

ORIGINAL ARTICLE


Influence of family strengths: mothers' perceptions during the pandemic


HIGHLIGHTS


1. Family strengths positively influence experiences in a pandemic situation.
2. Mothers from different countries rated family strengths as high.
3. Positive family organization is more valued in family strengths.
4. Education, marital status, and family functioning influence family strengths.

Carolina Miguel da Graça Henriques¹ 

Sónia Ramalho¹ 

Maria de Fátima Graça Frade² 

João Manuel da Graça Frade¹ 

Tereza Maria Mendes Diniz de Andrade Barroso³ 

ABSTRACT

Objective: To identify how family strengths influenced the experience of the pandemic among mothers of children and adolescents. **Method:** A retrospective, quantitative study was conducted with a sample of 389 mothers of children and young people between 2021 and 2022. The data collection instrument included sociodemographic information and the family strengths questionnaire. A statistical program was used for data analysis, and descriptive and inferential analyses were performed. **Results:** Family strengths in pandemic contexts are highly valued by mothers from different countries (95% CI: 111-115). It was found that family strengths are influenced by the education level, marital status, and perception of family functioning of mothers who experienced a pandemic situation ($p < 0.001$). **Conclusion:** It is important to implement intervention policies in pandemic contexts that enhance family strengths, valuing the perception of family functionality, education, and mothers' marital status. Family strengths seem to influence a healthier experience of adverse situations, as was the case with the COVID-19 pandemic.

DESCRIPTORS: Family Relations; Mother-Child Relations; Maternal Health; Pandemics; COVID-19.

HOW TO REFERENCE THIS ARTICLE:

Henriques CMG, Ramalho S, Frade MFG, Frade JMG, Barroso TMMDA. Influence of family strengths: mothers' perceptions during the pandemic. Cogitare Enferm [Internet]. 2025 [cited "insert year, month and day"];30:e99182en. Available from: <https://doi.org/10.1590/ce.v30i.99182en>

¹Instituto Politécnico de Leiria, Leiria, Portugal.

²Escola Superior de Enfermagem de Lisboa, Lisboa, Portugal.

³Escola Superior de Enfermagem de Coimbra, Coimbra, Portugal.

INTRODUCTION

Mothers' health during the COVID-19 pandemic was a highly relevant topic, highlighting the challenges and adaptations needed to ensure adequate care for pregnant women, postpartum women, mothers, and their children.

The social isolation to which the general population was subjected, the lack of in-person support from family and friends, and the difficulty of balancing telework with domestic tasks and childcare were often mentioned by women as a form of overload, highlighting the lack of time to self-care¹.

Many women took on additional responsibilities, such as caring for children at home due to the closure of schools and daycare centers, while also managing remote work or job loss. This overload appears to be related to high levels of stress, burnout, and mental health problems, such as anxiety and depression. Therefore, it is known that factors such as low education, economic difficulties, pre-existing mental health problems, and living alone or with children have been identified as risk factors for higher levels of anxiety and depression²⁻³.

Mothers infected with SARS-CoV-2 faced challenges in managing family care during recovery. The need to isolate from other family members, including young children, brought emotional and logistical difficulties. Mothers often took on the role of teachers during remote learning, which was challenging as they tried to balance this with other responsibilities, in addition to constant concerns about how to protect their children, especially in families with young or immunosuppressed children. The pandemic further exacerbated gender inequalities, highlighting how mothers often bear the brunt of domestic responsibilities³.

Family strengths refer to the resources, capabilities, and qualities that enable families to face challenges, build healthy relationships, and promote the well-being of their members. These strengths can be internal (related to the dynamics and abilities of the family itself) or external (social support and community resources), and when cultivated and recognized, they help families to confront crises, strengthen relationships, and grow together.

The family strengths in which women/mothers are involved can be important in the processes of family adaptation and resilience. Family strengths, as processes of family functioning, can contribute to more favorable developmental outcomes for individuals and families, particularly in high-stress situations, as was the case with the COVID-19 pandemic⁴⁻⁵.

There has been enormous interest in defining family strengths, although there are still few studies on the subject, especially in the pandemic context. Family strengths are closely related to the resilience that families have in dealing with adverse situations. Families respond to stress by seeking adaptive processes that draw on their individual and collective strengths and skills. The roller coaster model provides a theoretical framework for explaining families' responses to crises⁶⁻⁸.

Given the above, women's family strengths can be a useful tool for identifying internal and external resources that support their own emotional, relational, and social well-being⁹. Effective communication and quality time together were identified as key strengths in families during the pandemic. Some studies have shown that open communication, cooperation, and joint problem-solving contribute to family resilience and well-being. These practices help maintain a sense of unity and trust, which are crucial in times of crisis.

Thus, this study aims to identify how family forces influenced the experience of the pandemic situation by mothers of children and young adolescents.

METHOD

This is a quantitative, descriptive, inferential, cross-sectional study that aimed to understand the sociodemographic characteristics of mothers of children and adolescents up to 18 years old during the SARS-CoV-2 pandemic and to verify the possible association of independent variables (age, country of origin, marital status, education, employment status, economic status, and housing conditions) with the dependent variable of family strengths.

For sample selection, the non-probabilistic convenience sampling method was used, according to the snowball technique. The snowball technique consists of identifying one member and asking them to identify other members of the population. One of the greatest advantages of this technique is that it reaches populations that are difficult to identify¹⁰. The inclusion criteria were mothers of children and adolescents up to 18 years old who voluntarily agreed to participate in the study. The exclusion criteria were women who did not have children, those whose children were all over 18 years old, and mothers who did not voluntarily agree to participate in the study.

The scale used in data collection was a questionnaire with questions related to age, country of origin, marital status, education, employment status, income, economic situation, and housing conditions, as well as the Family Strengths Questionnaire (FSQ).

The Family Strengths Questionnaire⁹ aims to identify family resilience strengths and processes based on families' self-assessment. It is a self-report instrument consisting of 29 items rated on a five-point Likert scale (1 = not at all similar, 2 = slightly similar, 3 = somewhat similar, 4 = very similar, and 5 = completely similar). The items are grouped into four factors: Factor 1) Positive Family Organization, which concerns the organization of family roles and appropriate family interaction (items 2, 3, 4, 5, 6, 7, 8, 9, 10, and 13); Factor 2) Positive Family Beliefs, which relates to a strong sense of pride, persistence, and the ability to withstand difficulties (items: 12, 16, 21, 24, 25, 28, and 29); Factor 3) Positive Management and Family Support, which refers to the adequate sharing of resources, dialogue, and joint problem solving (items: 17, 18, 19, 20, 22, 23, and 27); Factor 4) Positive Emotions, which refers to the mastery of emotion management and behavior control (items: 1, 11, 14, 15, and 26). The score is obtained by adding up the responses to all items.

Regarding the internal consistency of the instrument, it presents a Cronbach's alpha of 0.976, which is higher than that found in the study conducted by Melo and Alarcão (2011), in which Cronbach's alpha was 0.95.

In this study, the following results were obtained regarding internal consistency: Factor 1 had a Cronbach's alpha of 0.95, Factor 2 had 0.93, Factor 3 had 0.92, and Factor 4 had 0.91. It seems that the study results of Melo and Alarcão (2011)⁹ were lower compared to this study, with Factor 1 having a Cronbach's alpha of 0.90; Factor 2 of 0.87; Factor 3 of 0.84; and Factor 4 of 0.84.

Data analysis was performed using version 29 of the Statistical Package for the Social Sciences (SPSS Inc., Chicago, Illinois).

The first approach was a descriptive analysis of the main independent variables: age (in years), education, marital status, professional status, number of dependent children, income level, perception of satisfaction with the family, and perception of family functionality. Next, the dependent variable Family Strengths was characterized, and an inferential analysis was performed regarding the possible association of the independent sociodemographic variables with the dependent variable Family Strengths. At this stage, the analysis was stratified by the four countries participating in the study: Portugal, Cape Verde, Brazil, and São Tomé.

In order to test the sample normality, the Kolmogorov-Smirnov test was used, recommended for samples with more than 50 elements, which revealed a normal distribution of the dependent variables analyzed. Additionally, the Shapiro-Wilk and Levene tests were applied, with confidence intervals set at 95% (Table 1).

Table 1. Normality Tests (Kolmogorov-Smirnov; Shapiro-Wilk; Levene). Leiria, Portugal, 2025

Family Strengths Questionnaire	Kolmogorov-Smirnov			Shapiro-Wilk			Levene		
	Statistic	df	Sig.	Statistic	df	Sig.	Statistic	df	Sig
	0.60	337	0.200	0.952	337	0.06	2,377	337	0.075

Note: Lilliefors Significance Correlation.

Source: Prepared by the authors (2025).

Parametric tests were used, namely ANOVA with Tukey’s multiple comparison analysis, and the nonparametric chi-square (X²) independence test.

To predict the potential association of independent variables with the dependent variable: “Family Strengths Questionnaire”, simple and multiple linear regression models were applied, with the respective study of collinearity using Durbin-Watson statistics and analysis of the respective residuals.

In this study, all ethical principles were respected, in accordance with the Declaration of Helsinki, including the signing of the Free and Informed Consent Term by all participants. The study was also approved by the Research Ethics Committee of the Health Sciences Research Unit: Nursing Degree of the Escola Superior de Enfermagem de Coimbra (Opinion No. 676/06-2020).

RESULTS

Sociodemographic characterization of mothers of children and adolescents up to 18 years old during the SARS-CoV-2 pandemic period

Analysis of the results shows that, of the 389 women participating in the study, the average age was 37.40 years (standard deviation = 7.36), with a minimum age of 18 and a maximum age of 62. Regarding country of origin, 337 (86.6%) of the participants were Portuguese, 36 (9.3%) were Cape Verdean, 6 (1.5%) were Brazilian, and 10 (2.6%) were from São Tomé and Príncipe. It should be noted that, at the time of data collection, all 389 women resided in Portugal. Regarding marital status, 319 (82%) reported being married or in a common-law marriage, 48 (12.3%) were single, 18 (4.6%) were separated or divorced, and 4 (1%) were widowed.

In terms of educational attainment, 202 (51.9%) women had a undergraduate degree, 84 (21.6%) had completed high school (up to 12th grade), 62 (15.9%) had a master's degree, 22 (5.7%) had completed middle school (up to 8th grade), 13 (3.3%) had a doctoral degree, 4 (1%) had completed elementary school (up to 6th grade), and 2 (0.5%) had primary school (up to 4th grade). Regarding employment status, 318 (81.7%) of these mothers were formally employed, 55 (14.1%) were unemployed, and 16 (4.1%) were on 'layoff' (temporary reduction in working hours).

When asked how they assessed their economic situation in relation to their monthly income, 164 (42.2%) said they were indifferent, 114 (29.3%) said they were satisfied, 64 (16.5%) said they were dissatisfied, 36 (9.3%) said they were very dissatisfied, and 11 (2.8%) said they were very satisfied. It was also observed that 213 (54.8%) participants considered that their economic situation had not worsened due to the SARS-CoV-2 pandemic, while 175 (45.2%) stated that their economic situation had been negatively affected by the pandemic.

Regarding housing conditions during isolation due to the SARS-CoV-2 pandemic, 194 (49.9%) of participants lived in a house with an adjacent outdoor space (e.g., terrace or garden), 103 (26.5%) lived in an apartment without an adjacent outdoor space (e.g., terrace), 76 (19.5%) lived in an apartment with an adjacent outdoor space (e.g., terrace); and 16 (4.1%) lived in houses without adjacent outdoor space (e.g., terrace or garden).

Prediction of the possible association between independent sociodemographic variables and the dependent variable "Family Strengths"

In terms of predictive variables, detailed in Table 2, it can be observed that only in the variables "Number of dependent children" and "Family satisfaction" were there no statistically significant differences found between the women participants from the four countries included in the study (Table 2).

Table 2. Descriptive analysis of potential variables associated with family strengths during the SARS-CoV-2 lockdown period among women participating in the study from four different countries. Leiria, Portugal, 2025

(continue)

Potential predictive variables		Country				
Parameters	Portugal (n=337)	Cape Verde (n=36)	Brazil (n=6)	São Tomé and Príncipe (n=10)	p value	
Age (years)						
Mean (X)	38	31	45	42	0.001*	
Standard deviation (σ)	7	8	12	7		
Minimum Value (X _{min.})	18	19	34	37		
Maximum Value (X _{max.})	57	53	62	47		
Education						
Primary School (n)	25	1	1	2	0.001**	
High School (n)	74	6	-			
Undergraduate Degree (n)	171	24	3	5		
Master's Degree (n)	56	4	-	3		
Doctoral Degree (n)	11	-	2			

Table 2. Descriptive analysis of potential variables associated with family strengths during the SARS-CoV-2 lockdown period among women participating in the study from four different countries. Leiria, Portugal, 2025

(conclusion)

Potential predictive variables	Country				p value
	Portugal (n=337)	Cape Verde (n=36)	Brazil (n=6)	São Tomé and Príncipe (n=10)	
Marital Status					
Single	23	22	16	4	0.001**
Married/Common-law marriage	294	13	1	1	
Divorced	16	1	1	-	
Widower	4	-	-	-	
Professional status					
Unemployed (n)	36	15	2	2	0.001**
Lay off (n)	13	1	2	-	
Works for someone else (n)	288	20	2	2	
Number of dependent children					
Mean (X)	2	2	2	2	0.401**
Standard deviation (σ)	1	1	1	1	
Minimum Value ($X_{min.}$)	1	-	1	2	
Maximum Value ($X_{max.}$)	3	1	2	2	
Income level					
Very dissatisfied (n)	21	12	1	2	0.012**
Dissatisfied (n)	57	6	1	-	
Indifferent (n)	152	8	1	3	
Satisfied (n)	99	8	2	5	
Very satisfied (n)	8	2	1	-	
Family satisfaction					
Very dissatisfied (n)	1	-	-	-	0.115**
Dissatisfied (n)	8	1	-	-	
Indifferent (n)	25	5	-	-	
Satisfied (n)	78	15	2	3	
Very satisfied (n)	225	15	4	7	
Family functionality					
Very dysfunctional (n)	-	-	-	-	0.001**
Dysfunctional (n)	6	2	-	-	
Neither functional nor dysfunctional (n)	25	10	-	-	
Functional (n)	98	13	3	3	
Very functional (n)	208	11	3	3	

Note: *Anova; **Chi-Square Independence Test (χ^2).

Source: Prepared by the authors (2025).

The scores obtained in the application of the “Family Strengths Questionnaire” ranged from 36 to 145 points, with an average of 113 points in the four countries of origin of the mothers analyzed. Half of the responses were between 104 and 130 points (percentiles 25 and 50). The average “Family Strengths” score did not show a statistically significant difference between the four countries, both on the total scale ($p=0.147$) and on the factors that comprise it ($p>0.05$). The country with the highest scores was São Tomé and Príncipe (Table 3).

Table 3. Characterization of the variable “Family strengths”, considering the total scale and its breakdown by factors, among women participating in the study from four different countries. Leiria, Portugal, 2025

Level of importance attributed to family strengths	Portugal (n=337)	Cape Verde (n=36)	Brazil (n=6)	São Tomé e Príncipe (n=10)	Anova
					p value
Total Scale – Family strengths	114 36-145	106 58-141	117.71 71-142	137.5 132-143	0.147*
Factor 1 – Positive family organization	40.39 15-50	37.22 20-49	38 25-49	47.50 34-48	0.700*
Factor 2 – Positive family beliefs	27.40 8-35	25.9 12-34	26 14-35	33.50 17-35	0.275*
Factor 3 – Positive management and family support	27.23 8-34	24.74 12-35	27.17 17-35	33 31-35	0.053*
Factor 4 – Positive emotions	19.02 5-25	18.67 10-25	19.67 15-25	23.50 15-35	0.503*

Note: *Anova

Source: Prepared by the authors (2025).

In the univariate linear regression models, the variables education, marital status, income level, perception of family satisfaction, and perception of family functionality were associated with higher scores on the family strengths assessment scale ($p<0.05$) in the women analyzed from the four countries studied.

In the intermediate model (including only the significant variables in the univariate model) and in the final model, only education, marital status, income level, and perception of family functionality were positively associated with higher scores ($p<0.05$). The other variables did not show a significant association with higher scores on the family strengths assessment scale in the four countries analyzed ($p>0.05$).

In other words, higher education, marital status (married/common-law marriage), and a positive perception of family functionality appear to be predictors of higher scores on family strengths (Table 4).

Table 4. Linear regression model used to predict factors associated with family strengths during the SARS-CoV-2 lockdown among women who participated in the study and belonged to four different countries. Leiria, Portugal, 2025.

Models Potential predictive variables (Independent variables)	Univariate	Intermediate Model	Multivariate Final Model
Country of origin	0.987		
Age	0.287		
Education	0.001**	0.001**	0.002*
Marital status	0.002*	0.009*	0.001**
Employment status	0.074		
Number of dependent children	0.686		
Income level	0.001**		
Perception of family satisfaction	0.001**		
Perception of family functionality	0.001**	0.009*	0.001**
Adjusted R ² :	-		

Note: **p<0.001; *p<0.050

Source: Prepared by the authors (2025).

DISCUSSION

The average variation in “Family Strengths” showed no differences among the women from the four countries analyzed. On the overall scale, most women, regardless of country, scored high on family strengths, although the country with the highest scores was São Tomé and Príncipe. The variables that impact the highest scores for family strengths among the women studied are age, education, marital status, employment status, income, and family functionality.

Some studies have revealed that Latin American immigrant mothers (N=124), of Spanish or Iberian origin, from six rural communities in the Midwest Region of the United States of America (USA), with an average age of 40.8 years, a median monthly family income, mostly married or in common-law marriage (79%), and predominantly employed (52.8%), with two-thirds (65.7%) being temporary or permanent legal residents in the USA or naturalized citizens, faced significant psychological and economic challenges, with stress and anxiety exacerbated by economic cuts (decrease in income) and concerns about exposure to the virus, a situation that differs from the findings of this study.

This study shows that higher levels of education (greater literacy) appear to be predictive of higher scores on family strengths among the women who participated in the study. In fact, some studies²⁻³ showed that the pandemic intensified pre-existing family tensions and altered family dynamics, decreasing family resilience over time. Mothers reported increased family tension due to the lack of separation between work and home life, exacerbated by remote work and childcare closures, such as schools or daycare centers²⁻³.

Another study highlighted that women with higher levels of education were able to identify the positive aspects resulting from the SARS-COV-2 pandemic, namely greater closeness to family, greater participation of husbands in domestic activities, greater organization, and better work-life balance¹¹.

This study also found that being married or in a common-law marriage seems to be predictive of higher scores on the Family Strengths Questionnaire. Mothers with greater overload and higher levels of mental distress are more likely to experience a decrease in family strength and, consequently, greater family tension¹². However, another study revealed that married women, or those in a common-law marriage, felt that during the SARS-COV-2 pandemic, their husbands/partners began to participate more in domestic activities, alleviating the burden and creating greater closeness between the couple, contributing to the growth of family strengths¹¹. On the other hand, clear communication between the couple, the definition of constructive conflict resolution strategies, and problem-solving skills were important resources for marital satisfaction during the SARS-COV-2 pandemic, positively impacting the dimension of family development¹³.

Having a good perception of family functionality also seems to predict higher scores on family strengths in mothers. Other studies have shown that organizational patterns contributed to overcoming the challenges experienced by families during the pandemic, increasing family cohesion and the family members' flexibility¹³⁻¹⁴. Factors such as maternal self-compassion, adherence to family routines, and positive parenting behaviors have been associated with better outcomes in coping with the demands imposed by the pandemic situation¹⁵. Mothers employed various strategies to mitigate the impact of the pandemic on family health¹³.

The impact of the pandemic has been particularly pronounced among minorities and low-income families. Latino immigrant mothers in rural areas have faced unique challenges due to systemic inequalities and inadequate healthcare systems, which have perpetuated health disparities¹⁶⁻¹⁸. Single mothers, especially those without established support networks, faced the dual demands of work and childcare, and the pandemic exacerbated this challenge^{14,19-20}.

This study found that certain sociodemographic characteristics were important for a more positive experience during the pandemic, such as education, employment and economic status, and housing conditions. Furthermore, family strengths seem to be related to a more positive perception of the pandemic situation experienced. One limitation is the scarcity of national and international studies that specifically assess family strengths based on mothers' perceptions in a pandemic context.

Therefore, the study's findings can provide data for a better understanding of how mothers and families experienced the SARS-CoV-2 pandemic, reinforcing the need to refrain from a reductive view of this phenomenon, allowing for an understanding based on comprehensiveness and humanization in relation to mothers, so that it is possible to promote physical and mental well-being, and mitigate the psychological distress resulting from the vulnerabilities associated with experiencing a public health emergency.

This study has some limitations, like the group of participants being composed of moms living in Portugal when they filled out the questionnaire, no matter how long they had been there. Also, using the snowball technique might have caused some selection bias, since participants tend to refer people they know, making the sample more homogeneous. Regarding the stratification of the sample by country of origin, future studies with larger sample sizes are considered necessary.

CONCLUSION

The SARS-COV-2 pandemic has placed unprecedented pressure on mothers and family structures, highlighting the need for supportive policies and interventions in these situations. Family strengths seemed to act as a protective factor for family structures and mothers' mental health during the pandemic, with positive family organization being the factor most valued by them. In intervention policies during a pandemic, to enhance the building of family strengths, it is important to consider perceptions of family functioning, education, and mothers' marital status in the family context.

REFERENCES

1. Copatti AL, Ferrari AG, Hoewell AG, Silva MR. Relatos da pandemia: ser mulher e mãe em tempos de COVID-19. *Psicol Ciênc Prof* [Internet]. 2023 [cited 2025 Mar 12];43:e253659. Available from: <https://doi.org/10.1590/1982-3703003253659>
2. Almeida M, Shrestha AD, Stojanac D, Miller LJ. The impact of the COVID-19 pandemic on women's mental health. *Arch Womens Ment Health* [Internet]. 2020 [cited 2025 Mar 12];23:741-8. Available from: <https://doi.org/10.1007/s00737-020-01092-2>
3. Arilha M, Carvalho AP, Forster TA, Rodrigues CVM, Briguglio B, Serruya SJ. Women's mental health and COVID-19: increased vulnerability and inequalities. *Front Glob Women's Health* [Internet]. 2024 [cited 2025 Mar 12];5:1414355 Available from: <https://doi.org/10.3389/fgwh.2024.1414355>
4. Benzie K, Mychasiuk R. Fostering family resilience: A review of the key protective factors. *Child Fam Soc Work* [Internet]. 2009 [cited 2025 Mar. 12];14(1):103-14. Available from: <https://doi.org/10.1111/j.1365-2206.2008.00586.x>
5. Walsh F. Strengthening family resilience. 3th ed. New York: The Guilford Press; 2016. 400 p.
6. Koos EL. Families in trouble. New York: King's Crown Press, 1973. 134 p.
7. Hill R. Families under stress. New York: Harper and Brothers; 1949. 453 p.
8. Hill R. Generic features of families under stress. *Fam Soc* [Internet]. 1958 [cited 2025 Mar 12];39(2-3):139-150. Available from: <https://doi.org/10.1177/1044389458039002-318>
9. de Melo AT, Alarcão M. Avaliação de processos de resiliência familiar: validade e fidelidade do questionário de forças familiares. *Mosaico* [Internet]. 2011 [cited 2025 Mar 12];48:34-41. Available from: <https://estudogeral.uc.pt/bitstream/10316/36414/1/Avalia%C3%A7%C3%A3o%20de%20processos%20de%20resili%C3%A7%C3%A3o%20familiar.pdf>
10. Alvares M. Introdução à investigação quantitativa e análise SPSS. Lisboa: Universidade Aberta; 2020 [cited 2025 Mar 12]. 42 p. Available from: https://repositorioaberto.uab.pt/bitstream/10400.2/10529/1/E_book_Quantitativos%20%281%29.pdf
11. Costa ASM, Paiva EL, Gomes MVP, Brei V. Mulheres em *home office* durante a pandemia da covid-19 e as configurações do conflito trabalho-família. *Rev Adm Empress* [Internet] [cited 2025 Mar 12];60(6):388-99. Available from: <https://doi.org/10.1590/S0034-759020200603>
12. Yavorsky JE, Qian Y, Sargent AC. The gendered pandemic: The implications of COVID-19 for work and family. *Sociology Compass* [Internet]. 2021 [cited 2025 Mar 12];15(6):e12881. Available from: <https://doi.org/10.1111/soc4.12881>
13. Silva M, Barros T, Loureiro H, Ferreira MM, Figueiredo MH. Challenges for families during the COVID-19 pandemic: nurses' perspectives. *RIIS - Revista de Investigação & Inovação em Saúde* [Internet].

2023 [cited 2025 Mar 12];6(1):7-18. Available from: <https://doi:10.37914/riis.v6i1.208>

14. Sanches C, Jorge A. Forças e processos de resiliência em famílias com filhos adolescentes: um contributo do enfermeiro especialista em saúde infantil e pediatria. Millenium [Internet]. 2024 [cited 2025 Mar 12];2(Spec No 14):e31402-e31402. Available from: <https://doi.org/10.29352/mill0214e.31402>

15. Williams E, Greder K, Kim D, Bao J, Dan Karami NOH. Navigating health and well-being during the COVID-19 pandemic: experiences of Latina immigrant mothers in rural Midwestern communities. Fam Relat [Internet]. 2023 [cited 2025 Mar 12];72(4):1549-68. Available from: <https://doi.org/10.1111/fare.12884>

16. Lee JB, Ross KM, Ntanda H, Fiest KM, Letourneau N, Team T. Mothers' and children's mental distress and family strain during the covid-19 pandemic: a prospective cohort study. Children [Internet]. 2023 [cited 2025 Mar 12];10(11):1725. Available from: <https://doi.org/10.3390/children10111725>

17. Hibel LC, Boyer CJ, Buhler-Wassmann AC, Shaw BJ. The psychological and economic toll of the COVID-19 pandemic on Latina mothers in primarily low-income essential worker families. Traumatology [Internet]. 2021 [cited 2025 Mar 12];27(1):40-7. Available from: <https://doi.org/10.1037/TRM0000293>

18. Santos LF, Assunção GS, da Silva JL, de Sá ES, Araujo ACA, Evangelista DR. Forces involved in the construction of motherhood during the COVID-19 pandemic. Amazonia Sci Health [Internet]. 2023 [cited 2025 Mar 12];11(2):112-26. Available from: <https://doi.org/10.18606/2318-1419/amazonia.sci.health.v11n2p112-126>

19. Jones LB, Kiel EJ, Luebbe AM, Hay MC. Resilience in mothers during the COVID-19 pandemic. J Fam Psychol [Internet]. 2022 [cited 2025 Mar 12];36(6):815-26. Available from: <https://doi.org/10.1037/fam0000985>

20. Hertz R, Mattes J, Shook A. When paid work invades the family: single mothers in the COVID-19 pandemic. J Fam Health. [Internet]. 2020 [cited 2025 Mar 12];42(9):2019-45. Available from: <https://doi.org/10.1177/0192513X20961420>

Received: 08/04/2025

Approved: 05/09/2025

Associate editor: Dra. Luciana de Alcantara Nogueira

Corresponding author:

Maria de Fátima Graça Frade

Escola Superior de Enfermagem de Lisboa

Polo Calouste Gulbenkian, Avenida Prof Egas Moniz, 1600 - 190 Lisboa, Portugal.

E-mail: fatima.frade@esel.pt

Role of Authors:

Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work -

Henriques CMG, Ramalho S, Frade MFG, Frade JMG. Drafting the work or revising it critically for important intellectual content

- **Henriques CMG, Ramalho S, Frade MFG, Frade JMG, Barroso TMMDA.** Agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved -

Henriques CMG, Ramalho S, Frade MFG, Frade JMG. All authors approved the final version of the text.

Conflicts of interest:

The authors have no conflicts of interest to declare.

Data availability:

The authors declare that all data are fully available within the article.

ISSN 2176-9133



This work is licensed under a [Creative Commons Attribution 4.0 International License](https://creativecommons.org/licenses/by/4.0/).