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1 Parents experiences in Slovenia during the COVID-19 pandemic

Abstract

Introduction: The COVID-19 pandemic emerged here in March 2020. The pandemic and lockdowns have been the cause of many parents doing both paid and unpaid work at home. Everyday life was a great challenge. Challenges, insecurities, and changes have caused people anxiety and fear, which has been and will only be reflected in the mental well-being of individuals. We wanted to find out how parents faced their fears, worries, and daily lives during the epidemic.

Methods: A cross-sectional study was conducted to gain insight into parents' experiences during the COVID-19 pandemic in Slovenia. Casual parental sampling was used and a total of 135 parents participated. To collect data, we developed a questionnaire based on a literature review. In addition, mental well-being was measured using the Warwick-Edinburgh Mental Well-being scale. Finally, the results were analysed in the SPSS and R programs with the help of descriptive and inferential statistics.

Results: We found that 26.0% of children had SARS-CoV-2 and that few parents worked from home; 85.0% had the opportunity to provide protective equipment to all family members. Parents and children were dissatisfied with the change of life during the epidemic; children mainly due to the lack of social contacts. Of parents 74.0% spent more time with their children due to the lockdown and 56.0% had to be substitute teachers for their children using distance learning. The most common fear was that the adults would bring the infection home and get sick, the child would get hurt, or the parent would get sick. Parental mental well-being was average ($M = 53.20$; $SD = 9.61$) and did not differ between the sexes ($p > 0.05$).

Discussion: We found that parents were most afraid of bringing the infection into the home environment. Parents had to provide care and assistance to their children while working at home or at work. They had to do more unpaid work in the family and were more mentally burdened. Parents were more burdened and dissatisfied with the change of life, but they quickly adapted to these circumstances, so their mental well-being remained unchanged. The children were disappointed with the ban on socializing with their peers and distance learning.

Conclusion: With the duration of the pandemic, people were more afraid of changed life circumstances and worries about work, care, and schooling of children than they were of the infection. Despite the gradual release of measures to limit the spread of COVID-19, people still followed self-protection measures. Now, however, due to unclear

information, people are confused when and where it is necessary to take protective measures. A pandemic is a process that takes a long time, so real consequences will be shown with delay. We believe that, given the rapid spread of various viruses around the world, we will have to adapt to this different life and face the challenges posed by pandemics in the future.

Keywords: coronavirus, impact, mental well-being, children

1.1 Introduction

The COVID-19 pandemic has affected people across the globe [1]. In Slovenia, the first infection with the new coronavirus was confirmed on 4 March 2020 [2]. On 11 March 2020, the World Health Organization (WHO) classified COVID-19 as a global pandemic as the virus spreads across more than 100 countries [3]. As a result, schools and some employers transitioned to virtual settings [4]. Nearly 90.0% of adults ($n = 11,537$) reported that their lives had changed since the COVID-19 epidemic, with 44.0% indicating a significant change [4]. Also, in Slovenia, children and students were educated at home from 16 March 2020 until June 2020 [5] and then also from 15 October 2020 to 1 February 2021 [6] when the youngest children (6–8 years old) first returned to school. During this time, kindergartens were also closed [5]. At the same time, sports activities were banned; these regulations began to relax on 12 April 2021 [7].

During the COVID-19 pandemic, the parents coordinated their work, family, and school responsibilities. Because of this, parents introduced new rules and faced different challenges in the dynamics of the family, such as teaching children, school assignments, and social distancing [8]. In addition, there were differences between families in dealing with problems and challenges according to the age of the children, the workload of the parents, and the lower paid work [1, 9].

A stable and secure environment is essential for optimal child development. The children need routine because that way, they know what to expect. Breaking the routine and changes are significant stressors that negatively affect a child's sense of security [10, 11] and the whole family's safety [12]. Parental tasks increased significantly during the COVID-19 pandemic: stay at home, taking care of the children 24 h a day, taking care of the education of their children, started working from home, working outside the regular schedule, and some parents also lost their jobs during that time [1, 13]. The stress that parents experienced during the pandemic is associated with psychological, behavioural, and emotional problems in children and adolescents [14–16].

Despite the difficulties and challenges, some parents also reported the positive side of the COVID-19 pandemic, as, during this period, the families spent more time together [17]. On the other hand, the COVID-19 pandemic brings a variety of fears

and concerns to people worldwide. Moreover, additional challenges were posed by measures to limit the spread of coronavirus [18, 19], reflecting a decline in human well-being [18] and increase in mental health problems [20], manifested in stress, depression, and anxiety [21–23]. Therefore, we wanted to examine how COVID-19 pandemic and lockdown impacted parents' and children's well-being.

1.2 Methods

1.2.1 Study design

A cross-sectional study was conducted between 1 April 2021 and 1 June 2021.

1.2.2 Participants

The survey was conducted among the adult population of parents in Slovenia. We used a convenience sample that we accessed via the web and social media (e.g., Facebook, LinkedIn, Instagram, and e-mail). We anticipated that the sample would include over 100 individuals. The sample included individuals who voluntarily consented to participate and submitted their answers in an online survey. Before conducting the survey, participants were informed about the purpose of the survey, rights, anonymity, volunteering, and the possibility of withdrawal at any stage of completing the questionnaire. The decision to participate in the study was left entirely to the participants.

1.2.3 Measures

We developed a questionnaire consisted of five parts: (1) demographic questions (who is fulfilling the questionnaire – mother or father; age; education level; study; the number of children; the number of school-aged children; the age of the youngest child; employment status; etc.); (2) questions related to COVID-19 (e.g., if they, their family members, or essential others got the coronavirus; measures taken to prevent COVID-19 infection; child's feeling during COVID-19 pandemic); (3) measures during COVID-19 (e.g., measures to contain the virus and parents fears); (4) immunization and testing (e.g., parents opinion on mandatory children immunization and children testing); and (5) parents mental well-being. The first four parts were developed based on the extensive literature search, analysis, and synthesis. The fifth part consisted of questions in the Warwick-Edinburg Mental Well-being Scale (WEMWBS) [24]. The WEMWBS was developed in Scotland in 2006 and translated in 2017 for use among Slovenian and Northern Ireland nursing students [25, 26].

1.2.4 Data analyses

Using descriptive statistics, we described the sample's demographic characteristics by means of averages, frequencies, and percentages. Then, correlations between variables were tested using inferential statistics. Finally, data were analysed using the statistical programs SPSS and R. The results are presented with the help of tables, graphs, and figures.

1.3 Results

In our study, a total of 111 (79.9%) mothers and 24 (17.3%) fathers fulfilled the questionnaire ($n = 135$). All participants did not answer all questions; thus, the number of participants in individual answers may differ. On average, participants were 40.64 years old ($SD = 6.81$). A minority ($n = 16$, 11.5%) of participants stated that they are still involved in formal education. The education level of the involved participants is presented in Tab. 1.1.

Tab. 1.1: Education level of involved parents.

Education level	<i>n</i>	%
PhD	8	5.8
Master	17	12.2
University	36	25.9
Higher school	10	7.2
Higher professional school	29	20.9
Secondary school	34	24.5

n, number; %, per cent.

Parents were asked about their salary during the COVID-19 pandemic. About 74.8% ($n = 95$) claimed that they received 100.0% of their salary, 7.9% ($n = 10$) got 80.0% of their salary, and a minority claimed other (e.g., sick leave, pension, and unemployed). We also asked them if they could afford all family members' protections (e.g., masks and gloves). About 95.3% ($n = 121$) answered positively. Other questions and parent's answers are presented in Tab. 1.2.

Also, parents were asked if their children were disappointed with the changed life due to the COVID-19 pandemic. Parents reported that their children were disappointed during the COVID-19 pandemic due to lack of socializing ($n = 25$, 19.7%) and un-attending kindergarten or school ($n = 18$, 14.2%).

Tab. 1.2: COVID-19 related questions.

Questions	Answers	
	Yes <i>n</i> (%)	No <i>n</i> (%)
Did you have COVID-19?	28 (22.0)	96 (75.6)
Did any of your family members had COVID-19?	41 (32.3)	83 (65.4)
Did any of your children had COVID-19?	33 (26.0)	91 (71.7)

n, number; %, per cent.

Of parents 74.0% (*n* = 94) stated that they spent more time with their children during the COVID-19 pandemic than usual, and 56.7% (*n* = 72) said that their school-age children needed help from them in gaining new knowledge and homework during the COVID-19 pandemic. Parents also had fears due to COVID-19. The most common parents' answers are presented in Tab. 1.3.

Tab. 1.3: Parents' fears related to COVID-19.

	<i>n</i>	%
That I will lose my job.	1	0.8
That they will take away too many rights that we will never get back.	1	0.8
That we will have no more income.	8	6.3
To infect the elderly.	1	0.8
To infect someone close (grandmother, grandfather).	1	0.8
To infect the older members of family.	1	0.8
To carry the infection home.	52	40.9
That I get hurt.	1	0.8
That the children are getting hurt.	8	6.3
That a child who already has known previous health problems gets worse.	5	3.9
That this madness will never end, but that the world and Slovenian economies will collapse, and we will feel the consequences.	1	0.8
To make a child sick.	23	18.1
To make parents sick.	1	0.8
To make me sick.	8	6.3

n, number; %, per cent.

Parents mainly were afraid that they would bring COVID-19 to their homes, would make their children sick, that their children would get hurt, that they would get sick, and that they would have no income.

At the end of the questionnaire, parents were asked to evaluate all claims related to their mental well-being in the past two weeks. Mental well-being was measured using the WEMWBS scale consisted of 14 items (marked as W1–W14). Parents evaluated claims from 1, meaning never, to 5, meaning always. The minimum score of mental well-being was 29, and the maximum was 70. The higher WEMWBS score the higher the ones' mental well-being. The mean value was 53.20 (SD = 9.61). Mean values for all items and differences between mother and father are shown in Tab. 1.4.

Tab. 1.4: Item and scale scores by mother and father.

Scale item	Mother <i>M</i> (SD)	Father <i>M</i> (SD)
W1	3.78 (0.99)	3.57 (1.03)
W2	3.96 (0.91)	4.00 (0.89)
W3	3.47 (0.90)	3.57 (1.12)
W4	3.74 (0.98)	3.38 (1.16)
W5	3.68 (1.07)	3.38 (1.20)
W6	3.71 (0.89)	3.90 (0.89)
W7	3.90 (0.89)	3.90 (0.89)
W8	3.73 (0.87)	3.95 (1.02)
W9	3.45 (1.03)	3.29 (1.31)
W10	3.89 (0.92)	4.05 (0.81)
W11	4.15 (0.85)	4.14 (0.79)
W12	4.01 (1.03)	4.19 (1.03)
W13	4.03 (0.99)	4.10 (0.89)
W14	3.79 (0.88)	3.95 (1.02)
WEMWBS score	53.27 (9.64)	53.38 (10.27)

M, mean value; SD, standard deviation; WEMWBS, The Warwick-Edinburgh Mental Well-being Scale.

The difference in parental mental well-being is minimum. That is also evident from the box plot (Fig. 1.1).

Data distribution by gender of parents was not normal; thus, non-parametric tests were used when comparing results by gender of parents. Finally, we checked any correlation between parents' mental well-being and their age and refuted this hypothesis ($r(127) = -0.067$, $p = 0.471$).

There was also no correlation between parent mental well-being and number of children ($r(127) = 0.150$, $p = 0.098$) or number of school aged children ($r(127) = 0.085$, $p = 0.369$).

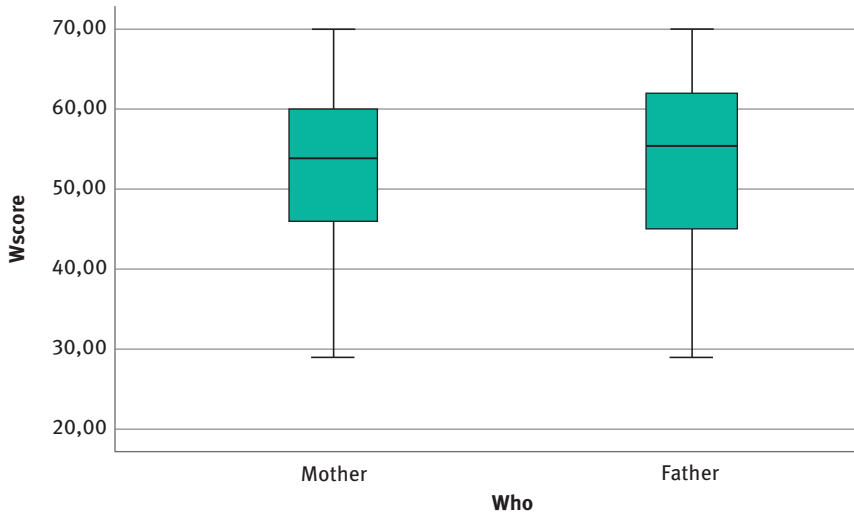


Fig. 1.1: Parental mental well-being.

Parents were asked to evaluate their children's feelings during the COVID-19 pandemic. Their answers are presented in Tab. 1.5. A total of 17.91% of children were in good mood. On the contrary, 44.03% of children were bored. Followed by good mood (38.06%), no will (13.44%), and stubborn (11.94%). Rarely, however, parents reported cheerful (8.21%), verbally rude (8.21%), aggressive (3.73%), and bad will (1.50%). In addition to the above, parents also stated bad mood (11.19%), fun (5.22%), unchanged (3.73%), reluctant (1.50%), and one case for each: good mood, boring at times, but we devoted more time to each other, depending on the day, mood swings, he was not feeling the same the whole time of the pandemic, good-natured, bad-tempered, adolescent (Tab. 1.5).

Also, parents were asked to evaluate their feelings during COVID-19; 25.39% of parents stated that they were in goodwill, 16.42% were in a bad mood, 16.42% were bored, 21.65% of parents indicated that they felt unchanged, and 23.13% had no enthusiasm. Other answers are presented in Tab. 1.5.

Tab. 1.5: Child's and parent's feelings during COVID-19 pandemic.

	Child		Parent	
	<i>n</i>	%	<i>n</i>	%
Bored	59	44.03	22	16.42
Good mood	51	38.06	34	25.39

Tab. 1.5 (continued)

	Child		Parent	
	<i>n</i>	%	<i>n</i>	%
No will	18	13.44	31	23.13
Cheerful	11	8.21	8	6.02
Bad will	2	1.50	7	5.22
Aggressive	5	3.73	4	3.01
Verbally rude	11	8.21	2	1.50
Stubborn	16	11.94	4	3.01
Other answers				
Bad mood	15	11.19	22	16.42
Fun	7	5.22	1	0.75
Unchanged	5	3.73	29	21.65
Reluctant	2	1.50	1	0.75
Good mood	1	0.75	–	–
Boring at times, but we devoted more time to each other	1	0.75	–	–
Depending on the day	1	0.75	–	–
Mood swings	1	0.75	–	–
He wasn't feeling the same the whole time of the epidemic	1	0.75	–	–
Good-natured	1	0.75	–	–
Bad-tempered	1	0.75	–	–
Adolescent	1	0.75	–	–
Overworked	–	–	1	0.75
Overloaded	–	–	2	1.50
Tired	–	–	6	7.46
Weak will	–	–	5	3.73
Nervous	–	–	1	0.75
No matter the situation okay	–	–	1	0.75
See above			1	0.75
Adapted to the situation we accepted	–	–	1	0.75

Tab. 1.5 (continued)

	Child		Parent	
	<i>n</i>	%	<i>n</i>	%
Very good at the beginning, but after a couple of months of combining work and school, the nervousness grew. That is when I decided to wait for childcare.	–	–	1	0.75
The epidemic continues	–	–	1	0.75
It was exhausting	–	–	1	0.75
Stressed and numb	–	–	1	0.75
Every day is different	–	–	1	0.75
All little by little	–	–	1	0.75

n, number; %, per cent.

1.4 Discussion

The outbreak of the COVID-19 pandemic severely affected families with children in Slovenia. We found out that 22.0% of parents, 41.0% of family members, and 26.0% of children got COVID-19. Gassman-Pines et al. [27] reported that in the United States of America, only 12.0% got of families COVID-19. The spread of the infection with SARS-CoV-2 and the adoption of protective measures has changed society and made it difficult to accept the health and economic consequences of the closure of the country. Our results clearly show that the crisis has influenced the psychological well-being of adults and children. The changes happened in a matter of weeks and lasted for more than a year. Parents have reported a deterioration and their children's psychological well-being since the start of the COVID-19 pandemic. This finding is like findings from previous economic crisis studies, which reveal that mental health deteriorates as the country's economic situation deteriorates [28, 29].

A low level of infection with SARS-CoV-2 was detected; consequently, there was no concern among people in the first week of the COVID-19 pandemic in Slovenia. Emotional responses changed just a few days after the first official confirmed case of infection with SARS-CoV-2, which were reflected in concerns about the virus, infection, and thinking about the disease [9]. Negative emotions increased extremely quickly after the onset of the epidemic, and the escalation of events continues to affect the emotional experience [30]. The COVID-19 pandemic has caused people psychological distress (fear, anxiety), in addition to social and economic stress [31]. Also, in our study, we found that parents were mostly afraid to bring the infection home to make a child sick/injured or to get sick themselves. Similar feeling was

found by authors in their studies [27, 31]. Parents and children live in stress, fear, and media hype [32] and become insecure and impatient, which represents a challenge for long-term planning [32, 33]. As a result of the state of emergency during the closure of schools, violence against children has increased, and as a result, there have been more reports of child abuse [32].

Due to the closure of Slovenia, childcare, schooling, and in some industries, work has been transferred to the home environment [9, 34]. In our study parents reported that their children were disappointed during the COVID-19 pandemic due to lack of socializing and un-attending kindergarten or school. Parents should help children overcome emotional problems caused by the inability to meet friends [34]. School closures cause problems for students, parents, and teachers [35]. Parents in our study reported about their children's feelings during COVID-19. Only 38.06% of the children and 25.39% parents were in good mood and cheerful. The other children felt bored, no enthusiasm, stubborn, verbally rude, and in a bad mood, according to the parents.

We also found fear of lower monthly incomes, even though in our survey, as many as three-quarters of parents received a 100.0% salary. Also [8] stated that 92.0% of parents maintained employment during the COVID-19 pandemic. We found out that 7.9% of parents stayed at home because schools or kindergarten closed, and they have only 80.0% of salary.

Some parents had to navigate between different roles at home (educator, teacher, etc.). Others went to work daily (shopkeepers, health workers, cleaners, postmen, etc.) with changed and extended working hours, or as usual, exposing themselves to infection risk and at the same time providing care for children at home [1, 34]. During this time, more mothers than fathers worked from home. Mothers also took care of their children at home while working remotely, while fathers usually worked in the office and spent less time with childcare at home. COVID-19 has inevitably increased the inequality of the childcare burden [36, 37]. The parents felt socially isolated, helpless, and insecure due to the lockdown, which poses risks to their well-being [38]. The children of the parents who were at home with their families were more satisfied than the children of the parents who went to work every day [39]. We found that those parents who navigated well between different roles at home were more satisfied, and consequently, the children were also more satisfied.

In our survey, respondents stated that their mental well-being was average. The mean score of parent's mental well-being was 53.20 (SD = 9.61). There were no significant differences in mental well-being by gender, and scores were not correlated to parents' age ($p > 0.05$). Although there are no deviations in parents' mental well-being, attention needs to be paid to the mental well-being of children and parents to reduce the consequences of the COVID-19 pandemic [17, 38], as the daily negative mood of parents affects the mental health of all family members [16, 27, 40]. Children and adolescents need to have access to multidisciplinary professionals in support centres that care for good mental health [40]. In national survey conducted in the USA, 27.0% of parents reported worsening mental health for themselves and 14.0%

reported worsening mental health of children. This is a consequence of loss of regular childcare, change in insurance status, and worsening food security [41]. Also, Gassman-Pines et al. [27] reported that the COVID-19 pandemic significantly worsened parents' and children's psychological well-being. Similar results, indicating worsening parental mental well-being, have been reported by Huebener et al. [42].

1.4.1 Limitations

This study presents parents' opinions on the COVID-19 pandemic in Slovenia and its impact on themselves and their children. Although there is not enough study performed in Slovenia during COVID-19 and its impact on parents and children, this study has some limitations. First, a cross-sectional study was conducted to get insight into parents' opinions on COVID-19 and its impact on child's and parent's mental well-being. To obtain more reliable results, mental well-being should be measured over several time periods. Also, we cannot claim if parent's mental well-being changed during the COVID-19 pandemic. Data were collected using a questionnaire developed by the authors based on current knowledge and literature review. The WEMWBS scale is a self-reporting scale, which means that parents evaluated their mental well-being subjectively. There is a possibility that they gave socially desirable answers. Also, a relatively small sample was included in this study. Due to non-normally distributed data, non-parametric statistical tests were used. Data were collected online using social networks; thus, people who are not using social networks did not have an opportunity to participate in this study. All limitations need to be considered when interpreting the results.

1.5 Conclusion

COVID-19 has dynamically altered several families. Infectious diseases, such as the virus SARS-CoV-2, can disturb the environment in which children grow and develop. Troubled relations inside the family, as well with friends, have negative effects on the entire society as well as on the well-being, development, and protection of the children. Quarantine and isolation rules have a negative effect on the children as well as on their families.

Families in the entire world adapted to the changes and challenges that happened because of the COVID-19 pandemic. For many parents, as well as entire families, it is important to combine work activities with the children's needs. Even though the isolation can be a once in a lifetime opportunity for spending time together and developing relations with our children, many parents and caretakers have different opinions, and problems while adapting, making decisions, and setting-up priorities

while battling the pandemic, in addition to finding different ways to form their everyday lives and making them as normal as possible.

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