



# Empowering Women-Headed Households During the COVID-19 Pandemic: an Action Research Study

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## Abstract

**Background:** Women-headed households represent a vulnerable group in any society. These women face many psychological and economic problems and role conflict, so they require empowerment programs. Accordingly, this study was conducted to empower women-headed households during the coronavirus pandemic.

**Methods:** The present study is an action research conducted in five stages (assessment, planning, acting, reflection, and evaluation) in Kerman in southeastern Iran from 2019 to 2020. The participants were 33 individuals, including 12 women-headed households, 15 faculty members, and 6 nurses. The data were collected through interviews and focus groups and analyzed using a conventional content analysis approach.

**Results:** Based on the data analysis in stage I, the category of the need to make a living and subcategories of financial turbulence, job loss, and income reduction, and concern about meeting the basic needs of children were extracted. In stage V, four main categories were extracted from the analysis of the qualitative data: psychological empowerment (self-confidence, feeling of existence, and motivation for progress), economic empowerment (improving financial situation, making a living, and financial independence), social empowerment (active presence in crisis, helping medical staff, a sense of social usefulness, overcoming isolation, feeling decision-making power, gaining social trust), and spiritual empowerment (inner satisfaction and inner peace).

**Conclusion:** Empowering women-headed households can affect all individual, social, and family aspects and can even pave the way for their spiritual advancement. Therefore, empowerment programs with long-term goals should be planned and implemented for this group.

**Keywords:** Women, Head of household, Action research, Empowerment, COVID-19 pandemic, COVID-19

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## Introduction

The United Nations has defined a woman-headed household as a unit that leads the family members (1). Reasons for becoming a single mother include divorce, break-up, abandonment, death, addiction, or disability of the father (2). Currently, the phenomenon of female-headed households is increasing in the world, so that the increase in the number of these women is a social problem (3).

Statistical data in Iran show an increasing trend in the number and proportion of single mothers in the last decade. The rate of female-headed households was 9.5% in 2006, 12.1% in 2011, and 12.7% in 2016, when there were 3,061,753 female-headed households in Iran (4). Also, considering the Iranian culture of abhorring separation from one's spouse, 70.5 percent of female heads of household have lost their husbands due to their husbands' death, and 21.6 percent of them are the heads of household due to reasons such as the husbands' disability.

The employment status and economic and social activities of these women are also noteworthy. More than half of these women (57.6 percent) are housewives and do not have another job (5). According to the Statistics Center, 83.4 percent of these women are economically inactive and have had numerous problems. Financial issues are the most important problem that female heads of household face in their lives. Although the pressure of financial issues on female heads of household is great, this is not the only problem that threatens them in societies like Iran, where women's social prestige and security are more dependent on the men in the family. In most cases, due to the loss of a spouse and the subsequent loss of friendships and family ties, female heads of households experience many emotional problems in their daily lives (6).

Women serving as the family head, in addition to their common roles in the home, have both the role of the household head and the provider of family livelihood, which may lead them into a cycle of poverty and



powerlessness (7). These women often face problems such as loneliness, depression, hopelessness, low social support, and role conflict in their lives (1). Role conflict in the form of multiple roles in the absence of a spouse exposes these women to physical and mental fatigue, poverty, and disability, and impairs their self-esteem and mental health (8). These problems, along with women's concerns about the future of the children, make them unaware of their health, leading to physical problems and decreased satisfaction and quality of life. These problems, in turn, adversely affect all family members (9). A study showed that the quality of life of these women was lower than that of the general population (3). The occurrence of unexpected events, such as the outbreak of COVID-19, caused serious problems in the routine life of single mothers (10). Since these crises cause many socio-economic problems for all people, including single mothers, empowerment of this vulnerable group seems to be very important in various respects and can reduce pressure on them.

Empowerment means giving power to a powerless and weak person. According to Bernard, the head of the household needs the ability to manage the family (11). Empowering single mothers leads to their physical and mental health. Therefore, having a hopeful, lively, and cheerful spirit can have a great impact on how they function and even ensure the happiness of the next generation (12). Empowerment improves the quality of life of single mothers (13). For this reason, women's empowerment has been considered as a goal of policymakers in many countries in recent years, and its benefits for children and larger populations have been emphasized (14). Acharya et al showed that women's empowerment plays a key role in the development of the economy and has a significant impact on reducing mortality and increasing children's health (15).

Action research in a qualitative study is a participatory and iterative research methodology that aims to solve real-world problems through a collaborative process involving researchers and participants. It emphasizes reflection, data collection, and ongoing action to bring about practical change and improvement within a specific context (16). This approach is often used to explore complex social phenomena, develop solutions, and empower those involved in the process. Also, another study describes action research as a flexible, democratic process that involves participants actively in diagnosing issues and developing solutions, emphasizing reflective practices and continuous improvement within community and organizational contexts (17).

According to the authors, the sense of responsibility and commitment among the community members can lead to a better situation for the rejected groups and vulnerable people and higher equality among members. Since the mental, physical, and social health of single

mothers is very important for the health of children and the vitality and stability of the family, and previous studies focused on their empowerment, the present study aimed to enhance the ability of single mothers during the coronavirus pandemic crisis.

## Methods

This study was an action research conducted on 12 single mothers who had lost their jobs due to coronavirus disease, 15 faculty members of Razi School of Nursing and Midwifery, and 6 nurses working in hospitals. The study was conducted from February 2019 to July 2020. The data were collected through interviews and focus groups. The qualitative data were analyzed through continuous comparison using a conventional content analysis method. Action research is a methodology in the social sciences that utilizes the participation of a group of experts and community members (17). It seeks change through simultaneous action and research. The process of action research is interactive and helps identify root causes and predict personal and organizational change (16).

### *Stage I (Determining the gaps and the need for a plan)*

A conventional content analysis approach was used to collect and analyze the data in the first phase of this qualitative study (18). The participants were selected using purposive sampling. Inclusion criteria included dressmakers who lost their jobs during the COVID-19 outbreak. The time of the interviews was determined upon the participants' agreement, and the interviews were conducted at their living places. Sampling was continued until data saturation, when no new information was added to the data. The data were collected through focus groups.

In a qualitative study, a focus group is a research method that involves guided discussions with a small group of participants to gather their opinions, perceptions, attitudes, and beliefs about a specific topic or issue. It is a form of qualitative data collection that allows researchers to explore how people think and feel about the subject in an interactive setting (19).

By using this technique, it is possible to collect rich information about a specific topic. In each focus group, one researcher directed the group and the interviews, and the other acted as an amanuensis. In each 60- to 120-minute session, the interviewer encouraged all participants to participate in the discussion, present their experiences (Table 1), and interact with other group members. The second researcher also recorded the participants' statements carefully and took notes of their non-verbal communication, such as facial expressions and hand movements. For individual interviews, semi-structured interviews were conducted for 30 to 60 minutes.

To collect the data, two members of the research team explored problems experienced by 12 single mothers

**Table 1.** Interview guide

Questions
<ul style="list-style-type: none"> <li>• What was the effect of the empowerment program on your life?</li> <li>• Please explain a day of your life during the COVID-19 pandemic.</li> <li>• How do you manage your children?</li> <li>• How to deal with your child's problems?</li> </ul>

using individual interviews and focus-group discussions. During the interviews, the interviewer recorded behaviors such as the facial appearance of interviewees.

The main problem of these women was the need to make a living during the COVID-19 pandemic. Five focus groups consisting of 15 nursing faculty members were formed to explore the problems of these women and find suitable solutions. In addition, in three focus groups, hospital managers were invited to explore problems related to supplying personnel clothing.

At the beginning of the interview and focus group, the researcher provided some explanations to the participants about the objectives of the study, the confidentiality of the data, and the participants' right to enter and leave the study. Informed written consent was obtained from each participant. It was emphasized that each participant was responsible for keeping their information confidential. Each participant was identified by a number. In addition, the first interview was done with a single experienced mother. Each interview was recorded by a digital recorder with the participants' consent.

The data analysis process was performed according to the steps proposed by Lundman and Graneheim. To this end, each interview was immediately transcribed verbatim. Each interview transcript was read carefully several times, and the basic codes and meaning units were extracted to understand the content. Afterward, similar codes were merged and classified into broader categories. Finally, the themes and concepts hidden in the data were extracted (20). During the data collection and analysis process, the researcher recorded any subjective information and ideas related to the data and used them in the subsequent interviews (18)

To ensure the scientific accuracy and credibility of the data, the researcher was constantly engaged with the research problem, the data, and the participants, and in-depth interviews were conducted by building the participants' trust. To compare the extracted themes, the participants checked a part of the transcript along with the initial codes, and skilled reviewers and experts revised and confirmed the extracted themes.

### **Stage II: Planning**

At this stage, five online sessions were held with the presence of the faculty members, who decided to carry out a dual-purpose charitable activity to meet the needs of the single mothers and provide protective equipment for the nurses. Given the workload and a large number of COVID-19 patients, the protective equipment had to

be produced in a short time. To this end, single mothers were responsible for making hospital protective clothing. The change phase was carried out by conducting a group discussion for several faculty members of the Kerman School of Nursing and volunteers.

### **Stage III: Acting**

In this stage, the officials of Kerman University of Medical Sciences purchased standard fabrics and gave them to the participating women based on adherence to the health protocols. They also trained the women on how to make protective clothing. Upon the approval of the experts, the produced clothes were disinfected and given to hospitals. Furthermore, the women were paid for the clothes they made.

### **Stage IV: Reflection**

At all stages, members of the research team reviewed the work procedures, and all problems and work-related issues were discussed, and in case of any problems identified in this stage, some changes were made if necessary.

### **Stage V: Evaluation**

At this stage, the data were collected through focus groups and interviews with faculty members (15 individuals), nurses (six individuals), and single mothers (12 individuals). The participants were also asked to describe their experiences with the project based on the guide questions (Table 1). The steps of coding, data analysis, and scientific accuracy and data credibility were performed in stage I.

## **Results**

Based on the data analysis in the first stage to identify the current situation, the category of the need to make a living and subcategories of financial turbulence, job loss, and income reduction, and concern about meeting the basic needs of children were extracted (Table 2).

To evaluate the measures taken in the fifth stage, the results of this study showed that women who headed their households underwent positive changes in various dimensions. Four main categories were extracted from the analysis of the qualitative data: psychological empowerment (self-confidence, the feeling of existence, and motivation for progress), economic empowerment (improving financial situation, making a living, and financial independence), social empowerment (active presence in crisis, helping medical staff, a sense of social usefulness, overcoming isolation, feeling decision-making power, gaining social trust), and spiritual empowerment (inner satisfaction and inner peace)(Table3).

Psychological empowerment was one of the main themes that emerged from the data. Almost all of the surveyed women mentioned that their self-confidence increased as they were employed.

**Table 2.** Categories and subcategories of study in phase 1

Main category	subcategory
Need to provide for the family's livelihood	Financial turbulence
	Losing a job and drastically reducing income
	Concerned about meeting the basic needs of children

*“Before the coronavirus outbreak, I had a part-time job. Upon the outbreak of the disease, there was no job to do, and I could not make a living. I was desperate and broken. When I started making clothes for nurses, I felt like I could do a lot of work”* (Participant #5).

*“My experience with these women during the coronavirus disease shows that they have never felt how useful their existence can be, but now they have a sense of existence as a useful member of the community”* (Participant#3).

*“I want to continue dressmaking professionally. I did not know that I have a lot of talent in this work”* (Participant#7, a single mother).

Economic empowerment was another theme that emerged in this study. One of the main problems experienced by housewives was how to make a living. Making gowns for nurses, these women could reduce their economic problems and relieve their financial hardships largely.

*“I had no source of income before dressmaking. I did not know how to meet my children’s educational needs. I did not have any money to rent a house, but I could help the hospitals and make a living”*.

Social empowerment was another theme that emerged from the data in this study. One of the problems caused by the outbreak of COVID-19 for single mothers was that many of them lost their daily jobs and had to stay at home for almost ten days. Therefore, they used a small amount of their savings to meet their needs.

*“The coronavirus disease made me stay at home, and I could do nothing. All businesses were closed, but I really felt that I could help the medical staff in this critical situation”* (Participant#13, a dressmaker working in a clothing workshop).

*“When I put on these clothes, I realize how much these women helped us”* (Participant#12, a nurse taking care of patients with coronavirus disease).

The sense of decision-making power was another subcategory identified in this study. This program enabled women who had more skills to express their ideas and help the decision-making process. *“We really used the ideas suggested by these women, and the solutions provided by them were helpful in making more suitable gowns so that nurses could work more comfortably”* (Participant#13, a fashion designer).

Gaining social trust was another subcategory identified in this study. *“Some of the women can really serve as entrepreneurs. If they are supported psychologically and financially, they can do many great things”* (Participant

**Table 3.** Categories and subcategories of study in phase 5

Category	Subcategory
Psychological empowerment	Self-confidence
	Feeling of existence
	Motivation for progress
Economic empowerment	Improving financial situation
	Continuing to provide for children's livelihood
	Financial independence
Social empowerment	Active presence in crisis
	Helping medical staff
	A sense of social usefulness
	Overcoming isolation
	Feeling decision-making power
Spiritual empowerment	Gaining social trust
	Inner satisfaction
	Inner peace

#9, a faculty member).

Another theme identified in this study was spiritual empowerment, which was further subcategorized into inner satisfaction and inner peace. Producing protective gowns by single mothers led to the inner satisfaction of these women as they voluntarily received less money for what they did. As a result, their inner satisfaction increased.

*“I am happy from within. The situation is difficult now, we are all anxious, but I am calm on the inside because I am working for the divine sake. I am satisfied. I have never been as satisfied as I am now”* (Participant#11).

## Discussion

Using action research, the present study aimed to empower women serving as the family head. Four main categories were extracted from the analysis of the qualitative data: psychological empowerment (self-confidence, the feeling of existence, and motivation for progress), economic empowerment (improving financial situation, making a living, and financial independence), social empowerment (active presence in crisis, helping medical staff, a sense of social usefulness, overcoming isolation, feeling decision-making power, gaining social trust), and spiritual empowerment (inner satisfaction and inner peace).

Psychological empowerment was one of the categories identified in this study. Employing single mothers during the COVID-19 pandemic increased their self-confidence, sense of existence, and created motivation for making progress in life.

A number of studies confirm these results; for example, Kaggva et al believed that single mothers in rural Mexico were depressed due to many problems experienced by them (21). Lodhi et al in district Abbottabad, Pakistan, suggested illiteracy, low literacy, and poor access to job opportunities as the main causes of mental crises in women serving as the family head, all of which reduced their quality of life (3). According to Stevenson et al, in Ethiopia, empowerment and extensive support of single mothers enhances their abilities and self-confidence (22), which in turn leads to a positive feeling in them and paves

the way for improving their quality of life (3). However, there should be social support for the active participation of this group of women, and their empowerment should be planned according to their learning ability, so that women with higher learning ability gain higher levels of empowerment, and a unique program is implemented for those with lower learning ability.

Other studies in Nepal and Pakistan have suggested that empowerment increased women's satisfaction (3, 15), which in turn improved their hopefulness.

Regarding our results, a study in Iran (2025) and a systematic review (2021) showed that hopeful women were more determined to pursue their goals and were less likely to experience depression during their lifetime, had less overall anxiety, and experienced less emotional distress (23,24). The present study suggests that people who are very hopeful have certain characteristics in common, such as the ability to develop their maturity, feeling competent enough to find ways and achieve their goals, which is in line with two studies that showed these people were flexible to find different ways and achieve their goals.

Economic empowerment was another theme identified in the present study. Empowerment of single mothers causes financial independence and improves the living conditions of families. In connection with these results, Dideriksen et al in Denmark emphasized that empowering single mothers promoted their health. Empowering these women enables them to meet their financial needs through their own activities (25). The present study shows that as women's economic status improves, their self-sufficiency and self-reliance increase, which was consistent with the results of the study by Pradhan et al in Nepal (26).

In this connection, Dideriksen et al in Iran believe that women's health problems are limited by their social activities and emotional support. Accordingly, the establishment of cooperatives and social support is the two main strategies to empower women (25). The extent to which women enjoy social support and social capital is important for their mental health (25). However, Sharaunga et al in rural KwaZulu-Natal provinces showed that most single mothers sought informal networks such as the family to meet their material needs (1). Although the family plays a very important role as an available social system, such a solution may be helpful in the short term, while policymakers' planning is helpful in the long term. Consistent with these results, Dideriksen et al in Denmark showed that receiving social support increased health (25). The present study showed that empowering women and providing social support improved their capabilities in different dimensions and increased their satisfaction. In confirmation of these results, Ejinkeonye (2022) believed that receiving social support led to a better adaptation of women to their living environment and problems, although the type of personality was also

effective in achieving adaptation. Women who are more resilient, social, and extroverted adapt more rapidly (27). Similarly, the present study showed that despite the continuation of the coronavirus crisis, women returned to the community faster and started social activities upon the implementation of the empowerment program.

Economic empowerment was another theme identified in the current study. In a similar study in Iran, one of the most important problems experienced by the households headed by women was economic problems, which exposed the family to social harm. Cultural changes should be made in society to improve the economic conditions of women serving as the family head, enhance social relations with this group of women, and pave the way for such support and social activities (28). It seems that the outcome of improving the economic position of a single mother on an individual scale is gaining independence, reducing psychological pressures, and increasing resource ownership, and at the family level, increasing decision-making power and improving the family living conditions. Furthermore, such improvement at the community level results in social prestige and an active presence in the community.

The results of the current study indicated that the empowerment of the women led to their spiritual empowerment. Research evidence in Iran and China suggests that spirituality and religiosity are important dimensions of health in individuals, give meaning to life, are considered an important source of coping, and help people manage situations (24). Religion, on the other hand, includes the consequences of religious belief, practice, experience, and knowledge in one's daily life and relationships with others. Believing in God who controls situations and oversees servants greatly reduces situation-related anxiety, increases the quality of life, and makes one feel good and satisfied with life (29), so that most believers state that the effect of uncontrollable situations can be controlled in some way by relying on God. In addition, those with a higher level of religiosity solve their problems via problem-solving techniques and social support (30). Having meaning and purpose in life, feeling of belonging to a sublime source, trusting God in hard times, and benefiting from social and spiritual support are some of the strategies used by religious people, and thus they are exposed to less harm (31).

The present study also showed that religious beliefs led to the vitality and purposefulness of women serving as the family head. A similar study in Iran suggested spiritual beliefs as a way to feel good and gain mental health (32).

## Conclusion

This study demonstrated that empowering women-headed households positively influences their individual, social, and familial well-being and even fosters their spiritual growth. These findings underscore the importance of

sustained attention from policymakers and stakeholders toward this vulnerable population. Rather than relying on short-term support services, governmental and non-governmental organizations should prioritize long-term empowerment strategies that address the root causes of their challenges. Socio-economic empowerment programs, in particular, can play a vital role in enhancing the overall quality of life for these women.

Despite the valuable insights offered, the study is not without limitations. The relatively small sample size and the focus on a specific geographic region may restrict the generalizability of the findings. Nevertheless, the outcomes provide meaningful guidance for implementing empowerment initiatives for female-headed families and can inform practices among families and community health nurses in other cultural and national contexts.

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#### Authors' Contribution

**Conceptualization:** Monirsadat Nematollahi.

**Data curation:** Parvin Mangolian Shahrabaki.

**Formal analysis:** Monirsadat Nematollahi, Parvin Mangolian Shahrabaki.

**Funding acquisition:** Monirsadat Nematollahi.

**Investigation:** Monirsadat Nematollahi, Parvin Mangolian Shahrabaki.

**Methodology:** Monirsadat Nematollahi.

**Project administration:** Monirsadat Nematollahi.

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**Software:** Parvin Mangolian Shahrabaki.

**Supervision:** Monirsadat Nematollahi.

**Validation:** Parvin Mangolian Shahrabaki.

**Visualization:** Parvin Mangolian Shahrabaki.

**Writing—original draft:** Monirsadat Nematollahi.

#### Competing Interests

The authors declare that they have no competing interests.

#### Competing Interests

There are no conflicts of interest

#### Ethical Approval

The Ethics Committee of the Kerman University of Medical Sciences accepted this study with the code No: 1399.194. All the participants were informed about the study's objectives by the researchers. Also, the participants were assured that their information would remain confidential. Written informed consent was obtained from the participants.

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