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Research Article

Balancing acts: Parental coping and adaptation during COVID-19 in Türkiye

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Abstract: The global health crisis, COVID-19, swiftly enveloped people all around the world. Upon the World Health Organization declared the COVID-19 as a pandemic, numerous countries have determined their own road maps. The main purpose of this study was to understand the effect of the COVID-19 pandemic on the life balance of parents with children aged 0-6 years in Türkiye. This study was a cross-sectional design. The data was collected from 514 parents who have at least one child at the age of 6 or less. Results showed that there were several direct and indirect relationships between demographic measures (gender, age, educational status, number of children in home and employment status of parents), mediating variables (self-rated measures such as support from distance learning, support from others), and endogenous variables (life balance variables). The findings of the study showed that "new normal" has entailed potential job losses for some individuals and changed perspectives and delivery methods of education. The findings also highlighted the importance of parents' engagement into education for understanding and helping children's development.

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Parents; COVID-19 pandemic; Life balance; Children; Supports

Introduction

The COVID-19 pandemic has rapidly spread to countries worldwide, affecting people mentally, physically, or psychologically (Abel & McQueen, 2020; Abela, 2020; Cao et al., 2020; Duan & Zhu, 2020; Trinidad Montano & Lacaran Acebes, 2020). Many countries have implemented policies requiring people to limit or eliminate daily travel of any kind. Although, reports indicate that children have been less directly affected by the coronavirus, the closure of schools for several weeks in almost all countries has significantly impacted school-age children (Centers for Disease Control and Prevention [CDC], 2020; United Nations International Children's Emergency Fund [UNICEF], 2020). Although it seems like the widespread impact of the pandemic has disappeared, the emergence of new variations and the news about different types of viruses are triggering people's fears. Especially the restrictions implemented during the pandemic still strongly linger in people's memories and have particularly affected the life balances of families during the process.

During the pandemic, schools in 188 countries around the world were closed, affecting approximately 1.6B K-12 students and, directly and/or indirectly, their parents (UNICEF, 2020). This led to an inevitable burden on families. Parents assumed multiple new roles at home, such as teacher, doctor, babysitter, peer, and more. Families with children aged 6 and under had to address the social, mental, physical, psychological, linguistic, and cognitive development of their kids. Additionally, the CDC (2020) released specific guidelines for parents and caregivers. At first glance, these roles and related responsibilities might seem like daily tasks for many parents, but shelter-in-place and social distancing orders limited a parent's ability to seek support.

The increased demands of parenting were not the stressors for many families. UNICEF (2020) reported that millions of parents had difficulty maintaining livelihoods and income sources due to

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workplace closures, corporate shutdowns, and significant drops in the stock market. As the quarantine period lengthened, economic, fiscal, and psychological uncertainty continued causing drastic disruptions to the established daily routines and rhythms of family life, also known as life balance.

COVID-19 and Turkish Parents

The World Health Organization (WHO) (2020) published a protocol for all countries to follow to combat the pandemic. In addition to this protocol, countries devised their own road maps, considering their health systems, financial status, and patient numbers. The course of the COVID-19 pandemic in Türkiye was similar to that in other countries; however, the growth rate in the first two weeks surpassed all other nations (Turkish Ministry of Health, 2020). Following WHO's declaration of the pandemic, the Turkish government implemented radical measures affecting various sectors such as social life, economic, political, administrative, legal, military, religious, educational, and cultural fields, impacting millions of Turkish citizens significantly.

Beginning on March 16, 2020, preschool, primary, and secondary school students were dismissed for one week. Following the initial school closures, the Ministry of National Education (MoNE) announced that education would resume through distance learning via television and the internet. This new approach to instruction was surprising for parents and children alike across the country. Following days, the MoNE stated that owing to planning and infrastructure preparations, the process related to distance education and content development would be carried out through the Education Information Network (EIN) in primary, secondary, and high schools. Although a comprehensive educational plan was implemented for students and families from kindergarten through high school, a separate approach was needed to support families with children aged 0-6 years due to the differing developmental needs of these younger children.

Uludağ (2008) suggested that when families receive support from others (e.g., teachers), parents could learn how to assist their children at home. Furthermore, other research showed that parents' participation in preschool education contributes to the cognitive, social, and emotional development of children, as well as their academic achievement at home (Berger, 2008; Cabus & Ariës, 2017; Galindo & Sheldon, 2012; Konca, 2020; Simsar & Kadim, 2017; Mart et al. 2022; Uludağ, 2008; Wilder, 2014; Yalçın & Simsar, 2020). Correspondingly, researchers stated that, without support, parents' participation in the education process of preschool children was insufficient, and this inadequacy could pose a significant problem in the implementation of home education during the pandemic and in classroom activities (Burak & Simsar, 2022; Deveci & Aykaç, 2018). Given what was already known about home education for children, efforts were made to provide not only broad governmental support for families with young children but also more direct assistance, such as preschool teachers collaborating with parents, caregivers supporting working parents, utilizing EIN and EIN TV, and grandparents assisting with the daily care of children.

Despite efforts specifically targeting preschool-aged children, issues arose from the one-size-fits-all approach. Working parents, having different educational levels, often lacked sufficient information about promoting child development or maintaining developmentally appropriate expectations to support their children at home. Previous research both supported the efforts of these parents and provided insights into solutions for the resulting challenges. In a 2018 study, researchers suggested that "A critical way to improve school education and facilitate students' development is to encourage parents to get involved in the education" (An et al., 2018, p.44). Furthermore, the International Labour Organization (ILO) (2020) stated, "By giving working parents the time, information, services, and resources they need to cope with the crisis, family-friendly policies and practices can make a critical difference. They also make an important contribution to wider social protection" (p. 2). Erdoğan and Demirkasımoğlu (2010) suggested that financial support was needed especially for low SES parents who did not have enough time for parental involvement in education and parenting at home.

Life Balance

Life Balance was defined as "a satisfying pattern of daily occupation that is healthful, meaningful, and sustainable to an individual within the context of his or her current life circumstances" (Matuska &

Christiansen, 2008, p.11). Parents possess diverse roles, role requirements, personalities, values, and interests that evolve over time, especially during the pandemic process. For instance, mothers of children ages 0-6 might assume roles such as a mother, teacher of young children, and playmate, with fathers potentially having different roles. However, during the COVID-19 pandemic, it can be presumed that changes in these roles and interests would impact the life balance of parents (ILO, 2020; Pisano et al., 2020). ILO (2020) highlighted that for working parents, the potential risk of unemployment or inadequate precautions in the workplace could elevate parents' stress. Consequently, heightened stress may have influenced parenting practices and parent-child relationships (ILO, 2020; Pisano et al., 2020; Simsar et al. 2021).

Karaman et al. (2018) conducted research with a large group of Turkish participants and discovered that the concept of balance in the life balance model comprises eight sub-areas: general health, positive orientation, friendship, career, depression, spiritual support, quality of relationships, and sleep disturbance. In studies on life balance conducted during the pandemic, researchers (Ayar et al., 2022; Lonska et al., 2021; Tomohiro, 2021) identified that the most affected group was the employed population with minor children in the household. Many people's careers were impacted during COVID-19; they lost jobs, faced unpaid leave, and worked from home. Not only were people's careers affected, but also their mental health (depression, anxiety, stress), positive orientation (hope, optimism, and life satisfaction), sleep, general health, relationships, and friendships (Karaman et al., 2023). Parents' responsibilities amplified, creating an additional burden (Lonska et al., 2021). Life balance is not a static concept; it is dynamic (Karaman et al., 2018). Therefore, it is susceptible to rapid influence by unexpected events, such as disasters and pandemics.

COVID-19 introduced considerable uncertainty due to both the nature of the disease and its impact on people's social lives and economic situations. People's mental health and life routines were disrupted by this uncertainty (Pisano et al., 2020; Toran et al., 2021). It is widely recognized that stress management impacts physical health and directly affects people's life balance (Fessell & Cherniss, 2020; Karaman et al., 2022; Karaman & Sarı, 2020). Consequently, during the pandemic, maintaining robust biological, physical, and mental health is imperative. However, one of the latest studies conducted by Satcher et al. (2020) concluded that fear and anxiety escalated during the pandemic and impinged on participants' mental health. Stress is known to correlate with depression, sleep disturbance, obesity, and various other health conditions (Matuska & Christiansen, 2008). Parents of children aged 0-6 may experience anxiety about continuing to educate their children at home, monitoring their child's development, overcoming economic challenges (UNICEF, 2020), and ensuring their child remains healthy (CDC, 2020).

Likewise, researchers have also noted that "Societal pressures or demands based on gender may influence perspective on life balance for some" (Davis et al., 2014, p. 195). In this context, males and females may experience life balance differently (Davis et al., 2014). From this standpoint, the life balance of Turkish mothers with children aged 0-6 seems more affected than that of fathers during the COVID-19 pandemic. In Turkish culture, one of the primary roles of mothers is child-rearing. Women, especially, play a crucial role in addressing the physical and emotional needs of children aged 0-6 (Can & Aslan, 2017; Simsar, 2021a). Similarly, Chan et al. (2007) examined parental response to a child's isolation during the SARS outbreak. Pertinent to the current study, they observed that mothers were particularly impacted by the SARS outbreak due to disruptions in their daily family life and work routines (Chan et al., 2007). Likewise, Pisano et al. (2020) studied child behaviors during the COVID-19 pandemic and found that parents reported increases in their children's irritability, intolerance to rules, whims, excessive demands, and sleep problems (difficulty falling asleep, restlessness, frequent awakenings, especially at age 4). Additionally, the study revealed a decline in children's vocabulary, notably for ages 4, 5, and 6. In another study, Guan et al. (2020) conducted qualitative research with 15 parents of preschool children in Beijing, finding that nearly all children were going to bed later and waking up later compared to pre-COVID-19 times. When challenging behaviors and events related to parenting and family life escalate, it is plausible that parents' life balance may be affected in various areas, such as general health, quality of relationships, depression, and sleep disturbance.

Current Study

Matuska and Christiansen (2008) stated that individuals, particularly parents, occupy varying roles and possess distinct personalities, values, and interests, all of which are subject to change over time. Further, there is evidence to suggest that societal expectations imposed on mothers and fathers influence their life balance, especially in light of altering roles and routines during the pandemic (Chan et al., 2007; Davis et al., 2014). Several studies have highlighted a spike in levels of fear and anxiety amongst the populace during the pandemic (ILO, 2020; Pisano et al., 2020; Satcher et al., 2020). The pandemic has exacerbated stress among parents concerning financial needs (Erdoğan & Demirkasımoğlu, 2010; ILO, 2020). This state of affairs is known to impact not only adults but also children, manifesting in behaviors such as increased screen time, delayed bedtimes, and early risings (Guan et al., 2020; Pisano et al., 2020). In this context, parents find themselves burdened with numerous responsibilities to address these concerns. Given the heightened stress, financial strain, and increased workload, it proves challenging for families with young children to maintain primary responsibility for the continuous education and developmental support of their children (Deveci & Aykaç, 2018). Consequently, this study aimed to explore how the life balance of parents with children aged 0-6 was impacted during the COVID-19 pandemic in Türkiye. We asked the following research questions to explore and understand the life balance of families who have kids under the age of 6:

1. What are the direct and indirect effects from demographic variables (e.g., age, gender, educational status, number of children, and employment status) to the life balance components?
2. Do the self-rated variables (e.g., spending time with children, support from others, support from distance learning, and spending time on TV) mediate the effects from demographic variables to the life balance components?

In this study, we hypothesized that there are direct and indirect effects from demographic variables (e.g., age, gender, educational status, number of children, and employment status) to the life balance components. We also hypothesized that self-rated variables (e.g., spending time with children, support from others, support from distance learning, and spending time on TV) mediate the effects from demographic variables to the life balance components.

Method

Participants and Procedure

This study was a cross-sectional design. After granting the required permission from the relevant university's ethics board, we created an online survey on Google Forms. Then, we contacted all public and private pre-K schools, private nursery schools, childcare centers, and kindergartens in a city located in the Southeast part of Türkiye. They passed the link of our survey to about 850 parents. The study utilized a convenience sampling method, meaning participation was completely voluntary, resulting in 530 parents completing the survey. After removing duplicate entries, we retained responses from 514 parents.

The participants were parents who had at least one child aged six or under. The study included 374 mothers (72.8%) and 140 fathers (27.2%), totaling 514 parents. The average age of the participants was 33.58 (SD = 4.75; range: 20-48). Regarding the highest level of education completed, 77 parents (15%) had completed primary school, 96 (18.7%) secondary school, 257 (50%) high school, and 84 (16.3%) had earned a four-year university degree. The total number of children in the family ranged from 1 to 4, with 168 parents (32.7%) having one child, 237 (46.1%) having two children, 86 (16.7%) three children, and 23 (4.5%) four children. Nine parents (1.7%) reported that neither parent was employed during COVID-19; 262 (51.0%) indicated that only one parent was employed, and 243 (47.3%) reported both parents were employed during the pandemic.

Measures

Demographic Form

There were five demographic questions in the survey. The first demographic question asked the gender of the parent. One parent or both parents were allowed to participate in the study. The second demographic question asked the age of the parent. The third demographic question was the educational status of a parent. The question asked the highest degree the participant completed. The fourth demographic question asked the number of children in the family. The fifth demographic question asked about the employment status of parents. The question was a three-choice multiple-category format item.

Self-Rated Measures

There were four self-rated questions (e.g., perceived) in the survey. All items were in a linear numeric rating scale format, and each participant was asked to select the option that best describes them in the past eight weeks. The response options for all questions ranged from ''1=very little'' to ''10=very much''. The first question was related to taking support from others (SO). The question was: *How much support related to childcare or household have you received from others (e.g., grandparents, friends, babysitter)?* The second question was related to spending time with children (STwC). The question was: *How much time have you spent with your child or children?* The third question was related to the time their child spends on TV (TTV). The question was: *How much time has your child spent on TV?* The fourth question was related to support from distance learning (SDL) The question was: *To what extent do you receive support from distance learning platform (abbreviated as EBA in Turkish) EIN and/or EIN TV)?* It is important to note that self-rated measures do not have prior psychometric data, however, they were assessed by a field expert prior to use.

Juhnke-Balkin Life Balance Inventory- Turkish Form (JBLI-TR)

Davis et al. (2014) developed the English version of JBLI, and Karaman et al. (2018) adapted into Turkish and validated. The Turkish form (JBLI-TR) comprises 8 subscales and 54 items. The subscales in the JBLI-TR are global health (i.e., 10 items and a sample item that *I exercise on a regular basis*), quality of relationships (i.e., 7 items and a sample item that *my marital partner or significant other loves me*), positive orientation (i.e., 8 items and a sample item that *I am happy most of the day*), depression (i.e., 7 items and a sample item that *during the last year my drinking or drug use has hurt others*), spiritual support (i.e., 6 items and a sample item that *I am comfortable with my spiritual–religious beliefs*), friendship/ intimacy (i.e., 5 items and a sample item that *I have good friends who I enjoy*), career (i.e., 5 items and a sample item that *my current job is personally fulfilling*.) and sleep disturbance (i.e., 6 items and a sample item that *I usually do not get enough sleep*). The JBLI-TR uses a 5-point Likert-type response format with responses ranging from 1 = strongly disagree to 5 = strongly agree. Cronbach's alpha values as the internal consistency varied from .77 to .83 in the adaptation study.

Data Analysis

In this study, we calculated the total scores (e.g., summed scores) for all subscales of JBLI-TR and obtained observed scores. There was no missing data on individual items in the life balance subscales. We first developed the path analysis model given in Figure 1 and ran a cross-sectional analysis. In the model, demographic measures (gender, age, educational status, number of children in home and employment status of parents) are the exogenous variables (e.g., no arrows pointing to them), the eight life balance variables are endogenous variables, and the self-rated measures are the mediating variables. Based on this model, there are both direct and indirect effects from all exogenous variables to the eight life balance variables. The indirect effects from the exogenous variables (demographic measures) to the eight life balance variables are mediated through SO, TTV, SDL, and STwC. In the data analysis, all endogenous, exogenous, and mediating variables were treated as continuous. There was no missing data in the analysis.

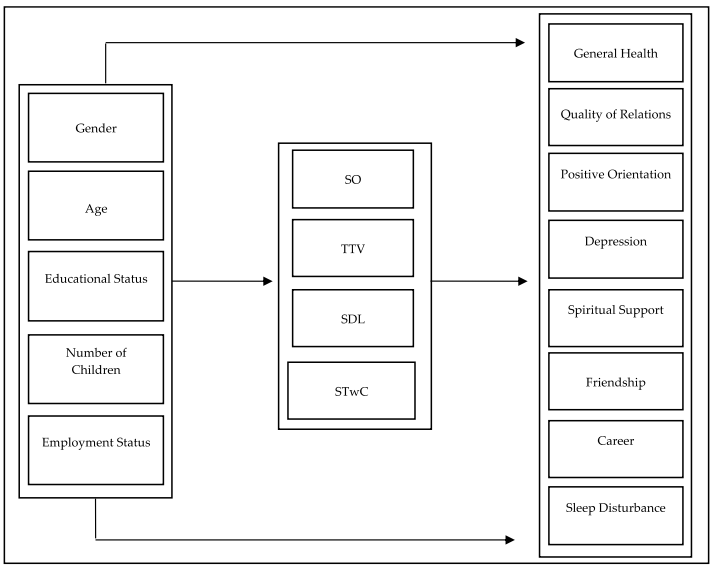

Figure 1. Hypothesized path model

However, due to encountering model fit problems in the path model, a) we removed all insignificant effects from the hypothesized model, and b) based on the suggested modification indices, we added a path from SO to the STwC, and then re-ran the model. We call this new model the final path model (see Figure 2). The bivariate correlations amongst all variables and descriptive statistics are given in Table 1. We ran both hypothesized and selected models in Mplus software version 8.3 (Muthén & Muthén, 2019). The sizes of the standardized total, direct, and indirect effects from exogenous variables to endogenous variables are given in Table 2. The sizes of the standardized total, direct, and indirect effects from endogenous variables to endogenous variables are given in Table 3.

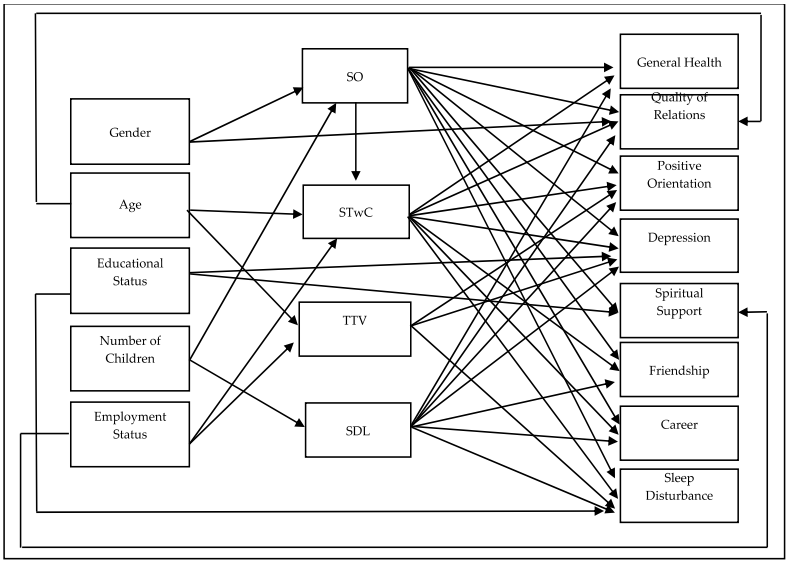

Figure 2. Final path model

Results

Descriptive Statistics

The descriptive statistics were given in Table 1 as means and standard deviations, zero-order correlations among the studied variables, and Cronbach alpha values for internal consistency. As seen in Table 1, aligned with original and adaptation studies, Cronbach alpha values for the subscales of the JBLI-TR varied from .75 to .88. Furthermore, there was no spuriously high correlation between any of the variables.

Table 1. Descriptive statistics, zero-order correlations among the variables and cronbach alpha values

Variables	Mean	SD	α	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1. General health	36.90	5.89	.80	-																
2.Quality ofrelations	27.63	5.06	.88	.44*	-															
3.Positive orientation	40.00	5.12	.80	.55*	.57*	-														
4. Depression	17.34	4.85	.77	-.47*	-.60*	-.62*	-													
5. Spiritual support	25.37	3.79	.75	.27*	.37*	.31*	-.39*	-												
6.Friendship/intimacy	20.57	3.17	.83	.40*	.50*	.50*	-.46*	.36*	-											
7. Career	18.85	3.84	.84	.34*	.42*	.45*	-.54*	.35*	.43*	-										
8. Sleep disturbance	16.58	5.22	-	-.45*	-.45*	-.54*	.55*	-.28*	-.34*	-.38*	-									
9.Support from others	7.77	2.91	-	.09	.08	.12*	-.02	.15*	.15*	.14*	-.03	-								
10. Time on TV	6.46	2.98	-	-.10*	-.02	-.09*	.04	-.04	-.08	-.09*	.07	.05	-							
11. SDL	5.08	3.37	-	.17*	.14*	.21*	-.05	.15*	.12*	.09	-.10*	.26*	.09	-						
12. STwC	7.90	2.95	-	-06	.00	-.02	-.06	-.08	.08	.11*	-.03	.16*	.17*	.09	-					
13.Gender	1.27	0.44	-	.04	.13*	.01	-.14*	-.09	.04	.06	-.16*	-.27*	.03	.08	-.00	-				
14. Age	33.58	4.75	-	-.01	-.05	-.04	-.04	-.03	.01	.08	-.00	.07	.17*	.01*	.15*	.18*	-			
15.Educational status	2.67	0.92	-	-.05	.05	-.03	-.21*	-.02	.14*	.23*	-.04	-.09	.05	-.16*	.16*	.22*	.13*	-		
16.Number of children	1.93	0.81	-	.06	.00	.06	.06	.08	-.03	-.06	-.00	.11*	.05	.16*	.05	-.07	.35*	-.43*	-	
17.Employment status	2.45	0.53	-	-.06	.02	-.04	-.13*	-.06	.10*	.23*	-.03	-.08	.14*	-.09	.21*	.07	.17*	.49*	-.25	-

Note. SDL= Support from Distance Learning, STwC= Spent Time with Children; * $p < .05$

Results of Model Fit

The fit indices of the hypothesized model were chi-square: χ^2 = (46) = 246.23 and p < .01, Comparative Fit Index (CFI) = .91, Tucker-Lewis index (TLI) = .75, Root Mean Square Error of Approximation (RMSEA) = .10 and Standardized Root Mean Square Residual (SRMR) = .08. Many of the model fit indices of the hypothesized model were not acceptable. The fit indices of the final path model were chi-square: χ^2 (59) = 157.95 and p < .01, CFI = .97, TLI = .93, RMSEA = .05 with a 90% CI of [.04, .07] and SRMR = .05. The fit statistics of the final model indicated good model fit based on the historical criteria (Kline, 2011).

Effects from Exogenous Variables

Table 2. The sizes of total, direct andoındirect effects of exogenous variables to endogenous variables in the selected model

Exogenous Variables	Endogenous Variables											
	GH	QR	PO	D	SS	F	C	SD	SO	TTV	SDL	STwC
Gender	-	.20*	-	-	-	-	-	-	-.45*	-	-	-
	-.14*	-.13*	-.14*	-.09*	.06*	-.20*	-.14*	-.11*	-	-	-	-.15*
	-.14*	**.07**	**-.14***	**-.09***	**.06***	**-.20***	**-.14***	**-.11***	**-.45***	-	-	**-.15***
Age	-	-.02*	-	-	-	-	-	-	-	.04*	-	.03*
	.01*	.01*	.00*	.01*	-	.01*	.01*	.02*	-	-	-	-
	.01*	**.01**	**.00***	**.01***	-	**.01***	**.01***	**.02***	-	**.04***	-	**.03***
Educational Status	-	-	-	-.27*	.17*	-	-	-.14*	-	-	-	-
	-	-	-	-	-	-	-	-	-	-	-	-
	-	-	-	**-.27***	**.17***	-	-	**-.14***	-	-	-	-
Number of Children	-	-	-	-	-	-	-	-	.20*	-	.18*	-
	.08*	.10*	.09*	.07*	-.03*	.12*	.09*	.03*	-	-	-	.07*
	.08*	**.10***	**.09***	**.07***	**-.03***	**.12***	**.09***	**.03***	**.20***	-	**.18***	**.07***
Employment status	-	-	-	-	-.17	-	-	-	-	.19*	-	.14*
	.05*	.03*	.03	.06*	-	.04*	.05*	.09*	-	-	-	-
	.05*	**.03***	**.03**	**.06***	**-.17***	**.04***	**.05***	**.09***	-	**.19***	-	**.14***

Note. SO= Support from Others, TTV: =Time on TV, SDL= Support from Distance Learning, STwC= Spent Time with Children, GH= General Health, QR= Quality of Relations, PO= Positive Orientation, D=Depression, SS= Spiritual Support, F= Friendship, C=Career, SD= Sleep Disturbance.

Direct effects in regular text, total *indirect* effects in italics, **total effects** in bold. The symbol - means the effect is not in the model; *****p < .05; all effects are standardized effects.

Gender

Parent gender had significant total effects on general health (.-14), positive orientation (-.14), depression (-.09), spiritual support (.06), friendship (-.20), career (-.14), sleep disturbance (-.11) and SO (-.45) (see Table 2 for standardized effects). All of these significant effects were indirect effects as were specified in Figure 2. Also, gender directly affected SO (.45, p < .05), this effect led to mediating roles of SO. The specific indirect path from gender to life balance components was either a) gender SO to life balance components or b) gender to SO to STwC to life balance components. Thus, the indirect effects of gender on the life balance components were primarily mediated by SO and secondarily mediated by STwC. Furthermore, from gender to quality of relations; there was a significant direct path (.20, p < .05) (see Table 2 for standardized effects), and significant total indirect effects through SO and STwC (-.13, p < .05) (see Figure 2). However, the direct component was positive and the indirect component was negative. Thus, the total effect of .07 from gender to quality of relations was not significant. The overall finding was that gender indirectly affected seven of the life balance components, but directly affected the eighth component (e.g, quality of relations). The SO played major, and STwC played minor mediator roles in those effects.

Age

Parent age had total indirect effects on all of the life balance components except the quality of relations and spiritual support but the effects were either insignificant or very small in size (see Table 2 for standardized effects). Parent age directly affected the quality of relations only, with a direct component of -.02 (p < .05). Parent age directly affected the TTV (.04, p < .05) and STwC (.03, p < .05). These two direct effects led to significant total indirect effects from age to some of the life balance components (see Table 2).

However, the aforementioned effects were very small. The main finding was that parent age slightly affected all of the life balance components, and TTV and STwC played minor mediator roles in those effects.

Educational Status

Parent educational status had significant total effects on depression (-.27), spiritual support (-.17), and sleep disturbance (-.14) (see Table 2 for standardized effects). All of these effects were entirely direct effects as specified in the model (see Figure 2). This means that there was no indirect effect from educational status to any of the life balance components, and none of the self-rated variables played mediating roles.

Number of Children

The number of children had significant total effects on general health (.08), quality of relations (.10), positive orientation (.09), depression (.07), spiritual support (-.03), friendship (.12), career (.09) and sleep disturbance (.03) (see Table 2 for standardized effects). All of these effects were entirely indirect effects. The main finding was that both SO and SDL played important mediator roles and STwC played minor mediator roles on these indirect effects.

Employment Status

Employment status had significant total effects on general health (.05), quality of relations (.03), depression (.06), spiritual support (-.17), friendship (.04), career (.05) and sleep disturbance (.09) (see Table 2 for standardized effects). The -.17 effects on spiritual support were entirely direct and all other effects were indirect effects. The TTV and STwC played major roles on these indirect effects (see Figure 2). The effect of .03 on the quality of relations was not significant (see Table 2). Employment status had significant direct effects on TTV (.19) and STwC (.14), and these direct effects led to mediating roles of TTV and STwC.

Effects on Endogenous Variables

Table 3. The sizes of total, direct and indirect effects of endogenous variables to endogenous variables in the selected model

Endogenous Variables	Endogenous Variables											
	GH	QR	PO	D	SS	F	C	SD	SO	TTV	SDL	STwC
SO	.19*	.24*	.20*	.13*	-.13*	.35*	.18*	.12*	-	-	-	.34*
	.11*	.06*	.12*	.06*	-	.10*	.12*	.12*	-	-	-	-
	.30*	**.30***	**.32***	**.19***	**-.13***	**.45***	**.30***	**.24***	-	-	-	**.34***
TTV	-	-	-.10*	.17*	-	-	-	.23*	-	-	-	-
	-	-	-	-	-	-	-	-	-	-	-	-
	-	-	**-10***	**.17***	-	**-**	**-**	**.23***	-	-	-	-
SDL	.15*	.18*	.11*	.15*	-	.16*	.17*	-.11*	-	-	-	-
	-	-	-	-	-	-	-	-	-	-	-	-
	15*	**.18***	**.11***	**.15***	**-**	**.16***	**.17***	**-.11***	-	-	-	-
STwC	.33*	.17*	.33*	.19*	-	.30*	.37*	.34*	-	-	-	-
	-	-	-	-	-	-	-	-	-	-	-	-
	.33*	**.17***	**.33***	**.19***	**-**	**.30***	**.37***	**.34***	-	-	-	-

Note. See notes to Table 2.

Support from others (SO)

The model specifies that SO was significantly affected by gender (-.45) and the number of children (.20). Both effects were direct because SO did not have any indirect effects specified in the model (see Table 2 & Figure 2). The effects of all other exogenous variables were not significant.

Time on TV (TTV)

The model specifies that TTV was significantly affected by age (.04) and employment status (.19) (see Table 2 for standardized effects). Both effects were direct because TTV did not have any indirect effects specified in the model (see Figure 2). The effects of all other exogenous variables were not significant.

Support from distance learning (SDL)

The model specifies that SDL was significantly affected by the number of children only (.18) (see Table 2 for standardized effects). This effect was direct because SDL did not have any indirect effects specified in the model (see Figure 2). The effects of all other exogenous variables were not significant.

Spending Time with Children (STwC)

The model specifies that STwC was significantly affected by gender (-.15), age (.03), the number of children (.07), employment status (.14) and SO (.34) (see Table 2 for standardized effects). The effect of age, employment status and SO were direct effects and the effects of gender and number of children were indirect effects mediated by SO (see Figure 2).

General Health

The model specifies that general health was significantly affected by all exogenous variables except educational status (see Table 2 for standardized effects). All effects were indirect effects mediated by SO and STwC. General health was also affected by SO (.30), SDL (.15), and STwC (.33) (see Table 3 for standardized effects). The effects from SDL and STwC were direct, and the effect from SO was partially direct (.19, $p < .05$) and partially indirect (.11, $p < .05$). The indirect effect was mediated by STwC.

Quality of Relations

The model specifies that the quality of relations was significantly affected by the number of children (.10) and employment status (.03) (see Table 2 for standardized effects). Both effects were indirect effects mediated by SO and STwC. Quality of relations was also affected by SO (.30), SDL (.18), and STwC (.33) (see Table 3). The effects from SDL and STwC were direct, and the effect from SO was partially direct (.24, $p < .05$) and partially indirect (.06, $p < .05$). The indirect effect was mediated by STwC.

Positive Orientation

The model specifies that positive orientation was significantly affected by gender and number of children (see Table 2 for standardized effects). Both effects were indirect effects mediated by SO and STwC. Positive orientation was also affected by SO (.32), TTV (-.10), SDL (.11) and STwC (.33) (see Table 3 for standardized effects). The effects from TTV, SDL, and STwC were direct, and the effect from SO was partially direct (.20, $p < .05$) and partially indirect (.12, $p < .05$). The indirect effect was mediated by STwC (see Figure 2).

Depression

The model specifies that depression was significantly affected by all exogenous variables. The effect from educational status was the direct effect, and all other effects were indirect effects mediated by SO and STwC (see Figure 2). Depression was also affected by SO (.19), TTV (.17), SDL (.15) and STwC (.19) (see Table 3 for standardized effects). The effects from TTV, SDL, and STwC were direct, and the effect from SO was partially direct (.13, $p < .05$) and partially indirect (.06, $p < .05$). The indirect effect was mediated by STwC.

Spiritual Support

The model specifies that spiritual support was significantly affected by all exogenous variables except age (see Table 2 for standardized effects). The effects from educational status and employment status were direct, and the other effects were indirect effects mediated by SO and STwC. Spiritual support was also affected by SO with a direct component of -.13 ($p < .05$) (see Table 3 for standardized effects).

Friendship

The model specifies that friendship was significantly affected by all exogenous variables except educational status (see Table 2 for standardized effects). All effects were indirect effects and mediated by SO, STwC, or SDL (see Figure 2). Friendship was also affected by SO (.35), SDL (.16), and STwC (.30) (see Table 3 for standardized effects). The effects from SDL and STwC were direct, and the effect from SO was

partially direct (.35, $p < .05$) and partially indirect (.10, $p < .05$). The indirect effect was mediated by STwC.

Career

The model specifies that a career was significantly affected by all exogenous variables except educational status (see Table 2 for standardized effects). All effects were indirect effects and mediated by SO, STwC, or SDL (see Figure 2). Career was also affected by SO (.30), SDL (.17), and STwC (.37) (see Table 3 for standardized effects). The effects from SDL and STwC were direct, and the effect from SO was partially direct (.18, $p < .05$) and partially indirect (.12, $p < .05$). The indirect effect was mediated by STwC.

Sleep Disturbance

The model specifies that sleep disturbance was significantly affected by all exogenous variables except educational status (see Table 2 for standardized effects). The effect from educational status was the direct effect, and all other effects were indirect effects and mediated by SO, STwC, TTV, or SDL (see Figure 2). Sleep disturbance was also affected by SO (.24), TTV (.23), SDL (-.11) and STwC (.34) (see Table 3 for standardized effects). The effect from SO was partially direct (.12, $p < .05$) and partially indirect (.12, $p < .05$). The indirect effect was mediated by STwC. The other three effects were entirely direct (see Figure 2).

Conclusion and Discussion

The COVID-19 pandemic has significantly impacted not only parents, children, teachers, and health professionals, but also schools, hospitals, and various other governmental and private institutions and workplaces (Guan et al., 2020; ILO, 2020; Pisano et al., 2020; Satcher et al., 2020; UNICEF, 2020). Changes in life balance have been indiscriminate, affecting both parents and children alike. Parents, in particular, have shouldered substantial burdens. Consequently, this study aimed to understand how the life balance of parents with children aged 0-6 years old was affected during the COVID-19 pandemic in Türkiye.

The findings of this study revealed notable direct and indirect effects of both independent and mediator variables on parents' life balance. All independent variables, except for the number of children at home, had a direct impact on at least one area of life balance. Regarding indirect effects, both gender and the number of children influenced all areas, while age and employment status affected all areas except for spiritual support.

Gender directly affected the quality of relationships, with the results indicating that fathers in the study experienced higher satisfaction in their relationships. This could be attributed to the additional time fathers spent with their loved ones (e.g., children, partners, and parents) due to lockdowns and flexible working hours at home. Another contributing factor might be cultural; expectations from mothers and fathers differ in Turkish culture. Since mothers typically assume a larger share of responsibility for children's physical and emotional needs, they had less time to cultivate relationships with others. For instance, recent data published by the Economist (2020) highlighted that mothers in England devoted more time to housework and childcare during the lockdown. Similarly, Chan et al. (2007) noted that, during the SARS outbreak, mothers experienced more disruptions in their daily routines and work lives. Additionally, as Davis et al. (2014) suggested, gender-based societal expectations might have influenced life balance.

Conversely, gender also exhibited an indirect effect on Quality of Relationships (QR) through support from others. In essence, when mothers received support from others (e.g., grandparents, nursemaids), their quality of relationships improved. The total effect of gender on support from others (.45) also indicated that fathers received less support, which indirectly diminished their general health, quality of relationships, positive orientation, career satisfaction, and friendships during the COVID-19 pandemic. Moreover, receiving support from others directly influenced all life balance areas.

Considering the employment status of the participants, nearly half reported that both parents were employed. Therefore, acquiring help was crucial both before and during the pandemic, especially for families relying on daycare for their children. Researchers have also advocated for family participation in preschool education to enable families to monitor their children's development in various areas and

provide support at home (Berger, 2008; Cabus & Ariës, 2017; Duran & Ömeroğlu, 2022; Galindo & Sheldon, 2012; Konca et al., 2023; Simsar, 2021b; Simsar et al., 2022; Wilder, 2014). This is particularly important for low SES families, as they often lack sufficient time for parental involvement (Erdoğan & Demirkasımoğlu, 2010).

The discussion also highlighted a significant discovery regarding the indirect impacts of the presence of a specific number of children in the household on achieving a balanced life. This variable did not affect any area directly. However, support from others and support from distance learning (EIN and EIN TV) mediated the relationships between life balance and the number of children. When the number of children increased, participants got more help from others. As a result, the balance in the friendship area increased. However, spiritual support decreased. Even though the indirect effect of the number of children was small on spiritual support, the finding indicated that stressor life events like COVID-19 could impact parents' spirituality. For example, Maton (1989) stated that stressors and depression had a negative effect on spiritual support. In terms of the indirect effect on friendship, quality of relationships, positive orientation, career, and global health; one may think that when the number of children increased, life balance could decrease. However, when parents got support from others and distance learning, their friendship, quality of relationships, positive orientation, career, and health were affected positively. In other words, the burdens due to home school and childcare during the pandemic turned into positive via support from others and distance learning. In this manner, EIN TV and the policies followed by the government eased the burden of families to a lesser extent. This finding was consistent with Schembri (2020) stating couples in the 21st-century struggle with stressful life events, work-life imbalance, and child care. The author pointed out that parents need social support and help from others to balance their life and overcome stressful life events. Likewise, recent studies by ILO (2020) and Pisano et al. (2020) also recommended that to reduce stress and anxiety, external support is needed for working parents, especially for mothers, who assume new roles during a pandemic such as, teacher, housekeeper, and playmate.

Age emerged as an additional independent variable that exerted both direct and indirect influences on the life balance. Age affected the quality of relationships directly. This finding was consistent with previous studies (Knoke et al., 2010) stating the quality of relationships and marriage satisfaction declines as couples or partners get older. Knoke et al. (2010) also stated that the decrease in quality of the relationship is expected to start in the middle age, around the age of 39. The average age of participants in the current study was 33. Therefore, the direct effect was small; on the other hand, they were close to middle age and we could say their relationships could be affected more by age in the near future. Age also affected life areas indirectly, except spiritual support, via STwC and TTV. For example, when parents spend more time with their children, their general health increased. In other words, one of the positive aspects of this pandemic was that families had more time to spend with their children. This finding was similar to findings in Dotti-Sani and Treas (2016) study. Authors stated that the average time parents spent with their kids increased almost two and a half times from 1965 to 2012. As a result, this affected the parent-children relationship and indirectly their health, because they felt happier after spending more time with their loved ones (Abela, 2020).

We also investigated how participants' level of education affected their life balance. This variable was the only one that did not have indirect effects and affected three life balance areas directly. The results indicated that when participants' level of education increased their depression and sleep disturbance decreased and spiritual support increased. There were studies (see Chatterjee et al., 2020; Ho et al., 2020) showing that psychological symptoms increased during the pandemic in different countries. However, the current study showed that education was a significant factor correlated the level of depression. One explanation for this could be that people with a higher education level obtain more rational and realistic information about the COVID-19. Participants with lower levels of education may have researched information about the virus less, and the information they access may be from less reputable sources such as social media and television. Moreover, parents from lower educational backgrounds may have a harder time handling educational support needed by their children to remain in step with their peers. Hence, these factors may have triggered psychological symptoms, such as depression and anxiety as stated by Güngör

et al. (2020). In another study, Ross and Mirowsky (2006) also found that depression decreased as the level of education increased. In addition researchers (Mirowsky & Ross, 2003; McFarland & Wagner, 2015) theorized that positive relationship between education and depressive symptoms represented a causal connection.

Spiritual support was identified as another aspect of life balance that experienced an impact.The results from the present study indicated that as the level of education increased, the spiritual support increased as well. This finding was consistent with the previous studies (Bowers, 2009; Frisk, 2012; Mart & Kesicioglu, 2020). Bowers (2009) conducted research on education and spiritual internalization. The author found that participants who had graduate degrees internalized spirituality more than participants who had high school and bachelor degrees. Frisk (2012) also stated that if the level of education increased, the spirituality increased as well. This finding showed that parents with a higher level of education fed their spirituality during the pandemic. As a result, they reported a higher level of spiritual support.

The final independent variable that had direct and indirect effects on life balance were employment status. Many people all over the world are facing unemployment in the COVID-19 pandemic. The results of the current study showed that employment status directly affected spiritual support. As the number of people working at home increased, spirituality decreased. There is a dearth of research on this finding in the literature. Most of the studies investigated the relationship between income and religion as well as spirituality and job satisfaction. In a study, Paul (2009) stated that as the wealth of countries and people increase, religiosity decreases. Based on these findings, we interpret the results as follows. In families where only one parent worked or neither of them worked, individuals receive support from their spiritual beliefs in order to overcome the difficult living conditions and imbalance. In this manner, unemployed couples from our study got support from their spiritual beliefs to cope with difficulties during the pandemic lockdowns and curfews. Furthermore, employment status affected all other life balance areas positively via STwC and TTV. One of the remarkable effects here is when employed participants' perception based on the STwC and TTV increased, their level of depression increased as well. When parents spent time with their kids, the positive aspects of life balance (e.g., global health, positive orientation, quality of relationships, and Friendship) increased. However, they had to spend more time with the kids compared to the pre-pandemic, and this increased depression symptoms. In other words, some parents had to work and could not find daycare and some parents allowed their kids to spend more time on TV since children were not allowed to go outside. They may have felt guilty, which may have triggered their depression symptoms (Strasburger & Wilson, 2002; Strauss, 2018).

One of the major limitations of this study is the cross-sectional design. Thus, it is difficult to know if demographic and self-rated variables are a precursor to life balance (as the model implies). There likely is a reciprocal and dynamic relation between these variables. Nevertheless, a cross-sectional design limits the contribution of this study which would be much strengthened by a longitudinal approach. Another limitation was the convenience sampling method. It could be assumed that parents who responded to the survey were less stressed than non-responders and therefore more willing to engage in an additional voluntary task. Additionally, due to lockdown rules during COVID-19, we failed to directly communicate with the parents, hereby; we were unable to use a random sampling method. Further research is recommended with the random sampling method. Last, the findings of the study may not be generalized in general population or other cultures. As it can be a limitation in any study, since we relied on self-report measures, there could be self-report biases in terms of measurement scores.

Despite the aforementioned limitations, this study was timely in exploring a topic that has largely been neglected in research on the psychological effects of the COVID-19 pandemic on children and parents, particularly concerning the life balance of parents. It contributes to the literature on parental support for home-based child education and offers insights into practices that can be implemented during the pandemic.

Our findings suggest that the increased time parents spend with their children during the pandemic has enhanced the quality of parent-child relationships. From this standpoint, the time fathers spend

engaging with their children at home in activities such as reading books, painting, and building towers with blocks, is likely to positively influence the life balance of both father and child. Moreover, the support that mothers receive from caregivers or grandparents in child-rearing and household chores has a positive impact on mothers' life balance, emphasizing the significance of such support in enhancing relationship quality during the pandemic.

Additionally, we observed that the EIN and EIN TV programs, introduced by the Turkish MoNE to support home-based child education, are notably beneficial for large families. In this context, it is advisable to enhance and diversify the content of EIN programs with activities that children can undertake at home with their families, beyond the pandemic situation. Provision of technological support, such as phones and tablets, enabling access to applications for children in disadvantaged regions, is also recommended.

Similar to other studies (Chatterjee et al., 2020; Ho et al., 2020; Kalkan et al., 2022, Mart & Kesicioglu, 2020; Pisano et al., 2020; Toran & Özden, 2022), our research suggests that external support should be extended to working parents to alleviate stress and anxiety, especially for mothers who assume multiple roles such as teacher, cleaner, and playmate during the pandemic. In this regard, teachers can offer academic support by maintaining communication with parents and providing tailored assistance for the children in their classrooms. Furthermore, concerns about job security during the pandemic have also been shown to adversely affect life balance. Therefore, it is recommended that policymakers develop new strategies for employers and introduce adjustments and necessary support measures regarding employment and job termination for working mothers and fathers.

Throughout human history, pandemics have inflicted great losses, particularly in terms of human life, and COVID-19 emerged as a collective challenge for all governments and humanity. The closure of schools and daycare centers and the shift to part-time work for many in both the government and private sectors resulted in families spending more time at home with their children, attempting to maintain a balance in their lives amidst the new norms. This adaptation to the "new normal" highlighted the potential for job loss and underscored the realization that education is not confined to schools and physical environments. The current study indicates that the keys to fostering resilience and balance in family life during such times include maintaining good relationships, health, friendship, positive orientation, a satisfying career, spiritual well-being, and stable mental health.

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