Parenting Problems and Coping Styles during the COVID - 19 Pandemic

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Abstract- A worldwide Coronavirus Disease 2019 (COVID-19) pandemic resulted in a decreased social interaction level, negative emotions, and an increased level of anxiety and stress. Their usual routine was disrupted, their usual routine was radically reduced, and their daily lives were greatly affected. Pandemic-related economic crises have caused widespread unemployment and poverty throughout the world, as well as the loss of jobs and sending back home of migrant workers. Consequently, many people were unable to provide for their families as a result of these losses, including those employed in non-essential industries such as hotels and restaurants, leisure and hospitality, manufacturing, real estate, travel and transportation, and warehousing. Because of deep-rooted gender expectations, mothers are burdened more than fathers by the pandemic due to crippling fears that their families or themselves will become infected. For parents to help their children, reducing stress is essential to their coping strategies. The study aimed to assess the quality of life of parents and determine whether low quality of life is influenced by the difficulties experienced during the Covid-19 Pandemic and/or related to the problems of the children, and whether resilient coping moderates these causal pathways. The sample for this study consisted of 160 parents with a child between the ages of 4 and 10 selected on the basis of a rule of thumb that called for 20 subjects per variable who lived in Hyderabad, Telangana. The results indicate that the relationship between Parental difficulty, Externalizing problems of children, and Quality of Life was significantly negative. Parental quality of life did not correlate significantly with internalizing problems of children. There is no significant correlation between Resilient Coping and Quality of Life, Parental Difficulty, or Resilient Coping and Parental Difficulty. The association between Quality of Life and Parental Difficulty was not moderated by Resilient Coping.

Index Terms- Parenting, COVID-19, Coping Styles, Behaviour Problems, and Quality of Life

I. INTRODUCTION

A Public Health Emergency of International Concern was declared by the World Health Organization on 30th January, 2020, following the outbreak of several cases of COVID-19 infections in China (Burki, 2020). After this, the Indian government on 24th March, 2020, ordered a nationwide lockdown as a measure of safety and prevention, causing people to lose their jobs. Except for those selling necessary goods and hospitals, all businesses were closed by the government (Narayan & Saha, 2020). Those employed in non-essential businesses, such as hotels, restaurants, leisure and hospitality services, manufacturing, real estate, travel and transportation, warehouses, and information and communication technology companies, faced the risk of unemployment and significant loss of income (Dua et al., 2020). Schools, colleges, and daycares were closed during the lockdown, and for children, a sudden switch to home-based learning occurred, as teachers and peers were suddenly removed. Individuals now have to play the role of worker, parent, and teacher all at once due to working from home and closure of daycares and schools (Spinelli et al., 2020).

Psychological stress occurs when an individual's resources are exhausted or exceeded by the environment and endangered the individual (Lazarus and Folkman, 1984). Physiological and psychological problems can result from chronic or long-term stress (Ader & Cohen, 1993). On the other hand, while chronic stress affects people's health, short-term stress has a benefit, since it's one of nature's fundamental survival mechanisms. An individual is able to make the most of short-term stress by coordinating their various organ systems together (Dhabar, 2018). People have benefited from globalization and development in terms of standard of living, added comfort, and improved quality of life (Kumar et al., 2021). However, this has also resulted in highly competitive work environments, excessive workloads and ever-increasing job responsibilities, causing stress (Prasad et al., 2020). In recent decades, work and family responsibilities have become increasingly common (Kumar et al., 2021).

Human behavior increasingly relies on self-concepts as concise measures and critical factors of personality. A person's sense of self encompasses their attitude, judgment, and values regarding their behavior, abilities, and qualities. In a study, the Self-concept questionnaires were used to examine individual perceptions of self and the conceptual and perceptual aspects of those perceptions. As a result, the client demonstrated a positive self-concept across a wide range of behavioral patterns on the test (Ram Kumar, Sailaja &

Jagruth, 2022). In addition to personality characteristics, one must also know their skills and abilities, their occupations, and their physical abilities. An individual's psychological or physical range of ability is pushed beyond their capabilities as a result of occupational stress (Clegg, 2001). It is stressful for employees when they lack the resources to meet their demands (Prasad et al., 2020). The effects of long-term stress include distraction, loss of focus, fatigue, and short temper, which negatively affect personal and social relationships. In addition to psychological problems such as insomnia, anxiety, mood disorders, and ulcers, occupational stress can precipitate physical conditions as well (Jamison et al., 2004). Employees across all sectors are experiencing work-life balance strains in the ongoing pandemic, and this strain is likely to interfere with their personal and home lives (Jamison et al., 2004). It was necessary to make significant adjustments in the workplace such as temporary unemployment, remote work, and excessive and exhausting work for healthcare and janitorial employees, which adversely affected their work-life balance, caused burnout, and negatively affected their personal and social life (Rigotti et al., 2020). In the last decade, remote working has become more common in most occupations, except in essential services like healthcare and janitorial facilities. In order to work from home effectively, individuals with limited experience had to learn new methods, one that required different web applications to be used and practiced. Before even offering adequate training to their employees, corporate leaders decided that working from home would become a permanent solution until things settle down (Hayes et al., 2020). It has been found by Rigotti et al (2020) that healthcare workers are at significant risk of psychological problems because they fear infection and putting themselves, their families, and others at risk of contracting the disease. A study by an Iranian researcher found that nurses were especially susceptible to stress and burnout caused by the pandemic when dealing with patients with COVID-19 (Shoja et al., 2020).

Pandemic-related economic crisis has caused widespread unemployment and poverty around the world (Thakur & Jain, 2020). In addition, Gopalan & Misra (2020) report that migrant workers losing their jobs and being sent back home have been similarly affected by the ongoing pandemic. As a result of these losses, many individuals were unable to provide for their families, such as those employed in non-essential businesses such as hotels and restaurants, leisure and hospitality services, manufacturing, real estate, travel and transportation, warehousing, and other non-essential businesses (Dua et al., 2020). It is likely that these individuals will develop anxiety, mood disorders, self-harm, and suicidality (Thakur & Jain, 2020). An individual who lacks social interactions can suffer from chronic loneliness and boredom due to a lack of social interactions (Hwang et al., 2020; Banerjee & Rai, 2020). Globally, billions of people are quarantined in their own homes due to the ongoing pandemic, where universal lockdown was declared to curb the spread of infection, causing mass panic and anxiety (Banerjee & Rai, 2020). There are also numerous factors that contribute to stress in individuals, including emotional distance, absence of colleagues, lack of routine interaction and advice from peers, family distractions, etc (Marshall et al., 2007; Kaushik & Guleria, 2020). According to Marshall et al. (2007), workplace isolation is a two-dimensional construct that represents individuals' perceptions of isolation at work from co-workers and co-workers' support networks. It is discriminatory to regard COVID-positive individuals as negligent and careless, and to hold them accountable for their status. After recovering, they are prohibited from entering residential areas since they are stereotyped as active spreaders of the virus. (Bhanot et al., 2020). Race, religion, and social status are also known to stigmatize people - North Eastern Indians, Muslims, people from low socioeconomic status, and rural dwellers are accused of spreading the virus actively, resulting in significant psychological distress for them (Haokip et al., 2021).

Individuals now have to play three roles at once as a result of working from home and closing daycares and schools. This causes role overload (Spinelli et al., 2020). Role overload can occur when an individual fails to manage multiple roles effectively without having the resources to pull this off (Golparvar et al., 2012). There is a greater burden on mothers due to deep-rooted gender expectations than on fathers. It is common for women from low socioeconomic status to be expected to do household chores, care for elderly individuals, and care for children without support from their spouses (Fan et al., 2019). The pandemic leaves parents with crippling fears of their families or themselves getting infected (Spinelli et al., 2020). For those with preexisting health conditions, the Coronavirus disease caused by SARS-CoV-2 can have a significant impact on mortality (Rigotti et al., 2020). As a result of being quarantined away from their children and rest of the family, parents suffering from SARS-CoV-2 experienced massive distress (Wamsley et al., 2020). SARS-CoV-2 infected individuals who lose a relative or friend suddenly are experiencing subjective distress because no one is allowed to look at the corpse or grieve according to cultural or religious customs. Moreover, they are not allowed to share or receive in person support from family members going through the same situations (Aguiar et al., 2020). In the midst of the lockdown, food shortages have resulted in a marked increase in food prices, putting a strain on individuals' ability to support their families (Kansiime et al., 2021). The COVID-19 crisis has had a rapid impact on food insecurity. Increasing financial hardships for parents of children eligible for free school meals are associated with food insecurity (Loopstra, 2020).

The problem-focused coping strategy includes active coping, planning and seeking social support, whereas the emotional coping strategy involves seeking emotional support, avoidance, denial, positive reappraisal, isolation, venting, ruminating, wishful thinking, self-blame, positive self talk and exercise are two strategies individuals can use to cope with major stresses (Cooper & Quick, 2017). Parents' coping strategies are how they manage stress, and reducing stress is essential for them to help their children (Solem et al., 2011). The study of Solem et al (2011) found that seeking social support is a very effective coping strategy for parents, since it may aid in reducing the effects of stress. Parents' coping strategies are influenced by their resources and perceptions in the face of the ongoing pandemic. For example, parents whose point of view is positive and whose health is good may see the pandemic from a positive light, resulting in less stress and a better coping and resilience.. (Wu & Xu, 2020). Accordingly, discovering new ways to partake in and cherish life during traumatic events can reduce symptoms of post-traumatic stress and increase psychological wellbeing (Dekel et al., 2020).

The COVID -19 lockdown, the first of its kind, has not been adequately researched with regard to parents' and children's mental health. A review concluded that the several research indicated that children with ASD are often reported problem in executive function

in order to have poor working memory capacity, difficulties in switching attention between tasks, and inhibition response problems, which can seriously affect their school performance and everyday functioning (Jagruth et al., 2021). It is the purpose of this study to determine if resilient coping style has a positive effect on parents' quality of life, as well as whether lockdown has negative effects on the behavior of children and the difficulties faced by parents. A study concluded that the Transdisciplinary approach can reduce difficulties in children with Sensory processing disorder particularly in social interactions and improve their behaviour and the sensory pattern which helps to be independent and for a better quality of life of persons' with SPD (Ram Kumar, et al, 2021). The main purpose of this study was to examine parents' difficulty with parenting, children's behavioral/emotional symptoms and their resilience in dealing with difficult situations

II. METHODS

Aim

The Aim of the study was to assess the quality of life of parents and determine whether low quality of life is influenced by the difficulties experienced during the Covid-19 Pandemic and/or related to the problems of the children, and whether resilient coping moderates these causal pathways.

Objectives

a) To determine the quality of life of parents with at least one child between the ages of 4 and 10 years.
b) To assess the difficulties parents are experiencing as a result of the Covid-19 pandemic.
c) To assess the children's behavioral and emotional symptoms during the pandemic period, as perceived by their parents.
d) To assess the degree of resilient coping of parents
e) To assess the correlation between resilient coping style and the daily hassles experienced during the pandemic.

Hypotheses

a) There would be a significant difference in the quality of life of parents having at least one child aged between 4 and 10 years.
b) There would be a significant difference in difficulties parents are experiencing as a result of the Covid-19
c) There would be a significant difference in children's behavioral and emotional symptoms during the pandemic period, as perceived by their parents.
d) There would be a significant difference in degree of resilient coping of parents.
e) There would be a significant correlation between resilient coping style and the daily hassles experienced during the pandemic.

Sample

In this study, 160 participants were selected for the study based on a rule of thumb, which called for 20 subjects per variable who were residents of Hyderabad city, Telangana State. Parents with at least one child between the ages of 4 and 10 were eligible; participants were recruited without regard to their age, literacy, occupation, or income. Among the female participants, the number was significantly higher (N = 124) than among the male participants (N = 36).

Parents of those who have at least one child between 4 and 10 years old of either sex and living with family (spouse and child) for at least the last six months. Those parents having a good understanding of English or Hindi as well as the ability to read and write were included in the study. This study excluded parents with a history of mental disorders, including substance abuse disorders, who had been diagnosed with Covid-19 infection in the past year and quarantined, as well as parents who reported severe marital conflict and/or considered legal separation. Participants were given consent forms with details about the study, including its title, purpose, investigator and guide, and consent was obtained from those who were willing to participate in it. It was assured to them that their information would be kept confidential and that they could withdraw from the study at any time.

In the research design, the survey design was adapted using convenience sampling for a cross-sectional assessment of the general population at a particular point in time. The data was collected between 13 December 2020 to 25 April 2021.

Tools:

The Strengths and Difficulties questionnaire is used to screen children for psychosocial problems. It measures both problem behaviors and competencies through 25 items equally divided into five scales measuring (1) emotional symptoms, (2) conduct problems, (3) hyperactivity-inattention, (4) peer problems and (5) prosocial behavior. The SDQ scores can be categorised as normal (0-13), borderline (14-16), and abnormal (17-40). The scale of the total problem had a Cronbach's alpha of 0.77 and test-retest reliability correlation of 0.77.

Individuals' judgements of the impact COVID -19 has had on their quality of life are measured by the COVID -19 - Impact on Quality of Life scale. The scale consists of six negatively phrased items, each of which discusses quality of life as it relates to subjective health. Each item asks participants to rate how much they agree with a statement from 'Completely disagree' (scored as 1) to 'Completely agree' (scored as 5). A Cronbach's alpha coefficient of .885 was obtained for the non-clinical sample and .856 for the clinical sample, indicating internal consistency of the scale.

Brief Resilient Coping Scale (BRCS) is designed to measure whether individuals believe they can cope with adverse situations (Sinclaire and Wallston, 2004). There are four main themes addressed in this questionnaire: creativity, optimism, a dynamic approach to problem solving, and a commitment to emerge victorious in spite of stressful circumstances. The scale consists of 4 positively worded items and individuals are asked to indicate the extent to which each item/statement describes them on a 5 point likert scale ranging from 'Doesn't describe me at all' (scored as 1) to 'Describes me very well' (scored as 5). There are three levels of resilient coping on this scale:

low resilient coping (4 - 13), medium resilient coping (14-16) and high resilient coping (17-20). The Cronbach's alpha coefficient of the BRCS was .78, which indicates internal consistency.

Procedure

A total of 160 parents were recruited using the Convenience Sampling method from Hyderabad city of Telangana State based on their accessibility and cooperativeness. In this study, participants were explained the purpose and aim of the study and consent were sought from them with the assurance that confidentiality would be maintained. In the beginning, the researcher sought the help of friends so that he could introduce himself to potential participants by phone. Following that, the researcher visited their homes at their preferred times and dates while keeping in mind the COVID 19 pandemic safety precautions (wearing a mask, keeping six feet away). Furthermore, teachers in local schools who met the selection criteria were also contacted, and parent-teacher meetings were held in several schools to find respondents. Prior to proceeding, permission was sought from school management. Participants who agreed to participate were provided with a Research consent form, a Socio-Demographic questionnaire, the Parent Report Measures for Children and Adolescents SDQ (P) 04-10, the Quarantine Parent Risk Index, the COVID -19 - Impact on Quality of Life scale, as well as the Brief Resilient Coping Scale.

Statistical Analyses

In order to analyze the socio-demographic characteristics of the sample, descriptive statistics such as Mean, SD, and percentage were used. In order to determine the normal distribution of data, skewness and kurtosis were calculated, and Pearson's correlation was used to examine the relationship between the variables. A linear regression model was used to analyze the predictor variables' role in predicting the criterion and to determine whether there exists a moderation between the variables by doing an independent samples t test.

III. RESULTS

A primary objective of this study was to evaluate the quality of life of parents and determine if perceived difficulties and burden during the COVID - 19 pandemic are related to their children's problems, and whether resilient coping moderates these causal pathways. A descriptive statistic, such as Mean and Standard Deviation, was calculated for the sociodemographic data.

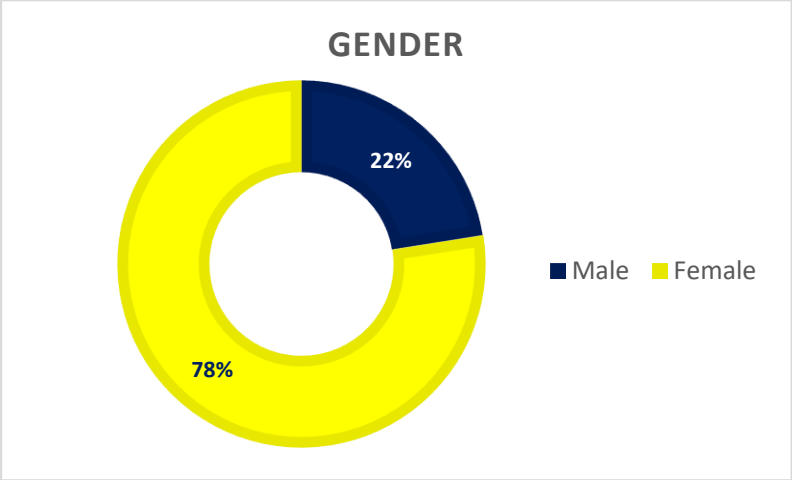

Figure 1: Gender of the participants

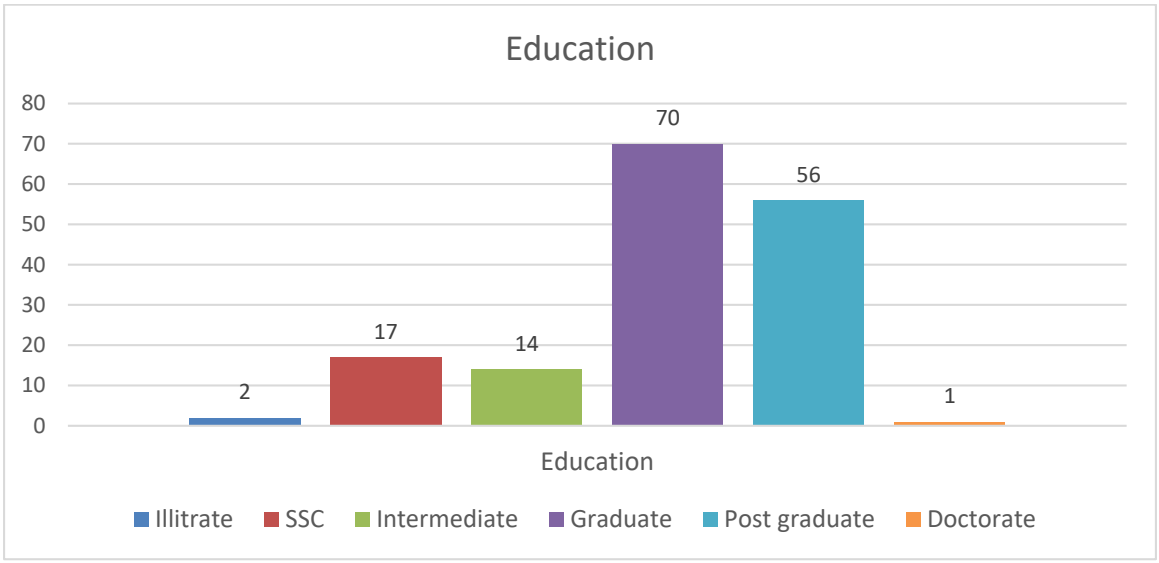

Figure 2: Education of the participants

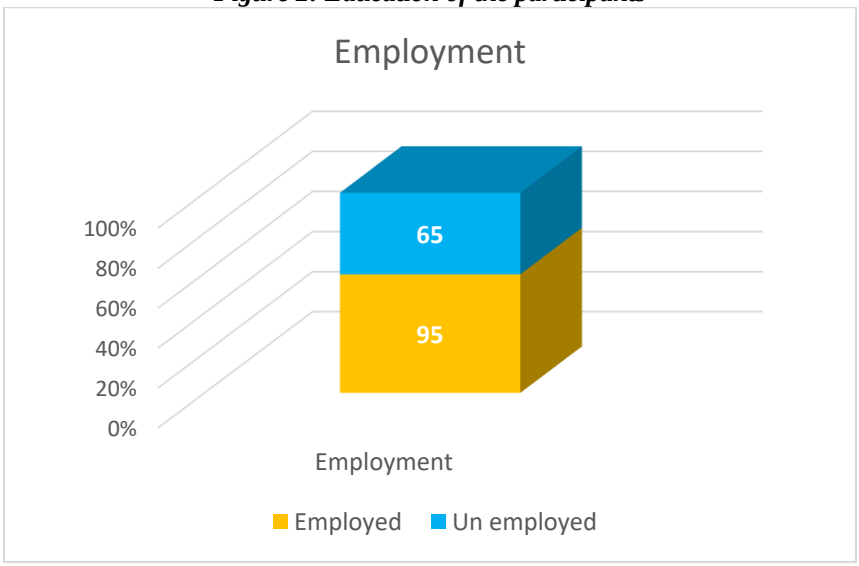

Figure 3: Employment of the participants

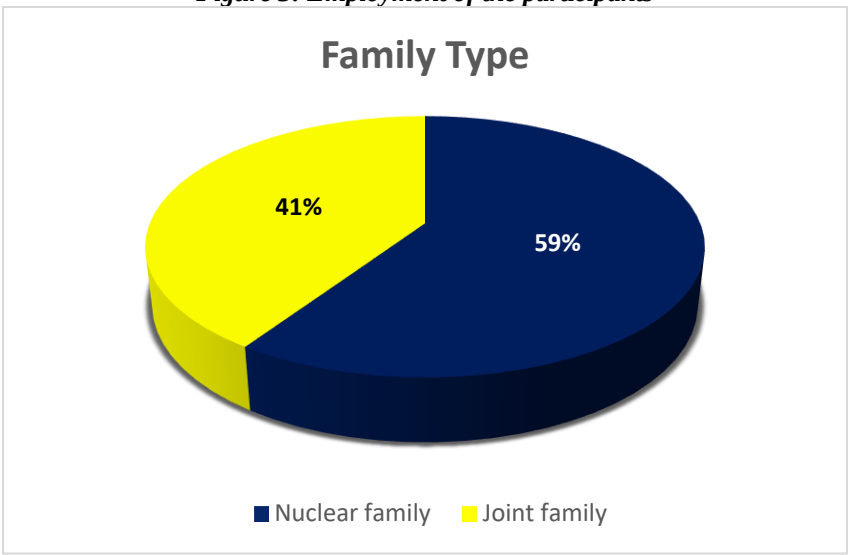

Figure 4: Family Type of participants

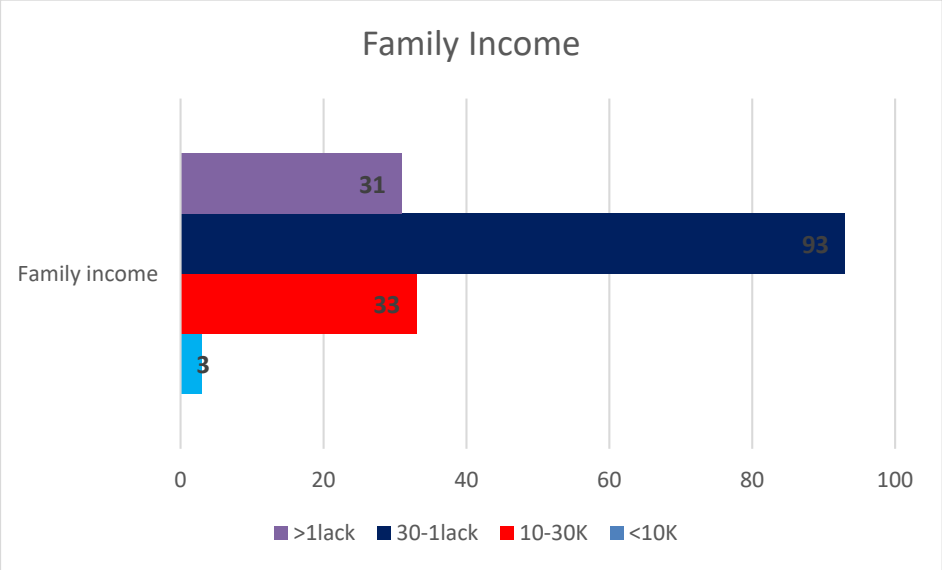

Figure 5: Family Income of participants

The socio-demographic data displayed in Figures 1 to 5 indicate that most participants were between 30-40 years old, with a substantially higher percentage of females than males. Nearly 60% of the participants were working individuals and lived in nuclear families, with most being graduates or postgraduates. The income of all participants ranged between Rs. 30,000 and Rs. 1 lakh, with about 77% of them having a family income of that level.

Table-1: Mean, SD values of specific measures employed of participants

S.No	Measure		Mean(±)SD
1.	SDQ	Externalizing	7.34 (±) 3.35
		Internalizing	4.93 (±) 3.14
2.	Parental Difficulty		41.77 (±) 15.52
3.	Quality of Life		2.56 (±) 0.86
4.	Resilient Coping		14.98 (±) 2.94
5.	Perceived Burden		0.24 (±) 0.61

The table-1 presents the Mean and SD values of the specific measures that participants took. The results of the Strengths and Difficulties questionnaire show that the Mean (±) SD values for externalizing and internalizing are 7.34 (±) 3.35 and 4.93 (±) 3.14 respectively, on the Strengths and Difficulties questionnaire. The Mean (±) SD values of parental difficulty, , Quality of life, Resilient coping and Perceived burden are 41.77 (±) 15.52, 2.56 (±) 0.86, 14.98 (±) 2.94 and 0.24 (±) 0.61 respectively.

Table-2: Gives correlation between quality of life and other variables

Variables	QOL	
	r	Significance (p)
Parental Difficulty	0.491	0.000
Externalizing	0.164	0.038
Internalizing	0.120	0.131
Perceived Burden	0.070	0.382
Resilient Coping	-0.079	0.162

The Pearson's correlation between QoL and Parental Difficulty is shown in Table-2. According to the study, parental difficulty and quality of life are significantly correlated. Pearson's correlations are also shown in this table between QoL and Internalizing and QoL and Externalizing. According to Table 2, there was a significant correlation between QoL and Externalizing, but not between QoL and Internalizing. Thus, externalizing problems compromise the quality of life of parents; internalizing problems do not compromise the quality of life of children.

Table-3: Gives correlation between resilient coping and other variables

Variables	Resilient Coping	
	r	Significance (p)
Parental Difficulty	0.015	0.851
Quality of life	-0.129	0.104

In this table, Pearson's correlations are also shown between Resilient Coping and parental difficulty and Resilient Coping and quality of life. The results of Table 3 showed that Parental Difficulty was associated with QoL by 23%, whereas Resilient Coping was not associated with QoL of parents.

Table-:4 Summary of Regression Models of Qol and Parental difficulty

Model	R	R Square	Adjusted R Square	Std, Error of est	F	Sig.
1	0.491	0.241	0.231	0.75909	50.301	0.000

Predictors: (Constant), Parental Difficulty
Dependant Variable: QoL

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
1	B	Std. Error	Beta		
(Constant)	1.415	0.173		8.190	0.000
Parental Difficulty	0.028	0.004	0.491	7.092	0.000

Predictors: (Constant), Parental Difficulty
Dependant Variable: QoL

Table-5: Summary of Regression Models of Qol and Resilient Coping.

Model	R	R Square	Adjusted R Square	Std. Error of est.	F	Sig.
1	0.129	0.017	0.010	0.86429	2.680	0.104

Predictors: (Constant), Resilient Coping
Dependent Variable: QoL

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
1	B	Std. Error	Beta		
(Constant)	3.133	0.355		8.831	0.000
Resilient Coping	-0.038	0.023	-0.129	-1.637	0.104

Predictors: (Constant), Resilient Coping
Dependant Variable: QoL

Using regression analysis, it was found that Perceived Burden did not have any influence on Quality of Life (Table 6).

Table 6 Summary of Regression Models of Qol and Perceived Burden.

Model	R	R Square	Adjusted R Square	Std. Error of est.	F	Sig.
1	0.070	0.005	-0.001	0.86948	0.767	0.382

Predictors: (Constant), Perceived Burden
Dependant Variable: QoL

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
1	B	Std. Error	Beta		
(Constant)	2.539	0.074		34.301	0.000
Perceived Burden	0.099	0.113	0.070	0.876	0.38

Predictors: (Constant), Perceived Burden
Dependant Variable: QoL

Pearson's Correlation was calculated between Resilient Coping and Parental Difficulty and no significant negative correlation was found (Table 3).

Table 7 Summary of Regression Models of Qol and Predictor variables (Parental Difficulty x Resilient Coping)

Model	R	R Square	Adjusted R Square	Std. Error of est.	F	Sig.
1	0.079	0.006	0.000	0.86890	0.980	0.324

Predictors: (Constant), Parental Difficulty x Resilient Coping
Dependent Variable: QoL

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig
1	B	Std. Error	Beta		
(Constant)	2.562	0.069		32.297	0.000
Parental Difficulty x Resilient Coping	-0.065	0.066	-0.079	-0.990	0.324

Predictors: (Constant), Parental Difficulty x Resilient Coping
Dependent Variable: QoL

A regression analysis was conducted between Parental Difficulty x Resilient Coping; and Quality of Life. No moderation effect is observed as a result of not being able to predict the dependent variable (QoL) based on the two independent variables (Parental Difficulty x Resilient Coping).

IV. DISCUSSION

The purpose of this study was to assess the quality of life of parents and determine whether low quality of life is influenced by perceived parental difficulties and perceived burden during the COVID-19 pandemic and/or if resilience moderates these causal pathways.

The results of the current study confirm that parental difficulty and quality of life are significantly negatively correlated. The current study found that as Parental Difficulty increased, Quality of Life decreased. Additionally, a regression analysis revealed that Parental Difficulty is a 23% predictor of Quality of Life. In the Model Summary, Beta was observed to be 0.491, reflecting a significant

relationship between these two variables of 23% (R2 = 0.231). There is an association between increased parental difficulty and poorer quality of life. According to previous studies, the following findings are also in agreement with the current findings:
In addition to perceived difficulties of parents, remote working, salary reductions, monetary losses, and the risk of unemployment have been associated with considerable stress by parents (Spinelli et al., 2020; Pfefferbaum et al., 2020).
Parents experienced routine issues with scheduling, homeschooling challenges, marital conflicts, etc. on a regular basis during the pandemic (Wu & Xu, 2020) and parents were found insurmountable amounts of stress due to balancing family life and work (Spinelli et al., 2020).
The QoL of parents, i.e. their fulfillment of goals and realization of their abilities and lifestyle, is unmet during the pandemic (Pfefferbaum and al., 2020).
The study found a significant negative correlation between externalizing problems of children and parents' quality of life as perceived externalizing problems increase, parents' quality of life decreases. The results of this study did not suggest a significant correlation between internalizing problems of children and quality of life of their parents. This might be because children with internalizing problems have more rigid self-regulation, and direct their negative emotions toward themselves instead of others like their parents and family members (Joussemet et al., 2018). Thus, internalizing problems in children may have a less significant impact on parents than externalizing problems. In contrast, Spinelli et al. (2000) found that the perceived burden of parents significantly impacts children's externalizing and internalizing problems.
The present study found no significant correlation between Resilient Coping and QoL, as well as the relationship between Resilient Coping and Parental Difficulty. As a result, Resilient Coping did not moderate the relationship between QoL and Parental difficulties. Furthermore, perception of burden does not predict the quality of life, thus there is no association between perceived burden and quality of life.

This present study's findings are inconsistent with those of other studies. Adapting to stressful circumstances and daily difficulties is considered a method of reducing physical, emotional, and psychological distress (Snyder, 1999; Cooper & Quick, 2017)).

V. CONCLUSION

A significant negative correlation was found between Parental difficulty and Quality of Life, indicating that Quality of Life decreases when Parental difficulty increases. There is also a significant negative correlation between Externalizing problems of children and the Quality of Life of parents, indicating that as Externalizing problems increase, the Quality of Life decreases. There was no significant correlation between internalizing problems of children and the quality of life of parents.

A positive association between Parental difficulty and Quality of life was found. Resilient Coping does not have a significant correlation with Quality of Life, nor with Parental Difficulty, nor with Resilient Coping. As a result, Resilient Coping did not moderate the association between Quality of Life and Parental Difficulty.

The COVID -19 pandemic lockdown is a particularly stressful experience for parents who must manage both their work and family lives. By analyzing how parents perceive their difficulties and burden, as well as how they affect their quality of life, it will be able to understand how they perceive their difficulties and burden. In light of the novel COVID - 19 pandemic, strategies may be developed for helping parents alter their negative perceptions and cope better, thereby improving their quality of life.

Limitations

- This study sample does not represent the entire parent population due to the restrictions imposed by the ongoing pandemic.
- In the current study, male participants were underrepresented, and female participants were considerably more numerous than male participants.
- The responses could have been biased since 70% of the participants filled out all measures at home with family members present.
- A few items of one of the scales are not applicable to Indian contexts since it was validated from a different cultural setting.

Suggestions for future

- In light of the novel COVID-19 pandemic, strategies may be developed to assist parents in altering their negative perceptions and coping better.
- Researchers could replicate the present study using newer, more valid, reliable measures and questionnaires that are more applicable to Indians in the COVID-19 context.
- It is possible to replicate this study on a larger scale with a more representative population, since it was limited mainly to females and constrained by pandemic regulations.

REFERENCES

[1] Ader, R., & Cohen, N. (1993). Psychoneuroimmunology: conditioning and stress. Annu Rev, Psychol, 44:53-85.
[2] Aguiar. A., Pinto, M., & Duarte, R. (2020). Grief and Mourning during the COVID-19 Pandemic in Portugal. Acta Med Port, 33(9):543-545.
[3] Banerjee, D., & Rai, M. (2020). Social isolation in Covid-19: The impact of loneliness. Int J Soc Psychiatry, 66(6):525-527.
[4] Bhanot, D., Singh, T., Verma, S.K., Sharad, S. (2021). Stigma and Discrimination During COVID-19 Pandemic. Front Public Health, 12;8:577018.

[5] Burki, T. (2020). The origin of SARS-CoV-2. Lancet Infect Dis, 20(9):1018-1019.

[6] Cooper, C., & Quick, J.C.(Eds.). (2017). The handbook of stress and health: A guide to research and practice. John Wiley & Sons.

[7] Dekel, S., Hankin, I.T., Pratt, J.A., Hackler, D.R., & Lanman, O.N. (2016). Posttraumatic growth in trauma recollections of 9/11 survivors: A narrative approach. Journal of Loss and Trauma, 21(4), 315-324.

[8] Dhabhar, F.S. (2018). The short-term stress response - Mother nature's mechanism for enhancing protection and performance under conditions of threat, challenge, and opportunity. Front Neuroendocrinol, 49:175-192.

[9] Dua, A., Ellingrud, K., Mahajan, D., & Silberg, J. (2020). Which small businesses are most vulnerable to COVID-19—and when. McKinsey & Company.

[10] Fan, W., Lam, J., & Moen, P. (2019). Stress Proliferation? Precarity and Work–Family Conflict at the Intersection of Gender and Household Income. Journal of Family Issues, 40(18): 2751-2773.

[11] Golparvar, M., Vaseghi, Z., & Mosahebi, M.R. (2012). The model of organizational injustice, stress and emotional exhaustion among female nurses. Iran Occupational Health, 9. 93-95.

[12] Gopalan, H.S., & Misra, A. (2020). COVID-19 pandemic and challenges for socio-economic issues, healthcare and National Health Programs in India. Diabetes & Metabolic Syndrome: Clinical Research & Reviews, 14(5), 757-759.

[13] Haokip, T. (2021). From 'Chinky' to 'Coronavirus': racism against Northeast Indians during the COVID-19 pandemic. Asian Ethnicity, 22(2), 353-373.

[14] Hayes, S., Priestley, J.L., Ishmakhametov, N., & Ray, H.E. (2020). "I'm not Working from Home, I'm Living at Work": Perceived Stress and Work-Related Burnout before and during COVID-19. https://doi.org/10.31234/osf.io/vnkwa

[15] Hwang, T. J., Rabheru, K., Peisah, C., Reichman, W., & Ikeda, M. (2020). Loneliness and social isolation during the COVID-19 pandemic. International psychogeriatrics, 32(10), 1217–1220.

[16] Jagruth L., Ram Kumar, B.V., Srivani, G., Debashis, R., & Sridevi, G. (2021). Executive Functions in Children with Autism: An Overview. Elixir Nursing Sciences, 150, 55183-55190.

[17] Jamison, C.S., Wallace, M., Jamison, P.L. (2004). Contemporary work characteristics, stress, and ill health. Am J Hum Biol, 16(1):43-56.

[18] Joussemet, M., Mageau, G.A., Larose, M.P. (2018). How to talk so kids will listen & listen so kids will talk: a randomized controlled trial evaluating the efficacy of the how-to parenting program on children's mental health compared to a wait-list control group. BMC Pediatr 18, 257.

[19] Kansiime, M.K., Tambo, J.A., Mugambi, I., Bundi, M., Kara, A., & Owuor, C. (2021). COVID-19 implications on household income and food security in Kenya and Uganda: Findings from a rapid assessment. World development, 137, 105199.

[20] Kaushik, M., & Guleria, N. (2020). The impact of pandemic COVID-19 in the workplace. European Journal of Business and Management, 12(15), 1-10.

[21] Kumar, P., Kumar, N., Aggarwal, P. (2021). Working in lockdown: the relationship between COVID-19 induced work stressors, job performance, distress, and life satisfaction. Curr Psychol, 40(12):6308-6323.

[22] Lazarus, R.S., & Folkman, S. (1984). Stress, appraisal, and coping. Springer publishing company.

[23] Loopstra, R. (2020). Vulnerability to food insecurity since the COVID-19 lockdown. London: The Food Foundation.

[24] Marshall, G. W., Michaels, C. E., & Mulki, J. P. (2007). Workplace isolation: Exploring the construct and its measurement. Psychology & Marketing, 24(3), 195-223.

[25] Narayanan, Sudha and Saha, Shree, Urban Food Markets and the Lockdown in India (May 12, 2020). Available at SSRN: https://ssrn.com/abstract=3599102 or http://dx.doi.org/10.2139/ssrn.3599102

[26] Pfefferbaum, B., & North, C.S. (2020). Mental health and the COVID-19 pandemic. The New England Journal of Medicine. 510-512.

[27] Prasad, K.D.V., Vaidya, R.W., & Mangipudi, M.R. (2020). Effect of occupational stress and remote working on psychological well-being of employees: an empirical analysis during covid-19 pandemic concerning information technology industry in hyderabad. Indian Journal of Commerce and Management Studies, 11(2), 1-13.

[28] Ram Kumar B.V., Sailaja, K., Jagruth, L., Srivani, G., Kumar, R., Sridevi, G. (2021). Transdisciplinary Treatment Approach in Sensory Processing Disorder. International Multidisciplinary e-Journal, 10(8), 1-13.

[29] Ram Kumar B.V., Sailaja, K., Jagruth, L. (2022). An Understanding of Self-Concept and Formation of A Healthy Self-Concept. International Multidisciplinary e-Journal, 11(7), 19-26.

[30] Rigotti, T., De Cuyper, N., & Sekiguchi, T. (2020). The Corona Crisis: What Can We Learn from Earlier Studies in Applied Psychology?. Applied psychology, 69(3):1–6.

[31] Shoja, E., Aghamohammadi, V., Bazyar, H., Moghaddam, H. R., Nasiri, K., Dashti, M., ... & Asgari, A. (2020). Covid-19 effects on the workload of Iranian healthcare workers. BMC Public Health, 20(1), 1-7.

[32] Sinclair, V., Wallston, K., Sinclair, V.G. & Wallston, K.A. (2004). The development and psychometric evaluation of the Brief Resilient Coping Scale. Assessment 11, 94-101.

[33] Snyder, C.R. (1999). Coping: The psychology of what works. (EBL.) New York: Oxford University Press.

[34] Solem, M.B., Christophersen, K.A., & Martinussen, M. (2011). Predicting parenting stress: Children's behavioural problems and parents' coping. Infant and Child Development, 20(2), 162-180.

[35] Spinelli, M., Lionetti, F., Pastore, M., & Fasolo, M. (2020). Parents' Stress and Children's Psychological Problems in Families Facing the COVID-19 Outbreak in Italy. Frontiers in psychology, 11, 1713.

[36] Thakur, V., & Jain, A. (2020). COVID 2019-suicides: A global psychological pandemic. Brain, behavior, and immunity, 88, 952–953.

[37] Wamsley, L.A.U.R.E.L., & Simmons-Duffin, S.E.L.E.N.A. (2020). The Science Behind A 14-Day Quarantine After Possible COVID-19 Exposure.

[38] Wu, Q., & Xu, Y. (2020). Parenting stress and risk of child maltreatment during the COVID-19 pandemic: A family stress theory-informed perspective. Developmental Child Welfare, 2(3), 180-196.

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