Young Women Continue to Face an Economic, Caregiving, and Mental Health Crisis During the COVID-19 Pandemic

BY BROOK LEPAGE AND SARAH JAVAID

Throughout the pandemic, women in the United States have borne the brunt of job losses, economic insecurity, and caregiving responsibilities. Young women ages 18 to 24—who may be working, in school, caregiving, or some combination of all three—are no exception. While pandemic recovery continues, many young women have dealt with and continue to suffer through economic, caregiving, education, and mental health crises that disrupt their lives, health, and prosperity.

In the early days of the pandemic, young women lost more jobs than young men. And today, young women, especially young Black women, face higher rates of unemployment. For example, though the unemployment rate for women ages 20-24 has fallen from its April 2020 pandemic high of 27.3% down to 6.3% in July 2022, it’s still higher than their pre-pandemic February 2020 rate (6.1%) and more than double the July 2022 rate for all women ages 20 and older (3.1%).\(^1\) Young Black women and Latinas also face high rates of food insufficiency and housing insecurity. Additionally, disruptions to in-person learning and childcare caused by the pandemic have created a unique fallout for young women who are caretakers and work or go to school or do both.

The consequences of these layered crises are stark: young women, specifically women of color and those with disabilities, have high rates of anxiety and depression symptoms coupled with limited access to services to help address them. The pandemic has also forced these young women to adjust their work and postsecondary education plans, impacting their future prosperity. These consequences compound an existing gender wage gap, racial wealth gap, and disproportionate responsibility for caregiving.\(^2\)

Young women have benefited from COVID-19 relief laws such as the American Rescue Plan which included the expansion of the Child Tax Credit (CTC), expanded unemployment insurance (UI), child care relief,
and emergency rental assistance program (ERAP). Many women used their advance CTC to cover basic necessities such as food and rent. Unemployment insurance and the ERAP helped millions of women, including young women, cover employment income loss and make their housing payments. And the child care relief dollars helped prevent collapse of the sector, mitigating the caregiving crisis facing parents. Policies that advance the economic security of women also aid the security of young women who been uniquely hit economically.

Young women are at a pivotal point in their lives: many are in high school or college, many are starting or building their careers, many are doing both. Research on the Great Recession shows it hindered young women’s ability to gain work experience and achieve high wages. Without policy interventions that support these women, the repercussions from the COVID-19 pandemic will become permanent problems and could mirror the economic fallout young women faced after the Great Recession and continue to feel in their careers.

Young women faced and continue to face more job insecurity than young men.

Young women were hit hard early in the pandemic: there were nearly 2.9 million fewer young women employed in April 2020 than February 2020, a reduction of over one-third of their workforce, compared to nearly 2.4 million fewer employed young men. Now in June 2022, there are still nearly 370,000 fewer working young women than in February 2020.

There were nearly 100,000 fewer young women with disabilities working in April 2020 compared to February 2020. And those working part time accounted for more than half (52.2%) of young women’s employment losses during this time. Since February 2020, nearly 4 in 10 young women workers (38.7%) were working part time, compared to just under 3 in 10 young men workers (28.9%). In this time, many more young women than young men indicated they’d worked part time the week prior for noneconomic reasons—including child care problems, other family or personal obligations, school, and health limitations—as opposed to economic reasons (including slack work or business conditions). Meanwhile, the share of young women and young men workers who indicated they’d worked part time the week prior for economic reasons stayed similar. While many young women work part time to balance work with school, caregiving, and or other obligations, they may have to sacrifice their economic security as a result: Part-time workers are often paid less than full-time workers in the same industry and occupation, have little access to employer-provided benefits and fewer opportunities for promotion, and experience varying schedules and hours.
Young women also face higher rates of unemployment. Earlier in the pandemic, in April 2020, women ages 20-24 hit their peak unemployment rate (27.3%), which was greater than men ages 20-24’s April 2020 peak unemployment rate (23.1%). Trends for young women overall masked higher rates of unemployment for young women of color:

Black women and Latinas ages 20-24 had higher peak rates of unemployment in April 2020 (29.3% and 31.5%, respectively) than young women overall (27.8%).

Even as overall unemployment has come down, young women continue to face elevated levels of unemployment. The July 2022 unemployment rate for women ages 20-24 (6.3%) is still above the pre-pandemic February 2020 rate of 6.1%, with Black women (11.8%) ages 20-24 having an unemployment nearly twice that of young women overall (6.3%). Though the unemployment rates for Black women and all women ages 20-24 are still higher than their pre-pandemic February 2020 rates, Latinas’ July 2022 unemployment rate (5.6%) is below their pre-pandemic unemployment rate (8.3%).

Source: NWLC calculations using April 2020-June 2022 monthly Current Population Survey (CPS) microdata samples, accessed through Flood et al., IPUMS USA. Figures are for young adults ages 18 to 24.
In the last year, nearly one in five young women (19.1%) lost employment income. Nearly 1 in 3 young Black women (32.9%) lost employment income and were over two times more likely than young white, non-Hispanic men (14.0%) and women (15.0%) to lose income. Over 1 in 5 young Latinas (22.8%) lost employment income and were over 1.5 times more likely than white, non-Hispanic men and women to lose employment income. Disabled young women (25.5%) were nearly 1.5 times more likely than non-disabled young men (17.5%) to have lost employment income.

Young Black women, Latinas, and disabled women had high rates of food insufficiency.

As young women were hit hard economically, they frequently lacked enough food to eat. In the last year, over 1 in 9 young women (11.7% of young women overall) were food insufficient. Young women were more likely than young men (9.3%) to experience food insufficiency.

- Over 1 in 4 young Black women (26.2%) were food insufficient, and Black women were about three times more likely than young white, non-Hispanic men (8.1%) and women (9.3%) to experience food insufficiency.

- Over 1 in 7 young Latinas (14.9%) were food insufficient, and Latinas were over 1.5 times more likely than young white, non-Hispanic men and women to be food insufficient.

- Over 1 in 5 young disabled women (21.8%) experienced food insufficiency, and disabled women were nearly three times more likely than young non-disabled men (7.4%) to be food insufficient.
Young women of color were more likely to be behind on their rent and to apply for Emergency Rental Assistance than young white, non-Hispanic men and women.

In experiencing economic insecurity, many young women were unable to cover their rent payments. Over 1 in 10 young women who rent (10.6%) were behind on their rent payments in the last year. Young women of color (13.8%) were nearly two times more likely than young white, non-Hispanic men (7.0%) and women (7.9%) to be behind on their rent.

Over 1 in 11 young women (9.4%) who rent applied for the Emergency Rental Assistance Program (ERAP) and of those women, nearly 2 in 3 (63.8%) were women of color. Among those who rent, young women of color (13.2%) were over two times more likely than young white, non-Hispanic women (6.2%) to apply for the ERAP.

Young women, especially women of color and disabled women, are experiencing a mental health crisis and lack access to services.

With the onset of the pandemic, public health officials warned of a national mental health crisis. Mental health concerns were already on the rise for young women and students and only made worse by the COVID-19 pandemic. The uncertainty of the pandemic, compounded by economic insecurity, food insufficiency, and housing insecurity, led to young women having very high rates of anxiety or depression symptoms.

In the last year, over half of young women (54.3%) had symptoms of anxiety or depression such as feeling nervous, hopeless, not being able to stop worrying, or having little interest in doing things. They were more likely than young men (40.2%) to have symptoms.
• Over 4 in 5 young disabled women (81.0%) had anxiety or depression symptoms, and young disabled women were over two times more likely than young non-disabled men (36.4%) to have symptoms.

• Young Black, non-Hispanic women (53.7%), young Latinas (50.3%), and young white, non-Hispanic women (56.8%) were all more likely than young white, non-Hispanic men (41.3%) to have anxiety or depression symptoms. Young Asian, non-Hispanic women (45.6%) also had higher rates of anxiety or depression symptoms than young white, non-Hispanic men.

In the progressing mental health crisis, many young women, including young disabled women, lacked health coverage altogether, or faced barriers to care including inadequate provider networks, a dearth of diverse mental health professionals, or providers unable to take on new patients. These barriers, in addition to the time, bandwidth, and cost needed to navigate health care systems, prevented many women from accessing the services they needed.

• Over 1 in 3 young women (37.2%), who had anxiety or depression symptoms reported not getting needed mental health services. In comparison, 26.3% of young men with symptoms said the same.

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<tr>
<th>Share of Young Adults With Anxiety or Depression Symptoms By Selected Demographics (July 21, 2021 - May 9, 2022)</th>
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Source: NWLC calculations based on U.S. Census Bureau, 2020-2022 Household Pulse Survey, using data from week 34–45 (collected July 21, 2021–May 9, 2022). Survey respondents self-identified as male, female, transgender, or none of the above and self-identified their race and whether they were of Hispanic, Latino, or Spanish origin. Young adults are aged 18 to 24 years.

Even with such high levels of poor mental health, few young women and even fewer young women of color received mental health services. Of those with anxiety or depression symptoms, 1 in 4 young women (25.4%) got mental health services, including visits to psychiatrists and therapists, among other mental health professionals. Fewer than 1 in 5 young women of color (18.4%) with anxiety or depression symptoms got mental health services compared to 30.3% of young white, non-Hispanic women with these symptoms.
• Of those with anxiety or depression symptoms, young women of color were more likely than young white, non-Hispanic men to be unable to get the mental health services they needed. Nearly 4 in 10 young Latinas (39.4%) and young Asian women\(^34\) (38.0%), and nearly 1 in 3 young Black women\(^35\) (32.9%) report not getting mental health services they needed compared to only 26.8% of young white, non-Hispanic men who report the same.

• Over 2 in 5 young disabled women (43.6% with anxiety or depression symptoms) did not get mental health services they needed and were nearly four times more likely than young non-disabled men (11.6%) to report this.

<table>
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<th>Share of Young Adults With Anxiety or Depression Symptoms Who Needed But Did Not Get Services By Selected Demographics (July 21, 2021-May 9, 2022)</th>
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Young women facing food insufficiency, housing instability, and economic insecurity had worse anxiety or depression symptoms.

Experiencing financial insecurity worsens mental health and poor mental health may worsen financial security. Poor mental health can affect motivation, concentration, and even the ability to keep a job.\(^36\) Being unable to afford necessities, like food and rent, can increase anxiety and depression. Food insufficiency has a significant negative effect on mental health, even more than the effects from losing a job.\(^37\) The negative mental health impacts from economic insecurity may last years after the experience,\(^38\) indicating that while the largest economic shocks for young women have passed, the resulting poor mental health will remain and impact the long-term health of young women.
Nearly 4 in 5 (78.8%) young women who were food insufficient had anxiety or depression symptoms and were over 1.5 times more likely than young women who were not food insufficient (51.1%) to have these symptoms. Over 9 in 10 young disabled women (93.3%) who were food insufficient had anxiety or depression symptoms.

Nearly 2 in 3 (64.8%) young women who were behind on their rent had anxiety or depression symptoms. Young women who were behind on their rent were more likely than young men (45.6%) in the same situation to have anxiety or depression symptoms.

About 2 in 3 young women (65.6%) who lost employment income had anxiety or depression symptoms and were more likely than young women (51.4%) who did not lose employment income to have symptoms. They also had higher rates of anxiety or depression symptoms than young men (59.3%) who lost income. Nine in 10 young disabled women (90.0%) who lost employment income had anxiety or depression symptoms.

With school and day care closures, many young women took on the responsibility of caring for the children in the household, whether it was their own children, siblings or relatives, or other children. Of young women who had children under 12 in the household, nearly 2 in 3 (63.9%) who lacked child care had anxiety or depression symptoms. Young women without child care were over 1.5 times more likely to have anxiety or depression symptoms than young women (41.1%) who had child care.

Young women’s educational access and outcomes suffer under economic insecurity and poor mental health.

Experiencing anxiety and depression can impact concentration and motivation and may increase the risk of not completing one’s education, which can have long-term economic impacts for students who do not receive adequate supports. Anxiety and depression are also associated with school absences, suspension, expulsion, and falling behind on coursework. Because the impacts of anxiety and depression were compounded by the need to adapt to new modes of virtual or hybrid learning, students were particularly susceptible to these consequences during the pandemic. After students’ homes, schools are the most likely place where mental health challenges will be detected in children, and school-based mental health programs can improve students’ academic achievement. But for long stretches of the pandemic, many students were not in the school building or learning in-person with their teachers and other professionals. As a result, they may have had less access to school-provided services, thus allowing experiences like mental health challenges and sexual harassment to persist without detection. These concerns are most pressing for girls and young women, especially those of color, given the pandemic’s disproportionate impact on their mental health.

Between February 2020 and June 2022, 45.1% of young women were in high school or college either full-time or part-time, compared to 39.1% of young men. Young women who were students were nearly 3.5 times more likely than young men who were students to be custodial parents (2.5% versus 0.7%)—meaning they are the child’s primary guardian, and the child resides primarily with them. Student parents already face barriers to completing their education, such as access to affordable child care and lack of absence policies that consider their caregiving responsibilities. In addition to those barriers, student parents often must also hold a job, which can compound the negative impacts on educational success, as some are forced to prioritize earning an income over education.
Many young women faced barriers to school, work, and caregiving during the pandemic impacting their post-secondary education plans. In the last year,49 as a result of the pandemic50 nearly 1 in 10 young women (8.6%51), including 18.0% of young disabled women, who were planning on taking classes at a college, university, trade school, or other occupational school took fewer classes than originally planned. Young women were more likely than young men (6.2%) to take fewer classes.

In the last year,52 nearly 1 in 4 young women (24.3%)53 who experienced some change to their class plan, did so because they were unable to afford classes due to pandemic-related income changes,54 compared to only 18.1% of young men. Young women of color who experienced class changes (25.2%) were over 1.5 times more likely to experience class changes due to income than young white, non-Hispanic men (15.7%) who experienced class changes.

### Many young women were caregivers and faced economic, health, and educational consequences.

In 2020, more than 1 in 7 young women (15.7% of young women overall) reported that they were regular caregivers of a friend or family member55 and over 1 in 5 young women (21.3%) expected to be a caregiver in the next two years.56 Moreover, between February 2020 and June 2022, 1 in 10 young women were custodial parents (10.0%).57 This compared to nearly 1 in 25 young men who were custodial parents (3.6%).58 Nearly 2 in 3 of these young women who were custodial parents (65.7%) were supporting their children on their own compared to 53.7% of young men who were custodial parents.59 Young Black women who were custodial parents were most likely to be caring for children on their own (86.8%), followed by young Native American women (65.7%), young Latinas (64.8%), and young white, non-Hispanic women (56.0%).60 For comparison, 48.4% of young white, non-Hispanic men who were custodial parents were caring for children on their own.61
Caregiving responsibilities can impede young women’s ability to work—compounding the economic insecurity many have faced in the pandemic and its aftermath. In the last year, nearly 3 in 10 young women (27.1%) with children under 12 in the household did not have child care in the last month. And over 1 in 10 young women who reported not working in the past 7 days (10.3%) reported not working due to caregiving responsibilities.63

Many young women, often women of color, are also student caregivers. In the last year, over 1 in 13 young women (7.5%) who planned on taking classes changed their plans due to caregiving responsibilities. Student caregivers work an average of 32 hours per week in addition to providing more than 20 hours of caregiving per week. Student caregivers often report at least one financial impact of caregiving, such as not being able to pay bills or afford food.65

Caregiving makes it more difficult for the caregiver to take care of their own health and has negative effects on health including high stress, depression, and forgoing preventive health care, which can have long-term effects.66 Student caregivers, often young and women of color, are more likely than non-student caregivers to lack health insurance, which can severely negatively impact their health and make it more difficult to access health care services.67

Young women are at risk of losing a generation’s worth of gains.

Young women, particularly women of color and disabled women, faced extreme financial insecurity, caregiving responsibilities, and a mental health crisis throughout the pandemic. These concerns are deeply intertwined and can have far-reaching economic, mental health, and education impacts. Young women facing economic insecurity, food insecurity, and housing insecurity all have worse mental health than those faring economically better. Without intervention, young women face an exhausting struggle ahead in dealing with the long-lasting impacts of the COVID-19 pandemic. This struggle will set back young women not only financially, but also in their education and health and will bleed into all aspects of their lives.
The continued fallout of the Great Recession can give us insight into this potential struggle. Workers who entered the labor force during the Great Recession saw lower employment rates and earnings even after it ended. These employment and earnings consequences of the Great Recession hit younger workers—including young women—the hardest, as they were entering the labor force for the first time. This is because young women workers start off their careers with their starting pay even lower than typical and have trouble gaining early, meaningful work experience—repercussions from the Great Recession that continue to reverberate through women's careers. These repercussions exacerbate an existing gender wage gap, disproportionate responsibility for caregiving, and other barriers to accumulating wealth for women. Young women may face similar consequences from the COVID-19 pandemic and may have less ability to build emergency savings, purchase homes, pay off their student loans, have access to mental health treatment, and save money for retirement as a result.

Public investments are needed to ensure a full and equitable recovery.

The American Rescue Plan was a crucial first step to stabilizing families and the economy in the wake of the pandemic. The Advanced Child Tax Credit, unemployment insurance, child care relief, emergency rental assistance, and more were crucial in mitigating the hardship facing young women.

However, these relief measures did not address the underlying dynamics, sexism, and racism, that makes this pandemic far worse for young women and women of color.

In order to ensure a full and equitable recovery the government must prioritize:

• Building a strong care infrastructure that supports young women as breadwinners and caregivers. This includes investments in affordable and high-quality child care, paid leave, and home and community-based services.

• Improving the quality of jobs, including policies to raise the minimum wage, ensure fair work schedules, and protect part-time workers.

• Ensuring that women are healthy, safe, and economically secure. This includes investments in affordable and accessible housing, mental health services, reducing student loan debt, and nutrition assistance.

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See NWLC calculations using February 2020-June 2022 monthly Current Population Survey (CPS) microdata samples, accessed through Flood et al., IPUMS USA.

See NWLC calculations using February 2020-June 2022 monthly Current Population Survey (CPS) microdata samples, accessed through Flood et al., IPUMS USA. Women with disabilities includes those who indicated they have any physical or cognitive disability, as measured by an affirmative response to at least one of CPS’ six physical or cognitive difficulties (hearing, seeing, remembering, physical difficulty, a mobility limitation, or a personal care limitation).

See NWLC calculations using February 2020-June 2022 monthly Current Population Survey (CPS) microdata samples, accessed through Flood et al., IPUMS USA.

Data from February 2020 to April 2022

See NWLC calculations using February 2020-June 2022 monthly Current Population Survey (CPS) microdata samples, accessed through Flood et al., IPUMS USA. Monthly population-level weights were totaled and then divided by the total number of months included in the sample. As a result, figures represent an average month during the timeframe.

See NWLC calculations using February 2020-June 2022 monthly Current Population Survey (CPS) microdata samples, accessed through Flood et al., IPUMS USA. “Noneconomic reasons” include slack work or business conditions, those who could only find part-time work, seasonal work, jobs started or ended during the week, and other related reasons such as material shortage and plant or machine repair. “Economic reasons” include weather affecting their job, labor dispute, job started/ended during the week (and new job starting or job being terminated), only finding part-time work, not wanting full time work, retired/Social Security limit on earnings, full time work week under 35 hours, full time during peak season only, holiday, own illness, health/medical limitation, on vacation, too busy with house/school etc, child care problems, other family/personal obligations, school/training, civic/military duty, and any other reasons. See BLS’ concepts and definitions for more information https://www.bls.gov/cps/definitions.htm#ptert. Brooke LePage, “Part-Time Workers Are Facing Heightened Uncertainty During COVID—and Most Are Women,” National Women’s Law Center, February 2022, https://nwlc.org/resource/part-time-workers-factsheet/

Unemployment rates for young disabled women could not be analyzed. BLS does not provide unemployment rates for disabled young women on their own, but rather includes them in a larger age range of disabled women.


See Bureau of Labor Statistics (BLS), (Seas) Unemployment Rate - 20-24., Women.

See BLS, (Unadj) Unemployment Rate - 20-24 yrs., Black or African American Women. For comparison, white men ages 20-24 July 2022 unemployment rate was 5.9.

See BLS, (Unadj) Unemployment Rate - 20-24 yrs., Black or African American Women, (Unadj)Seas) Unemployment Rate - 20-24., Women, and BLS, (Unadj) Unemployment Rate - 20-24 yrs., Hispanic or Latino Women.

From July 21, 2021 to May 9, 2022 The Household Pulse Survey asks respondents about lost employment income in the last four weeks. See NWLC calculations are based on weeks 34 - 45 (July 21, 2021-May 9, 2022) of the U.S. Census Bureau, “Measuring Household Experiences During the Coronavirus (COVID-19) Pandemic, 2020-2022 Household Pulse Survey,” Census.gov.

Specifically Black, non-Hispanic

Specifically Black, non-Hispanic women

From July 21, 2021 to May 9, 2022

Someone who is food insufficient sometimes or often does not have enough food to eat in the last seven days.

Specifically Black, non-Hispanic women

Calculations for young Asian, non-Hispanic women were not included due to insufficient sample sizes.

From July 21, 2021 to May 9, 2022

Women of color includes Black, non-Hispanic women, Asian, non-Hispanic women, and Latinas. Sample sizes are insufficient for detailed racial and ethnic breakdowns.


Anxiety or depression symptoms include those who had anxiety symptoms and/or depression symptoms over the last two weeks.
32 From July 21, 2021 to May 9, 2022
33 Mental health services did receive include psychiatrist, psychologists, social workers, therapist, counselors, and other mental health professionals.

34 Specifically Asian, non-Hispanic women
35 Specifically Black, non-Hispanic women
39 The Household Pulse Survey asks respondents if any children under 12 were unable to attend child care due to it being closed, unavailable, unaffordable, or over concern of the child’s safety.
43 See “Mental Health and Academic Achievement." Substance Abuse and Mental Health Services Administration and Now Is the Time Technical Assistance.
47 See NWLC calculations using February 2020-June 2022 monthly Current Population Survey (CPS) microdata samples, accessed through Flood et al., IPUMS USA.
48 See NWLC calculations using February 2020-June 2022 monthly Current Population Survey (CPS) microdata samples, accessed through Flood et al., IPUMS USA.
49 From July 21, 2021 to May 9, 2022
50 The Census Household Pulse Survey asks respondents who indicated they were planning on taking classes if the coronavirus pandemic has resulted in any changes such as taking fewer classes.
52 From July 21, 2021 to May 9, 2022
53 Classes include those from a college, university, community college, trade school or other occupational school. See NWLC calculations using weeks 34 - 45 (July 21, 2021-May 9, 2022) of the U.S. Census Bureau, “Measuring Household Experiences During the Coronavirus (COVID-19) Pandemic, 2020-2022 Household Pulse Survey,” Census.gov.
54 The Census Household Pulse Survey asks why participant’s class plans changed and specifically if they changed because participants were not able to pay for classes due to changes to income from the pandemic.
55 This includes a friend or family member who has a health problem or disability.
57 See NWLC calculations using February 2020-June 2022 monthly Current Population Survey (CPS) microdata samples, accessed through Flood et al., IPUMS USA. Custodial parents are those who indicated the age of their youngest own child in their household is under age 18.
58 See NWLC calculations using February 2020-June 2022 monthly Current Population Survey (CPS) microdata samples, accessed through Flood et al., IPUMS USA. Parents are those who indicated the age of their youngest own child in their household is under age 18.
59 See NWLC calculations using February 2020-June 2022 monthly Current Population Survey (CPS) microdata samples, accessed through Flood et al., IPUMS USA. Women caring for children on their own means people who self-identified as women and indicated the age of their own youngest child in the household is under 18 and indicated they are married but their spouse is not present, separated, divorced, widowed, or never married/single.
60 See NWLC calculations using February 2020-June 2022 monthly Current Population Survey (CPS) microdata samples, accessed through Flood et al., IPUMS USA. AANHPI women include those who identify as Asian only or Native Hawaiian/Pacific Islander only. Young Asian women parents are not included due to insufficient sample size.
61 See NWLC calculations using February 2020-June 2022 monthly Current Population Survey (CPS) microdata samples, accessed through Flood et al., IPUMS USA.
62 From July 21, 2021 to May 9, 2022
63 Caregiving responsibilities includes caring for children who were not in school or daycare or caring for an elderly person. See NWLC calculations using weeks 34 - 45 (July 21, 2021-May 9, 2022) of the U.S. Census Bureau, “Measuring Household Experiences During the Coronavirus (COVID-19) Pandemic, 2020-2022 Household Pulse Survey,” Census.gov.
64 From July 21, 2021 to May 9, 2022
66 Nearly 2 in 5 caregivers (36%) of ill, aging, or disabled family members experienced high emotional stress and over 1 in 5 (21%) reported feeling alone. Caregivers in 2020 (27%) were more likely to report fair or poor health compared to caregivers in 2019 (17%) and to the general population in 2018 (12%). “Caregiving in the U.S. 2020.” Caregiving in the U.S. National Alliance for Caregiving, May 2020. https://www.caregiving.org/wp-content/uploads/2021/01/full-report-caregiving-in-the-united-states-01-21.pdf.
67 See National Alliance for Caregiving, “The ‘Typical’ Student Caregiver.”

