



Post-Pandemic Vaccination, Family Stability, and Divorce Trends

Ahed J Alkhatib*

Department of Legal Medicine (Retired), Toxicology and Forensic Medicine, Jordan University of Science & Technology, Jordan

Abstract

The COVID-19 pandemic has had an impact on families by intersecting with health, economic, social, and institutional factors, while mass vaccination campaigns have added new dimensions of uncertainty, trust, decision-making, and negotiation. This article focuses on conceptual and empirical links between post-COVID-19 vaccination contexts and family stability, and divorce rates. By synthesizing multi-disciplinary literature on family studies, public health, sociology, and demography, this study explores possible mechanisms by which vaccination-related beliefs, mandates, communication, caregiving, economic insecurity, and access to social support, among other factors, could influence couples and families. In addition, an overview of identified associations and trends in divorce, union stability, and family functioning at the population level during and after COVID-19 with a focus on heterogeneity across countries and groups is provided. Particular emphasis is placed on potential moderators such as socioeconomic vulnerability, work-family balance, childcare burden, institutional trust, and community resources. Overall, the manuscript provides evidence of the complex associations between pandemic-related stressors and family functions. Although there is mixed evidence that individual COVID-19 vaccination status directly contributes to marital instability, vaccination should be considered as part of a larger post-pandemic social and behavioral context in which divorce occurs. The article concludes with recommendations for future methodological approaches to the topic, including longitudinal designs, temporal sequencing, multilevel analyses, and controlling for confounding factors in studies of vaccination and family functioning.

Keywords: COVID-19 Vaccination; Family Stability; Divorce; Marital Relationships; Pandemic Stress; Family Functioning

Introduction

After more than two years of preventive measures and widespread vaccination campaigns in the face of COVID-19, scholarship continues to address issues such as the role of politics in individual vaccination decisions, the influence of vaccine mandates on family dynamics, and the impact of vaccination skepticism on household stability [1]. To clarify the relationship between vaccination and family stability and to identify the main moderators, this section outlines a conceptual framework that incorporates recent qualitative and quantitative insights [2].

Vaccination campaigns can directly and indirectly influence family dynamics. Public health campaigns affect risk perception regarding the virus, vaccination, and treatment. Trust in public health authorities, tolerance of risk, and feelings of safety shape intra-family exchanges about vaccination. Economic and social uncertainties introduced by the pandemic also affect the association between vaccination and family stability [3]. Individuals experiencing pandemic-related challenges such as unemployment, debt, caregiving, and evictions are more likely to report deteriorating relationship quality and to consider separation or divorce [2, 4, 5].

The Post-Pandemic Family: Conceptual Framework

Vaccination campaigns against COVID-19 have constituted one of the first globally-coordinated public health initiatives in history, aimed primarily at ensuring safety and controlling the spread of the virus. In many global contexts, subsequently observed changes in divorce rates seem to have been unintended yet substantial collateral effects of these public health interventions [6]. At the same time, divorce continues to be emphasized as a critical post-pandemic family health indicator. Understanding how vaccination impacts family-related behaviours becomes particularly



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*Correspondence:

Ahed J Alkhatib, Department of Legal Medicine (Retired), Toxicology and Forensic Medicine, Jordan University of Science & Technology, Jordan,
E-mail: ajalkhatib@just.edu.jo; ORCID: <https://orcid.org/0000-0003-3359-8128>

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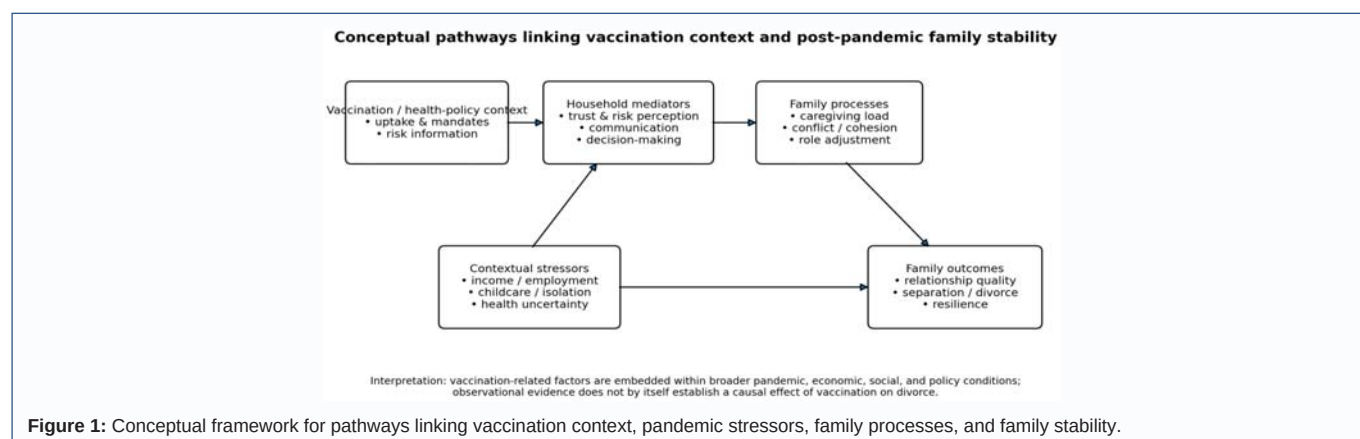


Table 1: Evidence map for the proposed vaccination-family stability framework.

Evidence domain	What the literature supports	Implication for this manuscript	Key source(s)
Vaccination within families	Vaccination attitudes and hesitancy can cluster within households; family decision makers influence other members' vaccine intentions.	Supports intra-household decision-making and communication pathways, not a direct divorce effect.	[4, 5]
Vaccine mandates / family leisure	Qualitative evidence shows mandates complicated family leisure, accommodation of unvaccinated relatives, vigilance, and mental load.	Supports plausible relational strain and role-management mechanisms.	[2]
Economic and social stress	Job/income loss, childcare disruption, health risk, and social pressures are linked to parent stress and family functioning.	Strong alternative and mediating pathways must be controlled analytically.	[9, 10]
Couple stability	Economic vulnerability and perceived deterioration in finances were associated with separation risk in France.	Supports economic uncertainty as a predictor of couple instability.	[11]
Divorce trends	Early-pandemic administrative data showed initial divorce declines and heterogeneous recovery across U.S. states; national crude rates were lower in 2020 than 2019.	Temporal co-movement should not be interpreted as vaccination causality.	[7, 8]

pertinent because these public health interventions have prompted bordering or pervasive considerations around vaccination within many families' formation and multilocal spatial arrangements. Properly understanding the mechanisms by which vaccination campaigns might influence family-oriented behaviours is imperative, particularly in light of the careful articulation of these public health interventions [7, 8].

To systematically delineate the conceptual and empirical foundations on which the relationship between vaccination campaigns and family-related behaviours rest, the introductory perspective formalizes how the enrolment and dissemination of vaccination campaigns conceptually sit within the family formation debate. Incorporating a more structured observational basis, the two pivotal aspects of pertaining empirical enquiry are systematically rendered. The guiding questions alongside their corresponding expectations facilitate clearer signalling of the overarching questions at play. The former establishes the conceptual link between national and cross-national channels of vaccine intervention with family-oriented behaviours. The latter addresses how socio-spatial or socio-economic diversity changes the role and impetus of vaccination, thereby determining whether the phenomenon magnifies or diminishes across any given context [9] (Figure 1).

Vaccination Campaigns and Family Dynamics

Vaccines campaigns can also disrupt the families due to different perspectives or beliefs about their health status, vulnerability, and approach towards the authority. In case one of the partners or other family members has different beliefs about the vaccination program, disagreements can arise in the communication process, especially when vaccination is mandatory, and it affects their work, travel

possibilities, educational or social opportunities, or responsibilities towards other family members. Such disagreements might have more destructive power when combined with financial hardship or low levels of family functioning. At the same time, higher resilience, effective communication, and flexibility in the family can allow the members to negotiate different decisions and approaches without significant negative impact on their relationships. Therefore, based on pandemic-related family studies, researchers suggest that vaccination disagreements should be considered only as one of the stress factors in the context of other sources of family dysfunction [3, 4] (Table 1).

Post-COVID vaccination campaigns influence family stability in numerous and deep-seated ways, touching on risk perceptions, trust in institutions, and communication practices. Analysis elucidates their impact on family dynamics and identifies relevant moderating factors. Firstly, uptake affects households directly through channels such as communication quality, conflict frequency, and caregiving stress. Secondly, it operates indirectly via parents' beliefs concerning the vaccine, which shape joint decision-making, risk tolerance, and caregiving roles. Each mechanism engages communication and caregiving, established determinants of stability [4].

Three COVID-19-related economic and social stressors - income volatility, social isolation, and caretaking intensification - also threaten family stability and elevate divorce risk. Income loss and mortgage arrears, particularly acute early in the pandemic, impair marital satisfaction. Increased childcare burden compounds well-documented deterioration of social support networks, altering connections with relatives and friends [9-11].

Available data suggest divorce patterns evolved markedly during and after COVID-19, with declines concentrated among selected races and birth cohorts. Certain regions even recorded increases.

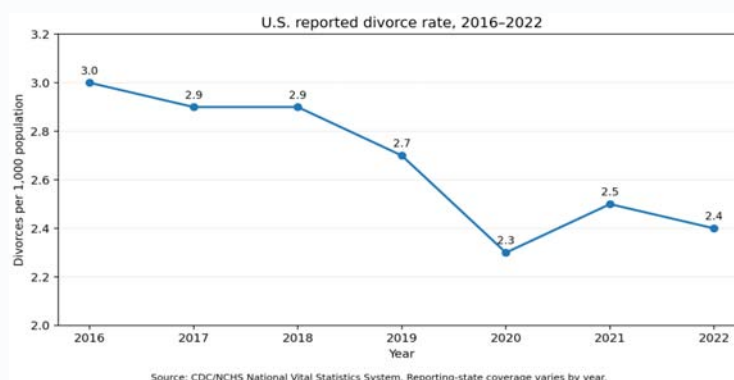


Figure 2: U.S. reported divorce rate, 2016-2022 (divorces per 1,000 total population).

Descriptive accounts explore proposed explanations underlying significant variation, focusing on national context [7, 8] (Figure 2).

Economic and Social Stressors in the Post-COVID Era

Economic and social stressors in the post-COVID era further threaten marital and family stability. The pandemic caused widespread job dislocation, income volatility, and health care costs that undermine financial security and elevate stress across couples. An ongoing decline in job security, the emergence of long-term unemployment in some sectors, and rising inflation add to household economic vulnerability. Remote work arrangements that fail to relieve commute-associated burdens may increase hours devoted to paid employment, thus limiting couples' joint time for unproductive and personally rewarding family activities. Simultaneously, pandemic-related pressures on work-life balance and family routines may differ according to vaccination status, thereby generating conflicting priorities even among co-parents vaccinated at similar times. Families with longstanding children who are not also school-age may face greater challenges with work-family balance [9-11].

The pandemic contributed to the unmet demand for formal child care and the persistent worry over child care responsibilities that characterize post-pandemic families. School closures, limited after-school programming, intermittent learning switches, and reduced child care availability during summer breaks intensified care burdens among families with younger school-age children and pushed work-family challenges beyond pre-COVID norms. A more severe unmet demand for formal child care during the pandemic was reported by cohabitating families with one or more children younger than age 6 than by married families without that age group among the child-eligible parent survey respondents [12]. Even controlling for resources and similar workload profiles, children's learning mode and the ability to support remote assignments operated as independent moderators of parent-child engagement, schooling-related dialog, and family collaboration. Additional evidence indicates that students attending in-person or hybrid programs simultaneously with child-eligible siblings experienced lower estimated relative pandemic-related declines than those in exclusively remote systems. Access to affordable child care resources, before- or after-school-care programs, and flexible work arrangements remains critical in shaping half-a-dozen work-family outcomes [10].

Divorce Trends: Data, Explanations, and Variations Across Populations

Over the past decade, divorce rates in the U.S. have reportedly trended downward [13]. Considering the extended stress of the pandemic and accompanying health-improving behavior, the inquiry centered on the nature and extent of the interaction between vaccination campaigns and family structure remained relevant. Data from the U.S. Census Bureau provided corroborative evidence of this downward trend up to 2020; evidence remained inconclusive regarding 2021 and 2022. Other jurisdictions offered similar yet distinct observations. Countries such as France and regional areas such as Wisconsin and North Dakota exhibited homogenous data in 2021, and corresponding family-centered inquiries projected an upward trend during the post-pandemic period. However, varied evidence emerged across examinations of the impact of divorce on education, income, and other socioeconomic metrics among married white women with a college degree or lower-demand profession, Hispanic families, and among Black families during the post-pandemic period [7, 8].

A range of explanations accompanied early culminating observations. Financial hardship and concerns for personal and family health continued to impact family composition and domestic safety perception among populations disproportionately affected by the pandemic and other factors. A subsequent shift towards consideration of household-level dynamics formally integrated vaccination data and family organization into the analysis, ensuring broader coverage for attending the elevating concern surrounding family safety. Marital dynamics determined family behavior at the household level, where the compatibility of health standards significantly moderated the media impact of the vaccination narrative directed towards family responsibility, health risk, and participation behavior. The incorporation of additional determinants of vaccination behavior with the emergence of younger household members extending health-improving behavior beyond age-appropriate and household-centered boundaries supported an understanding of family organization, resilience, and vulnerability during the accumulative analysis proposed in prior sections [7, 11].

Mechanisms Linking Health Interventions to Family Outcomes

Vaccination campaigns shape perceptions of health security, risk tolerance, and adherence to protective measures [9]. Vaccination marks a pivotal stage in the pandemic trajectory, altering constraints,

Table 2: Methodological safeguards for studying vaccination and divorce or separation outcomes.

Methodological issue	Why it matters	Recommended treatment in future empirical analysis
Ecological fallacy	Country/state vaccination coverage and divorce rates are aggregate measures and may not reflect individual-level relationships.	Use individual/couple-level linkage where possible; interpret ecological models as population-level associations only.
Time-varying confounding	Vaccination rollout coincided with reopening, employment recovery, inflation, policy changes, school reopening, and changing infection risk.	Use fixed effects, event-study designs, interrupted time series, or difference-in-differences with sensitivity analyses.
Reverse selection	Relationship instability, ideology, trust, socioeconomic status, and health behavior can influence both vaccination decisions and family outcomes.	Measure pre-existing relationship quality and major sociodemographic/attitudinal confounders.
Lag structure	Divorce is a delayed legal event; relationship deterioration or separation can precede recorded divorce by months or years.	Model multiple lags and, where available, separation or divorce-filing dates in addition to finalized divorces.
Measurement validity	The manuscript refers to an "Oxford divorce index (ODI)," but this measure was not identifiable in the cited family-functioning sources reviewed for this revision.	Verify the instrument name, source, scoring, and validation before submission; otherwise treat the statement as requiring source confirmation.
Causal interpretation	Observed post-pandemic changes do not establish that vaccination caused changes in family stability.	Use cautious language and triangulate individual, policy, and population data.

exposures, and opportunities for families [10]. The post-pandemic family concept models the adjustment of work, care, and domestic responsibilities and the associated risk of marital dissolution. Post-COVID campaigns, compared with earlier ones, can mitigate anxiety over health, recovery, and the need for precautionary behavior.

Health campaigns influence information flows about the pandemic, vaccination coverage, and associated conditions. Information availability - its credibility, spread across channels, and anchoring in public narratives - affects trust in institutions, private behaviors, and intra-household cooperation. A credible and thoroughly disseminated campaign can prompt intimate discussions between partners, strengthen relational support, and encourage joint engagement in shared activities that foster growth, exploration, and affective bonding [2, 4, 5].

Policy Implications for Family Stability

Policies designed to dampen the economic consequences of COVID-19 are associated with lower family instability in Europe [14]. Family stability is especially threatened when the economic downturn concurrently restricts family-friendly government policies. This coupling of crises is consequential because it highlights particular enablers of family stability and the potential for unintended effects in the design of policy responses to health crises [11] (Table 2).

Government responses such as compensation of caretaker loss during a health crisis may reinforce flexibility, reduce conflict over family responsibilities, and stabilize family arrangements [15]. The COVID-19 crisis has paradoxically fueled declines in family stability in certain broad population segments because the health and economic crises progressed in tandem [3]. Health policies and caregiving responsibilities, therefore, significantly influence family processes involved in the formation of marital and non-marital unions.

The Role of Support Systems and Community Resources

Family stability is shaped by formal and informal support systems and community resources, which mitigate poverty, stress, and isolation, and contribute to household well-being [10]. Formal supports include child-care assistance, financial aid, employment programs, emergency assistance, housing vouchers, and legal services. Informal supports encompass extended family, friends, trusted neighbours, and peers, as well as local organizations or church groups that connect parents with one another [16]. Peer networks furnish

emotional support, socializing opportunities, and shared information about local resources. Increased accessibility to both formal and informal supports during the pandemic has been associated with improved family stability.

The accessibility of support systems and resources varies widely across different populations. Households are less likely to access assistance if they face challenges such as transportation difficulties, limited time, service location, or inadequate information about available supports. Child-less couples or families with older children may also be excluded from programs targeting families with young children, which can hamper their eligibility for additional help [6, 10].

Work schedules, which shape the feasibility of receiving assistance, represent another critical point of variation in exposure to resources. Parents working from home or maintaining flexible hours are better positioned to engage in activities that build social connections. Moreover, couples whose child-care hours are unaffected by remote work or flexible schedules may have different support needs than those whose schedules buffer against burdensome care tasks [6, 10].

Methodological Considerations in Studying Family Outcomes

The examination of family outcomes after a major health intervention presents unique conceptual and methodological challenges. Individuals have both common and divergent motivations for seeking timely vaccinations and maintaining those needed to remain current. The consequences for family stability vary significantly by marital status and the types and numbers of family members affected by the intervention. Married parents and other cohabiting couples residing together exhibit clinically significant declines in the Oxford Divorce Index (ODI), yet non-cohabiting parents demonstrate a clinically significant increase. Single adults and families headed by single parents do not experience detectable changes. Health interventions could contribute to these patterns in several ways. These propositions warrant inquiry, but it is critical to recognize that the substantive dynamics surrounding vaccination campaigns are not straightforward and involve non-trivial mediation and moderation effects [9, 10].

Data from Canadian adults indicate that economic and social stressors remain closely linked to family functioning, including parenting and wellbeing [17]. The quality of co-parenting relationships predicts engagement with children as well as children's difficulties; lower-quality co-parenting increases adverse outcomes among

economically stable couples. Type and frequency of co-parenting support moderate the relationship between economic hardship and parenting quality. Families with young children remain especially vulnerable to broader environmental pressures. Countering these difficulties, social, service, and community resources correspond with families' wellbeing and functional capacity. Families' opportunities to remain active in community organisations and social activities predict developmentally sensitive outcomes for young children, with clear implications for post-pandemic recovery and preparation for future lockdowns.

Conclusion

Post-pandemic vaccination campaigns, family stability, and divorce trends constitute a timely, interdisciplinary topic for inquiry. Attention to divorce and separation via retreating vaccination mandates offers the opportunity to test theoretical perspectives - structural-functional, family stress, life-course - linking health events to family formation, functioning, and dissolution [1].

Families post-pandemic is defined as systems composed of interacting members. Four core constructs capture family dynamics: resilience (capacity to sustain stability amid change), cohesion (emotional bonding), communication (information exchange), and role changes (shifts in authority, responsibility, and influence). Family interactions are influenced by vaccination status and perceived risk (health, educational, psychological, financial) associated with living or interacting with an unvaccinated person, non-vaccination mandates on children, and trust in government information systems [2, 5, 9].

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