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Impact of Coronavirus Disease 2019 (COVID-19) on Working Mothers in Saudi Arabia

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Abstract

Coronavirus is a Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) caused by a novel coronavirus belonging to the family Coronaviridae. The disease was first discovered in December 2019 in Wuhan City, Hubei Province, China. A few months later, the disease spread all over the world and became an epidemic. The infection for most people is mild to moderate but in Vulnerable groups, if they have the infections, they might experience severe COVID-19. Saudi Arabia initiated its response plan early, and all sectors and agencies worked in an integrated way to combat the disease. It has maintained proper communication during the pandemic and ensured community involvement, epidemiologic surveillance, and activation of rapid response teams. The COVID-19 pandemic significantly affected daily lives. Schools and daycares were closed, education was online, traveling stopped, work was suspended, gathering in social activities and practicing religious rituals, like praying or doing Umrah or Hajj, were banded. Changing lifestyles as a response to COVID-19 impacted whole communities with different categories of children, parents, and families. Women usually take the majority of daily responsibilities. The sudden change in lifestyle during COVID-19 put pressure on mothers, especially those who are working to balance work and family obligations. This study aims to identify the impact of Coronavirus disease 2019 on working mothers in Saudi Arabia. **Method:** Data of the study was collected through survey posted on social media and analyzed through Excel. It focuses on five aspects: health, lifestyle, social relations, work production and financial status. Our target population was working mothers in Saudi Arabia aged at least 25 years. **Results:** In this study, all factors affected working mothers categorized under two groups: Social Economic Status and Work suspension. For Social Economic Status factors, we find five factors which are monthly income, main breadwinner, number of children at school age, type of housing, and type of

work. Almost all mothers include spiritual activities to their routine to cope with stress during this period. About half of our sample have negative impact on their mental health because they are the main breadwinner, and mothers with a smaller number of children at school age have more challenges to cope up. We found that mothers who own a house or work at governmental sector have better outcome of health. After analyzing data related to Work suspension, we found that mothers who have work support have better management for life circumstances, however their health outcomes were negatively affected. In addition, mothers working at education sector have the highest positive impact among other sectors. Our data shows that working mothers' abilities to follow up with their children decreased. This study recommends that there is need to invest more in working mothers' research and supportive programs and ensure collaboration globally to address working mothers' needs and share experiences.

Keywords

Working Mothers, COVID-19, Impact, Suspension, Saudi Arabia

1. Introduction

Coronavirus disease 2019 (COVID-19) is a Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) caused by a novel coronavirus belong to the family Coronaviridae. It was first discovered in December 2019 in Wuhan City, Hubei Province, China. COVID-19 originated in animals and most of the initial cases were reported in Wuhan's seafood and animal market. The common symptoms of COVID-19 include: fever, dry cough, fatigue, myalgia, shortness of breath, and dyspnea. The disease spread to almost all countries in short period of time due to traveling and communication, thus causing threats to public health. Most people infected with the virus have mild to moderate symptoms and recover without serious complications. However, people who have certain medical issues are more likely to suffer serious outcomes. Since COVID-19 spread worldwide and became an epidemic, the Kingdom of Saudi Arabia has taken many national precautions and prevention measures to protect the public health of the citizens. The disease appeared in Saudi Arabia on 2nd March 2020, when the country announced the first COVID-19 case. A year later, there were 544,225 confirmed cases and a total of 8539 deaths in Saudi Arabia [1]. The risk of severe COVID-19 depends on several factors, one of which is health status. People who have certain medical conditions (diabetes, hypertension, obesity, heart diseases, Asthmatic patients or other chronic lung diseases, and chronic kidney disease especially dialysis patients and cancer patients) make their situation worse and more likely to suffer from severe COVID-19 [2]. Age is a strong factor for COVID-19 severity and outcome progression that is the reason for the increasing risk of death as age-related alterations and dysregulation of immune function may

encourage complications of the disease [3] [4]. Socioeconomic status is another important factor for getting COVID-19. Studies found that there is a positive relationship between risk perception and socioeconomic status. People with higher social economic status (SES) show protective behaviors against COVID-19 and are more likely to adhere to following the prevention instructions; they use the most trusted social communication channels to obtain any information, and better access medical services and medications [5]. Other factor affecting a person who has COVID-19 is housing characteristics (living in an urban or rural /living in a house, an apartment, or a villa, number of people sleeping in one room, having sanitation or not, easy access to any needed services) [6]. People who live with an infected person or have close contact with him like health practitioners, are more likely to have the disease especially if they do not follow the required precautions for disease prevention [6]. The pandemic of COVID-19 has massive effects. Vulnerable populations are at higher risk of contracting the disease and are more impacted by the consequences of the pandemic whether they get infected or not [7]. Women are a major group who are harmed in different ways, due to their multiple roles in supporting their families not only as caregivers but also financially by their work. This adds an extra load on them to take care of their health. In this paper, we aim to explore how all precautionary regulations from the Ministry of Human Resources and Social Development and Ministry of Education of COVID-19 impact women's health in Saudi Arabia, particularly working mothers. Worldwide studies indicated that more females have been displayed or leaving their work, or getting a deduction from their income [8]-[10]. Responsibilities increased on mothers, and less luxury time or self-care time was available [8] [9]. However, facts from the United Nations (2022) indicated as the following [11]:

- In 2020, women did 29% more childcare per week than men, based on data from 16 countries.
- More than 100 countries used digital tools to adapt the support to survivors of violence against women and girls' survivors.
- As countries locked down, violence against women and girls intensified, as the health crisis morphed into a full-blown economic recession, women bore the brunt of job losses, seeing their economic autonomy stifled and their poverty risk increase.

As health systems struggled to deal with the onslaught of cases, and schools and care services were shut down, women stepped in to provide unpaid care for families and communities, often at the expense of their own mental and physical health. The Kingdom of Saudi Arabia's efforts to combat the novel coronavirus (COVID-19) were conducted within the framework of a human rights-based approach within two parallel tracks: combating the epidemic to control the spread, and addressing its effects, or the precautionary measures taken to limit its spread on human rights. The most prominent factors that contributed to containing the spread of the virus were the Ministry's early preparedness, rapid response and

transparency, the strength of its health system, the efficiency of health personnel, and the provision of support and all equipment, which reduced the effects of the pandemic [12].

Blink about COVID-19 in Saudi Arabia:

The first case of COVID-19 was reported on 2nd March 2020, before reporting the first case the government was building up capacity to minimize its impact. Starting by activation of the Command and Control Center on the 25th of January 2020, followed by the first travel regulations for outgoing or incoming passengers for all purposes including Hajj and Umrah. All of this was aimed to delay the arrival of the infection to the country and to give extra time to make stronger preparations [12]. However, when the first case was reported, the level of preparation officially ended, and the response level was activated which took almost 12 months. During this phase, many regulations were declared and modified according to the needs and lessons learned continuously. Major regulations that directly impacted people's lives were school suspension, work suspension, and curfew. All these regulations started in March 2020 and were gradually modified to return to an almost normal phase in 2021. How these major regulations influenced working mothers from the day declared until now, is what we are trying to explore in this paper [12].

Life Changing According to COVID-19:

The education system went through a rapid movement from interactive classrooms toward distance learning. The impact of the endemic on men and women was different. Women usually take the major responsibilities of their families and when the government decided to ban all public facilities in the country, their lifestyle has been changed. Suddenly, schools, daycares, and children's clubs were closed and the families were spending their whole days together in their houses. The load increased on women, especially working mothers, to carry the responsibilities of educating their children besides the other responsibilities and their home shores, as the research shows, having children in addition to work has a great impact on health outcomes for women [13].

Timeline of Ministry of Education Regulations [12]:

- On the 8th of March 2020, the suspension of education;
- On the 16th of March 2020, announcing the end of the academic period and the success of all students in general education;
- On 15th August 2020, starting a new education year from distance for all students, teachers must attend one day per week and administrators must attend all weekdays at school. The schedule was divided into online education for intermediate and high school students in morning sessions and for elementary school students in the afternoon session;
- On 3rd December 2021, the resumption of the study in attendance for the intermediate stage and the second stage in two groups, provided that the vaccine is obtained;
- On 23rd January 2022, the resumption of attendance at the primary and

kindergarten levels for children under 12 years of age in schools.

Timeline of Ministry of Labor Regulations [12]:

- On 16th of March 2020, suspension for work;
- On 29th of April 2020, allow construction companies and factories to restart their activities;
- On the 22nd of August 2021, resumption of all government employees to work sites.

Timeline of the Ministry of Health with a Focus on Mental Health Services:

Since the early stages of COVID-19, the Saudi government has provided counseling and psychological support to patients, health workers, and the community in cooperation with mental health practitioners to contain and mitigate the social impact of COVID-19. To achieve that, the government activated virtual clinics in 19 mental hospitals and delivered medications for those who need. Number of patients and visitors who benefitted from this service was more than 40,000 [12].

2. Method

A survey was established and published to collect data from the target population, to explore five dimensions of working mothers' lives. First, Health. Second, lifestyle, and Third, Social relations. Fourth, Work production. Fifth, Financial status. Our target population criteria are listed below:

1) Mother;
2) Work;
3) Aged from 25 and above;
4) At least one child in elementary school or above;
5) Living in Saudi Arabia.

Our survey was published through social media the data analysis was done in Excel.

3. Results

We collected 119 responses. Most of the women who responded were aged 41 - 45 with a total of 27 responses, then 35 - 40 with 26 answers, followed by 46 - 50 with 22 responses, and the lowest number was for the aged group 25 - 30 that may be related to our request to have at least one child at the age of the elementary school, as the majority of 25 - 30 age group women in Saudi Arabia either newly married or not married yet. Our data shows that most of the responses came from married women 89.9%, followed by 5.9% divorced, 3.4% separated, 0.8% widowers the majority of them are Saudis. The percentage of women with a bachelor's degree is 79.9%, the highest group and the lowest group was for intermediate school with a percentage of 0.8%. 61.3% of women in our sample are holding governmental jobs, 21.8% are self-employed, and 16.8% working in the private sector, 12 women from our sample are not working. Only 40.3% have health insurance. 47.1% have a monthly income higher than 10,000 SR. However, only 33.6% are responsible

for the family's needs. For our sample, we found that the majority of mothers have 3 children at the age of school followed by 1 child. Social determinants are directly linked with health outcomes, therefore we focused on monthly income, level of mothers' education, type of work, housing type, and number of children at school age to understand mothers' behaviors and analyze health outcomes during the COVID-19 period.

3.1. Social Economic Social (SES) Impact on Mothers' Behavior

1) Monthly income: We asked mothers about their monthly earnings to understand their behavior and methods during the COVID-19 pandemic to re-encourage themselves and reduce stress. We categorized monthly income into 3 - 5 thousand SR, 5 - 10 thousand SR, and more than 10 thousand. The majority of mothers in our sample have a monthly income of more than 10 thousand SR (47%) (**Figure 1**). For this group, mothers rely on spirituality, relaxation, and sport to re-encourage themselves. Although, the minority of our sample were mothers who earn 5 - 10 thousand SR per month (23%) for this group spiritual activities were the major method they used to re-encourage themselves. Finally, mothers who earn 3 - 5 thousand per month (30%) used social activities which include social media, TV, and family activities to re-encourage themselves. As monthly income increases for mothers, dealing with stress is more directed toward the spiritual and religious side and as mothers' monthly income decreases, the mothers rely more on social relationships as an outlet for stress.

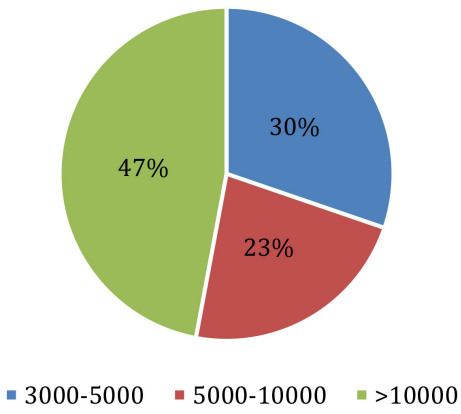

Figure 1. Distribution of monthly earning.

2) Main breadwinner: Less than 50% of our sample is the main breadwinner for the family, 60% of this group had a negative impact from the suspension made during the COVID-19 period however, 20% increase their productivity at work, 38% did not change, and 33% decreased, this indicates that productivity at work was not affected by suspension during COVID-19.

3) Number of children at school age: In our sample 61 of mothers with 1 - 3 children have a negative impact, 17 mothers have no impact, and 16 mothers have a positive impact on their mental health. The same trend was found for mothers

with 4 - 7 children. It is shown that mothers with a smaller number of children at school age have more negative impacts on their mental health. This reflects that the negative impact on mothers' mental health during COVID-19 was not related to the high number of children at school age (Figure 2).

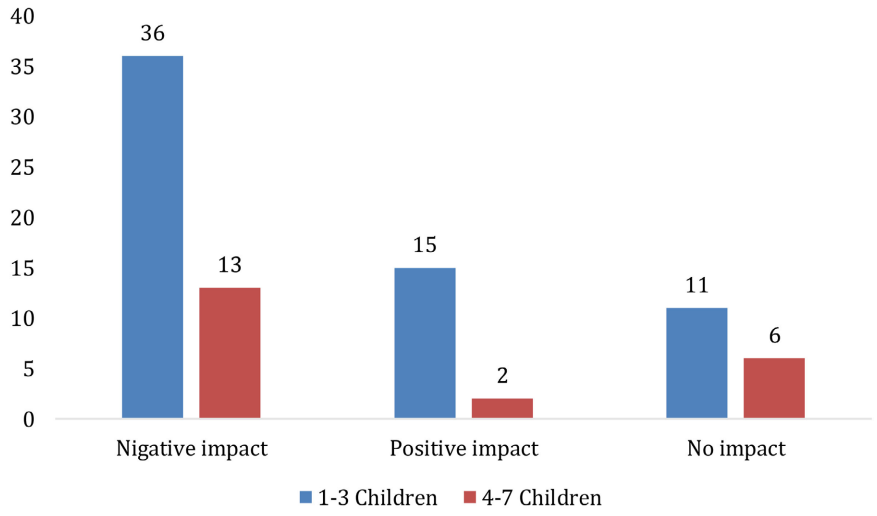

Figure 2. The relationship between no. of children at school age and impact on mothers' mental health.

4) Type of housing: The majority of our sample live in rented houses, and their mental health was negatively affected more than the other group who live in their own houses. Our results imply that the link between the type of housing and health outcome may be due to financial burdens as many of them were financially affected during that period (Figure 3).

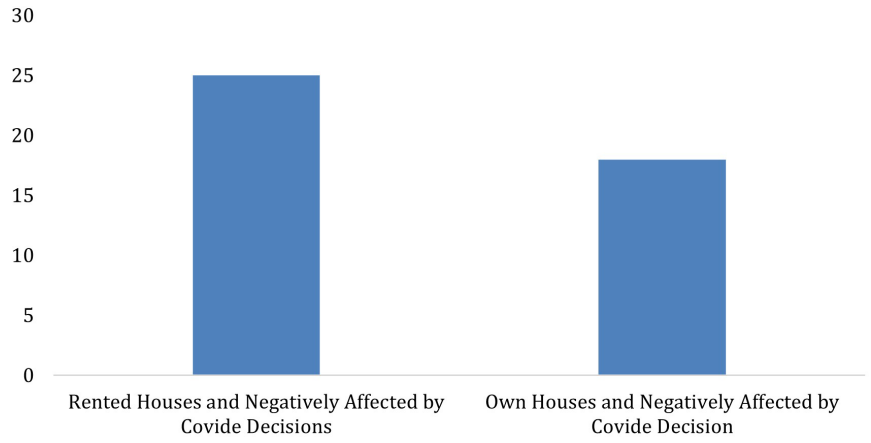

Figure 3. Relation between house type and effect of suspension on mothers psychological status.

5) Type of work and financial effect: Our sample included mothers working in the governmental sector, private sectors, and running their businesses. Among these three groups, the mothers who own their businesses are more affected

negatively, and the group of mothers who work at the private sector follow the same pattern. However, the majority of mothers who work at the government sector were not affected by the suspension (Figure 4). Our finding indicates that mothers who have governmental work were more financially stable and were not affected by suspension during that period.

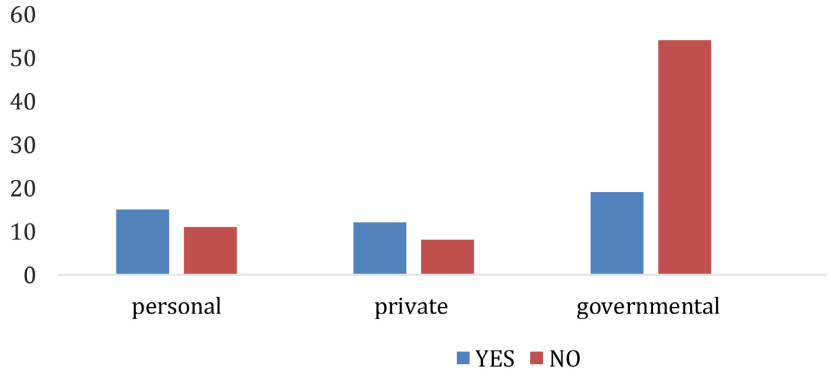

Figure 4. Type of work and income affected by the suspension.

3.2. Work Suspension and Regulations Impact on Mothers

1) Work support and manage life circumstances: For our sample 49% of mothers have support for their work and were able to manage their life circumstances. However, 38% of our sample did not receive any support from their work and were able to manage their life circumstances during this stage. Of those who were not able to manage their life, 5% had support from their work and 8% did not receive any support. We suggest that work support may not be a strong factor in influencing mothers' ability to manage their life circumstances during suspension (Figure 5).

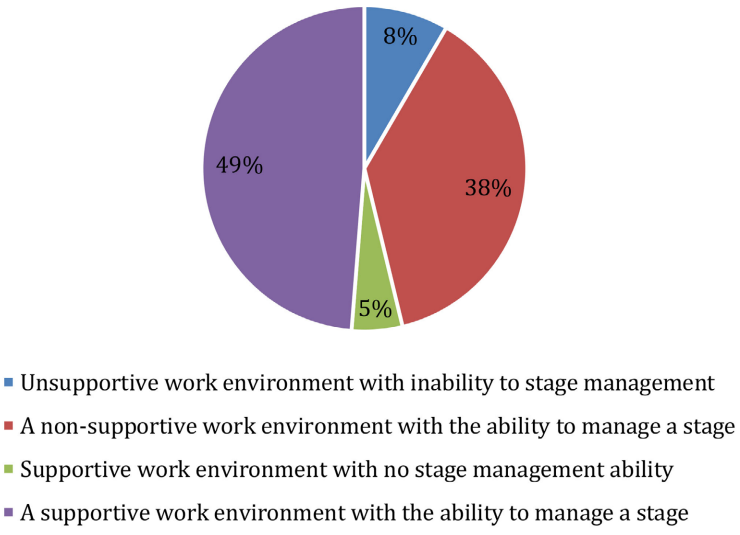

Figure 5. Percentage of moms ability to manage life circumstance in relation with work support.

2) Work support and mothers' mental and physical health: as our data indicated even though support was provided to mothers in their work, their mental and physical health was affected negatively (Figure 6).

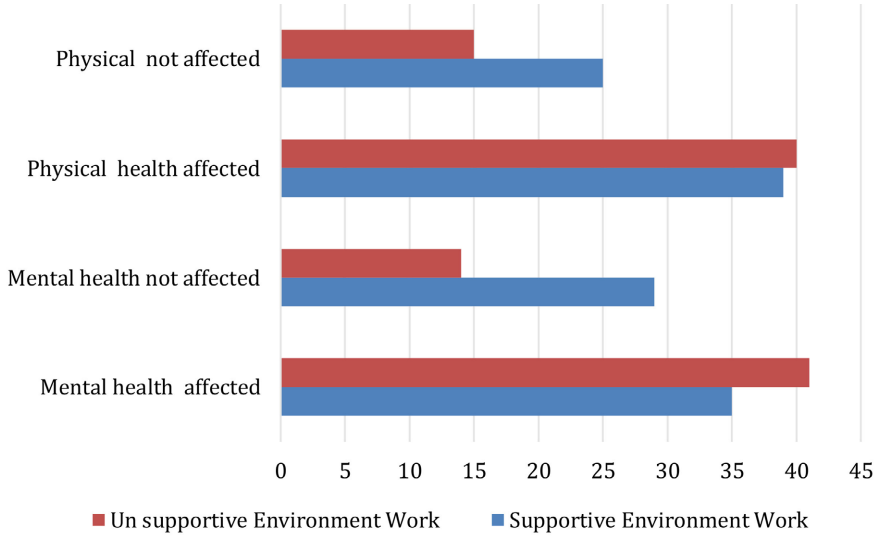

Figure 6. Relation of work support and physical and mental health.

3) Work suspension and mothers' emotional impact: Level of COVID-19 impact on mothers' emotions most of our sample was negatively impacted with a moderate level. Mothers who positively impacted follow the same pattern as the previous group. We found that work suspension during COVID-19 has a moderate effect on mothers' emotions during suspension (Figure 7).

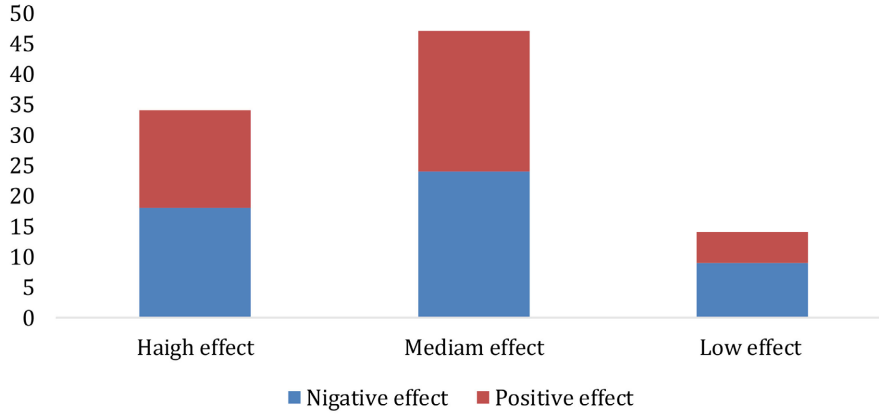

Figure 7. The Impact of work suspension on mother's emotions.

4) Type of carrier and suspension Impact: From our data, we find that mothers who work in the educational sector had the highest positive impact from the suspension decisions whereas other medical and marketing sectors had the lowest positive impact (Figure 8). Our results indicate that the type of carrier is linked with mothers' mental health outcomes.

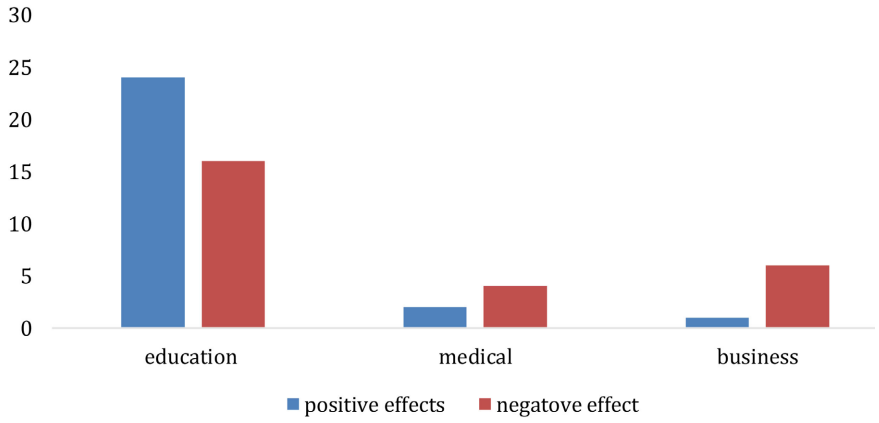

Figure 8. Type of mothers' carrier and impact of suspension during COVID-19 epidemic.

5) Type of work and productivity: we notice that mothers working in the government sector were more productive than those working in the private sector or having their own works as they receive more support from their works (Figure 9).

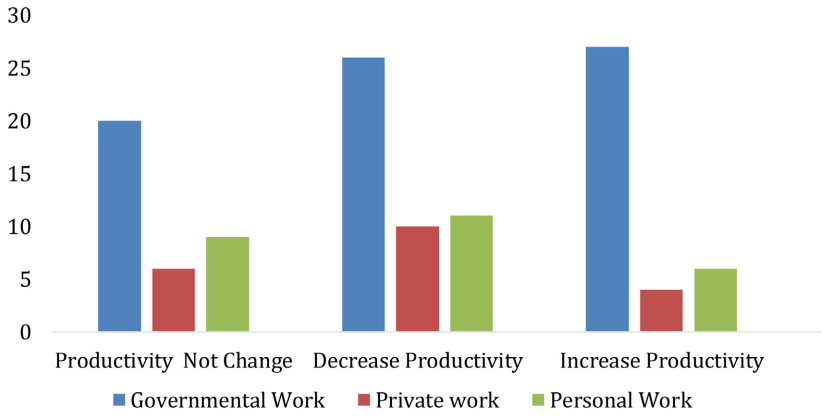

Figure 9. Relation between type of work and productivity level.

6) Mothers' responsibilities: From our data, we find that with the increase in monthly income, the responsibilities of mothers increased (Figure 10).

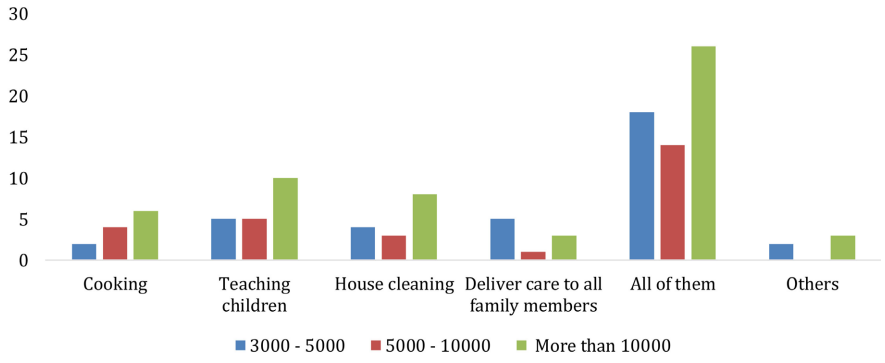

Figure 10. Relationship between monthly income and increased daily home activities burdens.

7) Educational Suspension and Impact on Mothers' Health: our survey shows that educational suspension during COVID-19 had both physical and psychological effects on mothers' health (Figure 11).

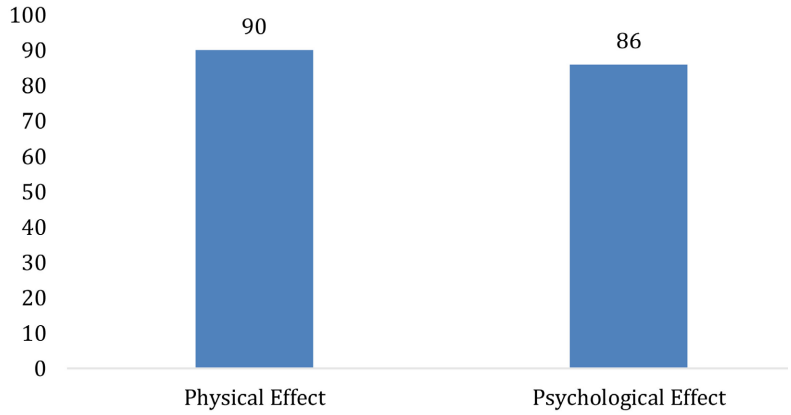

Figure 11. Distribution of educational suspension effects on mothers.

8) Follow-up children: as suspended during COVID-19, working mothers' ability to follow up on their children was decreased (Figure 12).

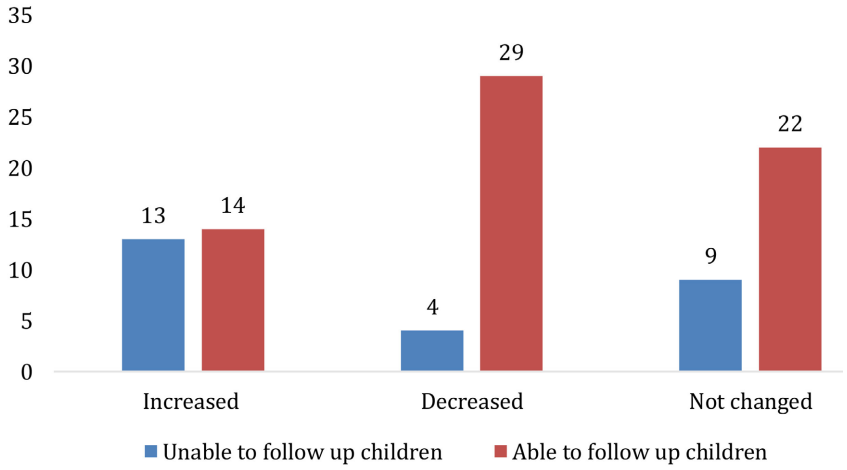

Figure 12. Relation between mother's working productivity and following up children.

3.3. Discussion

The study focuses on the impact of the COVID-19 pandemic on working mothers in Saudi Arabia. The majority of women were Saudi and married. The income of our sample is categorized into three categories (3 - 5 thousand SR), (5 - 10 thousand SR), and (more than 10 thousand). The majority of mothers in our sample have a monthly income of more than 10 thousand SR (47%) (Figure 1).

The world has changed a lot since the COVID-19 pandemic. Many people reshaped their lives according to the new paradigm. Suspension during COVID-19 had both physical and psychological effects on mothers' health as our data show in (Figure 8). Working mothers in Saudi Arabia did not follow the same trend

globally in some aspects of life. For example, we found that as monthly income increases for mothers, dealing with stress is more directed toward the spiritual and religious side and as mothers' monthly income decreases, the mothers more rely on social relationships as an outlet for stress. For working mothers in the Cyprus who used age as the affecting factor in coping methods and they found that working mothers at younger ages relied on social activities and hobbies to cope with stress during COVID-19 pandemic [14]. However, people with limited income in Pakistan relied on spiritual methods to cope with stress during COVID-19 according to Wilson, 2020 which contrasts our findings [15]. In many studies, we can find that family time and conversation were great coping methods not only for mothers but all family members [16] [17].

Our survey shows that 49% of mothers have support from their work and were able to manage their life circumstances. However, 38% of our sample did not receive any support from their work and were able to manage their life circumstances during this stage (**Figure 5**). We suggest that work support may not be a strong factor in influencing mothers' ability to manage their life circumstances during suspension.

We find that in 20% of working mothers in Saudi Arabia their productivity at work increased, 38% did not change, and 33% decreased. This indicates that productivity at work was not affected by suspension during COVID-19 (**Figure 11**). Factors that relate to productivity at work and life quality are sector and support of work. In this regard, our finding indicates that mothers who have governmental work were more financially stable and were not affected by suspension during that period (**Figure 12**). Although the data show that productivity at work was not influenced by COVID-19 suspension, the ability of mothers to follow their children was strongly affected (**Figure 9**).

In addition, work support may not be a strong factor in influencing mothers' ability to manage their life circumstances during suspension and life quality. Working mothers who got benefits, support, and flexibility at work were more productive and had better mental health during COVID-19 [18] (**Figure 10** & **Figure 11**). Sharing responsibilities and help with everyday life were strong factors for mothers to have a better quality of life [16]. For working mothers in Saudi Arabia, responsibilities increased during the look down, especially for those with higher monthly incomes (**Figure 7**). However, sometimes supporting programs or policies were not enough for working mothers during COVID-19 [19] mentioned. Most working mothers in their sample get benefits from the Work from Home policy, but are still struggling in their work assignments.

As it is shown, mothers with a smaller number of children at school age have more negative impact on their mental health (**Figure 2**). Indonesian working mothers of school-age children compline with various types of mental and physical health problems [19]. It is important to find and study other factors related to the load of responsibilities on mothers for children at school age such as the type of services provided through distance education, the class of children, and the type

of support and help that mothers can get, etc.

Our results imply that the link between housing type and health outcome exists, which may due to financial burdens as many mothers were financially affected during that period and have shared responsibilities (**Figure 3**), the same indication was revealed [20]. For their sample which is not limited to working mothers. Other studies indicate that the type of ownership of housing may influence the mental health of residents [21].

We found that work suspension during COVID-19 has a moderate effect on mothers' emotions during suspension (**Figure 6**). In addition, our results indicate that the type of carrier is linked with mothers' mental health outcomes, as many of them share worries and stress particularly mothers working in the medical and private sectors (**Figure 4**). According to Karageorge (2021), the COVID-19 health sector has a higher number of female employees, which implies a negative health outcome for working mothers [8]. During COVID-19 working mothers have more physical and mental health issues and they find more difficulties in solving them in contrast to their male partners, this trend was similar in Ireland according to Clark *et al.* (2021) [9] [22].

Working mothers who have children under 18 quit their jobs at 8% according to Ranji, Frederiksen, Salganicoff & Long (2021) in addition most of them are from lower income status, which contrasts our results for working mothers with a higher number of school-age children as negative impact decrease [23].

For working mothers who get support from their workplace the level of reliance and management of stress is increased compared to mothers who work in a non-supportive institution, for our data most mothers in our sample received some support from their workplace with various level and this led to better management of their mental and emotional health, this includes days off, distance or online work, changes in working hours [18] (**Figure 10**).

Overall working moms in Saudi Arabia according to our sample have passed the COVID-19 pandemic in better circumstances and support than many other countries. This indicates the great attention to women's health and family well-being from the government. However, some groups need extra support and a public health approach of equity, not equality may need to be considered. Our research has some limitations and recommendations listed below that need to be considered for future work,

4. Limitations

- Our data cannot generalize or reflect the impact of the COVID-19 pandemic on all working mothers in Saudi Arabia;
- A number of similar studies have been conducted within Saudi Arabia and worldwide for the same target group and concentration is limited.

5. Recommendations

- Invest more in working mothers' research and supportive programs;

- Ensure collaboration globally to address working mothers' needs and share experiences.

Conflicts of Interest

The authors declare no conflicts of interest regarding the publication of this paper.

References

[1] Khan, A., Almuzaini, Y., Aburas, A., Alharbi, N.K., Alghnam, S., Al-Tawfiq, J.A., *et al.* (2022) A Combined Model for COVID-19 Pandemic Control: The Application of Haddon's Matrix and Community Risk Reduction Tools Combined. *Journal of Infection and Public Health*, **15**, 261-269. https://doi.org/10.1016/j.jiph.2022.01.006

[2] Liu, T., Liang, W., Zhong, H., He, J., Chen, Z., He, G., *et al.* (2020) Risk Factors Associated with COVID-19 Infection: A Retrospective Cohort Study Based on Contacts Tracing. *Emerging Microbes & Infections*, **9**, 1546-1553. https://doi.org/10.1080/22221751.2020.1787799

[3] Alqaisi, R.O., Al-Kubaisy, W.A., Abughanam, S.N., Alfalayleh, A.Z. and Almasri, M.H. (2023) Risk Factors and Characteristics of Hospitalized COVID-19 Patients in Jordan. *Saudi Medical Journal*, **44**, 1054-1060. https://doi.org/10.15537/smj.2023.44.20230209

[4] Chen, Y., Klein, S.L., Garibaldi, B.T., Li, H., Wu, C., Osevala, N.M., *et al.* (2021) Aging in COVID-19: Vulnerability, Immunity and Intervention. *Ageing Research Reviews*, **65**, Article 101205. https://doi.org/10.1016/j.arr.2020.101205

[5] Reed-Thryselius, S., Fuss, L. and Rausch, D. (2022) The Relationships between Socioeconomic Status, COVID-19 Risk Perceptions, and the Adoption of Protective Measures in a Mid-Western City in the United States. *Journal of Community Health*, **47**, 464-474. https://doi.org/10.1007/s10900-022-01070-y

[6] CDC (2025) People with Certain Medical Conditions and COVID-19 Risk Factors (No Date) Centers for Disease Control and Prevention. https://www.cdc.gov/covid/risk-factors/index.html

[7] World Health Organization (2025) Coronavirus Disease. https://www.who.int/health-topics/coronavirus#tab=tab_1

[8] Karageorge, E.X. (2020) COVID-19 Recession Is Tougher on Women. U.S. Bureau of Labor Statistics. https://www.semanticscholar.org/paper/COVID-19-recession-is-tougher-on-women-Karageorge/7ad7ccf222c346f8901886c3718ca63c1cecdbe8

[9] Clark, S., McGrane, A., Boyle, N., Joksimovic, N., Burke, L., Rock, N., *et al.* (2021) "You're a Teacher You're a Mother, You're a Worker": Gender Inequality during COVID-19 in Ireland. *Gender, Work & Organization*, **28**, 1352-1362. https://doi.org/10.1111/gwao.12611

[10] Krywult-Albańska, M. and Albański, Ł. (2021) Gender and Educational Inequalities during the COVID-19 Pandemic: Preliminary Insights from Poland. *Sustainability*, **13**, Article 12403. https://doi.org/10.3390/su132212403

[11] UN Women (2025) Covid-19: Rebuilding for Resilience (No Date) UN Women—Headquarters. https://www.unwomen.org/en/hq-complex-page/covid-19-rebuilding-for-resilience

[12] Ministry of Health (2020) The Kingdom of Saudi Arabia's Experience in Health Preparedness and Response to COVID-19 Pandemic.

[13] Ravindranath, H.D., Kartar Singh, J.S., Arumugam, T. and Kularajasingam, J. (2021) Exploring the Challenges Faced by Working Mothers and the Perceived Factors to Retain Them in the Private Education Sector. *International Journal of Human Resource Studies*, **11**, 17-37. https://doi.org/10.5296/ijhrs.v11i2.18457

[14] Hadjicharalambous, D. (2022) Exploring the Quality of Life and Psychological Symptoms of University Students in Cyprus during the COVID-19 Pandemic. *Journal of Social Science Research*. https://www.academia.edu/75381986/Exploring_the_quality_of_life_and_psychological_symptoms_of_university_students_in_Cyprus_during_the_Covid_19_pandemic

[15] Rozsa, L. (2020) Coronavirus Creates Conflict for Churches, Where Gatherings Can Be Dangerous but Also Provide Solace. Washington Post.

[16] Salin, M., Kaittila, A., Hakovirta, M. and Anttila, M. (2020) Family Coping Strategies during Finland's COVID-19 Lockdown. *Sustainability*, **12**, Article 9133. https://doi.org/10.3390/su12219133

[17] Guerra, G.C., Nardozza, O., Frigerio, A., Garito, M.C., Ponzetti, S., Passaquindici, I., *et al*. (2023) Families Facing Pandemic Modifications of Everyday Life: A Mixed Study on Mothers' and Children's Emotional Reactions and Regulation Strategies. *Children*, **10**, Article 1627. https://doi.org/10.3390/children10101627

[18] Kirwin, M.A. and Ettinger, A.K. (2022) Working Mothers during COVID-19: A Cross-Sectional Study on Mental Health Status and Associations with the Receipt of Employment Benefits. *BMC Public Health*, **22**, Article No. 435. https://doi.org/10.1186/s12889-021-12468-z

[19] Dewi, S.A.T., Raisa, S.E., Utami, S.R., Simanjuntak, M. and Riany, Y.E. (2022) Working Mother's Experience with School-Age Children during the Covid-19 Pandemic. *Journal of Family Sciences*, **2022**, 1-16. https://doi.org/10.29244/jfs.vi.36575

[20] Bushman, G. and Mehdipanah, R. (2021) Housing and Health Inequities during COVID-19: Findings from the National Household Pulse Survey. *Journal of Epidemiology and Community Health*, **76**, 121-127. https://doi.org/10.1136/jech-2021-216764

[21] Akbari, P., Yazdanfar, S., Hosseini, S. and Norouzian-Maleki, S. (2021) Housing and Mental Health during Outbreak of Covid-19. *Journal of Building Engineering*, **43**, Article 102919. https://doi.org/10.1016/j.jobe.2021.102919

[22] Graham, M., Weale, V., Lambert, K.A., Kinsman, N., Stuckey, R. and Oakman, J. (2021) Working at Home. *Journal of Occupational & Environmental Medicine*, **63**, 938-943. https://doi.org/10.1097/jom.0000000000002337

[23] Ranji, U. (2021) Women, Work, and Family During COVID-19: Findings from the KFF Women's Health Surve. The Independent Source for Health Policy Research, Polling, and News.