

We are all in it together! Effects of Covid-19 on Interpersonal Relationships

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Abstract

Research during the Covid-19 pandemic established significant negative mental health consequences for individuals across the globe. However, the impact of the pandemic on interpersonal functioning has yet to be established. Additionally, little research has examined the impact on interpersonal functioning across the types of relationships. This study addresses this gap and explores the quality of family functioning, parent-child relationships, and partner/spouse relationships, one-year post-lifting of lockdown restrictions. Telephone interviews were administered to 100 individuals examining health and mental health functioning; sociodemographic characteristics, household composition, quality and nature of family functioning, parent-child, and partner/spouse relationships. Those who experienced a family member contracting covid-19 reported significant impairment in family functioning, while those experiencing increased levels of stress reported significant impairment, particularly related to parent-child and partner/spouse relationships. Findings also indicate that women experience greater impairment in the partner/spouse relationship than men.

Keywords: Covid-19; interpersonal functioning; mental health; pandemic.

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1. Introduction

The covid-19 pandemic has had a global impact, taking a significant toll on all areas of life from health, mental health, and social functioning to food, labor, and housing insecurity (Dos Santos et al., 2020; Sarker et al., 2022; Ikram et al., 2023). The economic and social disruptions caused by the pandemic are unprecedented. For low- and middle-income countries, where pre-existing conditions were already characterized by significant challenges in these areas, the pandemic served as a complex emergency. Mitigation efforts implemented to curb the spread of the virus, such as including shelter-in-place and social distancing measures, further exacerbating the stressors resulting from high rates of interpersonal and gang violence, rampant crime, inadequate access to health, and mental health services, food insecurity, lack of sanitation and security, and limited opportunities for employment/education resulting in extreme poverty (Alonzo et al., 2022a).

Such is the case in the Red Zone Districts of Guatemala, where approximately 865,000 cases of Covid-19 have been confirmed since the onset of the pandemic. There have also been approximately 18,200 deaths (WHO, 2022). For these communities, disrupted work and school routines, loss of employment, and inability to access informal care networks, resulted in increased time at home without the potential for intervention from extended family, friends, or other informal sources of support, further exacerbating the risk of exposure to family violence and mental distress (Alonzo, 2022a; Usher, et al., 2020).

1.1. Related Research

Over two years into the pandemic, a significant body of research has established the impact of these experiences on mental health and well-being. Across the United States, Europe, and Asia, as well as in under-resourced, high-risk communities, like the Red Zone Districts in Guatemala, significant anxiety, depression, burnout, and stress, have been established. Additionally, studies report increased anger, irritability, and fatigue (Alonzo et al., 2022a; Alonzo et al, 2022b; Alonzo et al, 2022c; Alonzo et al, 2022d; Roma et al., 2020; Terry et al., 2020; Tusev et al., 2020; Wang et al., 2020).

Interpersonal functioning has long been recognized as a key factor contributing to mental health and well-being. In particular, the critical role of parent-child and partner/spouse relationships has received much attention. Research has established that the extent and quality of interpersonal relationships play a substantial role in the onset, maintenance, and remission of psychiatric conditions. For example, high social support has been found to predict both symptom improvement and remission, and adaptive mental health functioning (Li & Xu, 2022). Other research has linked early experiences to later family outcomes, such as depression, and provides evidence that early adversity influences epigenetic change, thereby setting the stage for health and mental health outcomes (Beach et al., 2014).

In low-income countries, an added dimension must be considered. In under-resourced, highly marginalized communities with chronic conditions of deprivation, pre-pandemic childcare was already a challenging experience. A recent but pre-pandemic survey of 74 low-income countries demonstrated, for example, that 80% of children ages 2-4 experienced some degree of either physical violence or emotional abuse from their parents or primary caregivers (UNICEF, 2020). Added to the pre-existing stressors of parenting, pandemic-related stressors of a threat to or the reality of parental unemployment, financial insecurity, low levels of social support, increased social isolation, and a lack of leisure/alone time, can serve to exacerbate parenting difficulties and contribute to significant mental health impairment (Alonzo et al., 2022d; Brooks et al., 2020; Parkes et al., 2015; Sorkkila & Aunola, 2020). Further, the limited ability to attend to children's needs for play, education, and social connections has been shown to contribute to negative mental health consequences for youth, particularly depression .

These changes in mental health functioning and quality of relationships coupled with increased time at home without access to formal and informal sources of support and intervention are associated with an increase in maladaptive coping and negative behaviors (Knipe et al., 2020; Tucker & Wingate, 2014). Indeed, research following previous community-wide crises has demonstrated heightened depression, stress, and anxiety among parents resulting in increased intimate partner violence, substance abuse, and suicide as well as impairment in general family functioning (Bolt et al., 2018; Griffith, 2020; Kerns et al., 2013; Labarda et al., 2020; Maeda & Oe, 2017; North, 2016; Park et al., 2020; Pew Research Center, 2020; Russell et al., 2020; Seto et al., 2019). Also concerning is research that indicates that inter-parental conflict can lead to substantial adjustment problems among offspring (Cummings & Miller-Graff, 2015).

1.2. Conceptual Framework

Interpersonal functioning may very well serve as a protective factor against developing mental health impairment in the face of crises. For example, research on resilience indicates that individuals with greater social support networks are better able to respond to and cope with periods of crisis, such as the current pandemic (Masten, 2014; Ungar & Theron, 2020). The concept of resilience denotes a multi-level system that includes not just individual mechanisms but socio-environmental ones, as well, that serve to engage with and support an individual during times of stress (Ungar & Theron, 2020). As such, the greater the resources in the multi-level system, the more likely the individual is to problem-solve, cope with, and even thrive in the face of crises. Included in this multi-level system, interpersonal functioning plays a critical role (Ungar, 2018). At the interpersonal level, core contributors to resilience include but are not limited to family cohesion, a sense of belonging, positive family coping, and degree of support within family sub-systems (i.e., parental and partner/spouse sub-units).

Overall, this research suggests that strengthening and supporting families, parents, and partners/spouses should aid in the prevention of depression and other mental health problems. Given the significant degree of mental health impairment experienced in response to the covid-19 pandemic (Huang et al., 2021; Solbakken et al., 2021), it is important to understand the role of interpersonal functioning as a potential trigger for or contributing factor to psychological distress, or as a potential source of protection against increased impairment. Yet, research to date examining this important relationship in the context of the covid-19 pandemic in under-resourced settings is extremely limited. The majority of studies are limited to examining the impact of social distancing and lockdown measures on feelings of loneliness and isolation rather than the quality and nature of relationships and are restricted to periods of intense mitigation measures.

One study was identified that examined the association between interpersonal functioning and mental health during the pandemic (Patel et al., 2022). Pan et al. (2021) examined family functioning and mental health among secondary vocational students in China and found that poor family functioning was associated with increased psychological problems, namely, anxiety and depression (Pan et al., 2021). Alonzo et al. (2022a) found significantly increased rates of burnout and stress among parents compared to non-parents in low-income communities, increasing the risk of offspring maltreatment.

1.3. Purpose of study

The current study aimed to fill in this knowledge gap and establish the long-term impact of the covid-19 pandemic on family functioning and the quality and nature of parent-child and partner/spouse relationships. We examine these impacts in the context of low-income under-resourced settings where chronic conditions of poverty and deprivation serve as pre-existing contributors to the increased risk of interpersonal and familial violence. Specifically, we examined adult self-reports of interpersonal functioning and familial relationships one year post the onset of the COVID-19 pandemic in high-risk communities in Guatemala.

2. Materials and Methods

2.1. Participants

Baseline interviews were administered to a total of 330 individuals between June 2020 and September 2020. For the current study, the same procedure of telephone surveying was used with a random sample of 100 baseline participants. Calls were administered between June 2021 and August 2021.

2.2. Ethics

By ethical standards, following approval from the appropriate Institutional Review Board (IRB) and in collaboration with Hunger Relief International (HRI) and International Social Work Solutions, we administered semi-structured telephone interviews to randomly selected households across 11 Red Zone Districts in Guatemala to elicit information regarding health and mental health; economic status; educational/employment status; and interpersonal functioning, as well as to provide information, assistance, and appropriate referrals for additional care, as needed, as part of the Covid Care Calls study (CCC) (Alonzo et al., 2022b). Participants were provided with information on the nature of the study and their rights as research participants, and verbal informed consent was secured for all calls. The study PIs designed the CCC semi-structured interview, trained callers, and provided support and supervision to in-country staff. The calls are made by HRI-based social workers and psychology interns.

2.3. Data Collection Instruments

The follow-up survey was designed by the study PIs. It was informed by qualitative feedback and quantitative data obtained during the baseline study (see Alonzo et al., 2022a; 2022b; 2022c; 2022d) and by relevant research focused on the impact of previous epidemics (i.e., SARS).

2.3.1. Sociodemographic Variables

Participants provided information regarding their sex, age, number of children, number of individuals in the household, and age of household members.

2.3.2. Family Functioning Variables

Participants were asked to rate on a scale from 1 (not at all) to 5 (very much) how much they experienced the following 15 items: increased caregiving responsibilities; the decreased desire to spend time with family; the decreased desire to provide care to family; decreased pleasure when spending time with family; increased or new concerns about family relationships; increased or new fear when with family; negative change in alcohol use among family members; negative change in drug use among family members; negative change in mood among family members; negative change in behavior among family members; health problems among family members; family members expressing a wish to not be alive; negative change in family members' roles (i.e., loss of employment); separation from family members; death of family members. A composite score was then generated for Family Functioning by summing the scores on the individual items, with a lower score reflecting greater impairment in family functioning.

2.3.3. Relationship with Offspring

Participants were asked to rate on a scale from 1 (not at all) to 5 (very much) how much they experienced the following 17 items: Lack of interest towards children; having to discipline my child(ren) more than usual; having verbal arguments with my child(ren) more than usual; feeling disappointed by my child(ren) more than usual; feeling a lack of appreciation from my child(ren) more than usual; feeling a lack of love from my child(ren) more than usual; feeling a lack of love towards my child(ren) more than usual; feeling stressed by my child(ren); feeling frustrated by my child(ren) more than usual; feeling angry towards my child(ren) more than usual; feeling anger from children; hitting my child more than usual;

negative change in children's health; negative change in children's mood; negative change in children's behavior; lack of children's interest in activities; feeling worried for my child(ren)'s safety at home more than usual. A composite score was then generated for Parent-Child Relationship by summing the scores on the individual items, with a lower score reflecting greater impairment in the parent-child relationship.

2.3.4. Relationship with Partner/Spouse

Participants were asked to rate on a scale from 1 (not at all) to 5 (very much) how much they experienced the following 15 items: having verbal arguments with my spouse/partner more than usual; being afraid of my spouse/partner more than usual; feeling disappointed by my spouse/partner more than usual; feeling a lack of appreciation from my spouse/partner more than usual; feeling a lack of love from my spouse/partner more than usual; feeling a lack of love towards my spouse/partner more than usual; feeling frustrated by my spouse/partner more than usual; feeling angry towards my spouse/partner more than usual; anger from spouse/partner more than usual; feeling stressed by my spouse/partner more than usual; stress from spouse/partner more than usual; feeling worried for my spouse/partner's safety at home more than usual; feeling worried about my spouse/partner's health; feeling worried about my spouse/partner's mood; feeling worried about spouse/partner's behavior. A composite score was then generated for the Relationship with the Partner/Spouse by summing the scores on the individual items, with a lower score reflecting greater impairment in the partner/spouse relationship.

2.3.5. Mental Health Variables

The follow-up survey assessed four (4) mental health issues including anxiety, stress, depression, and burnout that was operationalized according to evidence-informed, culturally relevant conceptualizations of illness and idioms of distress. All mental health items were rated on a scale of none to very low, moderate, and high. The depression measure consisted of 6 items assessing mood including, feeling sad; thinking about not wanting to be alive; feeling hopeless; difficulty sleeping; difficulty eating; and difficulty concentrating/paying attention. The anxiety measure consisted of 4 items targeting feeling anxious; difficulty managing nerves; feeling worried about the future; and feeling worried about income. The stress measure consisted of 4 items targeting feeling overwhelmed; feeling stressed by children; feeling stressed by spouse/partner; and having difficulty focusing on work/household responsibilities. The burnout measure consisted of 4 items targeting feeling burned-out/fatigued; having difficulty completing work/schoolwork; having difficulty helping children with homework; and feeling bored.

2.3.6. Control Over the Environment

The survey contained 15 items assessing the nature of individual experiences during lockdown associated with maintaining a sense of control over one's environment. Participants were asked to rate their degree of difficulty in the following areas: balancing family and work; taking care of oneself; finding space to stay alone; finding time to stay alone; talking on the phone with extended family; talking on the phone with friends; doing physical exercise; doing a pleasurable activity; remaining calm; managing mood; maintaining friendships; maintaining employment; planning for the future; cooking; and cleaning. Items were rated on a scale of none to very low, moderate, and high. A composite score was then generated for Control over Environment by summing the scores on the individual items, with a lower score reflecting feeling less in control over one's environment.

2.4. Data Analysis

Descriptive statistics were computed for the sociodemographic and clinical characteristics of the sample using t-tests and Pearson's correlations, as appropriate. Separate linear regressions were estimated to examine the association between interpersonal relationship variables (parent-child, partner/spouse, and extended family) and sociodemographic and clinical characteristics (sex, age, number

of children, number of household members, having a family member diagnosed with covid-19, anxiety, stress, depression, control over the environment, and burnout). All the tests were two-tailed, with a significance level of $p < 0.05$. The statistical analyses were performed using IBM SPSS Statistics for Windows, version 27 (IBM Corp., USA).

2.5. Ethics

This study administered a written consent form to the participants before the commencement of the study. All information retrieved from the participants was anonymized such that, the identities of the participants could not be traced to the information they provided.

3. Results

Overall, participants were largely female (70%) and had an average age of $35(\pm 11.88)$. The majority of participants lived with family (73%). The average number of people in a household is $4(\pm X)$. Fewer than half reported having to care for dependents, with just under 40% having children under the age of 18 living in the home and 21% having family members over 60 years old living in the home. In terms of interpersonal functioning, participants had an average score of $27(\pm 12.55)$ for family functioning, $21(\pm 16.90)$ for partner/spouse relationships, and $21(\pm 16.90)$ for parent-child relationships, reflecting moderate impairment in all three interpersonal areas.

The results of the bivariate analyses are presented in Table 1. Significant differences were found for those who did and did not have a family member diagnosed with Covid-19 for family functioning ($p = .001$), parent-child relationships ($p = .025$), and partner/spouse relationships ($p < .001$). Individuals reporting having a family member diagnosed with covid-19 during the pandemic reported greater impairment in interpersonal functioning in all of these areas. Additionally, significant differences were found for sex and parent-child relationships, with females reporting greater impairment in this area ($t = 2.066$, $df = 63.32$; $p = .021$).

Table 1

Results of Bivariate Analyses Examining Interpersonal Relationships by Sociodemographic and Clinical Characteristics

Sociodemographic and Clinical Characteristics	Family Functioning			Parent-Child Relationship			Partner/Spouse Relationship		
	n/ Mean (SD)	t-value (df)	p-value	n/ Mean (SD)	t-value (df)	p-value	n/ Mean (SD)	t-value (df)	p-value
Sex									
Male	23/ 26.96(11.92)	-.254 (44.492)	.400	27/ 15.22(14.01)	2.066 (63.327)	.021	27/ 18.60(17.75)	-.835 (47.288)	.204
Female	54/ 26.19(12.81)			54/ 22.65(17.45)			55/ 15.21(16.01)		
Family Member Sick with Covid-19									
No	51/ 20.63(10.45)	-8.626 (70.695)	.001	55/ 17.82(15.60)	-2.007 (44.951)	.025	55/ 11.48(11.44)	-4.446 (81)	<.001
Yes	27/ 38.00(7.19)			27/ 26.07(18.37)			28/ 27.50(21.49)		
		R	p-value	r	p-value		r	p-value	
Age*		-.008	.944		.062	.581		.074	.509

Number of Children*	-.158	.220	.364	.003	.173	.163
Number of People in Household*	-.137	.244	.229	.044	.122	.286
Depression*	.383	.003	.248	.059	.226	.082
Anxiety*	.305	.007	-.007	.947	-.003	.975
Stress*	.473	<.001	.709	<.001	.375	<.001
Burnout*	.311	.006	.565	<.001	.675	<.001
Control Over Environment*	.317	.005	.085	.451	.138	.217

Significant correlations were also found for two key variables across all three interpersonal domains. More specifically, significant correlations were found for stress and family functioning ($p < .001$), parent-child relationships ($p < .001$), and partner/spouse relationships ($p < .001$); and, for burnout and family functioning ($p = .006$), parent-child relationships ($p < .001$), and partner/spouse relationships ($p < .001$). Additionally, control over the environment was significantly correlated with family functioning ($p = .005$), and the number of children ($p = .044$) and several people in the household ($p = .003$) were significantly correlated with parent-child relationships.

No other significant differences or correlations were found for any of the remaining sociodemographic or clinical variables by either family functioning, parent-child relationship, or partner/spouse relationship in the bivariate analyses. Results from the linear regressions are reported in Tables 2, 3, and 4. All sociodemographic and clinical characteristics were retained in the models in addition to those that were significant in the bivariate analyses as previous studies have found a significant association between these characteristics and interpersonal functioning providing a strong rationale to include them in the analyses. As such, all models included sex, age, number of children, number of household members, having a family member diagnosed with covid-19 during the pandemic, anxiety, stress, depression, control over the environment, and burnout.

Table 2
Linear Regression Predicting Family Functioning by Sociodemographic and Clinical Characteristics

Predictor Variable	<i>b</i> (SE)	<i>B</i>	p-value
Age	.035(.131)	.032	.791
Sex	4.535(3.536)	.144	.207
Family member sick with Covid-19	13.936(3.348)	.504	<.001
No. of children	-.692(1.432)	-.078	.926
No. of people in the household	-.546(.910)	-.088	.552
Anxiety	.010(.514)	.004	.984
Depression	.462(.349)	.256	.192
Stress	.410(.560)	.134	.467
Control over environment	.091(.180)	.102	.618
Burnout	-.051(.552)	-.018	.926
	Adj. R ² Square		
Model		F(df)	p-value
Full Model	.475	5.605(10)	<.001

Table 2 above, presents the results of the linear regression examining family functioning. Results indicate significant that the overall linear regression model was statistically significant (adjusted $R^2 = 0.475$, $F = 5.605$, $p < 0.001$). The model accounted for 58% of the variance in family functioning scores. Specifically, having a family member diagnosed with covid-19 during the pandemic was the only significant predictor of family functioning ($b = 13.936$, $\beta = .504$, $p < .001$), with having a sick family member predicting greater impairment in family functioning. The unstandardized regression coefficients (b) and standardized regression coefficients (β) for all variables in the model are reported in Table 2.

Table 3 presents the results of the linear regression examining parent-child relationships. Results indicate that the overall linear regression model was statistically significant (adjusted $R^2 = .543$, $F = 7.175$, $p < 0.001$). The model accounted for 63% of the variance in parent-child relationship scores. Specifically, feeling stressed during the one-year assessment period was the only significant predictor of parent-child relationships ($b = 2.507$, $\beta = .666$, $p < .001$), with greater levels of stress predicting greater impairment in the parent-child relationship. The unstandardized regression coefficients (b) and standardized regression coefficients (β) for all variables in the model are reported in Table 3.

Table 3

Linear Regression Predicting Quality and Nature of Parent-Child Relationship by Sociodemographic and Clinical Characteristics

Predictor Variable	b (SE)	B	p-value
Age	.272(.157)	.183	.089
Sex	-4.638(3.999)	-.122	.253
Family member sick with Covid-19	-4.393(3.825)	-.128	.257
No. of children	1.937(1.634)	.175	.243
No. of people in the household	.622((1.036)	.085	.526
Anxiety	-.751(.616)	-.250	.230
Depression	.269(.392)	-1.1219	.230
Stress	2.507(.647)	.666	<.001
Control over environment	-.156(.216)	-.149	.473
Burnout	.481(.648)	.137	.462
	Adj. R^2 Square		
Model		F(df)	p-value
Full Model	.543	7.175(10)	<.001

Table 4 presents the results of the linear regression examining partner/spouse relationships. Results indicate that the overall linear regression model was statistically significant (adjusted $R^2 = .247$, $F = 2.742$, $p = 0.011$). The model accounted for 39% of the variance in partner/spouse scores. Specifically, sex ($b = 9.516$, $\beta = .265$, $p = .050$) and feeling stressed during the one-year assessment period ($b = 2.070$, $\beta = .585$, $p = .010$) were the only significant predictors of partner/spouse relationships. Findings suggest females, along with those reporting greater levels of stress are more likely to report impairment in partner/spouse relationships when controlling for the other sociodemographic and clinical variables included in the model. Additionally, stress is a stronger predictor of impaired partner/spouse relationships than sex. The unstandardized regression coefficients (b) and standardized regression coefficients (β) for all variables in the model are reported in Table 4.

Table 4

Linear Regression Predicting Quality and Nature of Partner/Spouse Relationship by Sociodemographic and Clinical Characteristics

Predictor variable	<i>b</i> (SE)	<i>B</i>	p-value
Age	.164(.180)	.129	.366
Sex	9.516(4.767)	.265	.050
Family member sick with Covid-19	4.635(4.584)	.144	.318
No. of children	-.260(1.964)	-.025	.895
No. of people in the household	.949(1.234)	.133	.446
Anxiety	-.830(.698)	-.297	.241
Depression	.017(.471)	.009	.971
Stress	2.070(.763)	.585	.010
Control over environment	.233(.249)	.235	.354
Burnout	-.279(.762)	-.084	.895
	Adj. R ² Square		
Model		F(df)	p-value
Full Model	.247	2.742(10)	.011

4. Discussion

This is the first study to report on the long-term impact of the COVID-19 pandemic on interpersonal functioning in terms of family functioning, parent-child relationships, and partner/spouse relationships in under-resourced settings where pre-pandemic conditions set the stage for the pandemic to be experienced as a complex emergency restricting access to and support from the limited opportunities for intervention available in the community. Our findings indicate that a year post the onset of the pandemic and over six months post the lifting of severe mitigation measures, individuals are still largely experiencing moderate impairment in interpersonal functioning. Results further demonstrate that individuals experiencing increased levels of stress report significant impairment particularly related to parent-child and partner/spouse relationships and those individuals who experienced a family member contracting covid-19 during the pandemic reported significant impairment in family functioning. Our findings also indicate that women report greater impairment in the partner/spouse relationship than men.

It is concerning to consider that individuals are experiencing prolonged impairment in interpersonal functioning, given the widely established and strong association between interpersonal functioning and overall well-being. Our findings indicate that prolonged stress has a significantly strong impact on interpersonal functioning, particularly in the areas of parent-child and partner/spouse relationships. This is consistent with pre-pandemic decades of literature examining this relationship and demonstrating that interpersonal relationships play a key role in determining an individual's adaptive functioning and that positive interpersonal relationships can provide a buffering effect against stressors. Further, both social and physical stress alone has been found to reduce pro-social behavior, and further interact to modulate trust, trustworthiness, and sharing (von Dawans et al., 2018; Yuan et al., 2022). Of great concern, psychological stress has been shown to significantly disrupt parenting practices, causing some parents to be more irritable, critical, and punitive. This, in turn, has been shown to increase the likelihood that children develop behavioral problems, thereby creating a cycle of negative parent-child interactions and furthering the stress experienced by parents (Weber-Stratton, 2010).

In terms of the partner/spouse relationship, research similarly indicates psychological stress is associated with a wide range of negative outcomes including an increased risk of intimate partner violence (Randall & Bodenmann, 2009), decreased support provided to the partner (Bodenmann et al., 2015); decreased intimacy (Neff & Karney, 2017), and limited ability to respond to stressors and challenges in

the relationship (Neff & Karney, 2017), to name a few. Our findings extend this to the pandemic and low-income under-resourced settings where social supports and formal services are limited under the best of circumstances let alone during the pandemic. As relationship quality is one of the best predictors of life satisfaction, efforts to minimize prolonged stress experienced by families due to the pandemic and related impairments in interpersonal relationships are critical for long-term well-being.

We also found that experiencing the illness of a family member due to covid-19 significantly impairs family functioning. Once diagnosed with Covid-19, multiple added stressors occur. Individuals then experience fears related to the course of illness and potential death of the infected individuals, concerns regarding virus contagion for other family members, worries about the physical effects of the virus on the infected individual's long-term health, stressors related to caring for the sick individual (including potential challenges related to navigating remote learning and work responsibilities and/or related economic uncertainty individuals are unable to work while ill), and having to absorb family responsibilities of the sick individual, may all serve to negatively impact family functioning.

In addition to this, concrete systemic factors serve to influence family functioning when a loved one contracts Covid-19. Most notably, many families lack access to health insurance, with affordability cited as the most common barrier to coverage (Cha & Cohen, 2020; He et al., 2021; Isasi et al., 2021). Even when families do have health insurance, policies may not cover the full extent of needed treatment (i.e., long-term care/services). Further, many communities, especially in under-resourced settings, lack a sufficient number of providers, and, there is a lack of parity for behavioral health services, limiting the mental health support families can receive to support them during this challenging time (He et al, 2021; Isasi et al., 2021).

Within this context, it is no wonder that family functioning is compromised when a family member contracts Covid-19. Even more so, it is necessary to acknowledge that social identities (e.g., race, ethnicity, class, gender, age, etc.) intersect to further exacerbate the impact experienced by families. Research from high-income countries (largely across Europe and from the United States) has established that the health and mental health outcomes of infected individuals and families are influenced by a combination of both pre-existing health conditions (e.g., chronic diseases) as well as social characteristics (i.e., race, ethnicity, SES, etc.), with the preponderance of evidence demonstrating Covid-19's distinct impact on minority and low-income populations (He et al., 2021; Isasi et al., 2021). The current study extends these findings to low-income settings. If efforts to address the impact of the pandemic on families are to be successful, rectifying the ongoing perpetuation of discrimination and structural/institutional racism is necessary to ensure healthcare systems can be responsive to those most at risk and in need of care

Importantly, we found that women are reporting greater impairment as a result of the pandemic than are men in terms of partner/spouse relationships, once again highlighting disparities in the impact of Covid-19. Prior studies on women's health and well-being have reported that since the start of the pandemic and compared to men, women are significantly less physically active and report more barriers and fewer facilitators to physical activity; experience greater difficulties with role management; and report greater disruptions to friendships and increased loneliness (Etheridge & Spantig, 2022). Other research highlights unique experiences of women that may impact their functioning with their partner, such as health risks due to reproductive health issues and unintended pregnancy due to difficulty obtaining their regular contraceptive method or emergency contraceptives, if needed as a result of disruptions to the supply chain.

Further, increases in intimate partner violence against women, coupled with fewer opportunities for social interactions leading to less accountability for abusive partners and fewer opportunities for women to receive support/intervention, also impact how women engage with their partners. It may also be the

case that men who perceive their female partners as withdrawing from or less interested in their relationship may in turn increase efforts to control their partner through violence. Together, all of these factors compound to place women under significant stress, at risk for developing mental health issues, and as our results indicate, at risk for experiencing greater disruption to relationships with their spouse/partner. Consistent with these findings, prior research indicates that when facing pandemic-related external stressors, couples experience increased negative interactional processes including, hostility, withdrawal, and offering less responsive support, all of which serve to impair relationship quality. The negative impact of these interpersonal processes is intensified by the preexisting context in which partner/spouse relationships are positioned (i.e., under-resourced settings, minority status, etc.) (PietroMonaco & Overall, 2021).

The gender difference we identified is not necessarily surprising in the context of a low-income country in Latin America that adheres to traditional gender norms and roles. Evidence demonstrates in low-and middle-income countries, two-thirds of employed women work in the informal economy with limited access to health care for themselves and their families. At the same time, women disproportionately serve as the primary caregivers within households in these settings (Durand, 2011). Limitations to one's ability to carry out caregiver and home management duties due to daycare and school closures and ongoing quarantine periods following potential exposure to Covid-19, result in a disproportionate burden to women, impacting overall family functioning and the partner/spouse relationship, in particular. Indeed, research on romantic relationships has found that external stressors such as demanding jobs (or in this case, caregiving responsibilities), can threaten the quality and stability of a couple's relationship (Piertomonaco & Overall, 2021).

5. Conclusion

The impact of the Covid-19 pandemic is far from over. While deaths from the disease may be decreasing, individuals are still struggling with long-term disruptions to interpersonal functioning. Increased work/housework, decreased opportunities for self-care, restricted access to sources of support, and challenges managing sick loved ones serve to impair the quality and nature of interpersonal relationships, particularly among women.

Given that many individuals may suffer from long-term health problems related to contracting Covid-19 and many families may continue to experience disruptions to typical work/school routines, it is crucial to determine safe and healthy means by which individuals can maintain their mental health in settings where external resources are scarce. Outreach efforts promoting mental health awareness and encouraging help-seeking, as well as services aimed to support family well-being will be especially important.

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