (Parker et al., 2021; Vujanovic et al., 2021). As a result, many African American (i.e., AA) single women have struggled with their mental health (Elharake et al., 2023; Minervini et al., 2023; Salari et al., 2020). As a consequence of the encounters derived from the pandemic, AA single mothers have faced various challenges adapting to the pandemic due to caregiving, household work, and added parental stressors (Calvano et al., 2022; Hart & Han, 2021; Li et al., 2022).

Therefore, the purpose of this qualitative grounded theory study was to explore AA single mothers' pandemic experiences to aid in developing an emerging grounded theory that would advance the field of behavioral sciences. The researcher discussed the search strategies utilized to obtain pertinent information for this literature review, and an overview of the chapter's organization then followed. The following search engines were used for this study: Roadrunner, ProQuest Coronavirus Research Database, and the Internet. The following parameters were set, including the years 2018 to 2023. The keywords and phrases used for this study included the following (i.e., Appendix A): *coronavirus*, *coronavirus disease*, *coronavirus disease and mental*

illness, coronavirus disease and mental illness and African Americans/Black Americans/Blacks, coronavirus disease and mental illness and African Americans/Black Americans/Blacks and California, coronavirus disease and mental illness and theory, coronavirus disease and mental illness and African Americans/Black Americans/Blacks and theory, COVID and anxiety, COVID and depression and African Americans/Black Americans/Blacks, COVID and depression and anxiety and African Americans/Black Americans/Blacks and California, theoretical framework and mental health and coronavirus, theoretical framework and mental health and coronavirus and African Americans/Black Americans/Blacks, coronavirus and definition/defined/meaning/descriptions, coronavirus and deaths, and COVID and origins/history. The research terms (i.e., Appendix A) that were researched were approximately 90% from the last five years (e.g., 2021 to 2025). The journal articles were primarily peer-reviewed, with roughly 10 percent of the literature comprising seminal articles related to theoretical underpinnings and research design.

The literature review was organized by first introducing the background information for the study. The chapter comprised the theoretical framework and the key topics from the literature review. The themes that have emerged from the literature review were a) single mothers' lack of family support; b) increased anxiety/depression/parental stress; c) vulnerable populations; d) quality of life; e) financial stressors/hardship; f) parenting multiple children; g) deleterious impact on child development; h) low socioeconomic status; and i) COVID-19 and the impact to mental health. The section below provided the theoretical framework on which the study was centered. The significant themes that were discovered from the literature review were explored after the theoretical framework. The final section was a summary of the literature review and a transition to Chapter Three.

Theoretical Framework

The chosen interpretive theoretical framework for this study was the intersectionality theoretical framework (ITF) (Obinna, 2021; Smooth, 2013). ITF originated from discontentment with the treatment of women (i.e., as second-class citizens) and sought to comprehend the interaction of numerous social identities (e.g., race, gender, class, sexuality, and ability) and how those connections defined societal power hierarchies, which produced privilege and marginalization (Smooth, 2013). ITF professed that the intersectionality of racism and sexism (i.e., the twin legacies) combined with social determinants of health, such as economic stability and socio-environmental factors, shaped health outcomes (Obinna, 2021). Williams (2022) defined ITF as a social justice theory regularly used to address inequities in educational or legal fields related to race and gender. Krause et al. (2022) stated that ITF advocated for individuals to be recognized in the entirety of their wholeness and within the context of power structures. Bowleg (2012) expanded ITF further to examine how many social identities, which included race, gender, sexual orientation, and socioeconomic status, intersected concerning individual experiences while exposing racism, sexism, classism, or heterosexism. Thus, ITF was chosen to reveal how the pandemic had further precipitated racial inequalities and deleterious psychological impacts on marginalized groups (Snowden & Snowden, 2021). ITF considered numerous compounding social, economic, and political structural influences that affected marginalized groups (Elnaiem, 2021).

ITF has been utilized by researchers in the past to highlight the impact of intersecting systems of oppression on the lived experiences of individuals marginalized by inequities. For example, Gillyard et al. (2023) queried 62 African American participants (i.e., 16 parents, 16 essential workers, 15 young adults, and 15 individuals with underlying medical conditions) using

semi-structured interviews conducted between May and September 2020. Gillyard et al. (2023) found that most of the sample identified as female (69.4%). The scholars further established that 84% of participants reported being stressed during the early stages of the pandemic, and parents, mostly female, stated the highest stress level (68.8%; Gillyard et al., 2023). The researchers additionally analyzed gender by stress and determined that females had marginally significant levels of stress (i.e., $p = 0.055$) compared to males (Gillyard et al., 2023). Furthermore, the authors affirmed these results were indicative of mental health, racial, and ethnic disparities, which have always existed but have been intensified by COVID-19 (Garrusi et al., 2020; McGuire & Miranda, 2008).

Other researchers have found that intersectional stigma explained co-occurring, mutually enhancing social identities and related inequities from multiple influences and sources (Hill & Holland, 2021). For example, AAs have suffered a more significant impact of COVID-19, which has been demonstrated by the consequences of pervasive social and economic inequalities based on race, class, and gender (Snowden & Graaf, 2020). For example, racial disparities such as lower educational attainment, limited homeownership, and increased health-related mortality diseases of marginalized groups, in particular AAs (Cunningham et al., 2017), have been further exposed throughout the pandemic and are a product of ITF and intersectional stigma (Hill & Holland, 2021).

An alternative theoretical framework that could be used is the structural competency and structural vulnerability (i.e., SCSV) theoretical framework (Zhen-Duan et al., 2022). The researchers, Zhen-Duan et al. (2022), through semi-structured, in-depth qualitative interviews, discovered that structural vulnerability existed when external forces framed and constrained choices, thereby impeding decision-making and limiting options for systemically disadvantaged

people (Spengler et al., 2023). Other scholars have determined that structural competency was the ability to evaluate and diagnose a patient's symptoms, including the more extensive outlook in which they lived their lives (Waite & Hassouneh, 2021).

Upon review of ITF and SCSV, ITF was selected as the framework to be the most appropriate framework and was utilized to explore how COVID-19 impacted the lived experiences and mental health, daily routines, and struggles of AA single mothers while raising a child under the age of five. ITF provided the background necessary to engage in an examination of marginalized groups such as AA single mothers. Thus, the current framework highlighted the sexism, racism, health disparities, financial hardships, and social wellness of marginalized people. Additionally, this theory emphasized how systems overlapped to oppress marginalized groups, specifically AAs. To depict such inequalities, this researcher would interview AA single mothers about how the pandemic has affected their psychological well-being to reveal how disparities continue to oppress a marginalized group. ITF (Gillyard et al., 2023; Obinna, 2021; Snowden & Snowden, 2021) would assist this examiner in further exploring and exploiting systemic racism and oppression. The following section will review the themes that originated during the literature review.

Overview of the Impact of COVID-19

The SARS-CoV-2 coronavirus was declared a public health emergency by the World Health Organization (i.e., WHO) on January 30, 2020, and became a global pandemic on March 11, 2020 (Anjum et al., 2020; Calvano et al., 2022; Westrupp et al., 2021). COVID-19 has been associated with numerous unexpected changes for families and societies (e.g., hospitalizations and deaths; CDC, 2021), which in turn increased parental stress (Chen et al., 2022). COVID-19 further disrupted daily routines, brought about strict containment policies, been associated with

economic loss, intensified grave concerns about virus infection, and overwhelmed families and societies (Aldoney et al., 2023; Chen et al., 2022). COVID-19 also altered career trajectories and caused individuals to question their safety practices (Heffernan et al., 2022; Qiu et al., 2020). Implementing restrictions related to the pandemic further triggered closures of schools and childcare centers, which further challenged families and parents of young children (Aldoney et al., 2023). Pandemic-related constraints also included lockdown measures, which, in turn, precipitated concerns about the impact on health, especially mental health (Qiu et al., 2020; Westrupp et al., 2021). COVID-19 further disproportionately affected communities of color, in particular AAs (Laurencin & McClinton, 2020; Yip, 2020), which in turn corroborated ITF. In keeping with the COVID-19-related impact, the following paragraph summarized the effects COVID-19 had on parents.

Davis et al. (2022) and Newman et al. (2023) discovered through the qualitative process that the pandemic created a significant shift in parental roles, ultimately creating challenges for low-income parents. Other writers determined from qualitative (Zakaria et al., 2022) and quantitative (Aldoney et al., 2023; Racine et al., 2023) explorations that parents had to become educators, entertain their children, and conduct business remotely due to home confinement policies and school and childcare closures (Aldoney et al., 2023; Racine et al., 2021; Zakaria et al., 2022). COVID-19 also resulted in unparalleled levels of ailments and considerable mortality, altered daily lifestyles for families globally, and led to adverse outcomes for various families (Alzueta et al., 2021; Gadermann et al., 2021; Patrick et al., 2020). Some of the harmful consequences resulted in decreased mental health of parents and children (Alzueta et al., 2021; Gadermann et al., 2021; Patrick et al., 2020). Some writers have determined from studying an anonymous electronic health record network cohort of 62,354 individuals that 18% of

individuals were diagnosed with a mental illness post-COVID-19 (Taquet et al., 2021). The writers further determined that their findings from the results were based on COVID-19 risk factors and hazard ratios for psychiatric disorders (Taquet et al., 2021).

Another investigator, Wan (2020), additionally discovered that through the qualitative interview process that there was a monumental wave of psychological issues post-COVID-19. Other examiners determined that through the quantitative process, there was an increase in pathological grief, which became a global health concern due to the pandemic (Eisma et al., 2021). Eisma et al. (2021) found that there were higher symptom levels of prolonged grief disorder (i.e., $d=0.42$) and persistent complex bereavement disorder (i.e., $d=0.35$) than natural bereavement. Furthermore, other scholars established the mental health impacts of the pandemic through a cross-sectional survey of 3,000 participants in Canada (Gadermann et al., 2021) and through a longitudinal cohort study in the United Kingdom, which surveyed over 40,000 households (Pierce et al., 2020). Gadermann et al. (2021) and Pierce et al. (2020) found that 44.3% and 27.3% parents (i.e., respectively) indicated increased psychological concerns (e.g., suicidal thoughts/feelings, distress about safety concerns of domestic violence, and mental distress) when compared to non-parenting adults (Gadermann et al., 2021; Pierce et al., 2020), especially during the pandemic in the areas of anxiety and depression (Cameron et al., 2020; Feinberg et al., 2021).

A study by Heffernan et al. (2022) in the United States (i.e., U. S.) determined that parents' stress levels increased by 50% during the pandemic compared to pre-pandemic parental stress levels. Along with the effects of anxiety and depression, parental stress had been defined as a stress response (Aldoney et al., 2023). According to Aldoney et al. (2023), the stress response was triggered when an individual's resources and abilities were insufficient to manage the event

they are facing. Parents with lower SES felt less capable of assisting their children during online learning, which was an added burden for caregivers (Kandula & Wake, 2022), further supporting ITF. Therefore, the stress reaction was adversely linked to the pandemic and led to ineffective parenting, such as harsh and coercive parenting, disruptive home routines, and decreases in affection (Prime et al., 2020). Parental stress was further associated with parental depression during COVID-19 and was associated with a lower quality of parenting (Roos et al., 2021).

In keeping with Roos et al. (2021), the psychological effect of the pandemic took a significant toll on individuals' parenting skills (Lim et al., 2022) and daily routines (Chen et al., 2022). Parents had developed depressive symptoms and sleep disorders during isolation and confinement, which in turn negatively affected their parenting skills and resulted in parental burnout (Chen et al., 2022) and parenting stress (Lim et al., 2022). The scholars determined that parental burnout and stress adversely impacted children's mental health and development (Lim et al., 2022; McGoron et al., 2022; Zakaria et al., 2022). For example, one study on parental-related exhaustion conducted in Italy during the COVID-19 lockdown reported parental burnout was as high as 17% compared to pre-pandemic levels of parental burnout (Marchetti et al., 2020). The writers concluded that parental burnout precipitated exhaustion, lowering parental resilience (Marchetti et al., 2020).

COVID-19 has been determined to have altered day-to-day life, employment trajectories, intensified safety concerns, and resulted in many individuals' unfavorable psychological well-being (Qiu et al., 2020). Furthermore, children became sensitive to their surroundings and the emotional well-being of their parents (Lim et al., 2022). The children were exposed to stressful home environments, including depressed mothers, which had the propensity to have adverse

outcomes on the child's social, physical, emotional, language, and cognitive development (Hertzman, 2010; London & Ingram, 2018).

Along with mothers and children, another marginalized group, AAs, were adversely impacted by the pandemic (Chandler et al., 2021; Gillyard et al., 2023; Lopez et al., 2020; Obinna, 2021; Snowden & Graaf, 2020), further substantiating ITF. Laurencin and McClinton (2020) established from peer-reviewed literature that AAs endured a long history of disadvantages and were vulnerable to experiencing even more adverse impacts caused by COVID-19. In keeping with historical inequalities, Blacks were disproportionately impacted by poverty (Firebaugh & Acciai, 2016), vast incarceration (Western & Wildeman, 2009), infant death (Collins & David, 2009), sparse access to health care (Copeland, 2005), various health-related disorders, such as cardiovascular disease (Carnethon et al., 2017), HIV (Laurencin et al., 2008), diabetes (Marshall, 2005), nephrology diseases (Laster et al., 2018), cerebrovascular accidents (Kissela et al., 2004), and respiratory ailments (Barnes et al., 2007; Ejike et al., 2019), which supported ITF. Therefore, scholars determined that Black and Brown individuals were projected to endure long-term effects of the pandemic similar to the historical consequences of human immunodeficiency virus (i.e., HIV), influenza, and other infectious diseases (Laurencin & McClinton, 2020).

Snowden and Snowden (2021), in a review of peer-reviewed literature on AAs, found that AAs suffered more trauma, psychological distress, and mental illness linked to the pandemic due to pre-existing social and economic inequalities (Miconi et al., 2020), thereby validating ITF. Snowden and Snowden (2021) further found that AAs and communities have been socially and economically impacted by COVID-19, depriving AAs of psychologically resilient disaster responses, substantiating ITF. For example, AAs comprised a mere 13% of the U. S. populace,

but COVID-19 death rates and hospitalizations were two and three times higher than those of Whites (CDC, 2021). The following sections focused on the themes identified from the literature.

Single Mothers/Lack of Family Support

Mothers were identified to have encountered more parenting stress problems during COVID-19 than before the pandemic (Rodrigue & Tamo, 2020). The writers found that mothers had to manage difficult children, parental distress, and parent-child dysfunctional interactions, which required professional or community support, but none were available (Ainamani et al., 2020; Davis et al., 2022; Lim et al., 2022; Zakaria et al., 2022) due to home confinement policies. Therefore, single mothers and parents in small households exhibited an increased level of stress (Rodrigue & Tamo, 2020), further advancing ITF. Parents were suddenly thrust into caring for their children's academic and socio-emotional development while managing their own needs (Rodrigue & Tamo, 2020), precipitating parental stress. Parental stress was declared a response to child-rearing burdens deemed challenging and exhausting to the parents' coping abilities (Folkman, 2013). Parental stress moderately impacted family cohesion and the child's behavior (Rodrigue & Tamo, 2020).

Other writers have determined that mothers were at an increased risk of developing psychological stress when compared to fathers (Dabrowska & Pisula, 2010; Yamada et al., 2012) because of the demands of child-rearing. Many other examiners have established that single mothers in isolation (Ainamani et al., 2020; Lim et al., 2022) potentially had intensified stress levels due to child-related demands, which in turn adversely affected caregiving and familial activities and cohesion (Hartely et al., 2010; Hastings, 2003); therefore, leading to psychological decline (Lim et al., 2022; Newman et al., 2023; Rodrigue & Tamo, 2020; Zakaria et al., 2022).

Yet still, other researchers found that children five and younger were more dependent on their family for early care needs and stimulation (Grant & Guerin, 2014; London & Ingram, 2018; Rodrigue & Tamo, 2020; Thompson, 2001). The dependency of the children on their mothers had the propensity to lead to mental health problems caused by a lack of social and physical support (Taylor et al., 2017). Caregivers often relied on friends and family as a distraction from their caregiving obligations (Ainamani et al., 2020; Davis et al., 2022; Lim et al., 2022; Newman et al., 2023); however, the pandemic disrupted this source of relief for mothers. Adding to the single mothers' responsibilities, the mother often contended with increased anxiety, depression, or parenting stressors, which was examined in the next section.

Increased Anxiety/Depression/Parenting Stress

COVID-19 was associated with unexpected challenges for families and societies while increasing parental stress upwards between 48% and 50% (Calvano et al., 2022; Chen et al., 2022; Davis et al., 2022), which in turn tended to increase anxiety and depression (Chen et al., 2022; Davis et al., 2022; Penner et al., 2022). Other scholars discovered that pre-pandemic women spent more time caring for their children, as caregiving was more likely to be considered a part of their social identity while ignoring their own needs to meet society's expectations (Chen et al., 2022), which in turn overwhelmed the mothers (Roskam & Mikolajczak, 2020). As a result, some mothers experienced burnout, which was an extended response to habitual and overwhelming parental stress, with high risks and minimal resources that potentially led to parental neglect and harmful behaviors (Griffith, 2020; Mikolajczak & Roskam, 2018); therefore, exacerbating their depressive symptoms, sleep behaviors, and addictive behaviors (Van Bakel & Van Engen, 2018).

For example, an online quantitative study conducted in Italy on 2,173 participants by Marchetti et al. (2020) during the COVID-19 lockdown revealed that parental burnout was as high as 17% (i.e., determined by scores > 25 on the Emotional Exhaustion subscale) and 84% (i.e., determined by scores > 14 on the General Health Questionnaire-12) of participants were distressed when compared to pre-COVID-19 levels; thereby, resulting in reduced parental resilience, further burdened by having younger children in the home. Another study conducted by Chen et al. (2022) from an online cross-sectional survey of 1,209 participants during the pandemic found that the mean parental burnout score was 48.03 (i.e., $SD = 21.60$) when compared to pre-pandemic levels, which was associated with higher psychological health risks for women when compared to male caregivers. The scholars discovered that extra pressures related to parenting multiple and younger children added to parental stress and increased parental vulnerability to developing mental health disorders. Therefore, increased parental stress was correlated with increased psychological concerns (Chen et al., 2022).

In keeping with Chen et al. (2022), Penner et al. (2022) conducted a cross-sectional online survey of 796 parents. The scholars found that COVID-19 stressors were significantly associated with increased levels of depression and anxiety, inconsistent discipline, poor supervision, and parent hostility (Penner et al., 2022). Penner et al. (2022) utilized the four-item short forms of the Patient-Reported Outcomes Measurement Information System (i.e., PROMIS)-Depression and PROMIS-Anxiety (Pilkonis et al., 2011) to conduct their study. The study included 105 (i.e., 13.2%) AA or Black parents (Penner et al., 2022). The scholars found that depression/anxiety symptoms increased by 17.95 % (i.e., $SD = 8.45$) when compared to pre-pandemic levels and were indirectly associated with child internalizing and externalizing problems during the pandemic (Penner et al., 2022). One survey administered by the Centers for

Disease Control and Prevention (2021) revealed a 30.1 % increase in anxiety and depression symptoms from early 2019 to January 2021 (i.e., the onset of the pandemic through the first year after the declaration of the pandemic).

Another survey piloted by the National Center for Health Statistics (2016) determined that AAs showed more signs of anxiety or depression in 20 out of 21 reporting periods when compared to their White counterparts. The National Center for Health Statistics (2016) data corroborated ITF concerning AAs. Still further, a study conducted by Davis et al. (2022) using semi-structured interviews confirmed that depression was on the rise during the early stages of the pandemic. The investigators discovered that one-half (i.e., 20) of their subjects identified as non-Hispanic Blacks and reported an increase in anxiety and depressive symptoms due to wearing multiple hats while caring for and supporting their child's educational development, attempting to manage their own needs, lack of support, and worrying about spreading the coronavirus (Davis et al., 2022).

Still further, other scholars such as Lim et al. (2022) conducted studies utilizing semi-structured interviews to assess the impact of COVID-19 on migrant women's mental health while raising a child from zero to five years of age. The researchers interviewed 11 migrant women and found that social isolation (Thompson, 2001) and confinement had the potential to lead to adverse psychological outcomes, including stress, depression, and post-traumatic stress disorders (Jurblum et al., 2020; Loades et al., 2020). The authors further determined that the women felt depressed and lonely during their first year after giving birth due to a lack of familial support or practical assistance (Benza & Liamputtong, 2014; Benza & Liamputtong, 2017; Stewart et al., 2017). Lim et al. (2022) further found that psychological effects had a substantial toll on parenting and may have affected parenting skills. The authors also established that

children were sensitive to their environments and their parents' emotional state (Lim et al., 2022).

In conjunction with Lim et al. (2022), Norris et al. (2002) discovered that exposure to disasters were associated with various psychological health concerns, additionally supporting ITF. However, most people coped well during a disaster (Norris et al., 2008); there were a substantial number of individuals who developed some psychological impairment (Norris et al., 2002), and a small few who went on to develop mental disorders (Taquet et al., 2021). As a result of disasters, poverty occurred (Snowden & Snowden, 2021). Beeber et al. (2008) found that poverty increased maternal stress by heightening the exposure to adverse life events, employment loss, chronic strains, poor housing, unsafe neighborhoods, and conflict with partners, which led to depressive symptoms, which was the most pervasive psychological threat. Therefore, advancing ITF was due to economic instability and socio-environmental factors (Obinna, 2021). Another scholar determined that the prevalence of depressive symptoms in mothers in poverty ranged from 40% to 59% (Belle, 1982), which was four times that of middle-income mothers (Beeber et al., 2008). The authors further established that depressive symptoms are attributed to other factors associated with life in poverty - low wages, lower educational status, exposure to trauma and violence, multiple losses, and lack of resources (Duncan & Brooks-Gunn, 2000; Jackson et al., 2000).

Further research found that there was an elevated prevalence of generalized anxiety disorder among disaster survivors (Goldmann & Galea, 2014). Other researchers discovered that persons with prior mental health issues, females, and younger individuals were at an increased risk for developing post-disaster mental illnesses. Other investigators found that psychological

outcomes were typically worse for female disaster survivors (Galea et al., 2005; Neria et al., 2008), who were considered a vulnerable population (Liu et al., 2020; Meng et al., 2020).

Furthermore, some scholars have determined that COVID-19 limited an individual's access to mental health services, a consequence resulting from disasters and another indicator of structural inequalities (Goldmann & Galea, 2014), thereby evidencing the byproducts of ITF. The examiners further found that disasters like COVID-19 shared three main characteristics of traumatic events (Goldmann & Galea, 2014). First, disasters threatened, harmed, or endangered a sizeable group of people (Neria et al., 2008). Secondly, disasters affected social processes, which disrupted services and social networks, thereby leading to communal loss of resources (McFarlane et al., 2009; Norris et al., 2002). Thirdly, disasters were associated with secondary consequences, such as mental and physical health outcomes amongst the populace affected (Neria et al., 2008). Thus, AAs, being a marginalized group, were disproportionately susceptible to the psychological effects of the pandemic (Snowden & Snowden, 2021). Gillyard et al. (2023), through the utilization of semi-structured qualitative interviews, determined that many racial and ethnic minorities experienced injustices in areas such as access to quality care, lower-paying jobs, crowded housing, loss of employment, or even discrimination, which in turn left marginalized groups at a greater risk of developing mental distress and adverse coping mechanisms (Baciu et al., 2017; Prather, 2020). The studies mentioned above were examples of inequalities that revealed how the components of ITF have continued to oppress marginalized groups, in particular, AAs.

Additionally, the syndemic, which, according to Snowden and Snowden (2021), comprised the pandemic, racism, and structural discrimination, further contributed to the psychological distress in marginalized communities. The syndemic was vital to this study and

literature review as it related to ITF, and exploring the syndemic provided insight from the participants' perspective as to how the intersections of the pandemic, perpetuated racism, and structural discrimination at the federal and local levels have impacted the AA mothers' maternal mental health, daily routines, and struggles. In keeping with the aspects of the syndemic, the pandemic caused 52% of AAs to become distressed about their financial situation compared to 43% of their Caucasian counterparts (Lopez et al., 2020).

Furthermore, the syndemic produced devastating outcomes in the areas of health, economics, and social wellness, thereby exacerbating adverse mental welfare amongst AAs (Gillyard et al., 2023). The authors professed that the coping skills of individuals influenced health outcomes (Shi et al., 2020). AA women have a history of experiencing stressors that have been precipitated by racism and sexism (Obinna, 2021). Obinna (2021) determined that AA women who experienced COVID-19 and interlocking systems, such as race, gender, and social class, affected by morbidity and mortality. The scholar further found that AA women were more likely to be punished for their race and gender, which ultimately affected their well-being. For example, a 30-year-old AA woman died in Brooklyn due to being denied COVID-19 testing twice (Collman, 2020). Another 53-year-old AA woman died from COVID-19 complications after being denied a COVID-19 test four times (Eligon & Burch, 2020). AA women have further faced increased vulnerabilities concerning disease and other health-related risk factors. Such health concerns included, but were not limited to, cervical, breast, and colorectal cancers (Amankwaa et al., 2018; Bryant et al., 2010) and cardiovascular disease, diabetes, and hypertension (Belgrave & Abrams, 2016). Those social determinants of health stated above further evidenced that ITF was the most appropriate theory for this study.

Vulnerable Populations

After reviewing the literature on the pandemic, several vulnerable groups were exposed and were at a greater risk of contracting the coronavirus or being adversely impacted by COVID-19. Those groups were identified and included women, children aged five and under, older adults, single mothers, individuals with lower socioeconomic status, and Black Americans or AAs. The following paragraph expounded more on the vulnerabilities of the above-referenced groups.

In keeping with vulnerable populations, children aged five and younger were considered vulnerable as they were very dependent on immediate family members for early stimulation and caregiving (Grant & Guerin, 2014; Li et al., 2005; London & Ingram, 2018; Thompson, 2001) and were impacted by the pandemic. Other groups, such as women and older adults (Lim et al., 2022; Liu et al., 2020; Meng et al., 2020), were also classified under this vulnerable category because of their lower socioeconomic status (Killgore et al., 2020) and were also impacted by COVID-19 (Lim et al., 2022; Liu et al., 2020; Meng et al., 2020). Other scholars established that single mothers caring for young children were also considered vulnerable due to their social status as single mothers, which was known to cause higher levels of stress (Lim et al., 2022; Tamo & Rodrigue, 2020) for these mothers.

Another group, Black Americans, were identified as a vulnerable population (Laurencin & McClinton, 2020) and continued to be disproportionately impacted by the pandemic (Chandler et al., 2021; Gillyard et al., 2023), which in turn corroborated ITF regarding racism. Researchers have found that Black women experienced multiple structural inequalities because of their race, gender, and social class (Chandler et al., 2021), which further made Black women a vulnerable group. The structural and racial inequalities additionally advanced ITF for vulnerable groups

(Snowden & Snowden, 2021). Other authors discovered that the gender differences in mental health related to the pandemic were linked to increased distress for women as compared to men (Qiu et al., 2020), thereby further exposing women to more vulnerability.

Scholars such as Snowden and Snowden (2021) have determined that AAs experienced more significant social, personal, and financial stressors than Whites (Goldman & Galea, 2014; Lopez et al., 2020; Snowden & Graaf, 2020), regardless of being affected by the COVID-19 illness. The researchers further established that AAs have historically suffered more trauma, psychological distress, and mental illness than Whites (Goldman & Galea, 2014; Hill & Holland, 2021; Lopez et al., 2020; Snowden & Graaf, 2020) because of the pandemic and their capacity for mutual support was diminished (Snowden & Snowden, 2021). Novacek et al. (2020) and Snowden and Snowden (2021) found that Black Americans suffered post-traumatic stress disorder (i.e., PTSD) due to past historical traumas and experienced PTSD as a result of the pandemic. Laurencin and McClinton (2020) further determined that Black Americans were in a vulnerable position to experience the brunt of the coronavirus crisis due to the myth of the Black community's immunity to the virus. However, other writers found that AAs were three times more likely to become ill from the coronavirus and approximately 4.6 times more likely to become hospitalized than Whites (Snowden & Graaf, 2020).

In keeping with the traumatic experiences encountered by AAs, Goldmann and Galea (2014) discovered that AAs were at a greater risk than Whites of succumbing to mental health disorders (e.g., PTSD, depression, anxiety, substance use disorders, suicide, and ailments in their body) when experiencing a natural disaster such as COVID-19 (Institute of Medicine, 2015; North & Pfefferbaum, 2013). Laurencin and McClinton (2020) determined that COVID-19 affected communities of color and created longer-term consequences parallel to other infectious

diseases of the past (e.g., HIV, influenza) in Black and Brown individuals. The findings of Laurencin and McClinton (2020) also promoted ITF in the areas of racial inequalities and deleterious mental health impacts on marginalized groups (Snowden & Snowden, 2021), as well as economic instability and socio-environmental factors (Obinna, 2021). Other scholars, such as Whiteford et al. (2015), established that psychological challenges brought about significant functional impairment, which was one of the leading causes of disease burden globally. Thus, with functional impairment, quality of life (i.e., QoL) was also affected. QoL was another area where the pandemic had a deleterious effect and was discussed in the next section.

Quality of Life

Feinstein (1987) established that QoL was utilized as an umbrella term without a definition. Costa et al. (2021) found that when QoL is determined by the instrument chosen for that specific study. For example, QoL is a total assessment of the score an individual provided to evaluate various aspects of their health and well-being (Cella et al., 1993). Costa et al. (2021) further determined that QoL was assessed by simply asking subjects to evaluate their overall QoL; therefore, QoL was defined by specific issues (Wilson & Cleary, 1995). The scholars Costa et al. (2021) further found that QoL was used as a label for a compilation of more specific outcomes, which were scored separately, but when grouped, they were identified as QoL (Aaronson et al., 1993). Costa et al. (2021) determined that the traditional QoL was an outcome not measured by patient reports. The authors further established that when QoL was utilized in the research literature, there was a justification for the instruments and constructs used (Costa et al., 2021).

Therefore, to determine QoL in postpartum mothers during the pandemic, Silverman et al. (2020) devised a study of 516 participants who were 90% Hispanic or AA, with more than

50% reporting low socioeconomic status. The examiners established that the respondents self-reported their mental health symptoms either in person or virtually (Silverman et al., 2020). In conjunction with Silverman et al. (2020), Wall-Wieler et al. (2020) found that postpartum psychological well-being was directly related to their offspring's physical and mental welfare, which impacted QoL. The researchers determined that the temporary COVID-19 restrictions improved postpartum mental health outcomes for a populace that was at risk for adverse psychological health (Silverman et al., 2020). Those findings contradicted other research literature (Gillyard et al., 2023; Li et al., 2022; Westrupp et al., 2021) on minorities and mental health during the pandemic.

In contrast to Silverman et al. (2020), Zakaria et al. (2022) conducted a qualitative study on 10 B40 mothers in Balik Pulau, Penang, during COVID-19 to determine their QoL. The authors used purposeful sampling, semi-structured interviews, and focus groups for the study (Zakaria et al., 2022). The researchers found that QoL was adversely impacted. Some of the constructs utilized to determine QoL were mobility, the ability to perform daily activities, quality of sleep, and resting (Panayiotou et al., 2021). The mothers reported performing various jobs during the pandemic to meet their children's needs, generate income, and sustain the household (Zakaria et al., 2022). The study by Zakaria et al. (2022) further promoted ITF in the areas of sexism (Snowden & Snowden, 2021), economic instability, and socio-environmental factors (Obinna, 2021).

Other research literature on QoL found that the coronavirus negatively impacted women (Dubey et al., 2020; McGoron et al., 2022; Racine et al., 2021; Westrupp et al., 2021). For example, Dubey et al. (2020) found that marginalized people suffered the most from COVID-19, further evidencing ITF in the area of sexism (Snowden & Snowden, 2021). The writers

established that individuals who lost jobs were unable to meet their basic needs, which led them further into poverty, thus adding to their frustration, depression, and mental distress (Subbaraman et al., 2014). Those findings by Subbaraman et al. (2014) additionally corroborated ITF regarding economic instability (Obinna, 2021). The scholars went on to add that the symptoms ultimately led to functional impairment and an increase in suicide rates (Subbaraman et al., 2014), which in turn diminished QoL (Dubey et al., 2020). Other researchers discovered that working parents encountered an additional burden of balancing their professional lives while also supporting remote schooling and the emotional well-being of their children without any social or community assistance, further decreasing QoL (McGoron et al., 2022; Racine et al., 2021; Westrupp et al., 2021). The authors added that household routines were disrupted by chaos, which adversely impacted the parents' psychological health (Cameron et al., 2020; Marsh et al., 2020; Racine et al., 2021), further impacting QoL (McGoron et al., 2022; Racine et al., 2021; Westrupp et al., 2021). Along with decreased QoL, individuals also experienced financial stressors or hardships, which were discussed in the next section.

Financial Stressors/Hardship

The pandemic was associated with economic and financial stressors and hardships for parents and families (Chandler et al., 2021; Dubey et al., 2020; Hart & Han, 2021; Lim et al., 2022; McGoron et al., 2022; Racine et al., 2021; Zakaria et al., 2022). For example, Chandler et al. (2021) conducted 15 interviews with Black women in Atlanta, Georgia. Chandler et al. (2021) determined that Black women experienced more economic hardships while caring for children, parents, and elders and managing community roles and financial obligations, thereby incurring acute and chronic stressors that directly and indirectly impacted their physical well-being (Simien, 2020). The examiners further found that Black women endured a long history of

systemic racism and marginalization, increasing their vulnerability to the pandemic, including financial hardships and other stressors (Chandler et al., 2021). Therefore, the findings of Chandler et al. (2021) further promoted ITF in the areas of sexism, racism (Snowden & Snowden, 2021), and lower SES (Obinna, 2021).

Other scholars also established that many marginalized individuals lost employment, experienced economic burdens (Dubey et al., 2020; Racine et al., 2021; Zakaria et al., 2022), and found themselves in poverty (Dubey et al., 2020), thus increasing their financial stressors and adding to their economic hardship. Therefore, the findings of Dubey et al. (2020) additionally promoted ITF in times of economic instability (Obinna, 2021). Still further, other researchers discovered that parents were specifically vulnerable to COVID-19-related financial and familial stressors, including food insufficiency (Hart and Han, 2021; Lim et al., 2022; McGoron et al., 2022; Zakaria et al., 2022), which was not a concern pre-COVID-19, as children received complimentary breakfast and lunches while attending school (Fernandez, 2020). However, such insecurities added financial stressors and hardships for parents, thereby causing increased anxiety and depression (Achenbach, 2020; Chandler et al., 2021; Hart & Han, 2021). Just as financial stressors and hardships were prevalent for parents and marginalized groups, parenting multiple children (Chen et al., 2022; Davis et al., 2022; Li et al., 2022; Lim et al., 2022) also impacted parents, specifically mothers, during the pandemic and was explored in the next section.

Parenting Multiple Children

The pandemic shifted parental roles, further exacerbating challenges for low-income parents (Davis et al., 2022). COVID-19 also brought about various challenges for parents; however, parenting multiple children was emphasized throughout the literature review (Chen et al., 2022; Davis et al., 2022; Li et al., 2022; Lim et al., 2022). For example, Davis et al. (2022)

conducted a qualitative study using semi-structured interviews with 40 participants who identified as low-income (i.e., 50% non-Hispanic Blacks) and found that over 75% acknowledged having more than one child. The writers also discovered that the mothers struggled with parenting multiple children, maintaining self-care, accessing essential services, and providing for their children (Davis et al., 2022), thereby increasing mental health symptoms (Chen et al., 2022; Davis et al., 2022; Li et al., 2022; Lim et al., 2022).

Other researchers, such as Lim et al. (2022), also explored parenting multiple children using qualitative measures via semi-structured interviews. The examiners established that the stressors related to parenting affected the mother's emotional and mental welfare, as early childhood was a time of rapid physical, developmental, and emotional growth (Lim et al., 2022), and being confined alone with multiple children had long-lasting effects (Chen et al., 2022; Li et al., 2022; Thompson, 2001). Thus, adverse psychological outcomes were associated with isolation and quarantine during the pandemic, including stress, depression, and post-traumatic stress disorders (Jurblum et al., 2020; Li et al., 2022; Loades et al., 2020). Furthermore, harmful mental health could significantly affect parenting skills and have negative consequences on child development, which was discussed in the next section.

Deleterious Impact on Child Development

The pandemic was associated with adverse impacts in many areas of life, as has been displayed throughout this literature review; however, another critical area that was affected was child development (Ainamani et al., 2020; Dubey et al., 2020; Lim et al., 2022; McGoron et al., 2022; Racine et al., 2021). Peer-reviewed studies revealed that maternal mental health was associated with adverse child development (Lim et al., 2022; Racine et al., 2021; Silverman et al., 2020). Baker et al. (2003) found that parental stress was a major environmental risk factor

that proved to be correlated with increased behavior problems in children. Other studies revealed that when children were exposed to traumatic events, such exposure led to emotional, behavioral, and physiological reactions (Elbert & Schauer, 2002; McGoron et al., 2022) and long-term mental health concerns (Ainamani et al., 2020; Lim et al., 2022; Racine et al., 2021). Scholars determined that some potential psychological disorders included conduct disorders, oppositional defiant disorder, personality disorders, prostitution, substance use disorders, anxiety, and mood disorders (Ainamani et al., 2020). In conjunction with Ainamani et al. (2020), Dubey et al. (2020) determined that younger and older children were likely to become more demanding due to coping with parental and environmental stressors; therefore, parents began to exhibit impatience, annoyance, and hostility (Dubey et al., 2020). Those findings from Dubey et al. (2020) further advanced ITF regarding socio-environmental factors (Obinna, 2021). Thus, parental mental health was directly related to child development (Lim et al., 2022; Racine et al., 2021) and psychological wellbeing (Ainamani et al., 2020; Lim et al., 2022; Racine et al., 2021). The following section explored low socioeconomic status.

Low Socioeconomic Status

COVID-19 was gravely linked to individuals and groups of low socioeconomic status, such as AAs (Gillyard et al., 2023; Snowden & Snowden, 2021). The disproportionate impact of the pandemic on AAs, coupled with inequities in social determinants of health and racism, significantly increased AAs' vulnerability to COVID-19 psychological impacts (Currie, 2020; Florant et al., 2020; Snowden, 2019) and further corroborated ITF (Obinna, 2021; Snowden & Snowden, 2021). For example, a study conducted by Davis et al. (2022), in which 50% of the participants were AA, discovered that low-income postpartum mothers faced an insurmountable burden of caregiving due to a lack of support and concerns about contracting and spreading the

coronavirus, thereby increasing the mother's risk of postpartum depression (Guvenc et al., 2021; Lebel et al., 2020; Perzow et al., 2021). Another study by Rodrigue and Tamo (2020) where 274 mothers were surveyed via a convenience online questionnaire found that families of lower socioeconomic status had increased levels of parental stress (i.e., lowest income range: $M = 71.07$, $SD = 2.33$; medium low-income range: $M = 70.65$, $SD = 2.39$; highest low-income range: $M = 70.05$, $SD = 2.51$).

In keeping with individuals with low income, Sepa et al. (2004) conducted a longitudinal study on 4,337 participants using the Swedish Parenthood Stress Questionnaire (i.e., SPSQ) and found that 543 participants scored on or above 3.59 on the SPSQ (i.e., the 95th percentile), which was defined as high stress when compared to the mean score of 2.59, which was on the low end of the scale (i.e., below 3.5). The writers determined that significant amounts of stress were associated with single mothers who had young children, and in single mothers when compared to married mothers (Sepa et al., 2004). Other scholars discovered that the mothers' stress and adverse emotional and physical states were highly correlated with the behaviors of their children's challenging behaviors (Rodrigue & Tamo, 2020).

Furthermore, Fancourt et al. (2021) conducted an observational study in the United Kingdom, using the Patient Health Questionnaire on 36,250 participants and determined that lower socioeconomic status, lower educational attainment, being a woman, living alone with children, and pre-existing mental health conditions were risk factors that potentially led to increased levels of anxiety and depression. Fancourt et al. (2021) established that the average anxiety score at the beginning of the pandemic was 5.7 (i.e., $SD = 5.6$; range: 0-21). The writers found that 53% of the participants had a score of 0-4 (i.e., minimal anxiety), 24% of the participants had a score of 5-9 (i.e., mild anxiety), 12 % of the participants had a score of 10-14

(i.e., moderate anxiety), and 10% of the participants had a score of 15-21% (i.e., severe anxiety) (Fancourt et al., 2021). The scholars further determined that the average depression score was 6.6 (i.e., SD = 6.0; range: 0-27) (Fancourt et al., 2021). Fancourt et al. (2021) discovered that 48% of the participants had a score of 0-4 (i.e., minimal depression), 27% of the participants had a score of 5-9 (i.e., mild depression), 13% of the participants had a score of 10-14 (i.e., moderate depression), 8% of the participants had a score of 15-19 (i.e., moderately severe depression), and 5% of the participants had a score of 20-27 (i.e., severe depression). Fancourt et al. (2021) further established that among the participants with pre-existing mental illnesses, 61% had a score of 10 or more which was indicative of moderate or severe depression (i.e., average score = 12.3, SD = 6.7) and 54% of the participants had a score of 10 or more which was indicative of moderate anxiety (i.e., average score = 10.6, SD = 5.8). Therefore, lower socioeconomic status had the propensity to affect individuals at some point during the pandemic negatively. However, the scholars determined that as the pandemic prolonged, the participants adapted to their circumstances, and there was a decrease in both anxiety (i.e., $b=1.93$, $SE=0.26$, $p < 0.0001$) and depressive (i.e., $b=2.52$, $SE=0.28$, $p < 0.0001$) symptoms (Fancourt et al., 2021). The findings of Fancourt et al. (2021) further promoted ITF in the areas of sexism (Snowden & Snowden, 2021), financial status, and socio-environmental factors (Obinna, 2021). The following section provided a synopsis of COVID-19's impact on individuals' mental health.

COVID-19 and the Impact on Mental Health

COVID-19 was a source of great stress for individuals (Aldoney et al., 2023; Newman et al., 2023) and was associated with adverse mental health consequences on individuals globally (Calvano et al., 2022; Chen et al., 2022; Davis et al., 2022; Penner et al., 2022). The pandemic triggered psychological health concerns in various countries, increasing anxiety and depression

(Aldoney et al., 2023; Gillyard et al., 2023; Eboreime et al., 2021; Lim et al., 2022; Penner et al., 2022). Many individuals were concerned about either contracting the virus or dying from it or the well-being of their loved ones (Chen et al., 2022; Davis et al., 2022). Other people were often worried about loss of employment and financial hardships (Chandler et al., 2021; Dubey et al., 2020; Hart & Han, 2021; Lim et al., 2022; McGoron et al., 2022; Racine et al., 2021; Zakaria et al., 2022). Further still, parents were concerned about supporting remote learning of their children and managing work and other responsibilities (Aldoney et al., 2023; Racine et al., 2021; Zakaria et al., 2022). Many other parents were concerned about being isolated (Davis et al., 2022; Newman et al., 2023) and a lack of support or interaction with family or friends (Ainamani et al., 2020; Davis et al., 2022; Lim et al., 2022; Zakaria et al., 2022). Furthermore, people were concerned about QoL (Dubey et al., 2020; McGoron et al., 2022; Racine et al., 2021; Westrupp et al., 2021), food insecurities (Hart and Han, 2021; Lim et al., 2022; McGoron et al., 2022; Zakaria et al., 2022), and parenting multiple children with no or limited support (Chen et al., 2022; Davis et al., 2022; Li et al., 2022; Lim et al., 2022). All the above concerns negatively impacted the individual or parents' mental health as a result of experiencing the pandemic, thereby leaving a question as to how AA single mothers' mental health fared during the pandemic.

Summary

The problem addressed in this study was that the pandemic adversely affected mental health (Parker et al., 2021; Vujanovic et al., 2021) and daily routines and struggles, especially for women, and in particular, AA single mothers (Elharake et al., 2023; Minervini et al., 2023; Salari et al., 2020). The purpose of this qualitative grounded exploration was to explore AA single mothers' pandemic experiences (Ayukekbong, 2023; Centers for Disease Control and Prevention, 2023; McDonald, 2023; Norvarisa et al., 2023) to advance the field of behavioral sciences. In the

following section, the research design and methodology were presented. Chapter three included data collection, analysis, methods, population, sample size, and recruitment procedures.

In the literature that was reviewed, the themes that were examined and related included: a) single mothers' lack of family support; b) increased anxiety/depression/parental stress; c) vulnerable populations; d) quality of life; e) financial stressors/hardship; f) parenting multiple children; g) deleterious impact on child development; h) low socioeconomic status; and i) COVID-19 and the impact to mental health. Scholars revealed that there was an increase in anxiety and depression for women due to parental obligations and stressors (Chen et al., 2022; Davis et al., 2022; Gillyard et al., 2023). Furthermore, the literature exposed systemic racism and racial disparities that have befallen marginalized groups, such as AA women (Snowden & Snowden, 2021; Williams, 2022); however, the literature does not depict how systemic racism and racial disparities were impacting AA single mothers raising children under the age of five during a pandemic. Despite all the data on the pandemic, literature remains absent on psychological well-being (Aldoney et al., 2023; Gillyard et al., 2023; Hart & Han, 2021; Novacek et al., 2020; Peris & Ehrenreich-May, 2021; Racine et al., 2021) of AA single mothers and how they were faring in during the pandemic (Ayukekbong, 2023; Centers for Disease Control and Prevention, 2023; McDonald, 2023; Norvarisa et al., 2023), and in particular, AA mothers and their mental health while raising children zero to five during the pandemic (Ayukekbong, 2023; Centers for Disease Control and Prevention, 2023; McDonald, 2023; Norvarisa et al., 2023) and the impact to the AA single mother's daily routines and struggles (Elharake et al., 2023; Minervini et al., 2023; Salari et al., 2020).

Chapter 3: Research Method

Introduction

The coronavirus (COVID-19) was a public health concern (Randler et al., 2020) and a respiratory virus that spread globally in 2019 (Centers for Disease Control and Prevention, 2023b; Patnaik et al., 2022; Saemi et al., 2022). COVID-19 affected individuals' quality of life (WHOQOL Group, 1998). The problem that was addressed in this study was that the pandemic adversely affected the mental health, daily routines, and struggles of AA single mothers. The purpose of this qualitative grounded theory was to explore and develop a grounded theory about the mental health of AA single mothers and their daily routines and struggles during the pandemic to develop an emerging theory that would add to the literature and offer insight for interventions that would decrease the mental health disparities in the AA community for stakeholders at the Public Health Department in Northern California.

This chapter describes the research methodology and design, including the study population, sample, sampling method, recruitment stratagems, instrumentation, study procedures, assumptions, limitations, delimitations, and ethical assurances, followed by the summary.

Research Methodology and Design

For this investigative study, a qualitative methodology was utilized to collect rich qualitative data about the impact COVID-19 had on the mental health of AA single mothers raising children under five. A qualitative methodology was warranted for exploring the participants' COVID-19 lived experiences (Glaser & Strauss, 1967; Strauss & Corbin, 2015), as the researcher collected data via semi-structured interviews (Haskett, 2018). The qualitative methodology was a process in which the researcher gathered information to create an association between the study's problem and purpose through the participants' lived experiences (Glaser &

Strauss, 1967; Strauss & Corbin, 2015). The qualitative method was vital as it permitted the investigator to analyze, interpret, and summarize the information gathered.

Utilizing the qualitative methodology aided the examiner in investigating the AA single mother's COVID-19 experience and the impact the pandemic had on AA single mothers' mental health while raising children under the age of five. The qualitative approach was also selected to collect information about the psychological wellbeing of AA single mothers as a result of enduring the pandemic, as the pandemic had a deleterious effect on individuals' mental welfare (Parker et al., 2021; Vujanovic et al., 2021), and probing AA single mothers, who were a vulnerable population (Gillyard et al., 2023; Novacek et al., 2020; Snowden & Snowden, 2021), provided insight as to how COVID-19 had affected this particular group.

A grounded theory design was utilized for this research study due to a lack of theory explaining the specific experiences of AA single mothers of young children during the pandemic. Grounded theory was a qualitative approach commonly used to establish theories for the experiences of participants under examination (Perez et al., 2023). Several scholars utilized qualitative grounded theories to investigate participants (Duan et al., 2023; Kaufman et al., 2023; Kaveh et al., 2023). Duan et al. (2023) investigated the recovery process of individuals hospitalized for severe COVID-19 symptoms. Kaufman et al. (2023) utilized a grounded theory to explore the lived experiences of families with a COVID-19-positive child. Kaveh et al. (2023) used a grounded theory to investigate behavioral changes in the community following the pandemic. Thus, it was beneficial for this examiner to utilize a grounded theory to explore the lived experiences of the impact COVID-19 had on the maternal mental health, daily routines, and struggles of AA single mothers while raising children under the age of five.

The alternative methodology was a quantitative methodology, which accumulated numerical information to find patterns and means, make predictions, test relationships, and simplify the results to a broader populace (Glaser & Strauss, 1967; Strauss & Corbin, 2015). However, a quantitative approach was not utilized for this study, as gathering numerical data was not the goal, nor was testing the association between relationships. The qualitative methodology was used by several scholars who have recently studied COVID-19 (Davis et al., 2022; Gillyard et al., 2023; Lim et al., 2022; Pienaar et al., 2023) as the pandemic was a new global phenomenon that required more than statistics. Therefore, COVID-19's impact was better explored through the lived experiences of the individuals who have been most affected (e.g., AA single mothers).

Another alternative to a qualitative grounded theory was an ethnographic study. An ethnographic examination would permit the researcher to become immersed in the culture of the individuals and/or groups while observing the participants in their natural environment (Glaser & Strauss, 1967; Strauss & Corbin, 2015). However, that option was not feasible as the pandemic had become less of a public health crisis. Furthermore, this researcher strived to understand AA single mothers' past and current experiences while raising children under the age of five, and an ethnographic study would not have been suitable for this situation. This investigator was unable to be a participant and engage in the COVID-19 experience with the mothers, as the pandemic has now become less of a public health crisis. Therefore, a qualitative grounded methodology was most appropriate to explore with this populace.

The essential goal of the qualitative method was to comprehend the experience of a group or individual (Glaser & Strauss, 1967; Strauss & Corbin, 2015). Davis et al. (2022) utilized semi-structured interviews to explore parenting in the postpartum period during COVID-19. Gillyard

et al. (2023) used semi-structured interviews to examine the psychological stressors and coping strategies among AAs during the early stages of the pandemic. Lim et al. (2022) used semi-structured interviews to explore social isolation, loneliness, and health among migrant mothers with young children zero to five, at La Maison Bleue during the pandemic. Pienaar et al. (2023) utilized semi-structured interviews to examine the caring capabilities of mothers in a low-resource environment while enduring COVID-19. All these researchers were able to better understand the phenomenon under examination, which was also the aim of this researcher while investigating the impact of COVID-19 on the maternal mental health, daily routines, and struggles of AA single mothers while raising children under the age of five.

Population and Sample

In this section, the elements of the research participants were examined. Information about the study of the targeted population, sample, and recruitment were provided and discussed. This section also provided a detailed overview of the sampling and recruitment procedures.

Population

The target population was AA single mothers, 18 years and older, residing in Northern California. All participants were receiving government assistance from CalWORKs or Cal Fresh, meeting the threshold of low SES, as defined in California by the California Code of Regulations Title 25, Section 6932 (California Department of Housing and Community Development, 2024). Furthermore, the participants presented with various stressors and physical and mental challenges, which have been depicted historically by Gillyard et al. (2023), Novacek et al. (2020), and Snowden and Snowden (2021). Lastly, the participants were parenting a child under the age of five.

Sample

The sample consisted of 15 AA single mothers (i.e., to meet saturation), residing in Northern California. The participants were parenting a child under the age of five. The study sample size of 15 participants was well over the recommended sample size of 10, as Glaser and Strauss (1967) and Strauss and Corbin (2015) described. Glaser and Strauss (1967) and Strauss and Corbin (2015) suggested that a sample size of 10 was sufficient to ensure saturation; therefore, the sample of 15 participants was sufficient to meet this threshold. The participants were ideal for the study due to the vulnerability of their population - being AA and a populace who has historically struggled with adverse societal outcomes and physical and mental challenges (Gillyard et al., 2023; Novacek et al., 2020; Snowden & Snowden, 2021).

Sampling. The study utilized purposeful sampling (Brown, 2020; Glaser & Strauss, 1967; Strauss & Corbin, 2015) as the method targeted participants who met the criteria set forth for the research study. The purposeful inclusion criterion included a) identifying as AA, b) single mother, c) raising a child(ren) under the age of five, d) 18 years or older, e) residing in Northern California, f) endured COVID-19 and g) willing to discuss and describe the impact the pandemic had on their mental health (See Appendix B).

Recruitment. The recruitment of participants for this research exploration consisted of notifying the Public Health Department (PHD) officials (i.e., per PHD protocol) about the study examination, obtaining approval from the PHD and the IRB, posting flyers (See Appendix C) in Northern California, and then sending out an internal email to this researcher's co-workers about recruiting potential participants for the investigation.

The recruitment email and flyer included the research criteria, the purpose of the study, qualifications, and the semi-structured interview process with this researcher. The interested participants contacted this researcher, who obtained written email consent, reviewed the study

criterion with the prospective participants, and scheduled an appointment to obtain official written consent (See Appendix D). Upon receiving the written consent, this researcher scheduled a Zoom meeting to begin the interview for the research study.

Instrumentation

This section describes the instrumentation that was utilized for the research study. This researcher additionally explains why the instrument was used. Lastly, this researcher includes an overview of the interview process.

Semi-structured Interviews

Semi-structured interviews were used to conduct the qualitative study. The semi-structured interview allowed the researcher to hear the individuals talk about their life or experience (Henriksen et al., 2022). This researcher developed the interview queries for this study. The participants were questioned about their COVID-19 experience and the impact of the pandemic on their psychological wellbeing, daily routine, and struggles while raising a child under the age of five (See Appendix E).

This researcher developed the interview inquiries, which were not previously tested, to elicit an in-depth conversation between the researcher and the interviewee about their lived experiences (Henriksen et al., 2022). The questions were established to answer the research question and align with the purpose of the study. Once a response was given, the researcher interpreted the responses (Glaser & Strauss, 1967; Henriksen et al., 2022; Strauss & Corbin, 2015) and did not merely describe what had been stated. This researcher reframed questions as needed and clarified any misunderstandings to ensure the subject's answer was evident to this researcher.

An audio recording device recorded each interview between the researcher and the participant. The recording provided an accurate account of what the participants recalled and stated about their experiences. The recording was vital for transcribing the interview, which was transcribed by the researcher, using an audio recorder and the utilization of Zoom's Otter AI, for later review with the participant.

Study Procedures

The first step in the study process was to obtain IRB approval. After receiving IRB approval from this investigator's academic institution, the authorization was obtained from the Public Health Department (PHD). Once approval was gained from the PHD, potential participants were recruited. The recruitment process included posting a flyer (See Appendix C) and emailing co-workers to recruit potential participants for the study. Interested participants were then contacted via email by this researcher, who reviewed eligibility criteria (See Appendix B) and obtained preliminary written consent, through text from the email, to participate in the study. This researcher then made further arrangements via email to obtain written consent via DocuSign. Once written consent was received, this researcher scheduled a Zoom meeting to conduct the interviews.

The interviews ranged from 34 minutes to 56 minutes. The interview began with this researcher obtaining demographic information (e.g., name, age, race, marital status, socio-economic status, and number of children the participant was parenting). This researcher then proceeded with the interview questions (See Appendix E). The researcher clarified any unclear statements and reframed questions as needed. Once the interview was completed, this researcher thanked the interviewee for their time and informed the participant to expect an email within seven days to review the transcript. Upon review of the recording, a transcript was initiated. The

transcript was then emailed, without any identifying information, to the participant to be reviewed for accuracy. Once the interviewee approved the transcript, this researcher compensated the participant with an e-gift card of 20 dollars to either Wal-Mart or Target for their time and participation in the study.

Data Analysis

The next step was data analysis, which occurred after the transcript was reviewed with the interviewee, who was given a pseudonym (e.g., P1 or P2, etc.) to protect the confidentiality of the participants. All personal identifiers and names were removed per IRB recommendations. During data analysis, this researcher manually coded and organized the data using an inductive and critical process by becoming familiar with the data, searching for meaning, and finally organizing the data into themes to cultivate a grounded theory. Corbin and Strauss (2015) indicated that the researcher should deduce meaning, formulate concepts, generate knowledge by activating various degrees of analysis, identify and label associations among targeted thoughts, and commit to uncovering emerging concepts by becoming immersed in the data. While engaging in manual coding, this researcher utilized an open coding process (Corbin and Strauss, 2015) to label meaningful aspects of the data, which was broken down line by line by this researcher to determine connections that were relevant to this researcher's study. The information was further analyzed using thematic analysis (Brown, 2020; Glaser & Strauss, 1967; Haskett, 2018; Strauss & Corbin, 2015) and NVivo (Elliott-Mainwaring, 2021), a qualitative software program, to further support the process of thematic analysis. NVivo supported this researcher's efforts to classify the themes and categories and additionally code the data provided by the participants about their lived experiences with the pandemic and the impact COVID-19 had on their mental health, daily routines, and struggles.

Assumptions

An assumption in research is a belief that guides a study without proven evidence (Glaser & Strauss, 1967; Strauss & Corbin, 2015). There were three assumptions about this research study. First, this researcher assumed that the participants were truthful in their responses (Glaser & Strauss, 1967; Strauss & Corbin, 2015). However, there was no way for this investigator to verify the trustworthiness of the participants' answers, as their responses were predicated on their honest recall of events. Secondly, this examiner assumed that the participants recalled their lived experiences as they occurred (Glaser & Strauss, 1967; Strauss & Corbin, 2015). Although there was no way for this researcher to ensure the accuracy of the recall process. Thus, again, this researcher was relying on the participants' experiences as they recalled them. Lastly, this researcher assumed that the data collected addressed the purpose of the study and the research query (Glaser & Strauss, 1967; Strauss & Corbin, 2015). However, this researcher took steps to ensure that the research study and interview inquiries supported the qualitative methodological approach. This researcher worked with this researcher's chair and dissertation committee to ensure the questions proposed addressed the proposed study of interest.

Limitations

A limitation is a weakness in the research methodology or design that impacts the validity and generalizability of the study's findings (Gillyard et al., 2023). There were two limitations for this study. The first limitation was the researcher's biases and assumptions. According to Glaser and Strauss (1967) and Strauss and Corbin (2015), the researcher was often the main analysis instrument. Therefore, to preserve the credibility of the research process and results, this researcher critically evaluated prior knowledge, experiences, and subjective views while conducting this study (Glaser & Strauss, 1967; Strauss & Corbin, 2015). The researcher for this

study was a licensed clinical social worker; therefore, there was an added risk for potential assumptions and biases. To decrease those risks, this researcher engaged in member checking, transparency, journaling, and adherence to the principle of epoche.

The second and last limitation was this researcher's skill set and training. Glaser and Strauss (1967) and Strauss and Corbin (2015) reported that the legitimacy of any grounded theory depended on the researcher's capability to apply the methodology proficiently. This researcher had no prior knowledge of conducting a grounded theory. This researcher applied strategies learned from previous research courses and psychotherapy practices to perform this study effectively. This researcher utilized academic resources, as well as this researcher's dissertation chair and committee.

Delimitations

The study had five delimitations, which were set by the researcher. The first delimitation was that the research was delimited to the geographical locale, Northern California. However, this delimitation was warranted to collect data from this group and location for this study and the benefit of the Department of Public Health. This delimitation was necessary as this was the populace of interest to this researcher, and this geographical area was most appropriate and feasible to obtain the data during the time frame allotted for the study. The delimitation was further warranted as it provided insight into AA single mothers' mental health, daily routines, and struggles during the pandemic (Ayukekbong, 2023; Centers for Disease Control and Prevention, 2023; McDonald, 2023; Norvarisa et al., 2023) while also developing a grounded theory from the data analysis. Furthermore, this delimitation was necessary to fill a gap in the literature about the mental welfare, daily routines, and struggles of AA single mothers during the pandemic,

concerning this populace and the intersecting systems that have adversely impacted AA single mothers' psychological wellbeing, daily routines, and struggles.

The second delimitation was that the study was delimited to a small sample size of 15 participants (Glaser & Strauss, 1967; Strauss & Corbin, 2015). However, Glaser and Strauss (1967) and Strauss and Corbin (2015) noted that a good qualitative sample consisted of five to 10 participants. The authors further suggested that an appropriate sample size was attained when data saturation was achieved (Glaser & Strauss, 1967; Strauss & Corbin, 2015); however, the sample size of 15 participants was appropriate. Even with an adequate sample size and rich, meaningful data compilation, the study findings were delimited to not being generalized beyond the sample participants.

The third delimitation was the location of the sample participants, which was Northern California (Glaser & Strauss, 1967; Strauss & Corbin, 2015). Therefore, the insights that were gained from this study were specific to participants in this locale and not generalizable. The location and specificity of the participants were a delimitation, as this was a purposeful sample (Glaser & Strauss, 1967; Strauss & Corbin, 2015), and that delimitation was discussed next.

The fourth delimitation was that the sample was purposeful (Glaser & Strauss, 1967; Strauss & Corbin, 2015). Purposeful sampling was intentionally chosen as the AA single mothers were the group of interest. A purposeful sample provided this researcher with the opportunity to benefit from the AA single mothers' first-hand experience about the impact of COVID-19 on their mental health, daily routines, and struggles while parenting a child(ren) under five, which was a specific phenomenon (Glaser & Strauss, 1967; Strauss & Corbin, 2015). The fifth and last delimitation pertained to the lived experiences of the AA single mother, which had not been done

in previous research and advanced the purpose of this researcher's study by answering the research questions through the semi-structured interview process.

Ethical Assurances

This research was submitted to the National University Institutional Review Board (IRB) for approval and guided by the ethical considerations of academia. The Belmont Report of 1978, Glaser and Strauss (1967), and Strauss and Corbin (2015) addressed ethical assurances. Glaser and Strauss (1967) and Strauss and Corbin (2015) suggested ensuring that the participants were provided informed consent, were not harmed, confidentiality was maintained, and the data and results were used for the intended purposes. The first assurance was to obtain verbal and written consent from the participants. Next, this researcher ensured that no harm befell the participants by following the IRB guidelines. Additionally, this researcher used components of the Belmont Report, which provided national guidelines and regulations for researching human participants (National Commission, 1979). The Belmont Report's core principles were respect for persons, beneficence, justice, and the exclusive applications related to informed consent, assessment of risks and benefits, and selection of participants (Nagai et al., 2022). The first principle, respect for persons, was attained through confidentiality measures, which are discussed in the next section. The following two standards, beneficence and justice, were obtained by ensuring that all persons received the same interview questions and compensation for time rendered with this investigator. Furthermore, this researcher adhered to the IRB guidelines about human participants.

Confidentiality

This researcher implemented ethical standards for the protection of all participants. According to Corbin and Strauss (2015), the researcher should establish the following

protections: voluntary participation in research activities, unblemished consent to participate, and maintain confidentiality. The authors stated that failure to protect participants violated their human rights (Corbin and Strauss, 2015). Therefore, this examiner preserved the confidentiality of the participants by using pseudonyms for the participants, de-identifying all identifying information from transcripts and results, and using password protection for any use of electronic devices.

Upon conclusion of the interview, the participant was provided with an identification number, and the interview was uploaded to a password-protected laptop, which was only accessible by this researcher. Any hard copy documents (e.g., screening forms, consent forms, field notes, and demographic questionnaires) were scanned, encrypted, and uploaded to a password-protected laptop accessible only by this researcher. All documents were de-identified and, when no longer necessary for usage, destroyed via cross-shred cutting and disposed of properly. Upon conclusion of the study, all encrypted data was transferred to a blank USB flash drive and deleted from the researcher's password-protected laptop. The USB flash drive is to be stored in the researcher's home office in a password-protected safe, only accessible by this researcher, for three years, when the USB flash drive will be appropriately destroyed.

The Role of the Researcher

In this study, the researcher was the primary research tool. The researcher participated in researcher-participant activities, including the following: establishing ethical parameters to maintain the safety of the participant, developing 13 open-ended inquiries (Appendix E) for the proposed interviews, conducting semi-structured virtual interviews that were audio-recorded, asking follow-up questions to gain more insight, and documenting field notes about themes and concepts as they emerged.

This researcher's professional role as a Licensed Clinical Social Worker provided the fundamental knowledge and skillset to conduct face-to-face or virtual interviews and take notes. This researcher utilized National University's (NU) workshops and dissertation tools to further enhance interview skills and conduct mock interviews. Using the ethical standards and resources from NU (e.g., CITI and IRB) and this researcher's professional background, this researcher adequately applied ethical standards for this study. This researcher's Dissertation Chair and Committee members assisted this researcher in adequately developing the interview questions (see Appendix E) for the study.

Due to this researcher's professional title of Licensed Clinical Social Worker, precautions were taken to address potential issues with researcher bias and previous knowledge. Corbin et al. (2015) suggested that researchers should be self-aware and have a method to check for biases. Therefore, this researcher implemented note-taking, memoed, engaged in continuous assessment, reviewed NU's resources, examined peer-reviewed articles, and checked with this researcher's Dissertation Chair throughout the interview and analysis process.

Summary

The chosen components of this study were provided to better understand the lived experiences of AA single mothers' COVID-19 experiences related to the participants' psychological welfare, daily routines, and struggles. A qualitative methodology with a grounded theory design was utilized for this study. The purpose of the qualitative research design was to examine the impact COVID-19 had on AA single mothers' mental health, daily routines, and struggles while raising children under the age of five. The sections in this chapter (i.e., methodology, design, sample, population, instrumentation, and recruitment) provided the background necessary and the guidelines for a qualitative study on AA single mothers' COVID-

19 experience and the impact the pandemic had on the participants' mental welfare, daily routines, and struggles.

This researcher utilized a purposeful sample that consisted of 15 participants from Northern California. The study was guided by 13 semi-structured interview questions and was approved by the NU IRB and PHD IRB. The data analysis was conducted by this researcher, and all participants were given a pseudonym for confidentiality purposes. There were three assumptions, two limitations, and five delimitations for this study. Ethical assurances were adhered to by abiding by IRB protocol, Glaser and Strauss (1967), Strauss and Corbin (2015), and the Belmont Report of 1978 concerning human subjects. Confidentiality was assured by following the ethical standards of Corbin and Strauss (2015). This researcher served as the primary research tool, and this researcher's professional role as a Licensed Clinical Social Worker further assisted this researcher in interviewing participants. The next chapter provided the research study's results, including participants' demographics, excerpts of the responses, and thematic analysis.

Chapter 4: Findings

In this chapter, the findings from the interviews that the researcher had with 15 African American (AA) single mothers residing in Northern California were discussed. The problem addressed in this study was that the pandemic had adversely affected the mental health, daily routines, and struggles of AA single mothers. The purpose of this qualitative grounded theory study was to explore and understand the mental health, daily routines, and struggles of AA single mothers during the pandemic to develop an emerging theory that added to the literature and offered insight for interventions that could decrease the mental health disparities in the AA community for stakeholders at the Public Health Department in Northern California.

To provide a thorough presentation of the research findings, this chapter focused on the following: trustworthiness of the data (credibility, transferability, dependability, and confirmability), a review of the study's participant sample (participant demographics), a presentation of the coding results (open, axial, and selective coding), the evaluation of the findings (direct quotes from the participants), and the emerging theory (results of the data analysis). In contrast to the previous chapter, the present chapter provided answers to the study's research questions.

Trustworthiness of the Data

Trustworthiness in qualitative research is typically assessed by four components: credibility, transferability, dependability, and confirmability (Lincoln & Guba, 1985; Subedi, 2023). Trustworthiness was vital for ensuring the credibility and validity of the research findings. Therefore, this section included the elements needed to ascertain the trustworthiness of the data that was collected. All four components of trustworthiness were discussed below.

Credibility

The first component of trustworthiness is credibility. Credibility in qualitative research signifies the trustworthiness, genuineness, and plausibility of the research findings (Vella, 2024). Several measures were utilized to determine the credibility of the data and results. First, the researcher read the interview questions to the participant and reframed any portion of the questions that were unclear to the participant. Next, this interviewer journaled during the interview process (Karcher et al., 2024) and reviewed the audio recordings and transcription summaries after the interview for accuracy. Thirdly, this investigator further performed member checking to establish the credibility, trustworthiness, and fidelity of the results (Vella, 2024). Member checking consisted of each of the 15 fifteen participants being given an opportunity to review the interview transcript and make any necessary corrections or additions to the transcript. After reviewing the transcripts, all participants reported that the transcripts were accurate, and no changes were needed. Fidelity was ensured by this researcher maintaining the worth and integrity of the information collected throughout the study (Vella, 2024).

Transferability

The second element of trustworthiness is transferability. Transferability in qualitative research was used to describe the degree to which the research findings can be transferred to other contexts, settings, or respondents (Stalmeijer et al., 2024). Although COVID-19 was a distinctive experience, there may be other health crises for which this research may prove appropriate. Transferability makes it probable for other investigators to achieve the same process in their own environment and receive comparable findings (Stalmeijer et al., 2024). In this study, transferability was utilized by warranting that participants were AA, female, parenting a child under five, residing in Alameda County, and the participants' experiences fit the study's criteria

for participation. Participants were selected from various cities within Northern California and varied in age. In addition, transferability was ensured by careful, detailed reporting of the research protocol and process so that it could be replicated.

Dependability

The third component of trustworthiness is dependability. The dependability of a study (also known as consistency) utilizes the method and source to enhance a study's rigor and breadth of the research findings (Varpio et al., 2017). Additionally, code and meaning saturation were also used to establish dependability for this study (Janis, 2022). To ensure careful documentation of the process/research protocol, this study's documentation comprised a detailed recollection of the research methods, data analysis, detailed eligibility criteria for all participants, ample descriptions of each participant, and recorded participant interviews utilizing Zoom. Furthermore, the data were scrutinized various times to ensure that nothing was overlooked.

Confirmability

The fourth and last element of trustworthiness is confirmability. Confirmability was established using the step-by-step description of the information collected by clearly classifying types or categories of the data gathered (Hatch, 2002; Yin, 2014) and by determining connections across categorical groups (Hatch, 2002; Hosseini et al., 2024). This researcher utilized field notes and reflexive journals to document the data analysis steps and to state the decision-making process that guided the data analysis (Hatch, 2002; Hosseini et al., 2024; Yin, 2014). This researcher's background as a licensed clinical social worker who works with mentally challenged individuals assisted this investigator in using bracketing to ensure the confirmability of the data collected, thereby decreasing the likelihood of researcher bias (Hosseini et al., 2024). This investigator utilized self-reflection and put aside any desire to report personal or similar

experiences. Furthermore, the participants in the study were afforded complete confidentiality and privacy, diminishing any potential for bias.

Results

This study explored the lived experiences of 15 AA mothers and their maternal mental health, daily routines, and struggles while raising a child(ren) under the age of five. The two research questions were evoked through a thorough examination of prior research literature (see Chapter 2) and subsequently prompted a set of thirteen interview questions to engage participants in the exploration and analysis of the study inquiries during the qualitative data collection process. A detailed review of the results and coding of the data from the study were recalled below.

The National University Institutional Review Board initially approved the study on July 1, 2024, and the Public Health Department in Northern California approved the study on July 25, 2024; therefore, the final approval was granted by NU IRB on August 1, 2024, at which time data collection began. Purposeful sampling (Brown, 2020; Glaser & Strauss, 1967; Strauss & Corbin, 2015) was used to recruit participants. Recruitment flyers were posted on social media via Facebook and sent to employees of the Public Health Department via email on August 1, 2024. Participants were offered an incentive consisting of a \$20 gift card. All participants were obtained via Facebook. Fifteen participants were chosen from the 336 who responded to this researcher's post on Facebook. The researcher chose the 15 participants primarily due to their detailed description in the email that was sent in response to the social media post.

The demographics of the 15 participants were presented in Table 1. The participants were assigned a pseudonym (e.g., P1, P2) for confidentiality purposes. Eleven participants had one child under five years old, four participants had two children under five, and two of the four

participants with a younger child also had a child five or over. All participants were between the ages of 24 to 28 years of age. Ten participants had no previous mental health diagnosis, and five participants had a previous mental health diagnosis.

Table 1

Participant Demographics

Pseudonym	Age Range of P	Number of Child(ren) under Five	P Gender	County of Residence	Marital Status	Racial Identity	Previous Diagnosis
P1	24-28	1	Woman	Alameda	Single	Black or African American	Yes
P2	24-28	1	Woman	Alameda	Single	Black or African American	Yes
P3	24-28	2	Woman	Alameda	Single	Black or African American	Yes
P4	24-28	1	Woman	Alameda	Single	Black or African American	No
P5	24-28	1	Woman	Alameda	Single	Black or African American	Yes
P6	24-28	1	Woman	Alameda	Single	Black or African American	No
P7	24-28	1	Woman	Alameda	Single	Black or African American	No
P8	24-28	1	Woman	Alameda	Single	Black or African American	No
P9	24-28	1	Woman	Alameda	Single	Black or African American	No
P10	24-28	1	Woman	Alameda	Single	Black or African American	No
P11	24-28	2	Woman	Alameda	Single	Black or African American	Yes
P12	24-28	1	Woman	Alameda	Single	Black or African American	No
P13	24-28	1	Woman	Alameda	Single	Black or African American	No
P14	24-28	1	Woman	Alameda	Single	Black or African American	No
P15	24-28	1	Woman	Alameda	Single	Black or African American	No

All participants voluntarily signed the consent form to participate in the study. The data were collected utilizing semi-structured interviews that were audio recorded via Zoom, using Otter AI, and with an audio recorder, Phillips voice tracer DVT1160. This researcher utilized a

redundancy plan in case of failed technology. The first interview commenced on August 6, 2024, and the last interview concluded on September 9, 2024. The duration of each of the participant interviews ranged from 34 minutes to 56 minutes. This researcher first utilized a deductive process to analyze the data; afterward, the data were entered into NVivo Software, which assisted this researcher in establishing an objective review of the results, including noticeable themes that emerged from the data analysis, addressing the research questions for the study.

Each research question was designed with the intent of exploring the lived experiences about the impact of COVID-19 on AA maternal mental health, daily routines, and struggles while raising a child(ren) under the age of five. This investigator used a deductive process to code the interviews, manually going line by line, guided by the research questions, identifying important phrases, words, and paragraphs, which provided this researcher with an in-depth understanding of the experiences that the participants reported. Specific codes were generated. The results of this study were organized to present all relevant data and represent the language of the participants.

Coding of Data

The goal of a grounded theory methodology was to provide qualitative data that can be utilized to establish a theory from the experiences of the participants who were under examination (Perez et al., 2023). The three phases of coding (open, axial, and selective coding) were used to identify the important themes in the data and to develop the grounded theory (Corbin & Strauss, 2008; Corbin & Strauss, 2015). The three phases of coding for this study are discussed below.

Open Coding

During open coding, the researcher scrutinized the transcripts line-by-line to identify words and phrases that responded to the problem and research questions. During this manual open coding process, the researcher memoed, writing down notes, thoughts, and interpretations about the data that was being scrutinized. The transcripts, preliminary codes, and memos were imported into NVivo for computer-assisted qualitative data analysis. NVivo was used to identify additional related codes and develop these lower-level concepts. This process generated 75 open codes that were illustrated by direct quotes from the participants. Appendix F lists the codes, quotes, and frequency of occurrence for each code.

Axial Coding

Axial coding was the second phase in the coding process. Using axial coding, this investigator identified relationships between lower-level (open codes) and higher-level (axial codes) concepts. The codes were organized around the 'axes.' The investigator first used memoing and confirmed the relationships using conceptual saturation, continuous comparison, data repetition, and identification of statements or phrases expressing similar concepts. The higher and lower-level concepts that contributed to each of the five higher-level concepts are exhibited in Appendix G. The 75 codes were organized into the following five Axial codes. Each of the five codes were described below.

Axial Code One described the impact of COVID-19 on participants. This included the effect of the pandemic on participants' employment or finances, childcare, and the impact of social distancing and isolation.

Axial Code Two discussed the increase in participants' online presence. Axial two provided information about the participants increasingly utilizing online platforms and the internet for work, school, shopping, and communication with family and friends.

Axial Code Three presented the impact of the pandemic on participants' mental health. This code detailed the participants' reports of their mental health before the pandemic, during COVID-19, and at the time of the interview, including the influence on mental health status, treatment, and use of services.

Axial Code Four comprised needs and services identified by participants. The participants expressed their thoughts on interventions that were important to them as AA single mothers and what they felt were needs or improvements that should be initiated by their local or state government.

Axial Code Five expressed participants' coping experiences, including the participants' reflections, thoughts, and coping mechanisms while experiencing COVID-19. The participants also detailed what helped them get through the COVID-19 pandemic.

Selective Coding

Selective coding was the third and final phase in the coding process. The objective of selective coding was to discover the core themes or concepts from data that would explain the phenomenon under study (Corbin & Strauss, 2008, 2015). According to Corbin and Strauss (2008; 2015), the core themes emerge from the axial codes. Therefore, the selective coding process was executed to incorporate all of the axial codes into the final selective codes.

During selective coding, this researcher was able to identify and label the study's core themes by further scrutinizing and analyzing axial codes one through five and merging them into three selective codes (Table 2) that explained the participants' experiences during COVID-19. This investigator manually produced the core themes/selective codes (Table 2) from the data that the participants described. In order to produce the core themes, this researcher reviewed the participant responses for consistent phrases or words to manually construct the core themes. As

suggested by Corbin and Strauss (2008, 2015), this investigator scrutinized all evolving links and relationships that existed between the core categories and the other coded concepts (Corbin & Strauss, 2008, 2015). The result of selective coding created the core themes that highlighted the participants' experiences and responded to RQ1 and RQ2 of the study's exploratory investigation.

Table 2

Axial Codes, Descriptions, and Selective Codes

Axial Codes	Descriptions	Selective Codes
Axial Code One: Impact of COVID-19 on Participant Axial Code Two: Increase in Online Presence Axial Code Five: Participant Coping and Experiences	Overall impact of COVID-19 on participants.	COVID-19's Impact to the AA single Mother's Daily Routine and Struggles
Axial Code Three: Mental Health	Overall Impact on Participants' Mental Health	The Single Mothers' Experiences with Depression or Anxiety During the Pandemic Adverse Mental Health Experiences for AA Single Mothers
Axial Code Four: Needs or Interventions	Overall Needs of Participants as a Result of Experiencing COVID-19	The Impact of Race and Gender on a Marginalized Group, AA Single Mothers

Upon completion of the coding process, 75 codes were derived from open coding (Appendix F), five higher-level concepts were identified from axial coding (Appendix G), and three themes (Table 3) emerged from selective coding. The three themes were the single mothers' experiences

with depression or anxiety during the pandemic; COVID-19's impact on the AA single mothers' daily routine and struggles; and the impact of race and gender on a marginalized group, AA single mothers (Table 3).

Table 3

Core Themes and Descriptions of Core Themes

Core Themes of Study	Description of Core Themes
The Single Mothers' Experiences with Depression or Anxiety During the Pandemic.	Participants' recollection and reflection on depressive and anxiety symptoms.
COVID-19's Impact to the AA Single Mother's Daily Routine and Struggles.	Participants shared how their daily routine was impacted and the struggles they endured as a result of the disruption.
The Impact of Race and Gender on a Marginalized Group, AA Single Mothers.	Participants shared their lived experiences of the pandemic as AA single mothers with no support.

Core Themes and Research Questions

This section described the core themes as they responded to their respective research questions (Table 4). This section provided direct quotes illustrating how the participants' experiences contributed to the core themes. Finally, this section included insight into the links between the core themes and participants' reported experiences.

Research Question 1(RQ1)

The first research question was: How do single AA single mothers describe their experiences of depression or anxiety while raising young children during the COVID-19 pandemic? One theme emerged from the coding process that responded to RQ1: the single mothers' experiences with depression or anxiety during the pandemic and adverse mental health experiences for AA single mothers.

During open coding, initial codes such as social isolation, health concerns, and limited access to family and friends were identified. Through axial coding, these codes were grouped into the category of mental health. The category then contributed to the overarching theme of the single mothers' experiences with depression or anxiety during the pandemic.

The Single Mothers' Experiences with Depression or Anxiety During the Pandemic.

All 15 of the participants shared their experiences with depression or anxiety. Several participants reported their experiences with sleepless nights. P8 recounted, "Loneliness always took away all my happiness. I find it difficult to sleep." P12 stated, "I don't sleep most times at night, always thinking because of the responsibilities on me." P14 recalled, "I was angry, overwhelmed, some nights I could not even sleep." P4 stated, "I lie awake at night. I can't sleep."

Other participants expressed that they had suicidal thoughts and other adverse mental health experiences. P10 recalled, "Sometimes I think about harming ourselves, just so we could not experience this, but I just could not bring myself to do that." P15 recounted, "I had thoughts of suicide; I did not act on it." P12 stated, "Before COVID, I used to have this fear in me, but during... COVID it's increased the anxiety. I had more fear. . . I just try to restrain myself from committing suicide." P13 reported, "Frustrating thoughts of different things to do, different

negative actions to take. . . I felt depressed at the end. . . Feel like hurting myself twice. I just thought about it.”

Other participants recalled crying and worrying constantly. P2 recalled, “The stress of looking after the baby, the night crying, and all this stuff.” P10 recalled, “I might just sit down, start thinking of a lot of things, and I would just be crying.” P11 reported, “It was just constant worrying about my children’s welfare.” P13 shared, “I didn’t want to get out of bed. I was crying a lot.” P14 recalled, “I was still crying.” P15 recounted, “I was sad, and sometimes the sadness led to crying. P5 shared, “I was worried all the time.” P6 stated, “Excessive worry and kind of restlessness.” P4 expressed, “I cried, and I cried in my toilet because I didn’t want my son to see me. I was fed up. I was tired.”

Many participants shared how the isolation affected their mental wellbeing. The participants expressed feelings of fear, depression, or anxiety. P1 recalled, “A lot of increased stress, and I was mostly depressed.” P2 reported, “I was feeling very scared. I had fear.” P8 recounted, “I couldn’t eat. I fell into depression.” P3 expressed, “The feeling of loneliness and disconnection due to the social isolation. I was scared. I was so depressed.” P4 stated, “I am anxious. I am panicking.” P7 reported, “I felt anxious and really depressed.” P9 recounted, “Constantly having this fear in me.”

Finally, the participants expressed whether they had an official diagnosis of depression, anxiety, or some other trauma-related diagnosis. P1 shared, “I have just depression. I was diagnosed after or during the pandemic.” P2 reported, “I was diagnosed with an anxiety disorder and PTSD, that’s Post Traumatic Stress Disorder, during my pregnancy.” P8 recounted, “Depression wasn’t officially diagnosed.” P10 recalled, “I have depression.” P11 stated, “I had anxieties diagnosed that was two years ago,” and “I just knew that I was depressed.” P12

expressed, “I’m suffering from trauma, depression, and anxiety.” P13 recalled, “Depression now, no mental diagnosis before COVID.” P14 expressed, “Depression now, no diagnosis before the pandemic.” P15 recounted, “I was diagnosed with anxiety disorder, depressive disorder, and also change of mood and loss of appetite during COVID.” P10 expressed, “I had stopped crying, but that did not stop me from thinking. I start looking bad. I just did not have... time to take care of myself anymore. It was hell . . .” P11 recalled,

This feeling of being a single mother brings me down to depression. . . I don’t have a lot of support. . . sometimes my children are worried about seeing their father that make me depressed.

These categories collectively answer RQ1 by illustrating how AA single mothers experienced depression and anxiety as cumulative emotional strain shaped by isolation, fear, and the demands of sole caregiving.

Table 4

Research Questions and Themes

Research Questions	Themes
RQ1. How do single AA mothers describe their experiences of depression or anxiety while raising young children during the COVID-19 pandemic?	Theme 1: The single mothers’ experiences with depression or anxiety during the pandemic and adverse mental health experiences for AA single mothers.
RQ2. How has COVID-19 affected AA single mothers’ daily routines and struggles while raising young children?	Theme 2: COVID-19’s impact to the AA single mother’s daily routine and struggles.

Research Question 2 (RQ2)

The second research question: How has COVID-19 affected AA single mothers' daily routines and struggles while raising young children? One theme emerged from the coding process that responded to RQ2: COVID-19's impact on the AA single mothers' daily routine and struggles. A sub-theme also emerged from the AA single mothers' daily routine and struggles, the impact on a marginalized group, AA single mothers.

During open coding, initial codes such as impact on participants' daily routine, difficult to balance work and life, impact on outdoor activities, increase in online platform or groups, and parenting alone were identified. Through axial coding, these codes were grouped into the category of the impact of COVID-19 on participants. The category then contributed to the overarching theme of COVID-19's impact to the AA single mother's daily routine and struggles and the sub-theme, the impact on a marginalized group, AA single mothers.

COVID-19's Impact to the AA Single Mother's Daily Routine and Struggles. The theme responded to RQ2 (Table 4). Participants shared how their daily routines and struggles were impacted because of the pandemic. P1 recalled, "It... reduced some physical activities... you can normally go... work out, and I wasn't able to do some outdoor activities." P2 stated, "I was unable to move about freely." P8 shared, "Because schools were closed . . . I couldn't do some activities that I normally do... daily." P10 expressed, "Everything just changed. I had to start communicating with my friends online." P11 reported,

As for my daily routine, it was stressful because I'd wake up by four a.m. in the morning to prepare my children breakfast and lunch, and... prepare for work... sometimes I see them by eight p.m. in the evening, leaving at eight a.m. in the morning.

P12 recounted, "Before COVID, I go ... to work, care for my child, and just go out to walk. The pandemic limited my access." P13 recalled,

Before COVID, I... take the kids to daycare... have... time to myself, go to work, come back, do some shopping or cooking, and I still have time to rest before... taking the kids from the daycare. During . . . COVID, it changes, because I have no help . . .

P14 shared,

Everything changed. I'm the type that... like to go out, make friends, enjoy the cool breeze, environment, and all of that with my child, maybe holding him, or they were trolley and stuff like that. But with the way everything happened at once, without prior notice, we had to stay inside.

P3 recounted,

Before the pandemic, I used to wake up around six a.m. or five thirty, then do some jogging and yoga exercises, shower, get dressed, dress my children, prepare breakfast, and plan my day. In the evening, I would socialize with friends and family, then maybe read and write and do some things. Then, during the pandemic, I had to wake up... by seven a.m., do some workout and some virtual yoga . . . shower and get dressed, . . . do breakfast, and plan my day. I work online.

All participants recalled how everything changed for them. Participants detailed how they had to care for and educate their children while also working remotely. P1 recounted, "Some single parents struggled with balancing work and childcare responsibilities because they're now working remotely from home." P8 stated, "It's really affected my work balance, my work life." P12 expressed, "The thing really overwhelmed me while managing my work and taking care of my child, and also the responsibilities." P14 reported, "I just... wasn't able to balance my work and my child." P6 stated, "I tried my best to balance the two, and it was hard." Participants also explained how they struggled to balance childcare and their work/life balance. P4 expressed,

Every decision I made, every fear I had, every sleepless night, was more about my child...

I wanted to be sure that he was okay . . . I didn't want anything to happen to him.

P6 recounted, "It was really challenging for me because of the lockdown, at least before COVID, I enrolled my child in a daycare, so it was kind of relieving for me." P7 shared,

It was really hard work because 24/7 there was no break, and having to cater for his every need was really troublesome, and sometimes it could really get emotionally overwhelmed because... a four-year-old is always in need of something.

Many other participants explained how they had to shop online and communicate with family and friends, as well as attend religious services via the internet. P10 expressed, "Everything just changed. I had to start communicating with my friends online." Further still, other participants recalled how they had to exercise at home. P3 recalled, "... during the pandemic, I had to wake up... by seven a.m. do some workout and some virtual yoga."

Changes in routines often resulted in added parental stressors. Participants expressed how they had to parent alone because the pandemic stopped people's ability to move around. P1 reported, "The fact that the child was still very small during the pandemic, having to manage that alone, without support, that really increased the childcare responsibility for me." Many participants detailed how they struggled to manage the cries of their young children. P2 shared, "The baby crying, trying to know what's wrong with the baby." Other participants shared how they struggled to manage their child's sickness during the pandemic. P14 recounted,

Okay, my baby was sick then, and I was not around. I left him with my neighbors... I came back and he was very, very sick. I got depressed more because I just did not save up for medical bills. . . I call my mom to send me some money. . . She wasn't able to come around. . . it was very, very stressful.

Furthermore, many participants struggled daily just to meet their child's daily needs and keep the child(ren) entertained. P10 stated, "I would say I had sleepless nights. I started thinking of what to do just to keep him occupied and not bored."

Financial Issues. Participants detailed how they struggled to pay their household bills during the pandemic. Some participants shared how they started online businesses to generate income. P5 reported, "I was actually working, and it was a part-time job, and... I had to quit and start something... like a handcraft. Some things... were really restricted." Many participants described how their mental health was affected due to the financial stressors. P15 recalled, "Coping during this pandemic, to cover up some essential expenses, it has really affected my mental health. I couldn't care for my child very well. I was having issues of financial stableness."

The participants reported how overwhelming and difficult the whole experience was for them. Furthermore, the participants detailed how being a single mother impacted their financial situation, especially when there were restrictions during the pandemic. P1 recounted, "Some single parents struggled with balancing work and childcare responsibilities because they're now working remotely from home." P8 stated, "It's really affected my work balance, my work life." P12 expressed, "The thing really overwhelmed me while managing my work and taking care of my child, and also the responsibilities." P14 reported, "I just... wasn't able to balance my work and my child." P6 stated, "I tried my best to balance the two, and it was hard."

The Impact on a Marginalized Group, AA Single Mothers. The sub-theme responded to the impact COVID-19 had on a marginalized group, AA single mothers. All 15 participants identified as Black or AA and single mothers. The participants recounted the impact the pandemic had on them as AA single mothers and the needs that they foresaw as a result of their experiences during the pandemic that would assist in reducing bias and discrimination for AA

single mothers with young children. P6 shared, “There should be an equality system whereby everybody has equal rights to and equal access to resources.” Some participants expressed inequalities in general resources, such as pandemic-related resources. Other participants detailed a lack of mental health resources (support groups and counseling services) for AAs in general, and in particular, AA single mothers. P1 expressed,

I would say increase funding and make provision for funds for mental health services and programs, specifically targeting single mothers. They should also offer mental health support groups and counseling services. Then provide accessible and affordable childcare options to reduce the stress and allow for self-care.

Many other participants shared a necessity for employment, particularly for single mothers who lack advanced education, and a salary increase. P2 recalled,

It should be more jobs, and they should create jobs for employment for most mothers; not all mothers are able to complete their studies ... Then, talking about health-wise, most people are unable to get their insurance in the state and... I feel the government should help look into the community health center.

Other participants detailed a need for more childcare facilities, especially for single mothers. P1 expressed, “I would say... provide accessible and affordable childcare options to reduce the stress and allow for self-care.” Other participants expressed a need for equitable, affordable, and accessible healthcare services and more community health centers. Several participants expressed a need for tax credits for single mothers and incentives for single mothers who want to start a business. P5 expressed,

Coming to the aid and giving them financial assistance or opportunities to explore more . . . Also, the government should try to help single African moms who are fending for their

kids . . . for example, me that have a handwork, . . . a craft . . . Introduce me to people who could help me financially, if not giving me a job, but . . . make me go global. Also, giving . . . us . . . materials that could help us to overcome stress.

P8 stated,

Maybe expand access to mental health services, like partnering with local organizations to provide free or local counseling, provide some tax credits, or incentives for businesses, and provide some kind of tax credit for all single mothers.

Some participants also expressed a need for a mentorship program to assist single mothers with starting a business and managing their mental health and other stressors. P8 recounted,

. . . develop a kind of mentorship program that pairs single mothers with more experienced community members. Especially, where Black American single mothers gather and meet with other community members, where they can give them some mentorship about money, managing life, and family, and being a single mother. Also, maybe mentorship about how to manage your anxieties, your aggression, and how you can manage your work and your child's relationship.

Furthermore, other participants shared a need for a community support group for AA single mothers that helps with food, free therapeutic services, and encouragement. P13 expressed,

I will say, for some mothers that do not have help, I would say getting help... providing food for them... medical help, for some people that are stressed that needs to visit the hospital or doctor, but do not have such help.

Lastly, several participants expressed a need to promote mental health awareness in the community to reduce stigma and provide incentives for participation in the mental health awareness campaign. P11 reported,

I think a kind of... awareness program should be made among African single mothers, especially the African American mother. Awareness should be made on how they can manage their stress level ... their finance, and also provide some kind of free support for single mothers.

P4 recounted,

There should be some kind of increase in funding to promote or care for mental health. . .

There should be more campaigns . . . People should begin to be taught to protect their mental health and what to do ... And then we should have available services that we can ... easily walk in ... or ... book a doctor's appointment. Then the government should also collaborate with schools and communities to sensitize people, to get people to be mentally aware that they are not alone ... It could happen to anybody, and it could be treated with the right support. And give incentives, things like wristbands, things that keep people in check, maybe even scholarships to study.

These categories collectively answer RQ2 by illustrating the impact to the AA single mother's daily routine and struggles by depicting how AA single mothers had to adjust their daily routine to meet their needs and the needs of their young child(ren), The sub-theme was additionally answered by detailing the AA single mother's experience as a single mother during the pandemic.

Evaluation of the Findings

In this section, the evaluation of findings, RQ1 and RQ2 responses, and themes are discussed. This section further evidences prior research that was supported by this researcher's findings. Lastly, this section provided the grounded theory that emerged from the results of the study.

Research Question 1

Two themes were found to address RQ1 (Table 4). The first theme that emerged depicted the single mothers' experiences with depression or anxiety during the pandemic and agreed with the findings from prior research (Calvano et al., 2022; Chen et al., 2022; Davis et al., 2022), which found that COVID-19 increased parental stress and led to increased anxiety and depression (Chen et al., 2022; Davis et al., 2022; Penner et al., 2022). This researcher's findings also agreed with research conducted by Jurblum et al. (2020) and Loades et al. (2020), who found that increased mental health symptoms and mental health diagnoses were consistent with anxiety and depression. Other scholars also documented poorer mental health during the pandemic (Chandler et al., 2021; Gillyard et al., 2023; Laurencin & McClinton, 2020). This researcher's findings corresponded with the findings of Obinna (2021) and Smooth (2013), who found that the impact on the participants' mental health was a result of environmental factors, social status, and gender.

The second theme that emerged indicated adverse mental health experiences for AA single mothers who were parenting a child(ren) under the age of five. The findings agreed with prior research that declared that mothers suffered deleterious psychological wellbeing during the pandemic (Chandler et al., 2021; Gillyard et al., 2023; Laurencin & McClinton, 2020). This researcher's study findings further corroborated results of other researchers (Calvano et al., 2022; Chandler et al., 2021; Chen et al., 2022; Davis et al., 2022; Gillyard et al., 2023; Laurencin & McClinton, 2020; Penner et al., 2022) who found a deleterious impact on the mental health of marginalized groups due to social identity and social determinants of health (Obinna, 2021; Smooth, 2013).

The depressive and anxious experiences described in RQ1 set the emotional context for understanding the adaptive coping behaviors described in RQ2. Together, these categories formed the foundation for the emergent theory of *Intersectional Maternal Vulnerability*. The theory described how AA single mothers navigated overlapping pressures of race, gender, and pandemic-related isolation.

Research Question 2

One theme was found to address RQ2 (Table 4). The theme that emerged was COVID-19's impact on the AA single mothers' daily routine and struggles. The current findings agreed with prior research that found single mothers had to care for their children's academic as well as social-emotional wellbeing while also managing their own needs (Ainamani et al., 2020; Davis et al., 2022; Lim et al., 2022; Rodrigue & Tamo, 2020; Zakaria et al., 2022). Additionally, the findings from the investigator's current study were also corroborated by past research that declared that parents experienced more economic and financial hardships as a result of the pandemic (Chandler et al., 2021; Dubey et al., 2020; Gillyard et al., 2023; Hart & Han, 2021; Lim et al., 2022; McGoron et al., 2022; Racine et al., 2021; Zakaria et al., 2022). This researcher's study agreed with findings from other scholars (Ainamani et al., 2020; Chandler et al., 2021; Davis et al., 2022; Dubey et al., 2020; Gillyard et al., 2023; Hart & Han, 2021; Lim et al., 2022; McGoron et al., 2022; Racine et al., 2021; Rodrigue & Tamo, 2020; Zakaria et al., 2022) who found that the participant's experiences with gender, class, inequities, marginalization, economic instability, lack of privilege, and environmental factors (Obinna, 2021; Smooth 2013) had a deleterious impact during the pandemic.

The adaptive coping behaviors described in RQ2 further added to the emergence of the grounded theory. The categories further compounded the emergent theory of *Intersectional*

Maternal Vulnerability. The theory additionally described how systemic inequities, coupled with sexism and racism, added to the AA single mother's COVID-19 experiences.

Grounded Theory

A grounded theory (Table 5) was inductively constructed by this researcher through an analytical coding process by generating theories from data in this study through a systemic approach as proposed by Corbin and Strauss (2008, 2015). Corbin and Strauss (2008) and Corbin and Strauss (2015) declared that a grounded theory evolves through the scrutiny of the data as the researcher codes and interprets the data. The grounded theory that evolved from this data set was: As a result of the vulnerability of being a single AA female parent and the environmental and historical factors, such as systematic racism and the COVID-19 pandemic, AA single mothers who were parenting young children under five were disproportionately at a higher risk of personal obstacles. The obstacles included mental health challenges, such as anxiety, depression, and other psychological concerns; problems concerning physical wellbeing for themselves and their children; struggles with childcare, and fretting about finances and employment. The grounded theory (Table 5) was supported by findings that declared women experienced more economic and financial hardships as a result of the pandemic (Chandler et al., 2021; Dubey et al., 2020; Hart & Han, 2021; Lim et al., 2022; McGoron et al., 2022; Racine et al., 2021; Zakaria et al., 2022). The grounded theory was further supported by research from other scholars who declared that AA mothers were a marginalized group that had been adversely impacted by the pandemic (Chandler et al., 2021; Gillyard et al., 2023). Furthermore, other scholars purported that marginalized groups, such as AAs, quality of life was negatively impacted by COVID-19 (Dubey et al., 2020; McGoron et al., 2022; Racine et al., 2021). Further still, other researchers asserted that single mothers endured economic hardships and

psychological challenges while caring for their young children (Dubey et al., 2020; Hart & Han, 2021). Lastly, the grounded theory (Table 5) was supported by research that asserted that the single mothers' mental health was adversely impacted by the pandemic (Calvano et al., 2022; Chen et al., 2022; Davis et al., 2022) and their parental stress was exacerbated by COVID-19 (Chen et al., 2022; Davis et al., 2022; Penner et al., 2022).

Table 5

Grounded Theory

<p>As a result of the vulnerability of being a single African American female parent and the environmental and historical factors such as systematic racism and the COVID-19 pandemic, African American single mothers who were parenting young children under five were disproportionately at a higher risk of personal obstacles. The obstacles included mental health challenges, such as anxiety, depression, and other psychological concerns; problems concerning physical wellbeing for themselves and their children; struggles with childcare, and fretting about finances and employment.</p>	<p>Answers R1 and R2 depict the participants' experiences during the COVID-19 pandemic while raising a child(ren) under the age of five.</p>
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Summary

In this chapter, the findings for RQ1 and RQ2 described the interconnected processes of psychological strain and adaptive coping. These categories together formed the theoretical foundation for the emergent model that is presented in chapter five. The findings from the data collection and analysis were presented. Upon review of the data analysis, three themes emerged regarding the two research questions that were presented for this study. Results from the analysis supported prior literature about the impact of COVID-19 on AA maternal mental health (Calvano

et al., 2022; Chandler et al., 2021; Chen et al., 2022; Davis et al., 2022; Dubey et al., 2020; Gillyard et al., 2023; Hart & Han, 2021; Lim et al., 2022; McGoron et al., 2022; Penner et al., 2022; Racine et al., 2021; Zakaria et al., 2022). Additionally, the significance of the results that were inductively drawn from the conclusion of the themes presented and produced a grounded theory (Corbin & Strauss, 2008; Corbin & Strauss, 2015). The grounded theory that was produced by the study was: As a result of the vulnerability of being a single AA female parent and the environmental and historical factors, such as systematic racism and the COVID-19 pandemic, AA single mothers who were parenting young children under five were disproportionately at a higher risk of personal obstacles. The obstacles included mental health challenges, such as anxiety, depression, and other psychological concerns; problems concerning physical wellbeing for themselves and their children; struggles with childcare, and fretting about finances and employment. In the next chapter, the implications and recommendations for future research and conclusions about the current findings are presented.

Chapter 5: Implications, Recommendations, and Conclusions

This study's research findings provided insight into the maternal mental health of African American (i.e., AA) single mothers who were raising young children under the age of five during the pandemic. The problem addressed in this study was that the pandemic had adversely affected the mental health, daily routines, and struggles of AA single mothers. The purpose of this qualitative grounded theory was to explore and develop a grounded theory about the mental health of AA single mothers and their daily routines and struggles during the pandemic to develop an emerging theory that would add to the literature and offer insight for interventions that would decrease the mental health disparities in the AA community for stakeholders at the Public Health Department in Northern California. This chapter is a presentation of the study's value by interpreting the results and making suggestions for future research. Therefore, the focus of this chapter was on the limitations, discussion of the results, implications, recommendations for practice, recommendations for future research, and the conclusion based on the results.

In an attempt to answer the research questions, this researcher used an interpretive theoretical framework, the intersectionality theoretical framework, ITF, (Obinna, 2021; Smooth 2013), to guide this researcher's study. The study utilized a qualitative methodology and grounded theory design, using semi-structured interviews to collect rich data about the impact COVID-19 had on the mental health of AA single mothers raising children under the age of five. This researcher interviewed AA single mothers to explore their lived experiences (Glaser & Strauss, 1967; Strauss & Corbin, 2015) to develop a grounded theory that explained the phenomenon (Perez et al., 2023) concerning their mental health. This researcher employed a grounded theory approach that illuminated the experiences of the participants under examination (Duan et al., 2023; Kaufman et al., 2023; Kaveh et al., 2023; Perez et al., 2023).

The researcher contacted all participants via email, and all interviews were conducted virtually via Zoom. All 15 participants lived in Northern California, and all were AA single mothers with at least one child under the age of five. Every participant reported adverse mental health challenges during the pandemic. Upon completion of data collection, this researcher utilized NVivo software to analyze the qualitative interview content, identifying noticeable themes that emerged from the data analysis. After completion of the NVivo process, a grounded theory and label (Figure 1) was developed from the findings and resultant themes.

The researcher implemented the recommendations of Corbin and Strauss (2015) throughout all phases of open, axial, and selective coding. The open coding stage of the analysis produced 74 conceptual labels, which are presented in Appendix F. Through the research strategies of constant comparison and memoing, the researcher utilized the 74 lower-level concepts to develop five axial codes and/or higher-level concepts, which are presented in Table 2. The results of both the open and axial coding procedures produced four selective codes and three core themes, which are presented in Table 3. The core themes portrayed the participants' adverse mental health challenges, the impact to their daily routines and struggles, and their lived experiences as AA single parents during the COVID-19 pandemic.

The grounded theory that emerged from this data set was: As a result of the vulnerability of being a single AA female parent and the environmental and historical factors, such as systematic racism and the COVID-19 pandemic, AA single mothers who were parenting young children under five were disproportionately at a higher risk of personal obstacles. The obstacles included mental health challenges, such as anxiety, depression, and other psychological concerns; problems concerning physical wellbeing for themselves and their children; struggles with childcare, and fretting about finances and employment. The grounded theory label that

emerged was intersectional maternal vulnerability. The emergent theory expands on prior literature by clarifying how systemic and interpersonal factors interact to sustain chronic emotional strain among AA single mothers – a process not captured by previous models of maternal stress.

Mothers, in general have been deemed a vulnerable population (Chandler et al., 2021; Gillyard et al., 2023; Laurencin & McClinton, 2020; Lim et al., 2022; Liu et al., 2020; Meng et al., 2020), and AA single mothers, by extension are also a vulnerable population, because Black Americans have also been identified as a vulnerable population (Laurencin & McClinton, 2020), who have been disproportionately impacted by the pandemic (Chandler et al., 2021; Gillyard et al., 2023), as well as children aged five and younger due to the children being dependent on their immediate family members for early stimulation and caregiving (Grant & Guerin, 2014; Li et al., 2005; London & Ingram, 2018; Thompson, 2001). The participants' responses supported prior findings in the literature about adverse maternal mental health (Chen et al., 2022; Davis et al., 2022; Penner et al., 2022) and added to the development of the grounded theory, given the challenges of parenting young children (Chen et al., 2022; Davis et al., 2022; Li et al., 2022; Lim et al., 2022). The AA single mothers' COVID-19 experiences revealed a link to adverse mental health and struggles with their daily routine.

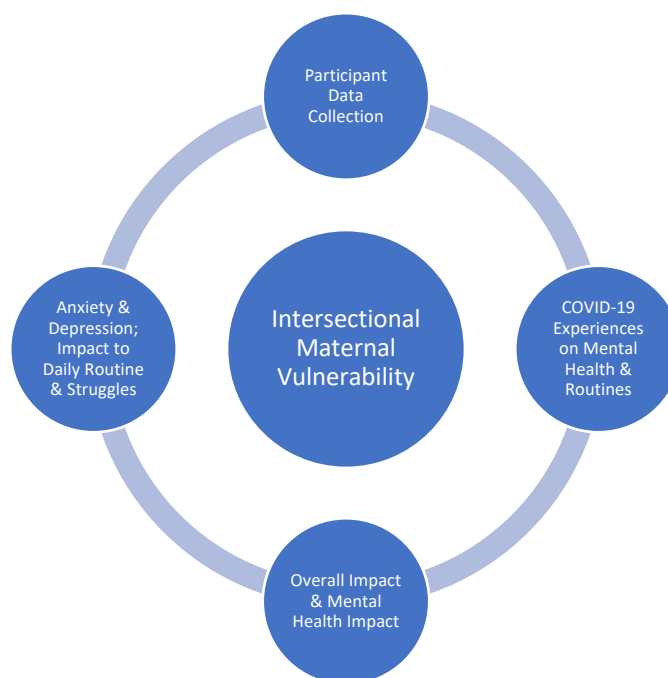


Figure 1. *Grounded Theory Process and Label*

The participants reported increased anxiety and depressive symptoms (Chen et al., 2022; Davis et al., 2022; Penner et al., 2022), financial stressors (Chandler et al., 2021; Dubey et al., 2020; Hart & Han, 2021; Lim et al., 2022; McGoron et al., 2022; Racine et al., 2021; Zakaria et al., 2022), and problems finding childcare (Ainamani et al., 2020; Davis et al., 2022; Lim et al., 2022; Zakaria et al., 2022). As economic precarity increased, the AA single mothers adapted through self-isolation and meaning-making of their daily routines and struggles amid the COVID-19 pandemic. The results further highlighted that racism and sexism played a role in economic stability and health outcomes through systemic inequity, which were consistent with findings from Obinna (2021), who found that economic stability and socio-environmental factors shaped health outcomes. The AA single mothers became entrepreneurs to adapt to the sexism, racism, and economic inequalities that prevailed during the COVID-19 pandemic. The study results found that AA single mothers had to work during the pandemic in addition to navigating

the pandemic alone, completing daily tasks, managing their emotional wellbeing, and caring for their young children, which further enhanced the impact on the AA single mothers' psychological health and daily routines and struggles. AA single mothers had to manage employment responsibilities, which consequently added stressors, including meeting financial obligations, managing their child's daily and educational needs, and concern for their physical health, as well as the health of their young children, further compounding the intersection of race and gender and systemic inequities. Overall, this investigator's results indicated that the AA single mother's mental health was adversely impacted by their COVID-19 experiences (Chen et al., 2022; Davis et al., 2022; Penner et al., 2022), including financial hardship (Chandler et al., 2021; Dubey et al., 2020; Hart & Han, 2021; Lim et al., 2022; McGoron et al., 2022; Racine et al., 2021; Zakaria et al., 2022) and parental stress, while caring for their young child under the age of five (Calvano et al., 2022; Chen et al., 2022; Davis et al., 2022). In conclusion, sexism and racism, combined with being an AA single mother (i.e., a vulnerable population) in addition to caring for a vulnerable population (i.e., young children under five) while experiencing the pandemic, negatively impacted the mental health of the AA single mother.

Two limitations were identified with the study. The first limitation was the investigator's biases and assumptions, which might have affected the results or interpretation. This researcher was the main analysis instrument (Glaser & Strauss, 1967; Strauss & Corbin, 2015); therefore, to preserve the credibility of the research process, this investigator critically evaluated prior knowledge, experiences, and subjective views while conducting this study (Glaser & Strauss, 1967; Strauss & Corbin, 2015). This researcher is a licensed clinical social worker, which added to the risk of potential assumptions and biases. To decrease these risks, this investigator engaged in member checking, transparency, journaling, and adhering to the principle of epoche.

The last limitation was this researcher's skill set and training. Glaser and Strauss (1967) and Strauss and Corbin (2015) determined that the legitimacy of any grounded theory depended on the researcher's capability to apply the methodology competently. This investigator had no prior knowledge of conducting a grounded theory. Therefore, this researcher applied strategies learned from previous research courses and psychotherapy practices to execute this study effectively. This researcher further utilized academic resources, as well as the researcher's dissertation chair and committee, to assist with developing a grounded theory.

Implications

The theoretical foundation for this study was an interpretive framework, the intersectionality theoretical framework (ITF) (Obinna, 2021; Smooth, 2013). The primary focus of ITF was the vulnerability and treatment of women and how the intersection of numerous social identities (e.g., race, gender, class, sexuality, and ability) defined societal power hierarchies, which produced privilege and marginalization (Smooth, 2013). ITF was vital to this study as it highlighted the vulnerability of women, especially AA women, the marginalization of women as a populace, and systemic inequities.

ITF was further highlighted by the following theme from the study: the impact of race and gender on a marginalized group, AA single mothers. ITF was supported by scholars who found that women were looked upon as second-class citizens (Obinna, 2021; Smooth, 2013) and their race, gender, class, sexuality, and ability status further marginalized them (Smooth, 2013). The participants in this investigator's study recalled experiences where they felt they were treated as second-class citizens due to raising a young child. ITF was further evidenced by the stress from the adverse mental health challenges that the participants experienced and was further highlighted by the impact of intersecting systems of oppression on the lived experiences

of individuals marginalized by inequities (Elnaiem, 2021; Gillyard et al., 2023; Krause et al., 2022; Snowden & Snowden, 2021; Zota & VanNoy, 2021). The participants recounted how systems worked against them due to their having young children, which further marginalized them. One participant shared how she was denied an employment opportunity because she had a young child at home. Many single mothers further recalled how their mental health declined during the pandemic due to environmental factors, such as locale and sparse resources, and limited mental health resources. Furthermore, financial and mental health challenges were greatly increased in this group due to the intersectionality of being Black, female, and a single parent. Next, the research questions are discussed.

Research Question 1: How do single AA single mothers describe their experiences of depression or anxiety while raising young children during the COVID-19 pandemic?

One theme emerged from the interviews in response to RQ1, which supported unfavorable mental health for AA single mothers raising young children under the age of five as a result of their race and gender. The AA single mothers described their experiences with adverse mental health during the pandemic. Several participants acknowledged they endured loneliness and sleepless nights. A few participants recounted their struggles with suicidal thoughts. There were other participants who reported crying and worrying a lot. Still, other participants stated they experienced depression or anxiety, with or without a diagnosis. The participants expressed feelings of sadness and anxiety, which further evidence a need to address the AA single mothers' concerns regarding their experiences during a crisis, such as the COVID-19 pandemic.

Considering the results from the study, the implications for local and government officials were that mental health providers should be made more accessible (Penner et al., 2022) to single mothers, specifically AA single mothers (Novacek et al., 2002; Snowden & Snowden, 2021).

Furthermore, there is a growing need for support groups for single mothers who are parenting young children (Chen et al., 2022). Finally, single mothers need to be taught more coping skills to navigate stressful situations (Tamo & Rodrigue, 2020). The next section discusses RQ2.

Research Question 2: How has COVID-19 affected AA single mothers' daily routines and struggles while raising young children?

One theme responded to RQ2. The theme revealed COVID-19's extensive impact on the AA single mothers' daily routine and struggles because of systemic inequities. A sub-theme also emerged from the AA single mothers' daily routine and struggles, the impact on a marginalized group, the AA single mothers, which was impacted by race and gender. The participants described their recollection of events during a very difficult and trying time in their lives. Many participants shared how they could not go outside to socialize. Other participants recalled a reduction in physical activities and working from home, while also caring for their young child. A few parents shared that they could not receive help from others due to COVID-19 restrictions. One participant recalled worrying about their child's social interaction as the only educational instruction was online because of the pandemic. Many participants recalled the difficulty in balancing their work and home life.

The emergent theory was as a result of the vulnerability of being a single AA female parent and the environmental and historical factors, such as systematic racism and the COVID-19 pandemic, AA single mothers who were parenting young children under five were disproportionately at a higher risk of personal obstacles. The obstacles included mental health challenges, such as anxiety, depression, and other psychological concerns; problems concerning physical wellbeing for themselves and their children; struggles with childcare, and fretting about finances and employment. The emergent label was intersectional maternal vulnerability. The

emergent theory provided an understanding of some of the origins of maternal stress, how those maternal stressors intersected with the vulnerability of being a single, AA mother who was raising a young child(ren) under the age of five, and how the AA single mother coped with their mental health, daily routine, and stressors amid the COVID-19 pandemic. The emergent theory builds on other models of maternal health.

These findings indicated that government officials and local decision-makers should consider incorporating the AA single mother's experiences when preparing for the next health crisis. Further implications for governing officials are that the government needs to be better prepared for a future health crisis (Davis et al., 2022), so it does not extensively impact the general population, specifically, the AA single mother. Additionally, alternatives to continue daily activities should be considered so individuals' lives are not adversely impacted (Aldoney et al., 2023). Furthermore, support networks should be established to advance support to meet the basic needs of the community (Chen et al., 2022). Next, a discussion of the sub-theme is provided.

The sub-theme that was identified for RQ2 was the impact on a marginalized group, AA single mothers. The participants shared their experiences in terms of their racial identity, gender, and social status. Several participants shared inequality regarding mental health services, health care, and other programs targeted to assist single mothers. A few participants recounted that their status as a single mother hindered them from accepting some employment opportunities because of a lack of childcare and a deficiency in educational requirements. Several other participants recalled limited access to pandemic-related information caused by an inability to access resources because they were not located in an area where resources were abundant. Still further, many participants shared the disparity in earned wages for single mothers, specifically AA single mothers.

The findings of the above results indicated that AA single mothers experienced racial discrimination, inequalities, and social disparities during the COVID-19 pandemic, which should be addressed by government officials to employ equality and equity for all races, irrespective of gender (Snowden & Snowden, 2020). Furthermore, AA single mothers' experiences should be taken into consideration by government officials, which could include initiating focus groups or community town halls to address the needs of the AA single mothers (Chen et al., 2022). The next section discusses recommendations for practice.

Recommendations for Practice

As a result of this study, meaningful implications for the field of behavioral sciences were revealed from the grounded theory. To expound on theoretical comprehension, the emerged theory that arose from this study included race and gender variables that further compounded the mental health stressors of the AA single mother. Past research (Obinna, 2021; Smooth, 2013) and current research (Daw et al., 2025) have evidenced that race and gender, combined with low socio-economic status, remain a societal concern and have proven to adversely impact participants in this study. The AA single mothers' mental health has been adversely impacted by the pandemic, and psychological resources, such as therapeutic services, were scarce for people of color, especially low-income AA single mothers. Thus, given the new insights from the study, and the historical factors of sexism and racism experienced by AA single mothers, culturally appropriate psychotherapy services are recommended to address the adverse mental health of AA single mothers and to assist the AA single mothers with enhanced coping skills to manage their daily routines and stressors. Furthermore, access to community resources within a reasonable timeframe, access to employment opportunities, and affordable child care are recommended for policymakers to address the personal obstacles of AA single mothers parenting young children

under the age of five, and to address how these barriers continue to impact vulnerable populations, specifically, AA single mothers. Thus, to address the personal obstacles of the AA single mothers, local and federal policymakers should begin to conduct focus groups and local and national townhalls to discover the needs of AA single mothers. Also, policymakers should develop a plan to address the needs and personal obstacles that AA single mothers view as primary concerns for them and their young children. Furthermore, more attention could be steered toward removing historical barriers such as sexism and racism to benefit this vulnerable population and improve their mental wellbeing.

The findings of the current study provided insight into practical recommendations that can be applied to the field of behavioral sciences. In this research study, it was revealed that AA single mothers raising a young child under five had a deleterious impact on their mental wellbeing. The mental wellbeing of the participants in the study was negatively impacted by historical factors such as sexism and racism because they did not have culturally supportive, low or no-cost mental health resources to assist them while they were struggling to care for their young children. Therefore, it is important to develop community services, target interventions (Chen et al., 2022), and support interventions (Tamo & Rodrigue, 2020) that meet the specific cultural and mental health needs of AA single mothers (Snowden & Snowden, 2021) and their young children. Additionally, there is a need to identify the root cause, including personal obstacles, of psychosocial stress in AA communities (Gillyard et al., 2023). Finally, there is a need to investigate and address the underlying causes or stressors of mental health decline among mothers in the United States, especially those of low socioeconomic status (Daw et al., 2025). Furthermore, actively adhering to the findings in this study could have a potential impact on the field of behavioral sciences. If policy and lawmakers were to consider these research findings, it

could potentially draw more professionals to the field who are better equipped to support the cultural and psychological needs of AA low-income single mothers. Furthermore, acquiring more culturally competent professionals in the field would assist the field of behavioral science to better understand the underlying causes of the mental health decline of AA low-income single mothers.

The research study would benefit stakeholders' interest in improving the wellbeing of the AA single mother. Furthermore, the study's benefit to stakeholders would provide insight into the current and past struggles the AA single mothers have been contending with and all the environmental and societal stressors that are associated with the adverse impact on their psychological wellbeing, the future needs of the AA single mother, the coping strategies for the AA single mother, the internal mental health struggle the AA single mother was navigating, whether current services are available to AA single mothers, what services are deemed necessary to meet the needs of the AA single mother, and how race and gender compounded to adversely impact the psychological wellbeing of the AA single mothers' mental health while raising a child under five. Next, ITF, which is crucial in understanding the plight of the AA single mother, is expounded upon for the advancement of improving the mental health of the AA single mother.

Furthermore, it was vital to understand how using ITF to interpret the study has highlighted the effect on women of color, especially AA women, and why change is necessary. The ITF framework provided various areas that need to be overhauled to implement effective change for second-class citizens (i.e., women) (Lim et al., 2022; Tamo & Rodrigue, 2020), encompassing many social identities, including race, gender, socio-economic status, ethnicity, and sexual orientation (Bowleg, 2012). A comprehensive review of ITF's origin can enhance the federal government and local decision-makers' knowledge of how it can be applied in modern-

day society to empower and progress the efforts of AA single mothers. Examining ITF thoroughly provided insights into the intersections of the numerous social identities mentioned above and brought awareness to the AA single mothers' plight while raising their young children. ITF revealed how racism and sexism, combined with social determinants of health, such as financial instability and lack of mental health resources and social supports, contributed to the AA single mothers adverse mental health.

Utilizing ITF to assist in explaining the AA single mothers' plight and partnering with federal government officials and local community decision-makers can leverage the lawmakers' societal stance needed to address the critical factors related to ITF that were previously mentioned concerning AA single mothers. For example, government officials and decision-makers can implement focus groups targeted at AA single mothers to address the societal divide, further addressing the privilege and marginalization of this group, thereby creating a more supportive and inclusive environment. Adhering to these recommendations would provide AA single mothers a fighting chance at improved psychological wellbeing.

The study's findings validated ITF in that racism and sexism proved that the vulnerability and treatment of women intersected due to numerous social identities, such as race, gender, class, and sexuality, which further produce privilege and marginalization (Smooth, 2013) of women. Furthermore, ITF highlighted the vulnerability of women, especially AA low-income women, and the marginalization of women as a populace. Lastly, ITF further revealed that much work still needs to be done to lessen the divide between the AA, low-income, single mothers, and the general populace.

Recommendations for Future Research

Given the delimitations of the current study, future researchers might wish to address the following: a larger sample size, a different method, such as a quantitative or mixed methods approach, and a larger, possibly national, random mixed methods study on low-income AA single mothers. The aforementioned recommendations can only enhance findings from this investigator's study. Each of these areas were addressed in more detail below.

To better understand the decline of maternal mental health amongst a vulnerable population (Lim et al., 2022; Liu et al., 2020; Meng et al., 2020; Tamo & Rodrigue, 2020), more research on AA maternal mental health and the cause of the adverse maternal mental health decline should be explored with a larger sample size. A larger sample size would allow for more generalizability and could provide a better overview of the mental health of the low-income AA single mother, since the current study was small in size. Furthermore, a larger sample size could enhance the discussion on the AA single mothers' mental health, thereby adding information that may have been overlooked or unreported by the participants in this investigator's study.

Initiating a national quantitative or mixed methods approach on lower-income AA single mothers could also be advantageous to future research. Due to the qualitative approach of this research, the limitation of the small sample size prevented the results from being generalized beyond the scope of the participants in the study. A quantitative or mixed methods structure would require a substantially larger sample size and can increase the generalizability of the findings beyond the study. An alternative method to the qualitative methodology has the capability of increasing knowledge by determining what other factors are possibly contributing to the decline of single mothers raising young children under the age of five.

Another alternative would be to conduct a similar study where the principal researcher is not the only instrument. The benefit of having multiple instruments for analysis provides a few perspectives on the results produced and further delivers a richer discussion about the research findings. Finally, this investigator suggests that research conducted by other researchers on past events, like the COVID-19 pandemic, or other health or societal crises, that have been proven to adversely impact AA single mothers, could prove even more beneficial to the field of behavioral sciences and add insight into the plight that has impacted low-income AA single mothers for decades.

Conclusions

The problem addressed in this study was that the pandemic had adversely affected the mental health, daily routines, and struggles of AA single mothers. The purpose of this qualitative grounded theory was to explore and develop a grounded theory about the mental health of AA single mothers and their daily routines and struggles during the pandemic to develop an emerging theory that would add to the literature and offer insight for interventions that would decrease the mental health disparities in the AA community for stakeholders at the Public Health Department in Northern California. The emergent theory was a result of the vulnerability of being a single AA female parent and the environmental and historical factors, such as systematic racism and the COVID-19 pandemic, AA single mothers who were parenting young children under five were disproportionately at a higher risk of personal obstacles. The obstacles included mental health challenges, such as anxiety, depression, and other psychological concerns; problems concerning physical wellbeing for themselves and their children; struggles with childcare, and fretting about finances and employment. The emergent label was intersectional maternal vulnerability. This grounded theory study contributes a conceptual model of

intersectional maternal vulnerability, illustrating how African American single mothers construct meaning and resilience under intersecting stressors. The model offers both theoretical and practical pathways for supporting this marginalized population.

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Appendix A
Research Terms

Date	Search Engine	Range	Word	Modifiers	Results
2/18/23	Roadrunner	Last 5 years	Coronavirus		481,292
2/18/23	Roadrunner	Last 5 years	Coronavirus disease		386,468
2/18/23	Roadrunner	Last 5 years	Coronavirus disease	Mental illness	18,112
2/19/23	Roadrunner	Last 5 years	Coronavirus disease	Mental illness & African Americans/black americans/blacks	4,681
2/19/23	Roadrunner	Last 5 years	Coronavirus disease	Mental illness & African Americans/black americans/blacks & California	1,071
2/26/23	Roadrunner	Last 3 years	Coronavirus disease	Mental illness	18,254
2/26/23	Roadrunner	Last 3 years	Coronavirus disease	Mental illness & theory	6,811
2/26/23	Roadrunner	Last 3 years	Coronavirus disease	Mental illness & African Americans/black americans/blacks & California	12
2/26/23	Roadrunner	Last 3 years	Coronavirus disease	Mental illness & African Americans/black americans/blacks & theory	10
3/11/23	Roadrunner	Last 3 years	COVID	Anxiety	154,656
3/11/23	Roadrunner	Last 3 years	COVID	Depression & African Americans or Black Americans or Blacks	26,245
3/18/23	Roadrunner	Last three years	COVID	Depression and anxiety & African	4,210

				Americans or Black Americans or Blacks & California	
4/1/23	Roadrunner	Last 5 years	Theoretical Framework	Mental health & coronavirus	9,339
4/1/23	Roadrunner	Last 5 years	Theoretical Framework	Mental health & coronavirus & African Americans or Black Americans or Blacks	3,702
4/15/23	Roadrunner	Last 3 years	Coronavirus	Definition or defined or meaning or descriptions	144, 588
4/15/23	Roadrunner	Last 3 years	Coronavirus	deaths	180,530
4/16/23	Roadrunner	Last 3 years	COVID	Origins or history	283,079
5/28/23	Roadrunner	Last 3 years	COVID	Depression & African Americans or Black Americans or Blacks	144,181
5/28/23	Roadrunner	Last 3 years	COVID	Depression & African Americans or Black Americans or Blacks & Qualitative study	39,748
6/4/23	Roadrunner	Last 3 years	Mental health	coronavirus or covid-19 or 2019-ncov & african americans or black americans or blacks	43,945
6/17/23	Roadrunner	Last 3 years	Coronavirus disease & mental health or illness or disorder	African Americans or Black Americans or Blacks & meta-analysis or systemic review	14,455
6/17/23	Roadrunner	Last 3 years	Coronavirus disease &	African Americans or Black Americans or	14,049

			anxiety or depression	Blacks & meta-analysis or systemic review	
8/5/23	Roadrunner	Last 3 years	African Americans	Defined or definition or meaning or description	2,946
8/5/23	Roadrunner	Last 3 years	African Americans	Definition	540
8/5/23	Roadrunner	Last 3 years	coronavirus or covid-19 or 2019-ncov	Defined	37,098
8/6/23	Internet		CDC	Define African Americans	
8/6/23	Roadrunner	Last 3 years	Covid endemic	Defined or definition or meaning or description	15
8/6/23	Roadrunner	Last 3 years	Inequalities or disparities or inequity	Defined or definition or meaning or description	19,000
8/6/223	Roadrunner	Last 3 years	Marginalized	Defined or definition or meaning or description	2,551
8/6/23	Roadrunner	Last 3 years	Pandemic	Defined or definition or meaning or description	32,436
8/6/23	Roadrunner	Last 3 years	Racial disparity	Defined or definition or meaning or description	1,052
8/6/23	Roadrunner	Last 3 years	Racism or discrimination or prejudice or racial bias	Defined or definition or meaning or description	28.711
8/12/23	Roadrunner	Last 3 years	COVID	Mental health & African American or Black Americans or Blacks & parenting	32

8/13/23	Roadrunner	Last 3 years	COVID	Mental health & Single mothers & children	13
8/13/23	Roadrunner	Last 3 years	Single mothers	Defined	2,995
8/20/23	Roadrunner	Last 3 years	Single mothers	COVID & African American or Black Americans or Blacks & mental health	2
8/20/23	ProQuest Coronavirus Research Database	Last 3 years	African American Single mothers anxiety and depression and covid-19		502
8/20/23	ProQuest Coronavirus Research Database	Last 3 years	Single mothers and mental health		5,698
9/09/23	Roadrunner	Last 3 years	Intersectionality Theoretical Framework		271
9/09/23	Roadrunner	Last 3 years	Intersectionality Theoretical Framework	African American or Black Americans or Blacks	22
9/24/23	Roadrunner	Last 3 years	COVID-19	African American single mothers & mental health & raising young children	0
9/24/23	Roadrunner	Last 3 years	COVID-19	Single mothers & mental health & raising young children	0
9/24/23	Roadrunner	Last 3 years	COVID-19	African American single mothers & depression & raising young children	0
9/24/23	Roadrunner	Last 3 years	COVID-19	African American single mothers & anxiety & raising young children	0

9/24/23	Roadrunner	Last 3 years	COVID-19	single mothers & depression & raising young children	0
9/24/23	Roadrunner	Last 3 years	COVID-19	single mothers & anxiety & raising young children	0
9/24/23	ProQuest Coronavirus Research Database	Last 3 years	COVID-19	African American Single mothers mental health and covid-19	1,094
9/24/23	ProQuest Coronavirus Research Database	Last 3 years	COVID-19	African American Single mothers mental health and covid-19 and raising young children	214
10/22/23	Roadrunner	Last 3 years	Grounded theory		42,289
10/22/23	Roadrunner	Last 3 years	Grounded theory	COVID-19	2,753
10/22/23	Roadrunner		Belmont Report		1,413
10/22/23	Roadrunner	Last 3 years	Semi-structured interviews		510,664
11/11/23	Roadrunner		Intersectionality Theoretical Framework		1,465
12/2/23	Roadrunner	Last 3 years	Quality of life defined		2,269
3/24/24	Roadrunner	Last 3 years	Covid-19	endemic	13,914

Appendix B

Inclusion Criteria Questionnaire

Study Design: Interview African American single mothers who are parenting children under the age of five about the impact COVID-19 has had on their mental health.

Eligibility criteria: You are eligible if you:

- (a) are parenting a child(ren) under the age of five.
- (b) are a single parent.
- (c) are African American.
- (d) are residing in Alameda County.
- (e) have endured COVID-19
- (f) are willing to discuss the impact COVID-19 has had on your mental health.
- (g)** are 18 years or older.

Appendix C

Recruitment Email and Flyer

My name is Angelia Victorian, and I am doctoral student at Northcentral University. I am conducting a research study on the impact of COVID-19 on maternal mental health in the African American Community While Being a Single Parent Who is Parenting Young Children Under the Age of Five: A Grounded Theory.

I am recruiting individuals who meet these criteria:

- (a) Parenting a child(ren) under the age of five.
- (b) 18 and older.
- (c) Single parent.
- (d) African American.
- (e) Reside in Alameda County.

The activities for this research project will include:

1. Participate in an in-person interview at Creekside or an online interview over Zoom for 45-60 minutes.
2. Review interview summary via email for 10-15 minutes.

If you are interested in participating in this study, please contact me at

A.Victorian4222@o365.ncu.edu or angeliavictorian@gmail.com.

Thank you!

Angelia Victorian



(Google images, 2023)

You are eligible if:

1. Parenting a child(ren) under the age of five.
2. 18 and older.
3. Single parent.
4. African American.
5. Reside in Alameda County.

Participants will:

1. Participate in an in-person interview at Creekside or an online interview over Zoom for 45-60 minutes.
2. Review interview summary via email for 10-15 minutes.

I am conducting a study about the mental health of AA single mothers during the endemic.

To participate, please contact Angelia Victorian at angeliavictorian@gmail.com or at

925-727-3835.

Appendix D

Participant Informed Consent

Introduction

My name is Angelia Victorian. I am a doctoral student at National University (NU). I also hold a role as Social Worker III at the County of Alameda, Public Health Department, Healthy Families America Program.

I am asking you to take part in a research study about the mental health of AA single mothers during the endemic. The name of the research is “The Impact of COVID on Maternal Mental Health in the African American Community While Being a Single Parent Who is Parenting Young Children Under the Age of Five: A Grounded Theory.”

Eligibility

You participate in this research if you meet all of the following criteria:

- (a) Parenting a child(ren) under the age of five.
- (b) 18 and older.
- (c) Single parent.
- (d) African American.
- (e) Reside in Alameda County.

I hope to include 15 people in this research.

Please read this form carefully and ask any questions you may have before agreeing to take part in the study.

Activities

If you agree to be in this study, you will be asked to do the following activities:

1. Participate in an in-person interview at Creekside or an online interview over Zoom for 45-60 minutes.
2. Review interview summary via email for 10-15 minutes.

During these activities, you be asked questions about:

- Demographic questions (Age, gender, race, number of children, marital status, socioeconomic status, and residing county).
- Your mental health experience and coping skills during COVID.
- Past or current mental health diagnoses.
- Your experience parenting your child(ren) during the pandemic and the endemic.

Risks

There are minimal foreseeable risks or discomforts associated with this research. You can still skip any question you do not wish to answer, skip any activity, or stop participation at any time.

Benefits

If you participate, there are no direct benefits to you. This research may increase the body of knowledge in the subject area of this research.

Audio/Video Recording

I would like to audio/video record your responses and/or actions with a voice recorder or Zoom during the interview. You can disable the video function of the online meeting platform at any time.

Compensation

After you complete the in person or Zoom interview and review interview summary, you will receive a \$20 gift card.

Mandated Reporting

My professional role outside of NU requires me to report suspicion of child or elderly abuse, suspicion of possible harm to self or others, and committed crimes to the appropriate authorities.

Confidentiality

I will keep the records of this study private and take reasonable measures to protect the security of all your personal information. In any report I make public, I will not include any information that will make it possible to identify you. I will securely store your data for three years. After the three-year expiration, I will delete any electronic data and destroy any paper data.

Voluntary Participation

Participation in this study is completely voluntary. You may quit at any time.

Contact Information

Please ask any questions you have now. If you have questions later, you may contact me at angeliavictorian@gmail.com or at 925-727-3835.

If you have any questions or concerns regarding your rights as a subject in this study, you may contact the Institutional Review Board (IRB) via email at irb@nu.edu

Statement of Consent: I have read the above information and have received answers to any questions I asked. I consent to take part in the study.

Your Signature _____ Date _____

Your Name (printed) Angelia Victorian

Appendix E

Interview Questions

1. How has the endemic affected the mental health of the African American single parent?
2. How has the endemic impacted the single parent's daily routines?
3. How have the single parent's outdoor activities been affected by the endemic?
4. How has the endemic impacted the single parent's social interactions or connections?
5. How has the single parent's employment status been affected by the endemic?
6. Has the endemic adversely exacerbated the mental wellbeing of the single mother?
7. What was your psychological wellbeing like before the pandemic?
8. What is your mental wellbeing like presently?
9. Please describe what impact you believe the pandemic has had on your psychological health.
10. What do you think your local government or state agency could do to better service the mental health needs of the single African American mothers in the community?
11. What other interventions or services are necessary to feel adequately supported in improving your mental health?
12. How has raising a child(ren) under five affected your mental health during the endemic?
13. How has raising multiple children, with one child under five, affected your mental health during the endemic?

Appendix F

Results of Open Coding

Results of Open Coding

Open Codes	Descriptive Example	Number of Text Segments
Ability to communicate with family or friends	P2 “My sister was unable to come visit me”	1
Access to resources before pandemic	P1 “We had access to some mental health resources.” P6 “I experienced racial bias and difficulty accessing resources.”	5
Necessity for resources now	P10 “I just did not get to hear of the COVID on time, and I wasn't prepared. I will say more information in case something like this, you know, tends to happen again.” P5 “Resources that you know when you go through it might help you to heal from some certain things.”	9
Adverse mental health	P1 “The disconnection from friends and family and even the community, so that leads to the increase in stress and also depression.” P2 “During the course of the pandemic, I almost felt like committing suicide. I felt like taking my life. I felt I wasn't going to be able to take care of my unborn child.” P3 “I was so depressed because I'm coping with the loss of loved ones, relationships, and aspects of my life that were affected by the pandemic.”	117

Open Codes	Descriptive Example	Number of Text Segments
Challenges Raising Child Under Five	<p>P8 “That’s why sometimes I wake up I feel like leaving the world.”</p> <p>P3 “You have to care for your children.”</p> <p>P4 “It wasn’t easy at all. The distraction, it wasn’t easy, having to care for him, having to concentrate, having to focus, having to give him all the attention he needed as a baby, you know.”</p> <p>P5 “It was really challenging for me because of the lockdown, at least before COVID, I enrolled my child in a daycare.”</p> <p>P11 “It was hard for me and so stressed for me, and I don’t advise anybody to like I felt really bad for single mothers that are not working, at least they don’t have any money. How are they coping? Because for me I earn money. Where I take care of my children, but it was still hard for me to take care of all the bills in the house. This was really tough on me.”</p>	43
Coping mechanisms during pandemic	<p>P1 “I was being advised to do some regular exercises, eat, balance diet, have sufficient sleep, and I should also manage my stress.”</p> <p>P10 “I play music in the house, do dance, you know, watch movies with my child just to keep myself happy and going.”</p> <p>P12 “I take online classes and also focused on baking.”</p>	101

Open Codes	Descriptive Example	Number of Text Segments
Family support	P14 “First thing was my first person was my mom. You know, she talked to me every day just to give me the courage that I needed, and I just had to be strong for myself and for my child.”	26
	P2 “My baby daddy wasn't with me, so I didn't really have the support I really needed during that period.”	
	P11 “I got support from my mother.”	
Food Banks and Charities	P14 “My mom was always there for me.”	1
	P6 “What really helped me was I kind of relied on food banks and local charities for support, although it was something that kind of, should I say, trampled on my pride.”	
Neighbor or friend support	P11 “I had my neighbor that assisted me. But it wasn't really, really okay with me.”	6
	P14 “I have one friend, but she's married. Yeah, we do talk but not often, just the once in a while.”	
	P12 “Community care service was able to help.”	
Current mental health	P2 “I'm stable because at least I can have few movements.”	57
	P5 “It's good, but not that good.”	
	P10 “I'd say that it is better than when we were in the pandemic because for now, I have help.”	
	P11 “Getting back to normal.”	

Open Codes	Descriptive Example	Number of Text Segments
Current support	P14 “My health is stable. You know, the depression I no longer feel depression.”	5
	P11 “I have a caregiver that is assisting me.”	
	P13 “My mom is around, you know, helps with taking care of the kids, and the daycare is open, you know, for me to drop off the kids in time.”	
No fear or doubt now	P10 “I can easily, you know, drop my kid with them and do what I want to do, then come back without having any fear or doubt.”	2
Difficult to balance work and life	P8 “And let me say, in everything, it's really affected my work balance, my work life.”	10
	P14 “I just you know wasn't able to balance my work and my child.”	
	P6 “I tried my best to balance the two, and it was hard.”	
Father wants to help	P4 “I am trying to adjust because I know he just needs his father. Adjusting to let him in, wanting to feed him.”	3
Wanted father to be present for child	P10 “I cried. I just, I just wanted his dad to come back no matter what.”	2
	P4 “I wanted him to have the opportunity to be there, to give him a chance again at the beginning, to get to know him.”	
Impact on employment status	P3 “I wasn't really able to make enough sales, because even people that were interested in getting my clothes, most of them had to pay half payments because they didn't	44

Open Codes	Descriptive Example	Number of Text Segments
Occupation of participant	<p>get the goods at that time. So I did not really make enough sales. So it's also affecting my financial status.”</p> <p>P5 “You know about my job, not like the place quit, but I stopped going. I stopped going because, um, they had to cut down the numbers of workers, and I actually understood that, and it was really something that affected me.”</p> <p>P6 “My job as a waitress was the first to go, you know, leaving me without a steady income.”</p> <p>P3 “I sell female clothing and shoes, bags, and stuff like that.”</p> <p>P5 “A receptionist in the firm”</p>	5
Impact on outdoor activities	<p>P1 “I would say it's affected my outdoor activities such that it's reduced the way I do things like, no, let's say some other activities like workout.”</p> <p>P8 “I was unable to go for work. I was unable to go out to religious gatherings. I was unable to go out for social gatherings.”</p> <p>P13 “We cannot take, uh, evening, evenings to, you know, enjoying the views and the neighborhood. We could not do such. We could not go to the park. So we had to, you know, stay in the during this period and try out new activities.”</p> <p>P4 “So it actually did affect me because I was afraid of going out.”</p>	40

Open Codes	Descriptive Example	Number of Text Segments
Alternative to outdoor activities	<p>P7 “I opted for more indoor activities like drawing, listening to music, playing some Legos and my child wasn't really able to interact with other children over his age.”</p> <p>P9 “Watch television together and, tell him some stories, you know to make him feel good.”</p>	4
Impact on participant's daily routine	<p>P1 “I would say the pandemic really affected my daily routine, like it restricted some movements, and also limited my access to public spaces, like even my shopping.”</p> <p>P10 “My routine, everything just changed, because that time, you know, it was hard to, you know, get an appointment to make your hair, fix your toes or fix your nails, you know, go for medical checkup, maybe go to the gym, run around stuff like that, stuff that I do love to do go to the park.”</p> <p>P11 “I wake up by 4 am getting ready to prepare for work, because I leave for work by 8 am so I wake up at 4 am to prepare my children lunch and also their breakfast and wake them up to take their bath. So it was really stressful for me before going to work.”</p> <p>P14 “Everything changed. I had to start ordering foodstuff, and it took time before it was delivered. And sometimes, um, you know, they just did not have what I wanted. Things changed.”</p>	43

Open Codes	Descriptive Example	Number of Text Segments
Inability to generate income	<p>P1 “I wasn't able to make more sales because as a single mother, I'm trying to care for myself and for my child.”</p> <p>P5 “My financial income dropped drastically, and I had a lot of bills to pay.”</p> <p>P9 “It's really affected my income.”</p>	14
Online employment income	<p>P2 “I was able to, you know, support me, keep me a bit busy, and also help my financial status.”</p>	2
Unable to pay for necessary services	<p>P2 “My income wasn't stable enough for me to be able to pay the nurse to stay with me.”</p>	1
Increase in online platform or groups	<p>P8 “I organized an online tutorial for children actually, but I didn't really have but a few students who were interested.”</p> <p>P10 “I had to start communicating with my friends online.”</p> <p>P11 “We meet on Zoom or in Microsoft Meet, or social media or a video call on Facebook or WhatsApp.”</p> <p>P12 “So I will only communicate to them through social media.”</p>	88
Increased childcare responsibilities	<p>P10 “Basically most programs for babies were shut down because of the pandemic. So I could not find any place to keep my child.”</p> <p>P11 “I had to be teaching them at home.”</p> <p>P13 “During the COVID, it was just, you know, the three of us, you know, I try to include them in everything.”</p>	45

Open Codes	Descriptive Example	Number of Text Segments
Increase in caring for a loved one	P14 “It was just me and my child, I couldn't take him to daycare, because everywhere was shut down at that period.”	5
	P3 “Since they were not going to school again. They were at home, so the responsibility increased, so it wasn't really that easy.”	
	P8 “I was the only one that's caring for everything my daughter and my younger sister.”	
Increase in household responsibilities	P5 “I was just like a caregiver to her too during the whole pandemic time.”	2
	P7 “Most of the time, I was just idle and trying to keep up With the daily tools of cleaning, maintaining, washing.”	
Increased financial responsibilities	P9 “So I was kind of used to staying in the house, waking up, taking care of my child, you know, cooking, doing the home service.”	16
	P2 “I had financial insecurity because of the pregnancy and at the cost of the pregnancy.”	
	P8 “It was a difficult one for me because I was the only one that's caring for everything my daughter and my younger sister.”	
Financial stressors	P12 “My income reduced, so add more expenses than my income.”	22
	P8 “So it's, couldn't meet with my financial needs. So financially, it was really hard for me.” P12 “My income reduced, so add more expenses than my income.”	

Open Codes	Descriptive Example	Number of Text Segments
Learned new things from being online	<p>P6 “You know, unemployment benefits were kind of slow to arrive, and my savings kind of dwindled rapidly.”</p> <p>P2 “The fun of it was getting to learn new things from online.”</p>	3
Limited access to friends and family	<p>P2 “Really difficult as being a young mother, a young expecting mother, without anybody around.”</p> <p>P3 “As a single parent, we rely heavily on support from people and also maybe families, which, because of the pandemic, it's really disrupted.”</p> <p>P4 “I couldn't be visiting friends, you know, I didn't have family to go to.”</p> <p>P6 “I had no family member nearby to help.”</p>	13
No family assistance with finances or goods	<p>P6 “I faced these challenges alone without any emotional or practical support of a partner. I kind of struggled.”</p>	2
Limited access to support groups	<p>P1 “Limited my access to some support groups due to the social distancing measures.”</p>	3
Local or State Government	<p>P1 “Let's see they make provision for funds for mental health services and programs and specifically targeting the single mothers.”</p> <p>P2 “And so at least for whatever level standard, educational standard, what anyone has, there should be a job for them.”</p> <p>P8 “Let me say another one, provide some tax credits, or</p>	49

Open Codes	Descriptive Example	Number of Text Segments
Medications	<p>incentives for businesses. Provide some kind of tax credit for all single mothers.”</p> <p>P11 “I think a kind of program, awareness program should be made among, African single mother, especially the African American mother, awareness should be made on how they can manage their stress level, they can manage their finance and also provide some kind of free support for single mothers.”</p> <p>P1 “I was given some antidepressant medications and some mood stabilizers, and I was taking the medications.”</p> <p>P11 “I was on medication and also a lot of therapy sessions.”</p> <p>P13 “I took it for like, a period of six months. Then he said, after then, I had to stop taking the medication so that my system would not be used, you know, to medication in case anything happens that my blood vessels will be strong to fight it off.”</p>	21
Currently taking medication	<p>P1 “Yes.”</p> <p>P10 “No, I'm okay now.”</p> <p>P14 “No, I'm a lot better now.”</p>	9
Mental health after medications	<p>P1 “I started noticing positive change that was like after like six months to seven months.”</p>	2

Open Codes	Descriptive Example	Number of Text Segments
Mental health affected by COVID-19	<p>P1 “The pandemic also created overwhelming fear. It made people scared of the situation on the ground.”</p> <p>P2 “I had some trauma.”</p> <p>P8 “I fell into depression, anxieties.”</p> <p>P10” I start looking bad. You know, I just did not have that time to take care of myself anymore.”</p> <p>P13 “You know, I felt depressed at the end. Sometimes I feel like I need to give up and stuff like that. Feel like hurting myself.”</p>	158
Concern for child's health and safety	<p>P11 “I worried a lot about their wellbeing, especially I worried about the virus, the risk of the infection getting to them.”</p> <p>P12 “How will my child survive if I die?”</p> <p>P14 “I said my baby was sick then, and I was not around. I left him with my neighbors, which was very risky. I came back and he was very, very sick. I got depressed more because I just did not save up for medical bills. I had to rush him to the hospital.”</p>	39
Concern for self or others' health	<p>P8 “I wanted to say another thing that make me fall into depression, the fear about contracting covid 19, you know, the covid was spreading fast.”</p> <p>P11 “I was concerned about catching COVID.”</p>	35

Open Codes	Descriptive Example	Number of Text Segments
Loss of loved one or general loss	<p>P3 “I was always constantly worrying about the future and my loved ones.”</p> <p>P4 “Would I be able to watch my child go through something like this? Would I survive it? Would my son get sick and everything.”</p> <p>P1 “During the covid 19 , I lost my uncle through the pandemic, so he died during the pandemic.”</p> <p>P12 “I lost my cousin.”</p> <p>P3 “I’m coping with the loss of loved ones, relationships, and aspects of my life that were affected by the pandemic.”</p>	9
Mental health before COVID-19	<p>P9 “I had a neighbor who died during the COVID.”</p> <p>P8 “Okay, apart from getting straight stressed, stressed out from work, and then, cars, minor things, maybe my child is sick, apart from those things, my psychological health was good.”</p> <p>P10 “I was a lively person, just like now. I was okay.”</p> <p>P11 “Before covid, I was okay. I was out of anxiety.”</p> <p>P13 “Before the pandemic, it was very good. I was smart, I was sharp.”</p>	33
Strong Support Network	<p>P3 “I had a very strong support network of friends, family, and colleagues, which provided me with that sense of belonging and connection.”</p>	1

Open Codes	Descriptive Example	Number of Text Segments
Mental Health Diagnosis	<p>P2 “I was diagnosed with an anxiety disorder and PTSD, that's Post Traumatic Stress Disorder.”</p> <p>P10 “Depression.”</p> <p>P11 “I had anxieties diagnosed that was two years ago.”</p> <p>P12 “Suffering from trauma, depression and anxiety.”</p>	46
Symptoms	<p>P8 “Loneliness always took away all my happiness.”</p> <p>P10 “At first I started crying.”</p> <p>P11 “It was just constant me worrying about my children, welfare.”</p> <p>P14 “I was angry, overwhelmed.”</p>	101
Necessary outings	<p>P4 “I felt like I needed something else. I felt like I needed more. So going to church was necessary.”</p>	3
Online employment presence	<p>P1 “I connected with just a few of my customers online.”</p> <p>P2 “I was able to organize an online class.”</p> <p>P9 “I went into food servicing, you know, I had to, um, you know, make people know that I am into food services online, where I do certain kind of advertisement.”</p>	6
Online Purchases	<p>P14 “I had to start ordering foodstuffs, and it took time before it was delivered.”</p> <p>P4 “I could just order things and then have it delivered to me.”</p> <p>P10 “We take time for what you order to get to your doorsteps.”</p>	7
Other interventions for improved mental health	<p>P1 “individual and group therapy session.”</p>	37

Open Codes	Descriptive Example	Number of Text Segments
Medication monitoring	<p>P2 “I think some outdoor activities would help.”</p> <p>P10 “I will say the gym because it is one thing. It is also part of this stuff that heals me.”</p> <p>P11 “There should be kind of free healthcare access.</p> <p>P15 “Counseling and also support groups.”</p>	1
Support groups	<p>P1 “Then peer support groups and counseling can also be of great help.”</p>	1
Parenting Alone	<p>P10 “Yeah, it was just me and my son.”</p> <p>P12 “Taking care of my child alone, no assistance and all.”</p> <p>P13 “It was just me.”</p> <p>P14 “Everything was just me.”</p>	23
No family support	<p>P11 “I didn't have anybody around close to me to take care of my children.”</p> <p>P13 “Especially when you don't have any help around you.”</p>	5
Participant reflections on life	<p>P3 “As a single parent is not really easy for me.”</p> <p>P6 “My life kind of quickly unraveled.”</p> <p>P9 “I do have a problem with my friends, because they feel like I've changed, you know, I'm not the same person they knew.”</p>	146

Open Codes	Descriptive Example	Number of Text Segments
Participant experiences during pandemic	<p>P8 “As a single mother, we have responsibilities. It's on you, your child's education, your child's health, it is on you and everything.”</p> <p>P8 “I'm lonely because as a socialist, where I go out to relate with people, talk to people and meet with others, families, meet with friends. I didn't have this.”</p> <p>P10 “I do not wish for anyone to experience that, because I just wish for so many things that time,”</p> <p>P11 “I didn't have much time to take to call them, because the hospital was overcrowded with infected persons, so I didn't have much time to communicate with him.”</p> <p>P4 “It basically was making you know, the fear felt, the loneliness I felt like I was being caged somewhere, and even when everything was easing up, I couldn't go out.”</p> <p>P5 “Yeah, I was, you know, sometimes during the pandemic, I think I lost someone, but not really, not really because the person was diagnosed with covid, but I went through stress because I could not really be there for the person during when the person, you know, had the whole ailment and therapy sessions helped me.”</p>	127

Open Codes	Descriptive Example	Number of Text Segments
Positives from pandemic	<p>P10 “It also taught me that, you know, I can be sure I can do a lot of things just by myself and be fine.”</p> <p>P11 “I learned about their likes and what they want, what they like, and how I have to give them a kind of motherly lessons, which is like my four-year-old daughter, I had to show her how to do some kind of domestic chores.”</p> <p>P12 “I took time to take care of my child, to look out for his needs. And I also tried to understand my child better.”</p> <p>P14 “I realized I was a strong person.”</p>	29
Social interactions	<p>P1 “You couldn't interact well with people because of the social distancing.”</p> <p>P2 “It affected me in a way that I couldn't go out to meet, so more of the communication was on the internet.”</p> <p>P8 “I couldn't meet with my family, or my parents during the pandemic, there was a kind of a lack in in-person social interaction.”</p> <p>P7 “I was not able to interact with my family, my friends.”</p>	37
Social isolation and social distancing effects	<p>P8 “During a pandemic, I was isolated with my child.”</p> <p>P10 “It was just me and my child. We wanted to go out that time to go visit my mom, but we weren't allowed to go out.”</p>	66

Open Codes	Descriptive Example	Number of Text Segments
Father of child not present	P12 "My child was my holy companion."	23
	P4 "The loneliness was just louder than I could ever imagine."	
	P2 "My baby daddy wasn't there."	
	P8 "There was no Dad."	
	P10 "I wish he, you know, his dad was still with us. He left."	
Therapy	P11 "The father is not around."	54
	P1 "I was able to go for therapy." P8 "I tried to talk to a therapist about how I'm feeling. Organized a therapist online. I talked to the therapist."	
	P2 "No, I didn't have any online therapy. I think I was my self-therapist."	
	P12 "A friend of mine introduced me to a therapist."	
Currently in therapy	P10 "Yes, but not often."	4
	P9 "Yes, I'm still seeing sometimes."	
	P1 "No."	
Working remotely	P8 "Work at home."	28
	P4 "I had to work from home."	
	P7 "I had some remote job of online writing, but it wasn't that stable."	
	P5 "The remote work was something that helped, yeah, and I think it helped me to, you know, take care of some bills."	

Appendix G

Results of Axial Coding

Results of Axial Coding

Higher-Level Concepts	Lower-Level Concepts
Impact of COVID-19 on Participant (470)	Challenges raising child under five (43) Difficult to balance work and life (10) Impact on employment status (44) Occupation of participant (5) Impact on outdoor activities (40) Alternative to outdoor activities (4) Impact on participant's daily routine (43) Inability to communicate with family or friends (2) Inability to generate income (14) Online employment income (2) Unable to pay for necessary services (1) Increased childcare responsibilities (45) Increase in caring for a loved one (5) Increase in household responsibilities (2) Increased financial responsibilities (16) Financial stressors (22) Limited access to friends and family (13) No family assistance with finances or goods (2) Limited access to support groups (3) Parenting alone (23) No family support (5) Social interactions (37) Social isolation and social distancing effects (66) Father of child not present (23) Increase in online platform or groups (88) Learned new things from being online (3) Online employment presence (6) Online purchases (7) Working remotely (28)
Increase in Online Presence (132)	

Higher-Level Concepts	Lower-Level Concepts	
Mental Health (693)	Adverse mental health (117)	
	Current mental health (57)	
	Current support (5)	
	No fear or doubt now (2)	
	Medications (21)	
	Currently taking medication (9)	
	Mental health after medications (2)	
	Mental health affected by COVID (158)	
	Concern for child's health and safety (39)	
	Concern for self or others' health (35)	
	Loss of loved one or general loss (9)	
	Mental health before COVID (33)	
	Strong support network (1)	
	Mental health diagnosis (46)	
	Symptoms (101)	
	Therapy (54)	
	Currently in therapy (4)	
	Needs or Interventions (102)	Access to resources before pandemic (5)
		Necessity for resources now (9)
Local or state government (49)		
Other interventions for improved mental health (37)		
Medication monitoring (1)		
Support groups (1)		
Coping mechanisms during pandemic (101)		
Participant Coping and Experiences (472)	Family support (26)	
	Food Banks and Charities (1)	
	Neighbor or friend support (6)	
	Father wants to help (3)	
	Wanted father to be present for child (2)	
	Necessary outings (3)	
	News and updates (1)	
	Occupation of participant (27)	
	Participant reflections on life (146)	
	Participant experiences during pandemic (127)	

Higher-Level Concepts

Lower-Level Concepts

Positives from pandemic (29)
