

I must be strong: Social support and psychological wellbeing among low-income mothers during the COVID-19 pandemic in Chile

Debo ser fuerte: Apoyo social y bienestar entre madres pobres durante la pandemia de COVID-19 en Chile

Recepción: 29 de marzo de 2025 / Aceptación: 12 de mayo de 2025

Rodrigo Quiroz Saavedra¹
Wanda Stuardo²
Thiare Valdés³

DOI: <https://doi.org/10.54255/lim.vol14.num28.7>
Licencia CC BY 4.0.

Acknowledgements

This study was funded by the National Agency for Research and Development (ANID) through the Fondecyt Postdoctoral Project No. 3180771.

Agradecimientos

Este estudio fue financiado por la Agencia Nacional de Investigación y Desarrollo (ANID) a través del proyecto Fondecyt Postdoctoral 3180771.

1 Doctor en Psicología, Université du Québec à Montréal, Canada.

Afiliación: Departamento de Psicología, Universidad de Chile.

Autor para correspondencia: Av. Capitán Ignacio Carrera Pinto 1045, Ñuñoa, Santiago, Chile. Código postal: 7750000.

Correo electrónico: rodrigoquiroz@uchile.cl

ORCID: <https://orcid.org/0000-0002-0122-7448>

2 Máster en Justicia Social y Educación, University College London, Inglaterra.

Afiliación: Facultad de Psicología, Universidad del Desarrollo.

Correo electrónico: wstuardo@udd.cl

ORCID: <https://orcid.org/0000-0001-7745-7568>

3 Licenciada en Psicología. Universidad del Desarrollo.

Afiliación: Facultad de Psicología, Universidad del Desarrollo.

Correo electrónico: tvaldesm@udd.cl

ORCID: <https://orcid.org/0000-0003-3675-6048>

Abstract

This research examines the perceived social support and well-being among low-income Chilean mothers during the COVID-19 pandemic. An exploratory study was adopted to analyze two postpartum mothers' experiences while served by a Community Health Center. Qualitative data were collected using direct observation of service activities, exchange of text and voice messages through a mobile messaging app, and telephone interviews. The results reveal that mothers obtain negative support from their intimate partners, unstable economic and emotional social support from their extended families, lack of support within the community, and basic material goods from social and health services. Our findings also show that participants report negative mental and physical health outcomes when lacking support to deal with structural barriers. Policy implications include improving mothers' access to community social support and public services from the perinatal period. Future research should investigate the influence of social support on mothers' well-being and their children's outcomes.

Keywords: social support; well-being; low-income mothers; qualitative approach; comprehensive early childhood system; community health care

Resumen

Esta investigación examina el apoyo social y el bienestar percibido entre madres chilenas de bajos ingresos durante el primer año de la pandemia de COVID-19. Se adoptó un estudio exploratorio para analizar las experiencias de dos usuarias de un Centro de Salud Comunitario durante el postparto. Los datos cualitativos se recopilieron mediante la observación directa de los servicios de salud, intercambio de mensajes de texto y de voz, y entrevistas telefónicas con las usuarias. Los datos se sometieron a un análisis de procesos para identificar patrones dentro y entre casos a lo largo del tiempo. Los resultados revelan que las madres obtienen apoyo negativo de sus parejas, apoyo social económico y emocional inestable de sus familias extensas, y asistencia material de los servicios sociales y de salud, junto con una falta de apoyo a nivel comunitario. Nuestros hallazgos también muestran que las participantes reportan resultados negativos de salud mental y física cuando carecen de apoyo para lidiar con las barreras estructurales en su vida cotidiana. Las implicancias políticas incluyen mejorar el acceso de las madres al apoyo social comunitario y a los servicios públicos desde el período perinatal. La investigación futura debería indagar la influencia del apoyo social en el bienestar de las madres y en el desarrollo de sus hijos.

Palabras clave: apoyo social; bienestar; madres de bajos ingresos; enfoque cualitativo; sistema integral de primera infancia; atención de salud comunitaria

Introduction

Over the last years, the restrictive public health measures aiming to prevent the spread of the COVID-19 epidemic have dramatically increased stress on pregnant and postpartum mothers due to social isolation, job loss, reduction of financial income, and closure, cancellations, and changes in public services (Spinola et al., 2020). In a highly unequal country such as Chile, the social and sanitary conditions of the COVID-19 confinement have made women's well-being become more precarious (Link et al., 2021). Given the deep impact this crisis has placed on mothers around the world, and particularly on Chilean mothers, it is critical to understand low-income postpartum mothers' experiences of social support and the perceived impact on their well-being during the pandemic.

A considerable body of evidence has accumulated suggesting that social support networks help low-income mothers cope with biological, psychological, and social stressors (Radey, 2018), while enhancing their well-being (Campbell-Grossman et al., 2016) and the well-being of their children as well (Taylor & Conger, 2017). In recent years, research has focused on social support available for mothers during the perinatal period in the context of the COVID-19 pandemic (Alhomaizi et al., 2021; Grumi et al., 2021; Lebel et al., 2020). This study aims to contribute to this endeavor by exploring mothers' experiences of social support and well-being for a sample of mothers served by a comprehensive early childhood system in Chile.

Social support among pre- and postnatal low-income mothers

Social support is defined as the “interpersonal transactions or exchanges of resources between at least two people perceived by the provider or recipient to be intended to enhance the well-being of the recipient” (Shumaker y Brownell, 1984, in Lunskey, 2008). House (1981) states that social support can be divided into four components: informational support (e.g., advice), appraisal support (e.g., affirmation), emotional support (e.g., listening), and tangible support (e.g., money). According to Sherbourne and Stewart (1991), social support may be provided by partners or husbands, family, peers, colleagues, and individuals from within the community.

There are two main approaches to the study of social support in the literature. *Perceived support* refers to recipients' perceptions of the availability and adequacy of supportive resources in one's social network, while *received support* focuses on the quantity and quality of specific supportive interactions one receives (Eagle et al., 2019). Research suggests that perceived support has a stronger relationship to mothers' well-being (Gudina, 2020), including pre- and postnatal low-income mothers (Azimi et al., 2018). More specifically, a perceived lack of social support throughout pregnancy and postpartum could lead to negative maternal health outcomes, including stress, anxiety, and depression (Zhou et al., 2021). Recent studies during the pandemic appear to be consistent with these previous results (Alhomaizi et al., 2021).

In numerous studies, research has shown that COVID-19 has created unprecedented barriers for mothers to access different types of social support, affecting their psychological and physical well-being. For example, a study conducted by Harrison et al. (2021) revealed that women who reported lower levels of social support were more affected by negative thinking and depression. In a similar vein, Charvat et al. (2021) found that mothers with insufficient social support (e.g., from health care providers) exhibited a negative narrative tone reflecting the prevalence of feelings such as anxiety, sadness, and discouragement. Similar results were found in another study on postpartum women during the pandemic: they "felt isolated and alone as they navigated maternity care with limited involvement from partners and other support persons" (Sweet et al., 2021, p. 6). Another study carried out by Fallon et al. (2021) on postpartum mothers found that most of them manifested negative psychological changes (e.g., clinical diagnosis of depression or anxiety) due to social distancing measures.

Consistent with previous studies, Spinola et al. (2020) observed that the COVID-19 pandemic had a significant impact on the psychological well-being of mothers of children aged between 0 and 12 months, in terms of higher levels of depressive symptomatology and stress. A systematic review conducted by Hessami et al. (2020) reported that the COVID-19 pandemic is an important risk factor for the mental distress of mothers (e.g., anxiety) during pregnancy and the postnatal period.

Despite the relevance of the previous studies, little is currently known about the relationship between postpartum mothers' experiences of social support and their well-being, especially during the COVID-19 pandemic (Zhou et al., 2021).

Our findings could help design, implement, and evaluate programs and interventions providing social support to mothers as a protective factor against the effects of high levels of stress during the perinatal period.

The purpose of this study is to examine mothers' experiences of social support and well-being from a sample of extreme cases of low-income mothers considered at high risk by a Community Health Center, which is part of a comprehensive early childhood system in Chile called *Chile Crece Contigo* (*Chile Grows with You*). The current study has the following research objectives:

1. Explore postpartum mothers' sources and types of social support experiences during the pandemic.
2. Evaluate the perceived impact of social support on postpartum mothers' well-being during the pandemic.

Research setting

Chile Crece Contigo (ChCC) is the Chilean subsystem of comprehensive protection seeking to support children from gestation to 5 years old and all pregnant women through universal and targeted support services. ChCC consists of a set of general and specific multisectoral programs and services organized around four components.

The first component consists of universal services, including educational tools available online (e.g., material for intellectual stimulation) and a telephone guidance service for parents (e.g., child-rearing).

The second component is provided for caregivers, families, and children entering the public health system—representing about 80% of the population—and includes two programs. The first is a biopsychosocial development support program, which is carried out by *Community Health Centers*, providing services under a modality of health check-ups from pregnancy

through birth and up to five years of age. Any vulnerabilities detected (e.g., postnatal depression) will trigger the intervention of the appropriate health and social services professionals. The second is the newborn support program, which is implemented in public health maternity wards, providing a kit of useful items (e.g., a crib) and a series of educational activities (e.g., prenatal workshops) to fathers, mothers, and relevant caregivers.

The third component is allocated to the most vulnerable 60% of families, providing them with a set of guaranteed services (e.g., free daycare) and preferential access to public services (e.g., workforce entry).

The fourth component includes support programs for implementing and managing the subsystem at the local level. For example, the program for reinforcing municipalities (e.g., funding for providers), and the intervention fund to support child development (e.g., areas for intellectual stimulation in community spaces).

Methodology

The current study is part of a broader research project that sought to understand the role that conflict and collaboration processes play in implementing comprehensive early childhood systems (Quiroz et al., 2023a, 2023b). This exploratory qualitative study adopted a multiple case study design to examine extreme cases of postpartum mothers' experiences of social support during the COVID-19 pandemic.

Sample recruitment

Participants were recruited among women classified as high-risk pregnancy following a perinatal assessment form (Ministerio de Salud, 2010) administered by a Community Health Center (CHC) to identify psychosocial risk factors (e.g., symptoms of depression, intimate partner violence, substance abuse). The manager of the CHC was interested in understanding how to engage with and provide support to this hard-to-reach group.

The procedure for selecting the participants was as follows. The participants were selected based on a list of users enrolled in the Biopsychosocial Development Support Program provided by the CHC. This list was analyzed, and the users were classified into low, medium, medium-high, and high-risk levels according to the results of the prenatal assessment form. Subsequently, users classified as having a high level of psychosocial risk were contacted. The selected participants were contacted by telephone and invited to participate in the study. Of those contacted, only two agreed to participate in the study.

The researcher set up a meeting at the CHC with those who were interested in participating. Participants were all given time to read and ask questions about the consent form before beginning this first interview. Participants received a compensation of \$25 per interview attended.

Participants

Our sample was composed of two high-risk postpartum mothers who were followed by the first researcher from the 8th month of pregnancy to 15 months later. The results of the data collected during the pandemic (month 10 to 15 postpartum) are presented in this article. Table 1 shows the two participants' main characteristics.

Table 1
Characteristics of participants in the study

Demographic variables	User 1 (Diana)	User 2 (Flora)
Gender		
Male		
Female	X	X
Age		
Less than 20 Years		
20-29 Years	X	
30-39 Years		X
Marital status		
Unmarried	X	
Married		X
Literacy		
Finished primary education	X	
Finished secondary education		X
Mother's professional activity		
Housewife	X	
Paid worker		X
Household economic level		
Low	X	X
Middle		
Household accommodation		
Owned outright		
Rent from private landlord		X
Subleasing	X	
Number of times has given birth		
1		X
2		
3 or more	X	
Nationality		
Chilean	X	
Other		X

Data collection

Qualitative data were collected using several techniques. First, *non-participant observations of health services* activities were conducted to achieve a deeper understanding of the quality of interactions between users and health professionals. A total of eight observations per participant, lasting between 30 and 70 minutes, were conducted, including both health check-ups and home visits.

Second, a *mobile messaging app* (WhatsApp) was used for the weekly *exchange of text and voice messages* with the participants during the study to obtain a first-person report of their experiences in seeking support. At the beginning of each week, the researcher sent a voice message to each user, asking about challenges and facilitators related to her role as a mother. At the end of each month, the researcher systematized the information collected through the phone application and created an interview template to clarify and delve deeper into the aspects named by the users over the course of the previous four weeks.

Third, *follow-up telephonic interviews* were employed to gain insight into the mothers' perspectives on the support provided by their social networks. A total of seven interviews per participant were conducted, each lasting approximately 45 to 60 minutes. An interview guide was used, including topics predefined by the researcher (e.g., social support received) and open-ended questions (e.g., *What kind of support did you receive during the last four weeks to fulfill your role as a mother?*). Each interview was audio recorded and subsequently transcribed. All interviews were carried out by the first author of this research.

Data analysis

The data were analyzed using a processual approach to discern patterns within and across cases over time (Langley, 1999). Researchers conducted process coding and used a data analysis software program (MAXQDA) to manage and code the data.

Following each interview, the authors sought to distinguish two core elements: a) the sources and types of social support perceived by the participants over time, and b) the perceived impact of the mothers' social

interactions on their well-being. Researchers identified structural conditions, social interactions, and psychosocial effects for each month in which interviews were conducted. This allowed the authors to visualize the change trajectories in the participants' interactions and negotiations of social support within their social environments over time.

Through process coding analysis, researchers were able to identify the main social support sources within each woman's network. Additionally, a key milestone was identified for each month to illustrate and distinguish the main interactions and processes of each period. The total span of time analyzed for the study (i.e., six months) was subdivided into three periods (i.e., postnatal months 10–11; 12–13; and 14–15), which allowed researchers to synthesize the participants' experiences with their different sources of social support over time.

Ethical considerations

The research project was approved by the Ethics Committee of the University for Development. The approved ethics protocol included informed consent for the various participant categories and had a total duration of three years, covering the period of the study.

Results

This section first describes the participants' context as high-risk postpartum mothers and their perceived sources and types of social support during the pandemic. Second, it explores the participants' views on the impact of social support on their well-being.

Objective 1: Explore postpartum mothers' sources and types of social support experiences during the pandemic

Participant 1: I feel psychologically unwell

At the beginning of the study, Participant 1 was 35 years old and eight months pregnant. She was part of the 40% most vulnerable group according to the Social Household Registry. She lived with her partner in a subleased residence. The participant had approximately thirteen years of formal education and, at the beginning of the study, she was not working outside the home; however, she managed to obtain a job later during the study. She reported having experienced a pregnancy loss and that a large part of her extended family resided in Peru.

Participant 2: I must be strong

At the beginning of the study, Participant 2 was 29 years old and eight months pregnant with her third child. She was part of the 40% most vulnerable group according to the Social Household Registry. At the time of the study, she lived in her mother-in-law's subleased residence, along with her partner and children, in conditions of household overcrowding and at risk of homelessness. She had approximately eight years of formal education and, during the study, was not working outside the home. When the researcher asked about her experience of being a mother in these living conditions, she replied, "I must be strong."

Participants identified four main sources of social support (intimate partner; extended family; community; social and health services) which provide or fail to provide them social support as presented in table 2:

Table 2

Participants' sources and types of social support experiences during the pandemic

User	Source of social support	Type of social support during the postpartum period		
		Months 10-11	Months 12-13	Months 14-15
Flora	Intimate partner	Economic support; lack of emotional and childcare support	Economic support; lack of emotional and childcare support	Economic and childcare support; lack of emotional support
	Extended family	Lack of emotional and childcare support	Childcare support	Childcare support
	Community	Lack of support	Lack of support	Encouragement and emotional listening support
	Public services	Health check-ups; lack of daycare services	Lack of daycare services and health-checkups; groceries	Emotional support and groceries; lack of daycare services and health-checkups
	Researcher	Encouragement, empathy, advice, reference	Encouragement, empathy, advice, reference	Encouragement, empathy, advice, reference
Diana	Intimate partner	Economic support; lack of emotional and childcare support	Economic support; lack of emotional and childcare support	Economic and emotional support;
	Extended family	Economic, emotional, and childcare support	Lack of childcare support	Economic support
	Community	Lack of support	Lack of support	Lack of support
	Public services	Health check-ups; lack of daycare services	Lack of daycare services; groceries	Lack of daycare services and health-checkups; groceries
	Researcher	Encouragement, empathy, advice, reference	Encouragement, empathy, advice, reference	Encouragement, empathy, advice, reference

Intimate partner

The primary, most proximate source of support the participants reported was their partner or husband. That said, the women perceived this source of support as negligible or insufficient, particularly regarding reproductive tasks such as childcare and household labor. For example, during months 10 to 13, one participant stated that her partner had established a distribution of responsibilities in which he engaged in public-sphere paid work to provide income, while she was expected to handle all reproductive labor:

Interviewer: For example, regarding your partner, could he maybe take care of the children while you are out working?

Participant: No, he likes working too. He helps me when he gets home from work, but he tells me that he's the head of the household and must make enough money to pay for it. He tells me I'm just supposed to take care of the kids. (Participant 2, Interview 3)

Extended family

The second source of support the participants identified was the extended family, composed mainly of other women from their own families or in-laws. They primarily highlighted grandmothers and sisters-in-law as providers of some financial assistance and daily childcare. Both interviewees agreed that, although helpful, this was an unstable source of support, often unavailable due to the precarious living conditions of these family members. The availability of such support was further diminished during the pandemic:

Yes, I was thinking that if my [female] cousin can't, and my sister-in-law, who these days is leaving earlier than before because of the pandemic—she also can watch her for a short while, because if you think about it, afterward she can't. But I'd also say I can't put too much of a burden on my sister-in-law. She usually arrives tired. I've also talked about this with my husband, and I tell him that she too wants to come home and rest because cleaning jobs are very tiring, so she also can't take on too much extra work. (Participant 1, Interview 7)

During months 10 to 11, the participant reported receiving economic, emotional, and caregiving support from women in both her nuclear and extended families, but in an unstable and intermittent manner. Moreover, by the end of this period —after moving into her own house— she no longer received support from these sources.

In the 12–13-month period, the participant stated that she no longer had the childcare support needed to return to work, as those who had previously provided it were no longer available:

Participant: My only option for being able to work is to have a trusted person take care of [baby's name] while I'm gone, and the person I'd choose is my mother-in-law.

Interviewer: Is that possible? Or is there an issue with that? How do you see it?

Participant: Not yet. I'm still waiting because she still needs to have an operation. Her surgery got delayed because of COVID, so maybe after the operation she'll be able to help me. (Participant 2, Interview 4)

Community

The third source of support participants mentioned was the community, which they described as very limited or entirely unavailable given their circumstances:

...I mean, at the same time sometimes I think I'm not one for very close friendships, let's say. I don't have a colleague or a [male] friend, or a [female] friend to tell my problems to, my stuff . (Participant 1, Closing Interview)

For Participant 1, this source included some co-workers who became more relevant after her postnatal break ended. These colleagues offered emotional support and encouraged her to continue working despite the difficulties:

I get to talking with my co-workers, and I tell them that—because they see me like that—and they ask, “What's going on?” So I started to tell them, and she said, “[Name], don't stop working. If you have to find someone and pay them, do that,” she says,

“but don’t stop working just because some men are very sexist.
(Participant 1, Interview 7)

Social and health services

The fourth source of support recognized by the participants was public services, which included the local health center and the municipal team of *Chile Crece Contigo*. Interviewees reported receiving support for basic needs (e.g., medical care for themselves or their babies) and referrals to access social benefits (e.g., applications for neighborhood nurseries). Additionally, both women mentioned receiving the Emergency Family Income provided by the government due to the COVID-19 crisis.

Between months 10 and 15, one participant reported difficulties accessing health check-ups for her child due to service cancellations that affected local health centers:

They didn’t provide the medical check-ups, and I was going to ask if there were any available appointments, and they told me that because of COVID... they weren’t seeing patients. Basically, the usual health checks were just eliminated... (Participant 1, Interview 2)

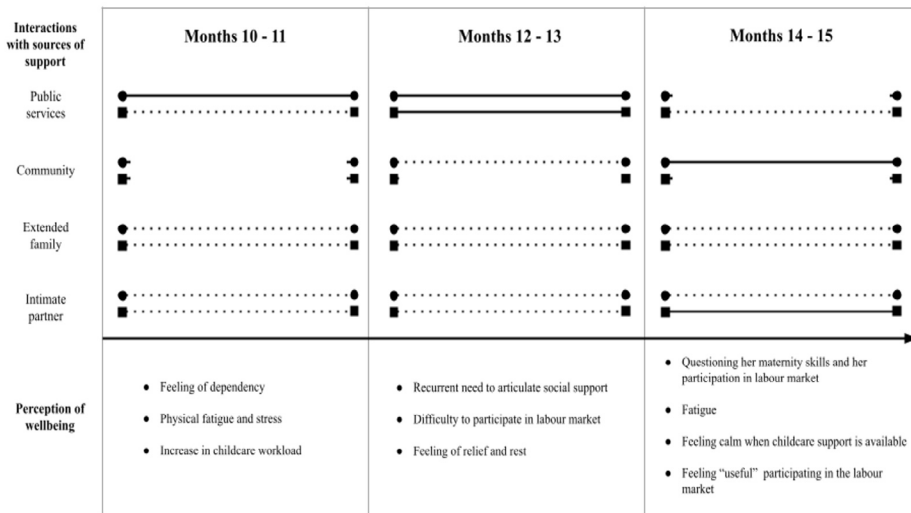
During the same period, the participant confirmed receiving the COVID-19 emergency bonus from the government, although she emphasized that it was insufficient for meeting household expenses:

Interviewer: I mean essentially this money is not enough. If you were a single person depending on this money, it wouldn’t be enough to live on, to make it through the month... Participant: No (Participant 2, Interview 2)

Objective 2: Evaluate the perceived impact of social support on postpartum mothers' well-being during the pandemic

Participants also reported multiple signs of psychological distress associated with the perceived social support, or lack thereof, from intimate partners and extended family during the first year of the pandemic, as represented in Figure 1.

Figure 1
Participants' social support experiences and wellbeing



Intimate Partner

During the months under observation, participants reported ongoing negative social interactions with their partners, which they perceived as detrimental to their psychological well-being. One participant stated that she does not receive the emotional support she expects from her partner, which negatively affects her mood and self-concept:

...it's like I'm used to not getting any affection, let's say, feeling like just another piece of furniture, I tell him. I say, 'Here's your employee. Your food is ready.' I always say that to him, but he ignores it. I feel very unmotivated by this. (Participant 1, interview 2)

Participants also reported a lack of support from their partners in household chores and childcare responsibilities. These persistent negative interactions over time lead to a state of exhaustion, as captured in the following participant's account:

Participant: It's not so much the physical part, the most tiring thing is... sometimes you don't know what's going on with the child. I... for example, I get nervous because I don't know what to do. I don't know what he needs or what he wants, and that is tiring too, because sometimes not knowing and trying to... trying to do what I think he wants, but that's not it, that's also tiring, because you're thinking and thinking about what they want and since they can't say anything, not knowing is very tiring.

Interviewer: If you had to describe this exhaustion in a word or a few words, you mentioned in his case it's more physical, but in your case, how would you describe this kind of tiredness?

Participant: I think it's partially physical and partially psychological.

Interviewer: One more than the other, or a mixture of both?

Participant: It's a mixture of both. (Participant 2, interview 3)

Furthermore, one participant reported being constantly questioned and receiving blaming comments from her partner when she expressed her desire to send their daughter to kindergarten and re-enter the workforce. As a result of these negative interactions, she began to doubt her abilities as a mother and negatively evaluate her performance in the maternal role:

Interviewer: If you told him that you thought it was his responsibility, why do you end up thinking that you're a bad mom?

Participant: Well, I don't know why... like he always says I have to be careful with the baby, look at this, and so I think that... I mean, I don't think that in the moment, but at random moments I guess... he's always saying things like that. (Participant 1, interview 6)

Extended Family

During the study period, participants reported facing multiple challenges in receiving childcare support from their extended families, particularly due to the constant pressure and concern related to their parents living in their home countries, who are economically dependent on them.

...sometimes my partner says it's because you're so worried about your family over there in Peru, and that sometimes has an influence. And since you breastfeed —and how this week has been for me— last week was also worrying because I kept calling all the time to find out about my sister, or in the morning I'd call to see how she was during the night, worried about her. (Participant 1, Interview 3)

Discussion

This study revealed that participants identified five primary sources of perceived social support: intimate partner, extended family, community, social and health services, and the researcher. These findings align with prior literature indicating that low-income mothers often rely on a wide array of support systems to manage their daily routines (Hudson et al., 2016). Additionally, our results are consistent with those of Rodrigo et al. (2007), which demonstrate that maternal support among impoverished populations is typically provided first through informal or internal sources (e.g., partners and relatives) but increasingly depends on external or formal sources (e.g., health and social services).

For example, the present study shows that mothers reentering the labor market after maternity leave require not only emotional support from partners or relatives but, more pressingly, affordable and reliable childcare services. However, the COVID-19 pandemic led governments worldwide to suspend many childcare programs, disproportionately impacting the employment trajectories of mothers from marginalized communities (Radey et al., 2021).

A notable finding is the participants' limited access to social support within their communities—an important but often overlooked factor in the experience of parenting in poverty. Extensive research has shown that neighborhood characteristics significantly influence both the quality and

availability of parental support (Byrnes & Miller, 2012; Franco et al., 2010; Turney y Harknett, 2010). Poor mothers living in marginalized areas are thus more vulnerable to psychological distress, which stems from a constant exposure to negative life events, economic hardship, social isolation, and intensive caregiving responsibilities (Ceballo & McLoyd, 2002). The experiences described by participants in this study reflect these dynamics, underscoring the need for more targeted attention to community-level social support networks for low-income mothers (Roditti, 2005).

In this regard, various studies support the implementation of peer-based social support initiatives as a way to mitigate maternal distress and enhance well-being. Peer support groups—whether in-person or virtual—can offer opportunities for mothers to be heard, share experiences, and mutually support one another (Younes et al., 2015). Such interventions have shown positive effects on maternal mood (Munro, 2002), as well as on the quality of maternal-infant interactions (Letourneau et al., 2011). Institutional strategies already adopted in different contexts—such as self-help groups (Spann et al., 2003), volunteer peer support (McLeish & Redshaw, 2017), doula services (Spiby et al., 2015), community-based programs (Hung & Zhou, 2017), and online peer groups (Yamashita et al., 2020), could be integrated into the practices of community health centers. These centers can play a central role in leveraging and strengthening community resources to form supportive care networks for mothers during the perinatal period.

Furthermore, the findings of this study suggest that participants experienced tangible effects of the quality of social support on their well-being during the pandemic. In particular, negative interactions with intimate partners and extended family members were perceived as detrimental to both psychological and physical health. The association between poor partner support and adverse maternal outcomes is well documented across various international contexts (Dennis y Ross, 2006; Gremigni et al., 2011; Stapleton et al., 2012). One potential explanation for this lies in the nature of negative interactions, which are often characterized by criticism, blame, and behaviors that undermine the individual in need of support (Don y Hammond, 2017).

Moreover, this study highlights how the instability of extended family support may exacerbate psychological distress. Uncertainty and discontinuity in emotional and instrumental support from family members were frequently cited as sources of stress, negative emotions, and physical

exhaustion. This was especially evident during the COVID-19 pandemic, when maternal social support networks contracted significantly, while mental health concerns—including depressive symptoms and psychological distress—increased sharply (Zhou et al., 2021).

From a public health and social policy perspective, these findings draw attention to the prevailing *familiarist* model of care in Chile, which emphasizes the traditional family structure and reinforces a rigid sexual division of labor. This model places the bulk of unpaid domestic and caregiving responsibilities on women, contributing to a deterioration of their well-being (Aguirre, 2007). Although Chile's current care regime is considered "mixed" (i.e., involving state, private, and familial actors), it remains heavily reliant on women's unpaid labor, thereby introducing new dimensions of gender-based poverty and inequality (Arriagada, 2021). In response, scholars such as Batthyány (2015) have advocated for a *defamilialized* care model that recognizes, remunerates, and redistributes care work across the family, state, market, and community. This approach could strengthen social support networks while advancing gender equity in caregiving.

Limitations

Several limitations of this study should be acknowledged. First, the small sample size restricts the generalizability of the findings. Future research should aim to replicate and expand upon these results with larger populations served by the national early childhood development system. Second, researcher bias may have influenced the interpretation of the data. Nevertheless, the first author undertook a reflexive approach throughout the research process, including the maintenance of a reflective journal to document thoughts, emotions, and insights during interactions with participants. This practice aimed to enhance the transparency and rigor of the study and to minimize the impact of subjectivity on the analysis.

Conclusions

This study sheds light on the key sources and types of perceived social support that are particularly relevant for low-income mothers served by a comprehensive early childhood system during the first 15 months of their child's life, within the context of the COVID-19 pandemic. The findings indicate that mothers identified various sources of support as essential to their well-being: emotional and practical support from intimate partners, financial and emotional assistance from extended family, peer or group-based support within the community, and adequate services from health and social care providers.

The results also underscore the close association between perceived social support and mothers' psychological functioning. This reinforces the importance of strengthening social support systems to enhance the mental well-being of low-income postpartum women, especially during periods of heightened vulnerability such as a global health crisis.

From a policy perspective, these findings highlight the urgency of empowering the most vulnerable and disadvantaged mothers throughout the perinatal period and the first year of their child's life. This involves enabling mothers to express their needs, facilitating the creation of local support networks, supporting their ability to access and navigate available health and social services, and developing innovative, community-based interventions that are responsive to the realities of maternal social support during emergencies such as the COVID-19 pandemic.

Future research should examine whether these findings can be generalized to other contexts and populations of interest. Longitudinal research designs are particularly needed to track changes in the structure and quality of social support networks over time and to explore their impact on maternal well-being and children's developmental outcomes.

References

- Aguirre, R. (2007). Los cuidados familiares como problema público y objeto de políticas. In I. Arriagada (Ed.), *Familias y políticas pública en América Latina* (Vol. VIII). CEPAL/UNFPA
- Alhomaizi, A., Alhomaizi, D., Willis, S., & Verdeli, H. (2021). Social Distancing in the Era of COVID-19: A Call for Maintaining Social Support for the Maternal Population. *Global Health: Science and Practice*, 9(2), 229-237. <https://doi.org/10.9745/GHSP-D-20-00398>
- Arriagada, I. (2021). Crisis social y de la organización social de los cuidados en Chile. *Estudios Sociales del Estado*, 7(13). <https://doi.org/10.35305/ese.v7i13.250>
- Azimi, M., Fahami, F., & Mohamadirizi, S. (2018). The relationship between perceived social support in the first pregnancy and fear of childbirth. *Iranian Journal of Nursing and Midwifery Research*, 23(3), 235-239. http://doi.org/10.4103/ijnmr.IJNMR_170_16
- Batthyány, K. (2015). *Las políticas y el cuidado en América Latina: una mirada a las experiencias regionales* (Serie Asuntos de Género N° 124). Comisión Económica para América Latina y el Caribe (CEPAL). <https://repositorio.cepal.org/handle/11362/37726>
- Byrnes, H. F., & Miller, B. A. (2012). The relationship between neighborhood characteristics and effective parenting behaviors: The role of social support. *Journal of Family Issues*, 33(12), 1658-1687. <https://doi.org/10.1177/0192513X12437693>
- Campbell-Grossman, C., Hudson, D. B., Kupzyk, K. A., Brown, S. E., Hanna, K. M., & Yates, B. C. (2016). Low-income, African American, adolescent mothers' depressive symptoms, perceived stress, and social support. *Journal of Child and Family Studies*, 25(7), 2306-2314. <https://doi.org/10.1007/s10826-016-0386-9>
- Ceballo, R., & McLoyd, V. C. (2002). Social support and parenting in poor, dangerous neighborhoods. *Child Development*, 73(4), 1310-1321. <https://doi.org/10.1111/1467-8624.00473>
- Charvat, E., Horstman, H. K., Jordan, E., Leverenz, A., & Okafor, B. (2021). Navigating Pregnancy during the COVID-19 Pandemic: The Role of Social Support in Communicated Narrative Sense-making. *Journal of*

Family Communication, 23(1), 167-185. <https://doi.org/10.1080/15267431.2021.1932503>

- Dennis, C. L., & Ross, L. (2006). Women's perceptions of partner support and conflict in the development of postpartum depressive symptoms. *Journal of Advanced Nursing*, 56(6), 588-599. <https://doi.org/10.1111/j.1365-2648.2006.04059.x>
- Don, B. P., & Hammond, M. D. (2017). Social support in intimate relationships: The role of relationship autonomy. *Personality and Social Psychology Bulletin*, 43(8), 1112-1124. <https://doi.org/10.1177/0146167217705119>
- Eagle, D. E., Hybels, C. F., & Proeschold-Bell, R. J. (2018). Perceived social support, received social support, and depression among clergy. *Journal of Social and Personal Relationships*, 36(7), 2055–2073. <https://doi.org/10.1177/0265407518776134>
- Fallon, V., Davies, S. M., Silverio, S. A., Jackson, L., De Pascalis, L., & Harrold, J. A. (2021). Psychosocial experiences of postnatal women during the COVID-19 pandemic. A UK-wide study of prevalence rates and risk factors for clinically relevant depression and anxiety. *Journal of Psychiatric Research*, 136, 157-166. <https://doi.org/10.1016/j.jpsychires.2021.01.048>
- Franco, L., Pottick, K., & Huang, C. C. (2010). Early parenthood in a community context: Neighborhood conditions, race–ethnicity, and parenting stress. *Journal of Community Psychology*, 38(5), 574-590. <https://doi.org/10.1002/jcop.20382>
- Gremigni, P., Mariani, L., Marracino, V., Tranquilli, A. L., & Turi, A. (2011). Partner support and postpartum depressive symptoms. *Journal of Psychosomatic Obstetrics & Gynecology*, 32(3), 135-140. <https://doi.org/10.3109/0167482X.2011.589017>
- Grumi, S., Provenzi, L., Accorsi, P., Biasucci, G., Cavallini, A., Decembrino, L., Falcone, R., Fazzi, E. M., Gardella, B., Giaccherio, R., Guerini, P., Grossi, E., Magnani, M. L., Mariani, E. M., Nacinovich, R., Pantaleo, D., Pisoni, C., Prefumo, F., Sabatini, C. ..., & Borgatti, R. (2021). Depression and anxiety in mothers who were pregnant during the COVID-19 outbreak in northern Italy: The role of pandemic-related emotional stress and perceived social support. *Frontiers in Psychiatry*, 12. <https://doi.org/10.3389/fpsy.2021.716488>

- Gudina, A. T. (2020). *Maternal perceived social support, mental health outcomes, and child wellbeing: the case of unwed mothers* [Doctoral dissertation, Kent State University]. https://etd.ohiolink.edu/apexprod/rws_etd/send_file/send?accession=kent1595963602473981&disposition=inline
- Harrison, V., Moulds, M. L., & Jones, K. (2021). Support from friends moderates the relationship between repetitive negative thinking and postnatal wellbeing during COVID-19. *Journal of Reproductive and Infant Psychology*, 1-16. <https://doi.org/10.1080/02646838.2021.1886260>
- Hessami, K., Romanelli, C., Chiurazzi, M., & Cozzolino, M. (2020). COVID-19 pandemic and maternal mental health: a systematic review and meta-analysis. *The Journal of Maternal-Fetal & Neonatal Medicine*, 35(20), 1-8. <https://doi.org/10.1080/14767058.2020.1843155>
- House, J.S. (1981). *Work stress and social support*. Addison-Wesley.
- Hudson, D. B., Campbell-Grossman, C., Kupzyk, K. A., Brown, S. E., Yates, B., & Hanna, K. M. (2016). Social support and psychosocial well-being among low-income, adolescent, African American, first-time mothers. *Clinical Nurse Specialist CNS*, 30(3), 150-158. <https://doi.org/10.1097/NUR.0000000000000202>
- Hung, S. L., & Zhou, D. R. (2017). Peer support program for Chinese low-income mothers: An evaluation study and implications for practice. *Journal of Child and Family Studies*, 26(9), 2640-2652. <https://doi.org/10.1007/s10826-017-0763-z>
- Langley, A. (1999). Strategies for theorizing from process data. *Academy of Management Review*, 24(4), 691-710. <https://doi.org/10.2307/259349>
- Lebel, C., MacKinnon, A., Bagshawe, M., Tomfohr-Madsen, L., & Giesbrecht, G. (2020). Elevated depression and anxiety symptoms among pregnant individuals during the COVID-19 pandemic. *Journal of Affective Disorders*, 277, 5-13. <https://doi.org/10.1016/j.jad.2020.07.126>
- Letourneau, N., Stewart, M., Dennis, C. L., Hegadoren, K., Duffett-Leger, L., & Watson, B. (2011). Effect of home-based peer support on maternal-infant interactions among women with postpartum depression: A randomized, controlled trial. *International Journal of Mental Health Nursing*, 20(5), 345-357. <https://doi.org/10.1111/j.1447-0349.2010.00736.x>
- Link, F., Ibarra, M., Matus, C., Méndez, M. L., & Ruiz-Tagle, J. (2021). Crisis y espacialidad de los cuidados en pandemia: vivienda y barrio en Santiago

- de Chile. *ARQ (Santiago)*, (109), 86-97. <http://dx.doi.org/10.4067/S0717-69962021000300086>
- Lunsky, Y. (2008). The impact of stress and social support on the mental health of individuals with intellectual disabilities. *Salud Pública de México*, 50(S2), 151-153. <https://doi.org/10.1590/s0036-36342008000800007>
- McLeish, J., & Redshaw, M. (2017). Mothers' accounts of the impact on emotional wellbeing of organised peer support in pregnancy and early parenthood: a qualitative study. *BMC Pregnancy and Childbirth*, 17, Article 28. 1-14. <https://doi.org/10.1186/s12884-017-1220-0>
- Ministerio de Salud (2010). *Pauta de riesgo psicosocial. Evaluación psicosocial abreviada (EPsA). Nota metodológica complementaria para profesionales y equipos de salud.*
- Munro, P. J. (2002). *Women's Experiences of Seeking and Receiving Help for Postpartum Depression* [Master's thesis]. University of British Columbia. <https://doi.org/10.14288/1.0090261>
- Quiroz-Saavedra, R., Alfaro, J., & Rodríguez-Rivas, M. E. (2023a). Perceptions of professionals about factors affecting the implementation of early childhood support systems: A case study evaluation from an ecological perspective. *Evaluation and Program Planning*, 97, Article 102210. <https://doi.org/10.1016/j.evalprogplan.2022.102210>
- Quiroz-Saavedra, R., Alfaro, J., Rodríguez-Rivas, M. E., & Lastra, V. (2023b). The intersectoral cascade: A case study on perceived conflict in implementing child development systems. *Journal of Child and Family Studies*, 32, 2820-2833. <https://doi.org/10.1007/s10826-022-02331-z>
- Radey, M. (2018). Informal support among low-income mothers' post welfare reform: A systematic review. *Journal of Child and Family Studies*, 27(12), 3782-3805. <https://doi.org/10.1007/s10826-018-1223-0>
- Radey, M., Langenderfer-Magruder, L., & Brown Speights, J. (2021). "I don't have much of a choice": Low-income single mothers' COVID-19 school and care decisions. *Family Relations*, 70(5), 1312-1326. <https://doi.org/10.1111/fare.12593>
- Roditti, M. G. (2005). Understanding communities of neglectful parents: child caregiving networks and child neglect. *Child Welfare*, 84(2), 277-298. <http://www.jstor.org/stable/45398725>

- Rodrigo, M. J., Martín, J. C., Máiquez, M. L., & Rodríguez, G. (2007). Informal and formal supports and maternal child-rearing practices in at-risk and non at-risk psycho-social contexts. *Children and Youth Services Review*, 29(3), 329-347. <https://doi.org/10.1016/j.childyouth.2006.03.010>
- Sherbourne, C. D., & Stewart, A. L. (1991). The MOS social support survey. *Social Science & Medicine*, 32(6), 705-714. [https://doi.org/10.1016/0277-9536\(91\)90150-B](https://doi.org/10.1016/0277-9536(91)90150-B)
- Spann, S. J., Kohler, F. W., & Soenksen, D. (2003). Examining parents' involvement in and perceptions of special education services: An interview with families in a parent support group. *Focus on Autism and Other Developmental Disabilities*, 18(4), 228-237. <https://doi.org/10.1177/10883576030180040401>
- Spiby, H., Green, J. M., Darwin, Z., Willmot, H., Knox, D., McLeish, J., & Smith, M. (2015). Multisite implementation of trained volunteer doula support for disadvantaged childbearing women: a mixed-methods evaluation. *Health Services and Delivery Research*, 3(8), 1-332. <https://doi.org/10.3310/hsdr03080>
- Spinola, O., Liotti, M., Speranza, A. M., & Tambelli, R. (2020). Effects of COVID-19 epidemic lockdown on postpartum depressive symptoms in a sample of Italian mothers. *Frontiers in Psychiatry*, 11, Article 589916. <https://doi.org/10.3389/fpsyt.2020.589916>
- Stapleton, L. R. T., Schetter, C. D., Westling, E., Rini, C., Glynn, L. M., Hobel, C. J., & Sandman, C. A. (2012). Perceived partner support in pregnancy predicts lower maternal and infant distress. *Journal of Family Psychology*, 26(3), 453-463. <https://doi.org/10.1037/a0028332>
- Sweet, L., Bradfield, Z., Vasilevski, V., Wynter, K., Hauck, Y., Kuliukas, L., Homer, C. S. E., Szabo, R. A., & Wilson, A. N. (2021). Becoming a mother in the 'new' social world in Australia during the first wave of the COVID-19 pandemic. *Midwifery*, 98, Article 102996. <https://doi.org/10.1016/j.midw.2021.102996>
- Taylor, Z. E., & Conger, R. D. (2017). Promoting strengths and resilience in single-mother families. *Child Development*, 88(2), 350-358. <https://doi.org/10.1111/cdev.12741>
- Turney, K., & Harknett, K. (2010). Neighborhood disadvantage, residential stability, and perceptions of instrumental support

- among new mothers. *Journal of Family Issues*, 31(4), 499-524.
<https://doi.org/10.1177/0192513X09347992>
- Yamashita, A., Isumi, A., & Fujiwara, T. (2020). Online peer support and well-being of mothers and children: Systematic scoping review. *Journal of Epidemiology*, 32(2). <https://doi.org/10.2188/jea.je20200079>
- Younes L., Houweling T.A., Azad K., Kuddus A., Shaha S., Haq B., et al. (2015). The effect of participatory women's groups on infant feeding and child health knowledge, behaviour and outcomes in rural Bangladesh: a controlled before-and-after study. *Journal of Epidemiology & Community Health*, 69(4), 374-381. <https://doi.org/10.1136/jech-2014-204271>
- Younes, L., Houweling, T. A. J., Azad, K., Kuddus, A., Shaha, S., Haq, B., Nahar, T., Hossen, M., Beard, J., Copas, A., Prost, A., Costello, A., & Fottrell, E. (2014). The effect of participatory women's groups on infant feeding and child health knowledge, behaviour and outcomes in rural Bangladesh: A controlled before-and-after study. *Journal of Epidemiology and Community Health*, 69(4), 374-381. <https://doi.org/10.1136/jech-2014-204271>
- Zhou, J., Havens, K. L., Starnes, C. P., Pickering, T. A., Brito, N. H., Hendrix, C. L., Thomas, M. E., Vatalar, T. C., & Smith, B. A. (2021). Changes in social support of pregnant and postnatal mothers during the COVID-19 pandemic. *Midwifery*, 103, Article 103162. <https://doi.org/10.1016/j.midw.2021.103162>