

Identification of risks and resilience in households headed by women in a disadvantaged population in North Lima



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ABSTRACT

The changes in social interaction in the family have triggered the families to be single-parent over time, therefore the research objective is to identify the risks and resilience in households headed by women in a disadvantaged population in North Lima. It is a non-experimental, descriptive, correlational, cross-sectional quantitative study with a total population of 220 female heads of households. In the results, the test used is the Spearman correlation. The Resilience variable is positively related to total family risk ($\rho=0.236$; $p<0.01$) and satisfaction with life ($\rho=0.435$; $p<0.01$). Likewise, the total family risk is positively related to life satisfaction ($\rho=0.420$; $p<0.01$). In conclusion, strategies for family solidification should be sought since this will allow increasing the intra-family relationship indexes.

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1. Introduction

Development and social change have brought about changes in the family structure. One of these changes is the formation of single-parent families (Ozawa et al., 2011). The number of female-headed families is increasing worldwide due to natural and man-made shocks. It is estimated that a third of the world's households are headed by women, while in urban areas in Latin America and Africa, the figures can reach 50% (Lafta et al., 2013).

The head of the household is usually responsible for all or most of the household expenses or for deciding how to spend the household income and is not necessarily the oldest member of the household and may be male or female. A female head of household refers to a woman in charge of managing the family as a result of divorce, separation, immigration, or widowhood (Javed and Asif, 2011).

Among, the most important global trends that characterize the development of contemporary families, greater family diversity is identified, manifested in the increase in female heads of household and single parenthood, and the preponderant role of women in supporting

households, those that have been associated with the greatest impoverishment of households in the region (the so-called feminization of poverty). Women heads of households face labor and wage discrimination, greater job insecurity due to their less education and training, and the need to harmonize domestic and extra-domestic work (Bagheri and Fathi, 2021). This leads to lower income; a greater probability that stable household income-mostly single parents - will be generated only by women. The labor market in which they enter is mainly the informal sector that offers them casual and precarious employment, with limited access to the educational system, training, and education (Argüelles and Del Carmen, 2009).

Based on different reports, there is the perception that female persons are socially more vulnerable than males due to higher poverty rates and fewer job opportunities, and this perception also extends to female-headed households due to the greater number of adversities they face. Households headed by women are forced into multiple and conflicting roles after losing their partners and must work in marginal, part-time, informal, and low-income jobs due to a lack of access to more stable and well-functioning paid jobs. These women cannot maintain their health due to problems such as poverty, low socioeconomic status, and multiple responsibilities. As a result, they experience more high-risk behaviors and a lower quality of life and family well-being (Burstrom et al., 2010; Yoosefi et al., 2020).

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The wide inequalities that characterize the countries of our region do discriminate, causing this serious health crisis to be faced in very dissimilar conditions among the various families in the various territories of the region. A report prepared on households in Mexico, Colombia, and Chile reveals that, in all the territories-large, medium, and small-of the three countries, households headed by women faced this crisis in conditions of greater vulnerability. Regarding family composition, in the rural-urban territories of the three countries, female-headed households are mostly single-parent (more than 60%). In addition, households with female heads in the three countries have a higher proportion of dependents, that is, people of inactive age (children and older adults) and, in the case of Mexico and Colombia, this increases in small territories, that is, more rural. In fact, in Mexico, the dependency ratio of households headed by a woman in small territories is eight points higher than that of the same households in large territories. Such differences in the composition of households speak of greater demand for women heads of households in the context of the pandemic. Single parenthood is strongly associated with lower household income and is one of the causes of what has been called the feminization of poverty (Hipp and Bünning, 2021).

The Instituto Nacional de Estadística e Informática-INEI reported that 36.7% of households in the country with a male head have at least one beneficiary member of some social food program, being 6.3 percent points more than in households with a female head (30.4%). According to the place of residence, in the urban area, households with a female head and a male head that have among their members' beneficiaries of food programs represented 26.3% and 27.4%, respectively. Meanwhile, in rural areas, 54.4% of households with a female head and 64.6% with a male head have among their members someone who has benefited from food programs.

According to the Encuesta Nacional de Hogares-ENAH0, in the quarter of April-May-June 2017, of the total number of households in the country, 27.2% had a person 60 years old and over as head of household, increasing by 1.8 percentage points, when compared to the same quarter of 2016. There are more elderly women than men as heads of household. Thus, of the total of households headed by women, 33.0% are older adults and in the case of men, 25.0%. In rural areas, 41.6% of households are led by older women, while in the case of men it was 23.5%. In urban areas, older adult women heads of household represented 31.4%, compared to 25.6% of men. Therefore, its research objective is to identify the risks and resilience in households headed by women in a disadvantaged population in North Lima.

2. Methodology

The research for its properties is quantitative, in terms of its methodology it is descriptive, not

experimental, and cross-sectional correlational (Hernández-Sampieri et al., 2018).

The study is made up of 220 women from a disadvantaged population of North Lima (Table 1, and Table 2) with the following inclusion criteria:

- Households headed by women
- Time greater than 3 years living in the jurisdiction
- Voluntarily agree to be present at the study

Table 1: Sociodemographic data of women in a disadvantaged population of North Lima

	n	%
Year		
Young [18 to 29 years old]	69	31.4
Adult [30 to 59 years old]	140	63.6
Elderly [60 years and over]	11	5.0
Marital status		
Married	47	21.4
Cohabitant	48	21.8
Divorced	19	8.6
Separated	12	5.5
Single	89	40.5
Widow	5	2.3
Degree of instruction		
Complete primary	18	8.2
Complete secondary	71	32.3
Incomplete secondary	7	3.2
No instruction	5	2.3
Complete superior	119	54.1
Occupation		
Stable	103	46.8
Eventual	42	19.1
No occupation	75	34.1
Type of Family		
Nuclear	94	42.7
Single parent	98	44.5
Extended	16	7.3
Expanded	7	3.2
Reconstituted	5	2.3

Table 2: Results on COVID-19 of women in a disadvantaged population of North Lima

	n	%
COVID-19 infection		
Yes	122	55.5
No	98	44.5
Infection of a relative by COVID-19		
Yes	121	55.0
No	99	45.0
Death of a family member from COVID-19		
Yes	87	39.5
No	133	60.5

2.1. Technique and instrument

For data collection, it has been structured in 2 blocks: 1. Sociodemographic data; 2. CD-RISC 10 comprising 10 items in which it presents a one-dimensional dimension with the respective 10 items, in which it is valued with a Likert-type scale with 5 response options: "0=never," "1=rarely," "2=sometimes," "3=often," and "4=almost always," obtaining a total score by adding all its items, so its score would be from 0 to 100 points, where "0 to 33" is a low resilience, "34 to 66" moderate resilience and "67 to 100" high resilience, the higher the score corresponds to a higher resilience in female heads of household (Sánchez et al., 2016).

The Resilience Test instrument obtained a Kaiser-Meyer-Olkin sampling suitability coefficient of 0.669 (KMO>0.5) and a significance value of 0.000 in the Bartlett sphericity test (Approx. $X^2=7962.255$; $df=300$; $Sig.<0.05$). Likewise, the anti-image correlation coefficients (Measures of Sample Adequacy) obtained significant results (MSA>0.51) except for items RES2 and RES13. The principal components analysis determined that there are 6 components that explain 83.379% of the variance. The rotated component matrix extracted 6 components in a formation like the original design of the instrument, which determines an acceptable level of validity of the instrument. Regarding reliability, Cronbach's alpha coefficient was 0.956 ($\alpha>0.6$), for which a significant level of reliability was determined.

The Total Family Risk questionnaire is also known as the RFT 5:33 Questionnaire, which is made up of 5 factors or dimensions, within which 33 main items are distributed.

The 5 factors or dimensions are Psycho-affective conditions, health practices and services, housing and neighborhood, socioeconomic situation, and handling of minors. The answers are all dichotomous for each of the items, if it has a risk, it is given a value of 1 and if there is no risk, it is valued by 0. Between 5 to 12 risks of the 33 possible ones, we have threatened families, among 13 and 33 risks out of 33 possible we have high-risk families, and 0 to 4 risks out of 33 possible, we have families with minimal risk. The final value of the Total Family Risk variable has three values: High-risk families, threatened families, and low-risk families (Amaya, 2004).

The Family Total Risk Test instrument did not obtain meaningful results in the preliminary Kaiser-Meyer-Olkin sampling adequacy tests and in the Bartlett sphericity test. Regarding reliability, Cronbach's alpha coefficient was 0.937 ($\alpha>0.6$), for which a significant level of reliability was determined.

The Satisfaction with Life Survey (SWLS) is a one-dimensional survey, which is made up of 5 main items.

The answers for each one varies from 1 to 7, where "1=completely disagree," "2=disagree," "3=rather disagree," "4=neither agree nor disagree," "5=rather agree," "6=agree," and "7=completely agree." The final value ranges from 5 to 35 points, where the higher the score, the higher the satisfaction with life (Pavot and Diener, 2009).

The Life Satisfaction Test instrument obtained a Kaiser-Meyer-Olkin sampling adequacy coefficient of 0.874 (KMO>0.5) and a significance value of 0.000 in the Bartlett sphericity test (Approx. $X^2=1283.136$, $gl=10$, $Sig.<0.05$). Likewise, the anti-image correlation coefficients (sample adequacy measures) obtained significant results (MSA>0.85). The principal components analysis determined that there is 1 component that explains 84.918% of the variance. The component matrix could not extract components since there is only one factor, resulting in a formation like the original design of the

instrument, which determines an acceptable level of validity of the instrument. Regarding reliability, Cronbach's alpha coefficient was 0.954 ($\alpha>0.6$), for which a significant level of reliability was determined.

2.2. Place and application of the instrument

The data collection was conducted this year, through home visits, in each situation the care and health protocols indicated by the government authorities were considered to avoid contagion in the participants and personnel who conducted the surveys. Participants received the necessary support to complete the required data. On average, each participant took about 10-15 minutes to complete the survey and informed consent.

3. Results

In Table 3, the reader can see the results of resilience and its dimensions.

Table 3: Resilience and its dimensions of women in a disadvantaged population of North Lima

	n	%
Resilience		
Mean = 73.430 ±15.862		
Lower level [0 - 46.15]	58	26.4
Average level [46.16 - 89.28]	127	57.7
Higher level [89.29 - 100]	35	15.9
Persistence, tenacity, self-efficacy		
Mean = 76.386 ±17.961		
Lower level [0 - 58.42]	52	23.6
Average level [58.43 - 94.34]	124	56.4
Higher level [94.35 - 100]	44	20.0
Control under pressure		
Mean = 70.221 ±16.928		
Lower level [0 - 53.29]	54	24.5
Average level [53.30 - 87.14]	113	51.4
Higher level [87.15 - 100]	53	24.1
Adaptation, ability to recover		
Mean = 72.018 ±16.928		
Lower level [0 - 55.65]	20	9.1
Average level [55.66 - 88.38]	160	72.7
Higher level [88.39 - 100]	40	18.2
Control and purpose		
Mean = 74.000 ±20.186		
Lower level [0 - 53.81]	52	23.6
Average level [53.80 - 94.18]	138	62.7
Higher level [94.19 - 100]	30	13.6
Spirituality		
Mean = 74.500 ±19.891		
Lower level [0 - 54.61]	29	13.2
Average level [54.62 - 94.38]	130	59.1
Higher level [94.39 - 100]	61	27.7

Regarding the resilience results, 58 (26.4%) of the participants have a lower level of resilience, 127 (57.7%) of average level, and 35 (15.9%) of higher level, in terms of their dimensions, in the dimension persistence, tenacity and self-efficacy, 52 (23.6%) have a lower level resilience, 124 (56.4%) average level and 44 (20%) higher level, in the dimension control under pressure, 54 (24.5) has a lower level resilience, 113 (51.4) average level and 53 (24.1%) higher level, in Adaptation, ability to recover dimension, 20 (9.1%) have a lower level of resistance, 160 (72.7%) an average level and 40

(18.2%) a higher level; in the control and purpose dimension, 52 (23.6%) have a lower level of resilience, 138 (62.7%) an average level, 30 (13.6%) a higher level; and in the spiritual dimension, 29 (13.2%) have a lower level of resilience, 130 (59.1%) have an average level and 61 (27.7%) have a higher level.

Table 4 shows the total family risk and its dimensions, where in the results of total family risk, 10 (4.5%) are families with low risk, 9 (4.1%) are threatened families and 201 (91.4%) are high-risk families, in the psycho-affective conditions dimension, 15 (6.8%) are threatened families and 205 (93.2%) are high-risk families; In the dimension of health practices and services, 27 (12.3%) are threatened families and 193 (87.7%) are high-risk families; In the Housing and neighborhood conditions dimension, 42 (19.1%) are threatened families and 178 (80.9%) are high-risk families; In the socioeconomic condition dimension, 66 (30%) are threatened families and 154 (70%) are high-risk families and in the child management dimension, 21 (9.5%) are threatened families and 199 (90.5%) are high-risk families.

Table 4: Total family risk and its dimensions of women in a disadvantaged population of North Lima

	n	%
Total family risk		
Mean = 24.791 ± 7.853		
Low-risk families [0 - 4]	10	4.5
Threatened families [5 - 12]	9	4.1
High-risk families [13 - 33]	201	91.4
Psycho-affective conditions		
Mean = 7.886 ± 2.4001		
Threatened families [0 - 4]	15	6.8
High-risk families [5 - 10]	205	93.2
Health practices and services		
Mean = 4.496 ± 1.804		
Threatened families [0 - 2]	27	12.3
High-risk families [3 - 6]	193	87.7
Housing and neighborhood conditions		
Mean = 3.759 ± 1.456		
Threatened families [0 - 2]	42	19.1
High-risk families [3 - 5]	178	80.9
Socioeconomic condition		
Mean = 3.768 ± 1.886		
Threatened families [0 - 2]	66	30.0
High-risk families [3 - 6]	154	70.0
Handling of children		
Mean = 4.882 ± 1.548		
Threatened families [0 - 2]	21	9.5
High-risk families [3 - 6]	199	90.5

In Table 5, we observe the results of the life satisfaction variable, where 40 (18.2%) of the participants are extremely dissatisfied with life, 21 (9.5%) dissatisfied, 21 (9.5%) slightly below the average satisfied, 582.3%) moderately satisfied, 71 (32.3%) highly satisfied and 62 (28.2%) very highly satisfied with life.

All the variables and their dimensions have a non-normal distribution ($p < 0.05$), so non-parametric tests will be used for their analysis (Table 6).

Table 7 shows correlations between the main variables. The test used is the Spearman correlation. The Resilience variable is positively related to total family risk ($\rho = 0.236$; $p < 0.01$) and satisfaction with

life ($\rho = 0.435$; $p < 0.01$). Likewise, the total family risk is positively related to life satisfaction ($\rho = 0.420$; $p < 0.01$) (Table 8).

Table 5: Satisfaction with the lives of women in a disadvantaged population of North Lima

	n	%
Satisfaction with life		
Mean = 21.927 ± 10.164		
Extremely dissatisfied [5 - 9]	40	18.2
Dissatisfied [10 - 14]	21	9.5
Slightly below average [15 - 19]	21	9.5
Moderately Satisfied [20 - 24]	5	2.3
High [25 - 29]	71	32.3
Very high [30 - 35]	62	28.2

Table 6: Normality test of the main variable

	Kolmogorov-Smirnov		
	Est.	gl	Sig.
Resilience	0.134	220	0.000
Persistence, tenacity, and self-efficacy	0.182	220	0.000
Control under pressure	0.182	220	0.000
Adaptation and ability to recover	0.205	220	0.000
Control and purpose	0.153	220	0.000
Spirituality	0.177	220	0.000
Total family risk	0.200	220	0.000
Psycho-affective conditions	0.238	220	0.000
Health practices and services	0.271	220	0.000
Housing and neighborhood conditions	0.258	220	0.000
Socioeconomic status	0.208	220	0.000
Handling of children	0.265	220	0.000
Satisfaction with life	0.232	220	0.000

4. Discussions

The research work was given from the perspective of a mental health approach in women heads of households, which emphasized their ability to face situations that compromise their health and their family during the COVID-19 pandemic.

In the results of the main resilience variable, we can see that women heads of household have an average level, this is due to the coping generated by the risk of exposure to health and the family in the Society and by the COVID-19 pandemic, although it is true that heads of households have had to modify their ways of maintaining the well-being of their families, health, education and economically, it causes the factors that compromise the ability to make correct decisions They affect the mental health of the head of the household, and in addition to the fact that the situation that is happening during the pandemic makes it more difficult than previously thought. In Yoosefi et al. (2020), they argued that factors such as anxiety and stress, a product of the needs of the family during the pandemic, make the head of the household unable to face situations that generate problems within the home, and that may in turn compromise well-being her.

Regarding the results of the main variable, total family risk, we can see that families are at high risk, this is because families have anticipated affective and emotional alterations due to the fact that, consequently, due to the pandemic of the COVID-19, within the home, a negative environment has been generated for family members to be in good condition, and that this can bring long-term mental health problems for each of them, since being in a

negative environment, many of the decisions made by the head of the family can harm all members of it. In [Burstrom et al. \(2010\)](#), they argued that vulnerable families should be given adequate attention, especially in their physical and mental

health, since the condition they present is so high that if no care is provided, their situation can worsen and even more if in the pandemic one of the relatives became ill with some disease.

Table 7: Correlations between the main variables

	1	1.1	1.2	1.3	1.4	1.5	2	2.1	2.2	2.3	2.4	2.5	
1	Resilience	1											
1.1	Persistence, tenacity, and self-efficacy	0.942**	1										
1.2	Control under pressure	0.887**	0.794**	1									
1.3	Adaptation and ability to recover	0.829**	0.750**	0.679**	1								
1.4	Control and purpose	0.890**	0.846**	0.721**	0.784**	1							
1.5	Spirituality	0.827**	0.737**	0.707**	0.597**	0.688**	1						
2	Total family risk	0.236**	0.242**	0.225**	0.333**	0.298**	0.030	1					
2.1	Psycho-affective conditions	0.145*	0.133*	0.039	0.321**	0.328**	-0.028	0.826**	1				
2.2	Health practices and services	0.324**	0.334**	0.369**	0.266**	0.290**	0.157**	0.845**	0.543**	1			
2.3	Housing and neighborhood conditions	0.286**	0.311**	0.269**	0.329**	0.363**	0.123*	0.867**	0.647**	0.839**	1		
2.4	Socioeconomic status	0.038	0.043	0.024	0.150*	0.114*	-0.085	0.864**	0.690**	0.679**	0.697**	1	
2.5	Handling of children	0.268**	0.291**	0.227**	0.381**	0.191**	0.058	0.636**	0.447**	0.473**	0.503**	0.492**	1
3	Satisfaction with life	0.435**	0.437**	0.423**	0.484**	0.622**	0.173**	0.420**	0.408**	0.296**	0.454**	0.261**	0.109

* p < 0.05; ** p < 0.01

Table 8: Impact on the characteristics of the population in relation to the main variables

	Resilience		Total family risk		Satisfaction with life	
	Mean	p	Mean	p	Mean	p
Year						
Young [18 to 29 years old]	68.707 ±14.846	0.004 ^A	22.783 ±8.713	0.002 ^A	17.884 ±11.219	0.001 ^A
Adult [30 to 59 years old]	75.357 ±16.216		25.986 ±8.713		23.586 ±9.292	
Elderly [60 years and over]	78.532 ±11.038		22.182 ±4.834		26.182 ±5.930	
Marital status						
Married	73.404 ±17.364	0.121 ^A	26.809 ±5.694	0.366 ^A	23.936 ±10.007	0.018 ^A
Cohabiting	72.580 ±15.506		26.313 ±5.904		20.375 ±10.208	
Divorced	81.943 ±12.014		24.526 ±6.031		27.000 ±7.008	
Separated	71.731 ±12.729		23.917 ±7.342		25.250 ±9.087	
Single	71.858 ±16.150		22.933 ±9.719		19.775 ±10.505	
Widow	81.539 ±12.320		27.400 ±6.388		29.000 ±2.646	
Degree of instruction						
Complete primary	78.468 ±3.958	0.002 ^A	17.500 ±1.544	0.000 ^A	23.500 ±8.746	0.083 ^A
Complete secondary	77.042 ±14.453		24.690 ±8.179		20.775 ±10.233	
Incomplete secondary	89.231 ±0.000		30.000 ±0.000		30.000 ±0.000	
No instruction	63.077 ±0.000		1.000 ±0.000		16.000 ±0.000	
Complete superior	70.019 ±17.262		26.647 ±6.103		22.151 ±10.584	
Occupation						
Stable	72.950 ±15.732	0.631 ^A	26.738 ±6.265	0.003 ^A	23.718 ±10.306	0.001 ^A
Eventual	74.084 ±14.058		22.191 ±8.019		20.476 ±8.500	
No occupation	73.723 ±17.127		23.573 ±9.065		20.280 ±10.531	
Type of Family						
Nuclear	73.118 ±14.363	0.191 ^A	26.904 ±6.481	0.001 ^A	23.468 ±10.031	0.293 ^A
Single parent	73.870 ±15.006		22.061 ±9.224		20.480 ±10.231	
Extended	69.716 ±27.588		26.875 ±1.025		19.625 ±11.272	
Expanded	70.440 ±15.014		27.714 ±0.480		22.571 ±9.271	
Reconstituted	86.769 ±5.056		27.800 ±1.096		27.800 ±1.096	
COVID-19 infection						
Yes	74.376 ±14.116	0.452 ^B	23.156 ±9.296	0.044 ^B	23.205 ±9.078	0.162 ^B
No	72.253 ±17.804		26.827 ±4.889		20.337 ±11.218	
Infection of a relative by COVID-19						
Yes	75.048 ±13.653	0.140 ^B	22.182 ±8.928	0.000 ^B	22.785 ±9.143	0.450 ^B
No	71.453 ±18.078		27.980 ±4.642		20.879 ±11.247	
Death of a family member from COVID-19						
Yes	70.495 ±15.458	0.044 ^B	22.644 ±8.494	0.004 ^B	22.058 ±10.170	0.788 ^B
No	75.350 ±15.886		26.196 ±7.092		21.842 ±10.198	

^A Kruskal-Wallis Test; ^B Mann-Whitney U test

Regarding the results of the main variable satisfaction of life, we can observe that families have high satisfaction, this is because the influence perceived and valued by the head of the household plays a very important role in sustainability in the family, since one of the important factors that allow

feeling satisfied with life is self-esteem, since the function of self-esteem is to value oneself, where the person being autonomous, trusts itself, generating talents or skills in the head of household thus giving the management or the ability to control their feelings without damaging the physical or mental

level. In Bagheri and Fathi (2021), they argued that life satisfaction depends on each person since satisfaction is based on the decisions that each one makes to improve one's life and that of one's family, where trust and confidence in decision-making will play an important role since this will increase the satisfaction indexes in the person.

5. Conclusion

It is concluded that digital care services should be considered since this will allow us to see what the relationship is like within the family. On the other hand, family solidification strategies should be sought, since this will allow increasing the intra-family relationship indexes. Besides, mental health should be promoted within the family, since this will allow us to see the difficulties in the family.

Compliance with ethical standards

Conflict of interest

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

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