Honors Scholar Theses

Honors Scholar Program

Spring 5-26-2021

The Disproportionate Impact of COVID-19 on Women

Ava Stallone

avastallone@optonline.net

The Disproportionate Impact of COVID-19 on Women

Ava G. Stallone

Undergraduate Honors Thesis Paper

Thesis Supervisor, Natalie J. Shook, Ph.D.

Honors Advisor, James Chrobak, Ph.D.

Department of Psychological Sciences

The University of Connecticut

May 2021

ABSTRACT

The impact of COVID-19 is putting a much larger strain on women than men. This can be seen through reports of mental health and financial concerns. Women are more vulnerable to COVID-19 related economic effects due to existing gender inequalities, which in turn may also have a negative effect on mental health. Through this study gender disproportion is looked at between mental health and COVID-19 financial concerns among women and men. The aim is to see how COVID-19 financial concerns may be contributing to stress, anxiety, and depression. It is hypothesized that; women will report worse mental health and greater economic concerns than men, and that worse mental health is tied to greater economic concerns. A study consisting of 343 United States participants, recruited through Amazon's Mechanical Turk (MTurk) as part of a larger study, is used to test this hypothesis. The results show that women reported more financial concerns related to COVID-19 and worse mental health than men. COVID-19 related financial concerns were also found to be attributed to worse mental health among both men and women but were greater among women. Research that analyzes how this pandemic disproportionality impacts gender is critical. With this type of evidence, pandemic response and recovery plans can be more effective. Such plans should include gender focused economic and social policies that hold women's mental health and well-being as a priority.

Key words: COVID-19 Pandemic, financial concern, anxiety, depression, stress, gender inequality.

Table of Contents

The Disproportionate Effects of COVID-19 on Gender

The impact of COVID-19 has not only affected the physical health of many people but it has also significantly affected the mental health of many as well. This pandemic has brought economic turmoil which has left many to disproportionately face life as we now know it. With this change, a much larger strain on women can be seen as mental health and financial concerns are analyzed among people in the United States of America. Understanding how pandemics affect people on the basis of gender has become a growing research topic, and it is essential to providing adequate support and care. Moreover, pandemics and times of economic crisis often amplify preexisting inequalities, which can help to reveal important information about our society.

Mental health has taken a significant decline during this pandemic. The United States Centers for Disease Control and Prevention estimated that as of June 2020, nearly one-third of United States adults were suffering from anxiety or depression (Kreisler, Lane, & Petrosky, 2020). In addition, the American Psychiatric Association signaled a 'Growing National Mental Health Crisis', after a recent 2020 study. Results showed that nearly 1 in 5 adults (19%) reported their mental health as worse than it was at this time last year (American Psychiatric Association, 2020). Specifically, it can be seen that people are reporting an increase in anxiety and depression. In January 2021, it was found that about 4 in 10 adults in the United States have reported symptoms of anxiety or depressive disorder. This is a big increase from June 2019, when 1 in 10 adults reported these symptoms (Panchal, Kamal, Cox & Garfield, 2021). This crisis is not slowing down, and it is becoming more apparent that people are not receiving the adequate support which would help alleviate this rapid mental health decline. The American Psychiatric Association released a survey indicating that most Americans are not getting adequate emotional

help and support; 61% of the adults said they could have used more mental health support than they received over the previous 12 months. In attempts to provide relief and support, researchers are rapidly assessing the risk factors and correlations to this significant mental health decline (Panchal, Kamal, Cox & Garfield, 2021).

Some correlations to poor mental health that are rapidly emerging are links to economic and financial concerns. Understanding these ties may help to ameliorate growing worries and concerns that may be affecting people on a larger scale. Research from prior economic downturns may reveal the close relationship between a decline in mental health and financial instability. A study that took place from 2011 to 2014 showed that mental health declined along socioeconomic lines (Goldman, Glei, & Weinstein, 2018). The study found that white Americans in the 75th percentile or above in socioeconomic status showed almost no declines in mental health, and even some modest improvements in mental health measures such as life satisfaction, well-being, positive and negative affect, and major depression. However, it was reported that the lower a person's socioeconomic status, the more likely a drop in mental health (Goldman, Glei, & Weinstein, 2018). Similarly, this same trend can be seen throughout the COVID-19 pandemic as well. It has been found that financial instability has been closely related to worse mental health. 'Many people are losing their jobs, experiencing financial strain and housing insecurity in the current climate. Our research suggests that all of these experiences increase risk for long-lasting declines in mental health, which can compound and prolong the economic costs of a recession through lost productivity and health-care utilization' (Pappas, 2020). During the pandemic, adults in households with job loss or lower incomes have reported higher rates of symptoms of mental illness than those without job or income loss (53% vs. 32%) (Panchal, Kamal, Cox & Garfield, 2021). KFF Health Tracking Polls also found that, during the pandemic,

people with lower incomes are more likely to report major negative mental health impacts from worry or stress over the coronavirus. In December 2020, it was reported that 35% of those earning less than $40,000 experienced a major negative mental health impact, compared to 21% of those with incomes between $40,000 to $89,999, and 17% of those making $90,000 or more. This research that assessed the relationship between mental health and economic crisis rapidly took off after April 2020, when Americans filed a record-breaking 6.6 million unemployment claims in one week (U.S Bureau of Labor Statistics, 2021). The United States Federal Reserve estimated that 47 million people might lose their jobs in the second quarter of 2020, translating to a 32.1% unemployment rate. This prediction would far overshoot the peak unemployment rate of the Great Recession (10% in October 2009, according to the Bureau of Labor Statistics) and even of the Great Depression (24.9% in 1933) (Pappas, 2020). In actuality, the peak unemployment rate did not rise to 32.1%, but it did rise to 14.7% in April 2020. Since then, it has gone down and was at 6.1% in April 2021 (Bureau of Labor Statistics, 2021). However, this rate is still exceedingly high, being that it was 3.6% in October 2019, prior to the pandemic. (Bureau of Labor Statistics, 2021). Therefore, economic downfall continues, having a significant effect on people across the country.

As the pandemic rounds its second year, the economic crisis still persists. The economic impact from COVID-19 should not be taken lightly, and it is starting to show that women are often hit harder than men but this devastation. By January 2021, it was seen that 80% of working adults who left their job were women (Thompson, 2021). Women also make up 39% of global employment but accounted for 54% of job losses as of May 2020 (Madgavkar, White, Krishnan, Mahajan, & Azcue, 2021). A recent report (United Nations, 2020) found that around the world, women earn less compared to men, save less, hold less secure jobs, and are much more likely to

be employed in the informal sector. Women were also found to have less access to social

protections and are the majority of single-parent households. With an understanding of this

systematic disadvantage, it was concluded that women's capacity to absorb economic shocks

may often be less than men (Milford and Anderson, 2020). During a pandemic, an understanding

that existing inequalities can amplify is critical. As women take on greater care demands at

home, their jobs will also be disproportionately affected by cuts and lay-offs. These impacts risk

rolling back gains made in female labor force participation, limiting women's ability to support

themselves and their families, especially for female-headed households. With a high

unemployment rate, it is also seen that four times as many women than men dropped out of the

labor force in September, roughly 865,000 women compared with 216,000 men (Kashen &

Glynn, 2020). This unemployment crisis is driving a deeper wedge in between the wage gap.

While other previous recessions tended to close the gender wage gap by 2%, pandemic

recessions have been known to widen the gap by 5%. One major factor causing this is the larger

female representation in service that is considered "high contact" (Swisshelm, 2020). Women are

widely overrepresented in industries that require high levels of human interaction such as, retail,

education, food services, travel attendants, and cosmetic jobs. The change of demand and

structures within these jobs are resulting in high numbers of unemployment for women. During

this pandemic, contact based jobs are limited to essential services. With reports of women losing

their jobs, it can also be seen that women are occupied more than men by unpaid care work

(International Labour Organization [ILO], 2018; Sayer, 2005). With the COVID-19 outbreak, the

need for home-based caring labor has increased with the closing of schools, childcare facilities,

and relatives who are sick and need care (Bahn and Cohn 2020). Studies show that 17% of all

working women compared to 11% of all working men rely on childcare and schools to supervise

their children (Bateman and Ross, 2020). This added responsibility may cause women to leave their job. In addition, all over the world, women are also more likely to be single parents. This means that women and their households are often more dependent on a single source of income which they rely on to provide financial support to more dependents (Cohen, 2010). With this understanding about economic gender inequality, it may not come as much of a surprise to find that women's mental health has declined along with the start of the pandemic.

Being that a struggling economy can be attributed to poor mental health, those who are struggling more may often report worse mental health. Consequently, it can be seen that women are reporting a much larger decline in mental health when compared to men. A recent study showed that the groups most psychologically affected by the COVID-19 pandemic are women (Ozdin 2020). Intensified pressure is likely to impact women's mental and physical health (Cohen & Venter, 2020; Geurts et al., 2005). In February 2021, over 2.3 million fewer women were in the labor force compared to February 2020, with a labor force participation level of 57.0%. These numbers have not been seen since 1988. By comparison, more than 1.8 million men have left the labor force since February 2020, with a participation rate of 69.6% in February (Nelson & Tucker, 2021). After recognizing this disproportionate effect COVID-19 has on gender, it may not come as a surprise to find out that over 47% of women reported symptoms of anxiety and/or depressive disorder compared to 38% of men in December 2020. In addition, more than 1 in 4 women are considering leaving their jobs or reducing their hours, with many citing burnout and new household responsibilities as the primary reason (Panchal, Kamal, Cox & Garfield, 2021). A similar study found that younger adults and women, including mothers with children under 18 years old in their households, are among the most likely to report that stress and worry related to coronavirus has had a negative impact on their mental health. It was

estimated that more than half of women overall (55%) reported a negative impact on their mental health related to the coronavirus pandemic, compared to about four in ten men (38%) who report the same (Kearney, 2021).

Analyzing financial concerns, with mental health and gender can help to provide evidence and significance of the disproportionate effects of COVID -19 on Women. Not only are women reporting worse mental health but this decline may be related to concerns in areas known to negatively affect women more. Women are taking a much larger economic hit during COVID-19 then men (Panchal, Kamal, Cox & Garfiled, 2021). This is a growing issue that must be addressed. During the COVID-19 pandemic it is imperative that people who are most vulnerable are identified and provided adequate assistance. By looking into the reported unequal concerns and mental health associated with economic changes from the pandemic, evidence can be used to encourage assistance for women.

The Present Study

The goal of this present study was to assess the disproportionate impact of COVID-19 on gender by looking at mental health and financial stability concerns. There is extensive literature on the economic impact of COVID-19 and the impact of COVID- 19 on mental health, (American Psychiatric Association, 2020; Brooks, 2021; Czeisler, Lane & Petrosky, 2020; Kearney, 2021; Ozdin, 2020; Pappas, 2020; Thompson, 2021), and a growing literature base showing the impact of COVID-19 on women (Bahn & Cohn 2020; Bateman & Ross, 2021; Kashen & Glynn, 2020; Milford & Anderson, 2020; Madgavkar, White, Krishnan, Mahajan & Azcue, 2021; Nelson & Tucker, 2021; Shalatek, 2020). However, there is a lack of evidence showing the economic impact of COVID-19 on women's mental health (Blundell, 2020; Panchal, Kamal, Cox & Garfield, 2021; Swisshelm, 2020; United Nations, 2020). The present study

aimed to research the economic impact of COVID-19 on women's mental health further. Data

was taken from a larger study where participants reported their mental health and financial

related concerns during COVID-19. Two hypotheses were made. The first hypothesis was that

women would have worse mental health than men and report greater economic concerns. The

second hypothesis was that worse mental health is tied to greater economic concerns.

Methods

Participants and Procedure

Participants were U.S. residents recruited through Amazon's Mechanical Turk (MTurk)

as part of a larger study. Responses from three hundred seventy-four participants were collected.

Of those, 31 participants were excluded from analyses due to missing data and/or because they

had duplicate IP addresses. Thus, the final sample size included 343 individuals. (Mage = 42

years, SD = 12.6, range = 19-84). Within the sample there were 138 men (Mage = 42 years, SD =

12.8, range: 20-79; 76.8% White men; 40.2% men; median income = 50,000- 59,999). Within

the sample there were 205 women; (Mage= 41 years, SD=12.4, range: 19-84 years N= 83.4%

White; 59.8% women; median income = 50,000- 59,999). Participants completed an online

survey after providing electronic informed consent. Measures were presented in a random order.

Participants were compensated $5.00 for their involvement and the study took around $45

minutes. See table 1 and 2 for additional information regarding the participants.

Measures

COVID-19 financial concerns. A composite variable to assess for COVID-19 Financial

concerns included five questions which were standardized (z-scored) and then averaged.

Participants were asked to indicate the extent to which they agreed or disagreed on a scale from 1

(strongly disagree) to 6 (strongly agree) with the following statements: 'My or my family's

financial situation will get much worse over the next 12 months', 'I am worried about my or my family's financial situation over the next 12 months', 'I am worried about providing for myself financially over the next 12 months', 'I have enough means to secure food and housing for myself or my family over the next 12 months'. Participants were also asked to rate this question, 'How worried are you about the US economy?'

Gender Identity. Participants were asked "What is your Gender Identity" The participants were given the following choices: Man, Woman, Other.

Perceived Stress Scale (Cohen et al., 1983). The Perceived Stress Scale (PSS) is the most widely used psychological instrument for measuring stress within an individual. It is a measure of the degree to which situations in one's life are appraised as stressful. Participants responded to four items about levels of experienced stress (e.g., In the last month, how often have you felt that you were unable to control the important things in your life?) over the past month on a scale of 0 (Never) to 4 (Very often). Items were summed to create a composite score.

The Generalized Anxiety Disorder questionnaire (Spitzer et al., 2006). The Generalized Anxiety Disorder questionnaire is a seven item measure that is used for quick evaluation for the presence of anxiety symptoms. Participants were asked to indicate to the extent to which they experienced symptoms of anxiety (e.g., Feeling nervous, anxious, or on edge?) over the past week on a scale of 0 (Not at all) to 3 (Nearly everyday). Items were summed to create a composite score.

Patient Health Questionnaire (Kroenke, Spitzer & Williams, 2009). The Patient Health Questionnaire (PHQ-8) is used as a screening tool to assist in evaluating depression symptoms. Participants responded to 8 items about levels of experienced depression (e.g., Little interest or

pleasure in doing things) over the past month on a scale of 0 (Not at all) to 3 (Nearly everyday).

Items were summed to create a composite score.

Results

Means, standard deviations, and Cronbach's alphas for all measures for the entire sample,

as well as split by gender (Table 3). Independent samples t-tests were conducted (Table 4) to

compare men's and women's economic concerns and mental health. There was a significant

difference in depressive symptoms such that men ($M = 4.51$, $SD = 5.47$) reported less depressive

symptoms than women ($M = 6.36$, $SD = 6.09$), $t(341) = -2.87$, $p = .004$. There was a significant

difference in anxiety symptoms such that men ($M = 4.69$, $SD = 5.01$) reported less anxiety

symptoms than women ($M = 7.50$, $SD = 6.16$), $t(329.01) = -4.65$, $p < .001$). There was a

significant difference in stress symptoms such that men ($M = 5.83$, $SD = 3.61$) reported less

stress than women ($M = 6.79$, $SD = 3.50$), $t(341) = -2.47$, $p = .014$). There was also a significant

difference in COVID-19 financial composite variables between men and women such that men

($M = -.19$, $SD = .695$) reported less concerns than women ($M = .127$, $SD = .770$), $t(341) = -3.87$,

$p < .001$.

Correlations

To examine the bivariate associations among the primary variables, Pearson correlation

analyses were conducted (Table 5). There were significant correlations between financial

composite variables and mental health variables (rs = .37 to .46). Financial concerns were

significantly correlated with PSS_Sum ($r = .43$, $p < .001$), PHQ_Sum ($r = .37$, $p < .001$)

GAD_Sum ($r = .46$, $p < .001$). This indicated that greater financial concerns were correlated to

higher reports of stress, depression, and anxiety.

Bivariate correlations were also conducted with the sample split by gender (Table 5). For women, COVID-19 financial concern was significantly correlated with anxiety ($r = .44$, $p <$ .001), stress ($r = .46$, $p < .001$), and depression ($r= .359$, $p < .001$). For men, COVID-19 financial concern was significantly correlated with anxiety ($r = .43$, $p < .001$) stress ($r = 35$, $p <$ .001), depression ($r = .32$, $p < .001$).

Regression

A regression model was run to see if financial concern and gender could predict anxiety, stress, and depression. The model was set up with financial concern, gender and financial concern x gender, predicting anxiety, stress, and depression. The model predicting anxiety was significant, $F(3, 339) = 34.54$, $p < .001$, $R^2 = 0.23$. The model predicting depression was significant, $F(3,339) = 18.46$, $p < .001$, $R^2 = .14$. The model predicting stress was significant, $F(3, 339) = 26.12$, $p < .001$, $= .19$. Financial concern predicting Anxiety and stress was found to be significant. Gender predicting anxiety was also found to be significant. No significant effects were found between financial concern x gender predicting anxiety, depression, or stress. (Table 6).

Discussion

The COVID-19 pandemic has brought inequality to the forefront of public health through recognizing its disproportionate impact. Throughout the years 2020 and 2021, it can be seen that this pandemic serves as a reinforcement, exaggerator, and aggravator of what has been discriminatory and unjust before in our systems and communities (Schalatek, 2020). Therefore, providing relief during this pandemic is a complex multi-layered process that requires a comprehensive and systematic understanding. The impact of COVID-19 has shown us that gender is unequally affected. These findings and similar findings like these must be included in

relief efforts along with attempts to stop the virus itself. It is important to not only be able to identify who is most vulnerable, but then understand why they are placed at a disadvantage to face this pandemic.

It may not have come as much of a surprise to see that women reported more economic concerns and worse mental health than men. Gender inequality is not a new concept but analyzing it during the COVID-19 pandemic is. Due to persistent gender inequalities across many dimensions, women's jobs, businesses, incomes and wider living standards may be more exposed than men to the anticipated widespread economic fallout from the crisis (OECD, 2020). Women make up the majority of high contact jobs that are at risk during COVID-19, are often the primary caregivers of households, and globally, there are more elderly women living alone on low incomes which puts them at higher risk of economic insecurity (OECD, 2020). Through this study women have been identified among those who are most vulnerable during COVID-19. This systematic disproportion may be responsible for their mental health decline which is also much worse than men. Women reported significantly higher concerns about financial stability and reported significantly higher anxiety. However, it is important to note that women have been and are more likely to be diagnosed with anxiety and depression despite the impact of the pandemic (Anxiety and Depression Association of America, 2021). In addition, it was found that financial concern and gender could independently predict Anxiety. However, when financial concern and gender were used together to predict mental health, no significant effects were present. This finding may have existed for a few reasons. One reason may be that financial concern was seen heavily among both men and women, therefore when it was used with gender to predict anxiety, no significance could be seen. This reason may explain why anxiety was not significant in the model financial concern x gender to predict anxiety but anxiety could be

predicted among both financial concern and gender separately. These regression model findings were not expected, but are still important for inclusion.

Looking at these results and the overall impact of COVID-19, we can see that inequality among gender gets worse in times of economic crisis. However, although women face many inequalities, there is much that can be done during this pandemic to help lessen financial concerns and symptoms of stress, anxiety, and depression. Women are more likely to be key workers during a pandemic which means that added pressure to increase support could help reduce gender inequalities, as well as overall income inequality (Blundell, 2020). Women make up 70% of the health care work force which is heavily relied on right now and these working conditions can be difficult and demanding both physically and mentally throughout a national health crisis. With the largest health care occupation as registered nurses (2.4 million), followed by nursing, psychiatric and home health aides (1.2 million), women make up more than 85% of workers in both of these large occupations (Cheeseman & Christnacht, 2019). However, an average global gender pay gap of around 28% exists in the health workforce (Boniol, Mclsaac, Xu, Wuliji, Diallo & Campbell, 2019). Largely contributing to the gender pay gap, women are also more likely to provide informal care than men are. On average, across the OECD, 60% of informal careers over 50 are women. Informal careers providing many hours of care per week are less likely to engage in work, and more likely to suffer from mental health problems (e.g. depression), with women disproportionally affected. (OECD, 2019). Although the health care sector regards women's participation well, gender transformative policies are necessary to address inequities and eliminate gender-based discrimination. Helpful policies can include; raising earnings, removing barriers to access to full-time employment, and supporting access to professional development and leadership roles (Boniol, Mclsaac, Xu, Wuliji, Diallo & Campbell,

2019). Being that 20 million women make up the United States health and social workforce (OECD, 2019), benefits and protections for this population can go a long way. Protecting these workers as they do for the public, could drastically improve employment concerns and potentially lead to better mental health for numerous women.

Studies similar to this one that assess the impact of COVID-19 on certain communities is vital. Understanding the link between financial concerns and mental health may provide insight into support strategies. If the gap between financial concerns among men and women decreases then perhaps women would report less mental health concerns. COVID-19 will have lasting effects and the economic gap between women and men may only get worse. One study reported that hesitating or failing to take action will ultimately result in a larger employment gap (Madgavkar, 2021). In addition, the national poll from the American Psychiatric Association shows that more people are reporting mental health effects from the pandemic this year than last. APA President Jeffrey Geller, MD (Brooks, 2021). Continued studies that analyze the disproportionate impact of COVID-19 on women can significantly help to create solutions. It is important to assess the disparities and severity among the reported specific concerns and the mental health of women, especially during these times of crisis. This ultimately can help health professionals, policy makers, civic leaders, parents, and educators, recognize those who are most vulnerable and do what they can to help to provide adequate support that reflects the specific concerns of those individuals.

Limitations

The present study is cross-sectional, so casual claims cannot be made. Anxiety, stress, and depression were all self-reported. Therefore, the results may be subject to biases and limitations. Participants may not accurately be able to accurately assess themselves and self-

measures of mental health may be exaggerated or minimized. This is also a non-representative sample. A prospective or longitudinal study is encouraged to strengthen these claims. More information on this topic can help to form new and better interventions. Future studies similar to this one are encouraged to analyze how unequal reported concerns among gender can affect mental health, especially during a pandemic.

Conclusion

The goal of this study was to evaluate the extent to which COVID-19 disproportionately affects men and women. It was found that women reported greater financial concerns and worse mental health than men. Worse mental health was found to be associated with greater COVID-19 related financial concerns. In this study, mental health and financial concerns among gender was looked at due to the extensive growing evidence on economic gender inequality exacerbated by COVID-19. However, it is encouraged that disproportionate COVID-19 related impacts are analyzed among many other demographics as well such as age, class, race, ethnicity, disability etc. The pandemic is widening gender inequality specifically in regard to financial stability as women report significantly higher concerns than men. These concerns are also linked to high levels of stress, anxiety and depression. This issue is highly encouraged to be studied further. Assistance and policy should be created to address the systematic inequalities that are having detrimental effects on mental health. Advanced women's economic inclusion can be seen through equal pay, targeted credit, job protection and significant investments in the care economy and social protection. Equal representation should be ensured and assistance to those who are vulnerable to the pandemic should be prioritized in relief efforts. Tackling the psychological impact of this pandemic is a tough task but is not impossible. Continuing to run reports and surveys that assess the mental health and well-being of people, will provide us with a

better understanding of who is struggling and why they are struggling more than others. It is

imperative that the unequal impact of COVID-19 is noticed and continued to be discussed and

analyzed.

Table 1.

Race Combined Separate Values of Ethnicity_race

	Frequency	Percent	Valid Percent	Cumulative Percent
1.00 White	261	76.1	76.1	76.1
2.00 Hispanic	22	6.4	6.4	82.5
3.00 Black	23	6.7	6.7	89.2
4.00 Asian	14	4.1	4.1	93.3
5.00 Native American	1	.3	.3	93.6
6.00 Other	2	.6	.6	94.2
7.00 Two or More	20	5.8	5.8	100
Total	343	100	100	

Table 2.

What is your family income per year?

	N	%
Less than $10,000	15	4.4%
$10,000- $19, 999	21	6.1%
$20,000- $26,999	36	10.5%
$30,000- $36,999	33	9.6%
$40,000- $49,999	41	12.0%
$50,000- $59,999	34	9.9%
$60,000- $69,999	40	11.7%
$70,000- $79,999	22	6.4%
$80,000- $89,999	20	5.8%
$90,000- $99,999	22	6.4%
$100,000- $149,999	44	12.8%
More than $150,000	14	4.1%
Missing System	1	0.3%

Table 3.

T-Test for Group Statistics

	What is your gender Identity? - Selected Choice	N	Mean	Std. Deviation	Std. Error Mean
Finance	Man	138	-.19	.70	.06
	Woman	205	.13	.77	.05
PHQ_Sum	Man	138	4.5	5.48	.47
	Woman	205	6.45	6.09	.43
GAD_Sum	Man	138	4.69	5.01	.43
	Woman	205	7.50	6.16	.43
PSS_Sum	Man	138	5.83	3.61	.31
	Woman	205	6.79	3.50	.24

Table 4.

Independent Samples Test

		Levene's Test for Equality of Variances		t-test for equality of means					95% Confidence Interval of the Diff.	
		F	Sig.	t	df	Sig. (2. tailed)	Mean Difference	Std. Error Difference	Lower	Upper
Finance	Equal Variances assumed	2.62	.11	-3.87	341	<.001	-.32	.08	-.48	-.16
	Equal Variances not assumed			-3.95	313.26	<.001	-.32	.08	-.47	-.16
PHQ_Sum	Equal Variances assumed	3.55	.06	-2.87	341	.004	-1.85	.64	-3.12	-.58
	Equal Variances not assumed			-2.93	313.82	.004	-1.85	.63	-3.09	-.61
GAD_Sum	Equal Variances assumed	9.81	.002	-4.47	341	<.001	-2.81	.63	-4.05	-1.57
	Equal Variances not assumed			-4.65	329.01	<.001	-2.81	.61	-4.01	-1.62
PSS_Sum	Equal Variances assumed	.61	.434	-2.47	341	.01	-.96	.39	-.17	-.20
	Equal Variances not assumed			-2.46	288.05	.02	-.96	.39	-.17	-.19

Table 5.

Correlations between financial concerns, stress, anxiety and depression

		Finance	PSS_Sum	PHQ_Sum	GAD_Sum
Finance	Pearson's Correlation	1	.43**	.37**	.46**
	Sig. (2-tailed)		<.001	<.001	<.001
	N	343	343	343	343
PSS_Sum	Pearson's Correlation	.43**	1	.66**	.68**
	Sig. (2-tailed)	<.001		<.001	<.001
	N	343	343	343	343
PHQ_Sum	Pearson's Correlation	.37**	.66**	1	.82**
	Sig. (2-tailed)	<.001	<.001		<.001
	N	343	343	343	343
GAD_Sum	Pearson's Correlation	.46**	.68**	.82**	1
	Sig. (2-tailed)	<.001	<.001	<.001	
	N	343	343	343	343

Note: **Correlation is significant at the 0.01 level (2-tailed)

Table 6.

Multiple regressions predicting anxiety, depression, and stress.

	Anxiety		Depression		Stress	
	B(SE)	*95% CI*	*B(SE)*	*95% CI*	*B(SE)*	*95% CI*
Financial Concern	2.76 **(1.35)****	.09, 5.4	2.22 (1.44)	-.62, 5.05	1.55 **(.85)****	-.12, 3.21
Gender	1.78 **(.58)****	.63, .69	1.01 (.62)	-.21, 2.24	.36 (.37)	-.36, 1.08
Financial Concern x Gender	.36 (.79)	-1.19, 1.92	.31 (.84)	-1.31.97	.27 (.49)	-.70, 1.24

Note. Gender (1 = men, 2 = women). Significant effects are bolded. *p* < .05, **p* < .01, ***p* < .001.

References

American Psychological Association. (2020, October 20). Stress in America 2020 survey signals

    a growing national mental health crisis [Press release].

    http://www.apa.org/news/press/releases/2020/10/stress-mental-health-crisis

Anxiety and Depression Association of America, ADAA. (2021, April 21) Facts and Statistics.

    https://adaa.org/understanding-anxiety/facts-statistics

Bahn, K., Cohen, J., & Rodgers, Y. (2020, June 11). A feminist perspective on COVID-19

    and the value of care work globally.

    https://onlinelibrary.wiley.com/doi/full/10.1111/gwao.12459

Bateman, N., Ross, M. (2021, January 06). Why has Covid-19 been especially harmful for

    Working women? https://www.brookings.edu/essay/why-has-covid-19-been-especially-

    harmful-for-working-women/

Blundell, R., Dias, M., Joyce, R., Xu, X. (2020, July 14). COVID-19 and Inequalities*

    https://onlinelibrary.wiley.com/doi/full/10.1111/1475-5890.12232

Boniol M, McIsaac M, Xu L, Wuliji T, Diallo K, Campbell J. (2019).Gender equity in the health

    workforce: analysis of 104 countries. Working paper 1. Geneva: World Health

    Organization; (WHO/HIS/HWF/Gender/WP1/2019.1). License: CC BY-NC-SA 3.0 IGO.

Brooks, M. (2021, May 03). National poll shows 'concerning' impact of covid on mental

    health. from https://www.medscape.com/viewarticle/950359

Bureau of Labor Statistics, U.S. Department of Labor, *Graphics for Economic News Releases*,

    Civilian Unemployment rate. April 2021. https://www.bls.gov/charts/employment-

CDC. National Center for Health Statistics. COVID-19 Mortality Overview: Provisional Death

Counts for Coronavirus Disease 2019 (COVID-19)

https://www.cdc.gov/nchs/covid19/mortality-overview.htm

Cheeseman, J. & Christnacht, C. (2019, August 14). United States Census Bureau. Your health

care is in women's hands. https://www.census.gov/library/stories/2019/08/your-health

Cohen, J., & Venter, W. (2020). The integration of occupational- and household-based chronic

stress among South African women employed as public hospital nurses. PLoS ONE,

15(5), e0231693. https://doi-org.ezproxy.lib.uconn.edu/10.1371/journal.pone.0231693

Cohen, S., Kamarck, T., & Mermelstein, R. (1983). Perceived Stress Scale [Database record].

https://psycnet.apa.org/record/1984-24885-001

Czeisler MÉ , Lane RI, Petrosky E. (2020, June 24-30) Mental Health, Substance Use, and

Suicidal Ideation During the COVID-19 Pandemic — United States. MMWR Morb

Mortal Wkly Rep 2020;69:1049–1057. DOI:

http://dx.doi.org/10.15585/mmwr.mm6932a1external icon

Geurts, S. A. E., Taris, T. W., Kompier, M. A. J., Dikkers, J. S. E., Van Hooff, M. L. M., &

Kinnunen, U. M. (2005). Work–home interaction from a work psychological perspective:

Development and validation of a new questionnaire, the SWING. Work and Stress, 19(4),

319– 339. https://doi-org.ezproxy.lib.uconn.edu/10.1080/02678370500410208

Goldman, N., Glei, D., & Weinstein, M. (2018, July 10). Declining mental health among

Disadvantaged Americans. https://www.pnas.org/content/115/28/7290

International Labour Organization (ILO). (2018). Care work and care jobs for the future of

decent work. Geneva, Switzerland: https://www.ilo.org/wcmsp5/groups/public/---

dgreports/---dcomm/---publ/documents/publication/wcms_633135.pdf

Kashen, J., & Glynn, G. (2020, October 30). How covid-19 sent women's workforce progress backward.https://www.americanprogress.org/issues/women/reports/2020/10/30/492582/covid-19-sent-womens-workforce-progress-backward/

Kearney, A. (2021, April 14). Mental health impact of the covid-19 pandemic: https://www.kff.org/coronavirus-covid-19/poll-finding/mental-health-impact-of-the-covid-19-pandemic/

Milford, M., Anderson, G. (2020, April 14). THE SHADOW PANDEMIC: HOW THE COVID-19 CRISIS IS EXACERBATING GENDER INEQUALITY. https://unfoundation.org/blog/post/shadow-pandemic-how-covid19-crisis-exacerbating-gender-inequality/

Madgavkar, A., White, O., Krishnan, M., Mahajan, D., Azcue, X. (2021, April 10). COVID-19 and gender Equality: Countering the regressive effects. https://www.mckinsey.com/featured-insights/future-of-work/covid-19-and-gender-equality-countering-the-regressive-effects

Nelson, C., Tucker, J. (2021, March). A Year into the Pandemic, Women Are Still Short Nearly 5.1 Million Jobs. National Women's Law Center. https://nwlc.org/wp-content/uploads/2021/03/Feb-Jobs-Day-v2.pdf

Panchal, N., Kamal, R., Cox, C., Garfield, R. (2021, April 14). The Implications of COVID-19 for Mental Health and Substance Use. https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/

OECD. Women at the core of the fight against COVID-19 Crisis. (2020, April 1). https://www.oecd.org/coronavirus/policy-responses/women-at-the-core-of-the-fight-

OECD. (March, 2019). Better Policies for better lives. Women are well-represented in health

      and long-term care professions, but often in jobs with poor working conditions

      https://www.oecd.org/gender/data/women-are-well-represented-in-health-and-long-term-

Özdin S, Bayrak ÖŞ. (2020, May 8). Levels and predictors of anxiety, depression and health

      anxiety during COVID-19 pandemic in Turkish society: the importance of gender. Int J

      Soc Psychiatry. https://doiorg.ezproxy.lib.uconn.edu/10.1177/0020764020927051.

Pappas, S. (2020, April 6). How will people react to the new financial crisis?

      http://www.apa.org/news/apa/2020/financial-crisis-covid-19

Sayer, L. C. (2005). Gender, time and inequality: Trends in women's and men's paid work,

      unpaid work and free time. *Social Forces*, 84(1), 285– 303. https://doi-

      org.ezproxy.lib.uconn.edu/10.1353/sof.2005.0126

Schalatek, L. (2020, April 30). The invisible coronavirus MAKES systemic gender

      inequalities and injustices visible: Heinrich Böll Stiftung: Washington, DC office - USA,

      Canada, global Dialogue. https://us.boell.org/en/2020/04/30/invisible-coronavirus-makes-

      systemic-gender-inequalities-and-injustices-visible

Spitzer RL, Kroenke K, Williams JB, Lowe B. (2006, May 22). A brief measure for assessing

      generalized anxiety disorder: the GAD-7. Archives of internal medicine. May 22,

      2006;166(10):1092-1097. PMID: 16717171

Swisshelm, M. (2020, August 20). Gender pay gap widens due to covid-19.

      https://worklogichr.com/news/gender-pay-gap-widens-due-covid-19/

Thompson, B. (2021, March 24) The gender pay gap is getting worse. You can blame COVID-

      19. WCNC Charlotte.https://www.wcnc.com/article/money/equal-pay-day-united-states-

      gender-pay-gap-equality/275-ef985f30-6b7e-4ca7-b285-19d53714cece

United Nations, Department of Public Information. (2020, April 9). *Policy Brief*: The Impact of

COVID-19 on Women. https://www.un.org/sexualviolenceinconflict/wp-

Appendix

Financial Composite Variables

Zcv_finance1
Zscore: Please indicate the extent to which you agree or disagree with the following statements.
- My or my family's financial situation will get much worse over the next 12 months.
1 = "Strongly disagree", 2 = "Disagree", 3 = "Slightly disagree", 4 = "Slightly agree", 5 = "Agree", 6 = "Strongly agree".

Zcv_finance2
Zscore: Please indicate the extent to which you agree or disagree with the following statements.
- I am worried about my or my family's financial situation over the next 12 months.
1 = "Strongly disagree", 2 = "Disagree", 3 = " Slightly disagree", 4 = "Slightly agree", 5 = "Agree", 6 = "Strongly agree".

Zcv_finance3
Zscore: Please indicate the extent to which you agree or disagree with the following statements.
- I am worried about providing for myself financially over the next 12 months.
1 = "Strongly disagree", 2 = "Disagree", 3 = " Slightly disagree", 4 = "Slightly agree", 5 = "Agree", 6 = "Strongly agree".

Zcv_finance4
Zscore: Please indicate the extent to which you agree or disagree with the following statements.
'I have enough means to secure food and housing for myself or my family over the next 12 months.'
1 = "Strongly disagree", 2 = "Disagree", 3 = " Slightly disagree", 4 = "Slightly agree", 5 = "Agree", 6 = "Strongly agree".

Zcv_worryecon
Zscore: How worried are you about the US economy?
1= "Not at all worried", 2 "Slightly worried", 3 = "Somewhat worried", 4 = "Worried", 5 = "Very worried".

Generalized Anxiety Disorder Scale (GAD-7)

The Generalized Anxiety Disorder questionnaire is a seven item measure that is used for quick evaluation for the presence of anxiety symptoms. Participants are asked to indicate to the extent to which they experienced symptoms of anxiety.

Spitzer RL, Kroenke K, Williams JB, Lowe B. A brief measure for assessing generalized anxiety disorder: the GAD-7. Archives of internal medicine. May 22 2006;166(10):1092-1097. PMID: 16717171

Instructions: Please rate the questions below. Over the last 2 weeks have you felt bothered by the following?

Measures:

0 = Not at all, 1= Several days, 2 = More than half of the days, 3 = Nearly every day.

1. Feeling nervous, anxious, or on edge?

2. Not being able to stop or control worrying?

3. Worrying too much about different things?

4. Trouble relaxing?

5. Being so restless that it is hard to sit still?

6. Becoming easily annoyed or irritable?

7. Feeling afraid as if something awful might happen?

Perceived Stress Scale

The Perceived Stress Scale (PSS) is the most widely used psychological instrument for measuring stress within an individual. It is a measure of the degree to which situations in one's life are appraised as stressful.

Cohen, S., Kamarck, T., & Mermelstein, R. (1983). Perceived Stress Scale [Database record]. https://psycnet.apa.org/record/1984-24885-001

Instructions: The questions in this scale ask you about your feelings and thoughts during the last month. In each case, you will be asked to indicate by circling how often you felt or thought a certain way

Measures:

0 = Never, 1 = Almost Never, 2 = Sometimes, 3 = Fairly Often, 4 = Very Often

1. In the last month, how often have you felt that you were unable to control the important things in your life? .
2. In the last month, how often have you felt confident about your ability to handle your personal problems?
3. In the last month, how often have you felt that things were going your way?
4. In the Last Month, how often have you felt difficulties were piling up so high that you could not overcome them?

Patient Health Questionnaire (PHQ-8)

The Patient Health Questionnaire (PHQ-8) is used as a screening tool to assist in evaluating depression symptoms. Participants responded to 8 items about levels of experienced depression

Kroenke K, Strine TW, Spritzer RL, Williams JB, Berry JT, Mokdad AH. The PHQ-8 as a
   measure of current depression in the general population. J Affect Disord. 2009; 114(1-
   3):163-73.

Instructions: Please rate the questions below. Over the last 2 weeks, how often have you been bothered by any of the following problems?

Measures:
0= Not at all, 1= Several days, 2= More than half the days, 3= Nearly every day

1. Little interest or pleasure in doing things
2. Feeling down, depressed, or hopeless
3. Trouble falling or staying asleep, or sleeping too much
4. Feeling tired or having little energy
5. Poor appetite or overeating
6. Feeling bad about yourself — or that you are a failure or
have let yourself or your family down
7. Trouble concentrating on things, such as reading the newspaper or watching television
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being
so fidgety or restless that you have been moving around a lot more than usual